

ACHIEVING PHARMACY-BASED VACCINATION: ADVOCACY STRATEGIES AND STAKEHOLDER ENGAGEMENT

This infographic outlines the progression toward implementing pharmacy-based vaccination in seven countries. It showcases the role of advocacy in policy change and the importance of collaboration among healthcare professionals, policymakers and the public for successful implementation.

THE JOURNEY TO ACHIEVING PHARMACY-BASED VACCINATION



AUSTRALIA Timeline¹

Pharmacy Board of Australia announced vaccinations within pharmacists' scope of practice.

2013

QPIP Phase 2 expanded; more states introduced pharmacist-administered vaccines; vaccination training standards and practice standards were developed.

2015

Queensland funded pharmacy workforce vaccinations; immuniser training expanded; Australian Capital Territory (ACT) added pertussis to formulary.

2017

2014

Queensland began Pharmacist Immunisation Pilot (QPIP) Phase 1; Western Australia allowed pharmacists to administer influenza vaccines.

2016

More states introduced pharmacist-administered vaccines; Victoria became the first to provide government program vaccines through community pharmacies.

2018

Tasmania, Victoria, and New South Wales (NSW) expanded vaccination formularies; 64% public support for pharmacist-administered vaccines.

States lowered minimum vaccination age; Queensland added travel vaccines.

2019

Pharmacists authorised to administer COVID-19 vaccines; National Immunisation Program (NIP) access expanded.

2021

Age for flu vaccines lowered to 5; federal funding for NIP vaccines announced for 2024.

2023

2020

More states expanded vaccination formularies and lowered influenza vaccine age to 10.

2022

Free flu vaccine programmes launched; formularies expanded for additional vaccines.

2024

Expansion of the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Programme. From Monday 29 April 2024, NIP vaccinations can be administered off-site in residential aged care and disability homes under the NIPVIP Programme. [Click here for further information on off-site vaccination.](#)



CANADA Timeline^{2,5}

Alberta pharmacists authorised to administer flu and all other vaccines; only pharmacists with advanced prescribing authority can also prescribe publicly funded vaccines beyond flu vaccines.

2007

Quebec's National Assembly passed Bill 31, allowing pharmacists to prescribe and administer vaccines, including influenza.

2020

2008 - 2015

Different provinces authorised pharmacists to administer flu and other vaccines.

2024

Pharmacists can administer publicly funded vaccines without a prescription, including influenza, COVID-19, and routine immunisations. Health Canada recently approved the RSV vaccine for those aged 60 and older and is available in pharmacies this season.



FRANCE Timeline^{1,6}

Law authorised a pilot for flu vaccination by community pharmacists.

2016

The pilot programme was expanded to include two additional regions, bringing the total to four regions.

2018

COVID-19 vaccination by pharmacists, students, and technicians rolled out nationwide.

2021

January:
Law authorised pharmacists to both administer and prescribe vaccines.

2023

August:
Implementation of the law in January, detailing training and the list of vaccines pharmacists can administer and prescribe (all non-live vaccines to people aged 11 or over).

2017

The influenza vaccination programme was piloted in two regions.

2019

Vaccination becomes part of the permanent roles of pharmacists; Influenza vaccination expanded nationwide in authorised pharmacies.

2022

April:
List of vaccines expanded to include all non-live vaccines for adults and minors aged 16+.

November:
20,486 pharmacies participated in the flu vaccination campaign; 47.8% of all flu vaccines administered in pharmacies.



IRELAND Timeline^{2,6,7}

Pharmacists trained to vaccinate against H1N1 influenza outbreak but were not called upon, as the virus was less severe than expected.

2009

Vaccination services expanded to include pneumococcal and shingles vaccines.

2015

New legislation allows pharmacists to administer vaccines against Omicron JN.1 for the National Autumn/Winter Vaccination Programme; New initiative (2024/25 season) to expand the free LAIV nasal spray to primary school children.

2024

2011

Legal authorisation granted for pharmacists to supply and administer flu vaccines without a prescription; flu vaccination services began in pharmacies. More than 1.5 million patients have received their flu vaccination in a pharmacy.

2020

New legislation allowed pharmacists to administer COVID-19 vaccines and provide flu/COVID-19 vaccinations outside of pharmacy premises, including homes, workplaces, and other sites.



PORTUGAL Timeline^{2,6}

Legal expansion allowed pharmacies to administer vaccines, enabling them to offer immunisations beyond the National Vaccination Plan.

2007

The first vaccination campaign against HPV was developed.

2009

Certification of the Training Programme for Pharmacists as a Pharmaceutical Competency on Vaccination and Administration of Injectable Medicines was developed.

2013

Pharmacy-based influenza vaccination records were integrated into the national health system's electronic vaccination bulletin.

2017

Expansion of the National Vaccination Campaign in collaboration with the NHS, promoting co-administration of flu and COVID-19 vaccines.

2023

2008

Initial training for pharmacists began, with the National Association of Pharmacies developing a training programme and recommendations for pharmacy-based vaccination during the National Flu Vaccination Campaign.

2010 - 2012

Vaccination campaigns against influenza and pneumococcal diseases were developed.

2016

The National Association of Pharmacies signed an agreement with the Ministries of Health and Finance, allowing pharmacies to conduct public health interventions, including influenza vaccination.

2018 - 2019

A pilot project for influenza vaccination without prescription or fees was established in Loures, Lisbon.

2024 - 2025

Collaboration with NHS continues, promoting co-administration of flu and COVID-19 vaccines. No prescription is needed, individuals aged 60+ only need to present ID.



Pharmacists in England began providing local-level flu vaccinations.

2010

Flu vaccination was offered in pharmacies in England, mainly in London. Prior to this, most pharmacies offered flu vaccination as a private service.

