

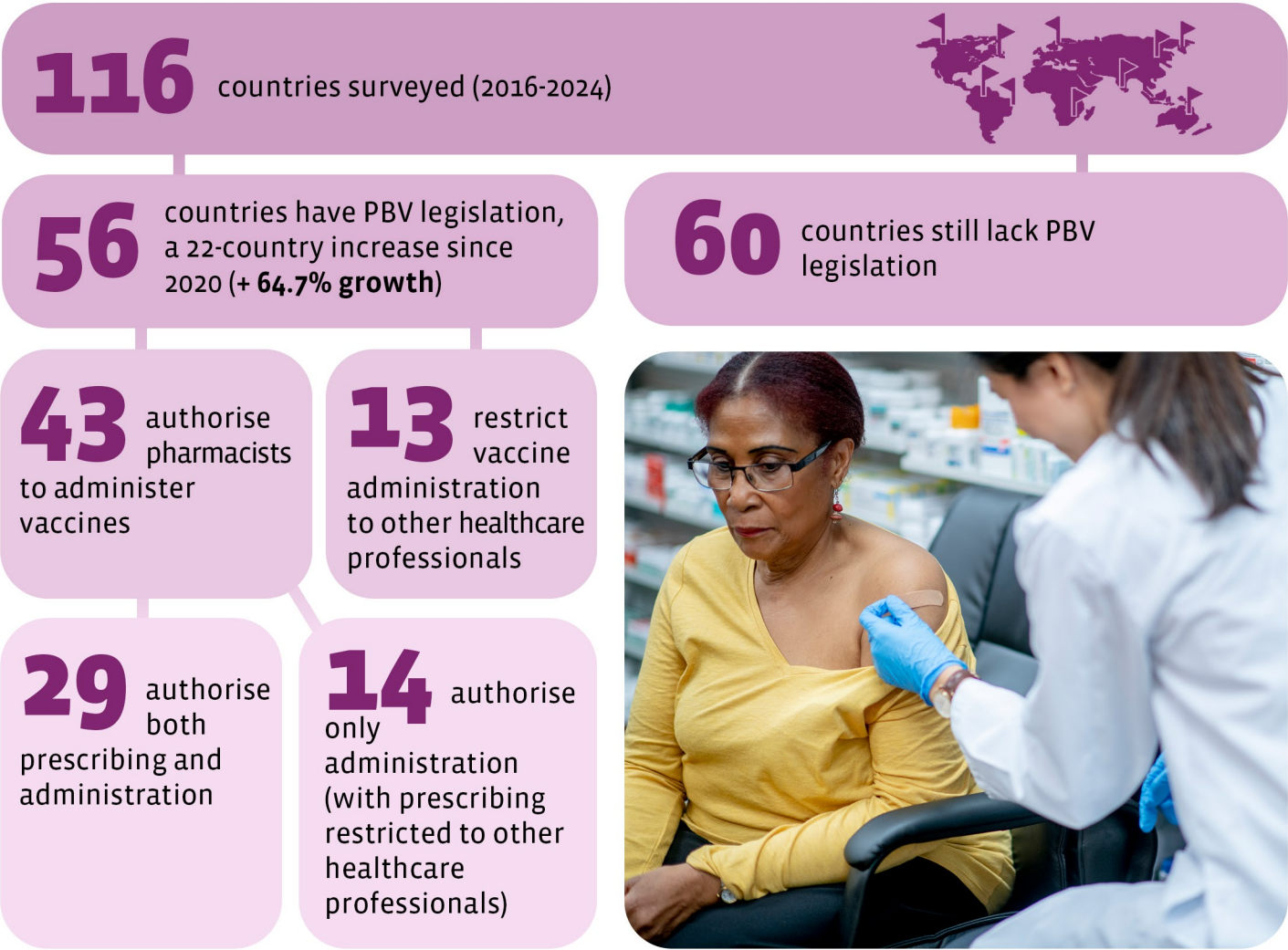
POLICY PROGRESS, STAKEHOLDER ENGAGEMENT AND CHALLENGES IN PHARMACIST-LED VACCINATION



