

# Profile of the advisor

- **Attention for multi-disciplinary dimension**
- **Transparency on role in research funding, ...**
- **Unprejudiced**
- **Open, communicative, present, committed, ...**
- **Independent, Declare potential interests**
- **...**
- **Involve in country meetings MEP, GPs, nurses, local health professionals**

# Independency

- Explain the ‘unrestricted’ grant from VE
- Not product related – technical topics/ country experiences
- Rules used through the university of Antwerp for the other 2 boards are acceptable for WHO participation, ECDC, CDC US participation, ...
- Remains a delicate situation for NITAG members
- DOI for each participant

# Country priority

- **EU country only?**
- **Country with life course immunization (Italy, Greece)**
- **Country with good quality data (Finland, UK)**
- **Country with good uptake and success stories**
- **Countries with interesting experiences and lessons learned**
- **Countries with low uptake and understand the gaps**

# Topic priority

- **Burden of respiratory diseases in elderly (RSV, influenza, Pneumo)**
- **Political will, Eur parliament interest group, risk perception**
- **Compilation of existing recommendations in EU countries**
- **Healthy aging, healthy living**
- **Vaccine equity**
- **Importance of adult immunization and what if we don't vaccinate**
- **Data collection and registries/ monitoring what each country is doing**
- **Joint procurement, costs of the vaccines in the EU/ way of (co)funding**
- **Advocacy**

# Topic priority

- Define research priorities for the coming year based on gap analysis
- Lacking data on adult vaccine effectiveness in specific groups
- How to deal with migrant populations
- Different ways to access vaccines, way of organizing adult vaccination
  - Actors involved, ...

# Summary – Concluding remarks

- Two high level scientific meetings per year
  - One Technical meeting
  - One Country meeting
- Advisors represent the board in other adult immunization network, focusing on public health and health care providers, through HCP reach broader audience
- Keep adult immunization on the public health agenda
- Regular output on scientific platforms, website and other (social) media

## Summary – Concluding remarks

- Role of listening/facilitate/help advisors and HCP to do their job better
- ‘level of ignorance has been disturbing!’
- Offer advise – connect – network - ...
- Include civil society and patient organisation – social scientists
- Don’t forget the ‘normal adult’ not belonging to risk groups
- Attention for immunocompromised, elderly, ... specific adult groups at risk (life style, stage in life, vulnerabilities, ...)

## Summary – Concluding remarks

- Avoid overlap/duplication with other international boards or institutions (WHO, ECDC, ...) by bringing all stakeholders together
- By WHO EURO experienced as catalyst, advocacy group, accumulating a lot of expertise, appreciate collaborative efforts between such boards of experts and WHO EURO
- Recommendation does not necessarily mean uptake....why? Need to understand!
- Improve reporting system/ monitoring on performance... measuring = knowing!