2014 - 2015

National evaluation showed increased vaccination uptake through community pharmacies; 60% of pharmacies in Wales delivered 4.5% of all flu vaccinations.

2017 - 2018

2012 - 2013

All pharmacies were invited to participate in flu vaccination campaigns; 11% of pharmacies in Wales participated.

2015 - 2016

Flu vaccination became a national service in England, available in any pharmacy without appointment.

Over 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites, with a 50% increase in the number of pharmacies offering boosters since October 2021.

2022

2021

Community pharmacists in England began administering COVID-19 vaccines, with over 400 pharmacies involved and 1.7 million doses given. Pharmacies in Northern Ireland, Scotland, and Wales were also involved.

2024

The COVID-19 Spring 2024 seasonal campaign ran from 1st April 2024 to 31st August 2024. Pharmacies are now authorised to offer NHS RSV vaccines to pregnant women and older adults.



USA Timeline^{2,7,10,11}

Pharmacists in Seattle trained for the first time to administer vaccines.

1994

14 states authorised pharmacists to administer flu vaccines.

1998

Pharmacists recognised as "first responders" in emergencies.

2007

The "immunisation neighbourhood" concept was implemented to enhance coordination among immunisation stakeholders.

2013

Department of Health and Human Services (HHS) authorised pharmacy, pharmacy technicians and interns to administer childhood vaccines and COVID-19 vaccine.

2020

1996

American Pharmacists Association (APhA) adopted policy, guidelines and training for pharmacists as vaccination educators, facilitators, or administrators. Over 340,000 pharmacists trained as vaccinators.

Early 2000s

Pharmacists took leadership roles in immunisation coalitions and served on national advisory committees.

2009

All 50 states legally authorised pharmacists to administer vaccines.




2016





All Accreditation Council for Pharmacy Education (ACPE)-accredited pharmacy schools were required to include immunisation training in their curricula.

2023

Pharmacists, pharmacy technicians and interns authorised to administer COVID-19 and influenza vaccines to individuals aged three and over until December 2024.

THE ROLE OF KEY STAKEHOLDERS

COUNTRIES	OTHER HEALTH PROFESSIONALS	POLICYMAKERS	THE PUBLIC
AUSTRALIA¹ 	Health professional groups support pharmacist-led vaccination.	Ongoing discussions with policymakers focus on bridging vaccination coverage gaps and addressing regulatory inconsistencies.	Increased demand for pharmacist-led vaccinations comes from trust, convenience, and effective COVID-19 promotion.
CANADA² 	Collaboration with health professionals was established to support pharmacist training.	Support from policymakers is fostered through pharmacist immunisation campaigns, training, and educational meetings.	Educational campaigns promote pharmacist-led vaccination services.
FRANCE^{2, 12} 	Some resistance from physicians and nurses initially hindered collaboration, but all stakeholders from the pharmacy sector (i.e., unions, students, academia) supported pharmacist-led vaccination.	Meetings with policymakers highlighted international success and public support for pharmacist-led vaccination.	Public opinion surveys highlighted positive international experiences with pharmacist-led vaccination. Today, 94% of French people trust their pharmacist for vaccinations.

IRELAND² 	Pharmacists reassured other health professionals of pharmacists' competence in vaccination service.	The Department of Health and National Immunisation Office were very supportive of pharmacist-led vaccination.	Public research showed high patient acceptability and satisfaction.
PORTUGAL² 	Portuguese pharmacies highlighted vaccination success at various health conferences.	Engagement with the General Directorate of Health, proving the value of pharmacies to health payers.	A survey from the first national flu campaign showed 94% satisfaction, leading to annual campaigns since 2008.
UK² 	GPs raised safety concerns and financial impact; Commissioning bodies audited pharmacies and addressed these concerns.	National guidance played a key role in bolstering confidence for pharmacy flu vaccinations.	Pharmacies are proactive in raising awareness, leading to gaining public support.
USA² 	Pharmacists' extensive training and the importance of collaboration was highlighted to address concerns from health professionals.	Pharmacists were given authorisation as immunisers, starting with flu and pneumococcal vaccines.	Public education on vaccinations has successfully repositioned pharmacists as key healthcare providers.

KEY SUCCESS FACTORS AND CHALLENGES IN IMPLEMENTING PHARMACY-BASED VACCINATION

Key success factors^{2,13}

- **Stakeholder engagement:** Australia, Ireland, and the UK actively engage stakeholders to establish training and regulatory frameworks for pharmacist-led vaccination.
- **Accessibility:** Canada, Portugal, and the UK highlight the accessibility of pharmacies, including the no-appointment access and extended hours, which help improve vaccine availability. Community pharmacies are well-distributed, covering both urban and rural areas where medical services may be less accessible.
- **Patient education:** Portugal and the USA combat vaccine hesitancy to build trust in vaccination services.
- **Operational efficiency:** Portugal and the UK highlight how pharmacies help reduce the burden on healthcare systems during peak vaccination periods, such as flu season.
- **Communication:** In France, good communication and collaboration between health professionals played a key role in implementing pharmacy-based vaccination.
- **Convenience:** The preference for community pharmacy vaccinations is due to the perception of community pharmacies as less stressful environments with a lower risk of exposure to sick individuals.

Challenges²

- **Regulatory and funding issues:** Canada and the USA faced insufficient regulatory support and inconsistent funding, which impede sustainable vaccination services.
- **Healthcare professional opposition:** France and Ireland initially experienced resistance from healthcare professionals, driven by concerns over pharmacists' training and scope of practice.
- **Public awareness and trust:** There was limited awareness of pharmacy-led vaccination in Ireland and Portugal.
- **Operational barriers:** The UK and the USA experienced administrative burdens, limited capacity during peak times, and logistical challenges in training, which impede effective service delivery.

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