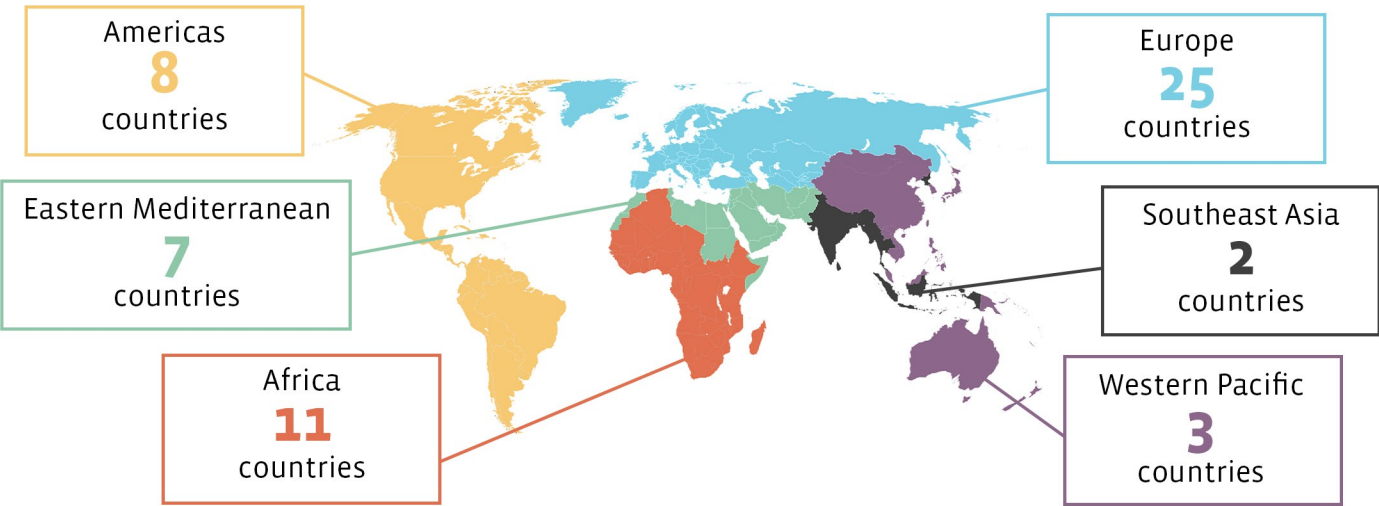
This infographic presents an evidence-based overview of legislative frameworks, stakeholder roles, and implementation strategies that promote the global advancement of pharmacy-based vaccination (PBV).

ADMINISTRATION AND PRESCRIBING AUTHORITY

Global overview^{1,2,3}



Adoption of PBV legislation across regions^{1,2,3}



Classification of countries based on the extent of pharmacist involvement in vaccination services.¹

| ARCHETYPE | COUNTRIES | | | |
|--|---|---|--|--|
| 12 countries where pharmacists administer a comprehensive range of vaccines. | <ul style="list-style-type: none"> • Argentina • Australia • Brazil | <ul style="list-style-type: none"> • Canada • France • UK | <ul style="list-style-type: none"> • New Zealand • Norway • Portugal | <ul style="list-style-type: none"> • South Africa • Switzerland • USA |
| 31 countries where pharmacists administer a limited range of vaccines. | <ul style="list-style-type: none"> • Algeria • Chad • Belgium • Cameroon • Cape Verde • Costa Rica • Denmark • Finland | <ul style="list-style-type: none"> • Germany • Ghana • Greece • Ireland • Israel • Italy • Jordan • Latvia | <ul style="list-style-type: none"> • Lithuania • Luxembourg • Kenya • Namibia • Nigeria • Philippines • Poland • Romania | <ul style="list-style-type: none"> • Saudi Arabia • Sierra Leone • South Sudan • Tunisia • United Arab Emirates • Venezuela • Yemen |
| 12 countries where pharmacist-led vaccination is under policy discussion but not yet implemented. | <ul style="list-style-type: none"> • Croatia • Estonia • Hungary | <ul style="list-style-type: none"> • Iceland* • India • Malta | <ul style="list-style-type: none"> • Serbia • Singapore* • Slovenia | <ul style="list-style-type: none"> • Tanzania • Turkey • Uruguay |
| 60 countries where pharmacists are not authorised to administer vaccines, with no clear legal framework in place. | <ul style="list-style-type: none"> • Afghanistan • Albania • Armenia • Austria • Bangladesh • Bosnia & Herzegovina • Bolivia • Bulgaria • Chile • China • China Taiwan • Colombia • Congo (Dem. Rep. of the) • Congo (Rep. of) • Côte d'Ivoire • Cuba | <ul style="list-style-type: none"> • Cyprus • Czech Republic • Ecuador • Egypt • El Salvador • Ethiopia • Fiji • Guatemala • Guyana • Haiti • Hong Kong SAR (China) • Indonesia • Iraq • Japan • Korea (Rep. of) • Kosovo | <ul style="list-style-type: none"> • Kuwait • Lebanon • Madagascar • Malawi • Malaysia • Mali • Mauritius • Mongolia • Montenegro • Morocco • Nepal • Netherlands • North Macedonia (Republic of) • Oman • Pakistan • Panama • Paraguay | <ul style="list-style-type: none"> • Russian Federation • Rwanda • Senegal • Slovak Republic • Spain • Sri Lanka • Sudan • Sweden • Thailand • Ukraine • Zambia • Zimbabwe |

***Iceland** is conducting a pilot project where two selected pharmacies have been authorised to administer vaccines. This initiative aims to evaluate the feasibility and impact of expanding vaccination services through pharmacies.

***Singapore** has introduced pharmacist-administered flu vaccination in three pharmacies as part of a trial service launched by the Ministry of Health on 28 October 2024.

STAKEHOLDER CONTRIBUTIONS

Drawing on insights from FIP member organisations, the following advocacy strategies and stakeholder engagement efforts have been instrumental in the introduction or expansion of pharmacist-administered vaccination.

Community pharmacists' advocacy activities:¹



86 countries (78.9%) providing vaccination information and advice

59 countries (54.1%) participating in pharmacy-led campaigns about vaccination

51 countries (46.8%) participating in multidisciplinary vaccination campaigns

43 countries (39.5%) targeting high-risk population groups (i.e., individuals aged 65 years or older, those with certain health conditions, or pregnant individuals)

42 countries (38.5%) distributing educational leaflets on vaccination

27 countries (24.8%) checking individuals' immunisation status

Pharmacists' engagement with other stakeholders:^{1,4,5,6}

HEALTHCARE PROFESSIONALS:

Collaborating on extensive training programmes to enhance pharmacists' competency in vaccine administration



POLICYMAKERS:

Presenting evidence-based approaches and advocacy strategies to support policy reforms that support pharmacist-administered vaccination.









PUBLIC:

Leading community-facing awareness campaigns to improve acceptance and increase demand for pharmacy-based vaccination.



CHALLENGES AND BEST PRACTICES IN PHARMACIST-ADMINISTERED VACCINATION

FIP member organisations have identified common challenges to expanding pharmacist-administered vaccination. These challenges are paired below with examples of best practices from countries that have successfully addressed these challenges.

| Challenges | Best practices | Country examples |
|---|--|---|
|  REGULATORY AND POLICY BARRIERS Lack of clear legal frameworks, fragmented policies, and limitations of the scope of vaccines. ⁷ |  GRADUAL REGULATORY CHANGES Implementing stepwise policy reforms to expand pharmacists' role in vaccination. ⁷ |  AUSTRALIA Australia's pharmacist-administered vaccination programme began in 2014, with most states authorising COVID-19 vaccinations by 2021. In 2025, South Australia became the first jurisdiction to allow pharmacists to administer all vaccines in the Australian Immunisation Handbook, removing administrative barriers and improving access, especially in underserved areas. ⁷ |
|  PROFESSIONAL RESISTANCE Opposition from physicians and nurses over clinical oversight, training needs, and perceived competition. ⁸ |  INTERPROFESSIONAL COLLABORATION Establishing structured engagement to define clear professional boundaries and foster collaboration. ^{5,6} |  FRANCE Pharmacists worked closely with medical associations to co-develop immunisation training programmes that ensured pharmacists adhered to standardised competency requirements. This approach helped reassure physicians that pharmacist-administered vaccination complemented, rather than competed with, primary healthcare services. ^{5,6} |



LACK OF TRAINING AND INFRASTRUCTURE GAPS

Variability in pharmacist vaccination training, lack of access to digital vaccination records, and inadequate storage facilities.^{3,5,7,9}



STRUCTURED TRAINING AND ACCESS TO DIGITAL VACCINATION RECORDS

Developing structured vaccination training programmes and integrating vaccination records into national electronic health systems.⁷



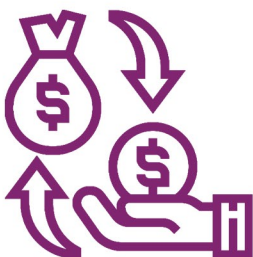
SAUDI ARABIA

An education and training programme for pharmacists was developed to educate pharmacists on scientific content related to vaccination, as well as compliance with regulations and best practices. The programme was finalised and endorsed by Saudi Arabia's Commission for Healthcare Specialties, validating its educational material.⁷



BELGIUM

Pharmacists are integrated into the national electronic health system, allowing them to record vaccinations, report adverse events, and ensure better coordination with primary healthcare providers.^{3,4}



FINANCIAL AND REIMBURSEMENT CHALLENGES

Lack of remuneration discourages pharmacists from providing vaccination services.⁷



STRUCTURED FUNDING MODELS

Developing sustainable reimbursement frameworks to support pharmacist-administered vaccination.⁷



PORTUGAL

Community pharmacies were formally integrated into the National Health Service (NHS) vaccination strategy in 2018. The NHS began reimbursing pharmacists for vaccinating specific at-risk groups, marking their full integration into public health initiatives.⁷



PUBLIC ACCEPTANCE AND VACCINE CONFIDENCE

Misinformation, hesitancy, and limited public awareness of pharmacists' role in vaccination.^{3,5}

TARGETED PUBLIC AWARENESS CAMPAIGNS

Running national campaigns to build public trust, counter misinformation, and promote vaccine literacy.⁵



CANADA

Vaccine misinformation is one of the primary challenges, which contributed to vaccine hesitancy in certain communities. Pharmacists worked closely with public health officials, community leaders, and healthcare providers to counter misinformation and improve vaccine literacy.⁵

For detailed insights on legislative frameworks, stakeholder roles, and global implementation strategies of PBV, explore FIP's report here:
<https://www.fip.org/file/6208>



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