

Implementation and scale-up of pharmacy-based vaccination

Seven country snapshots highlighting approaches to implementing and scaling vaccine delivery in community pharmacy settings



International
Pharmaceutical
Federation

COLOPHON

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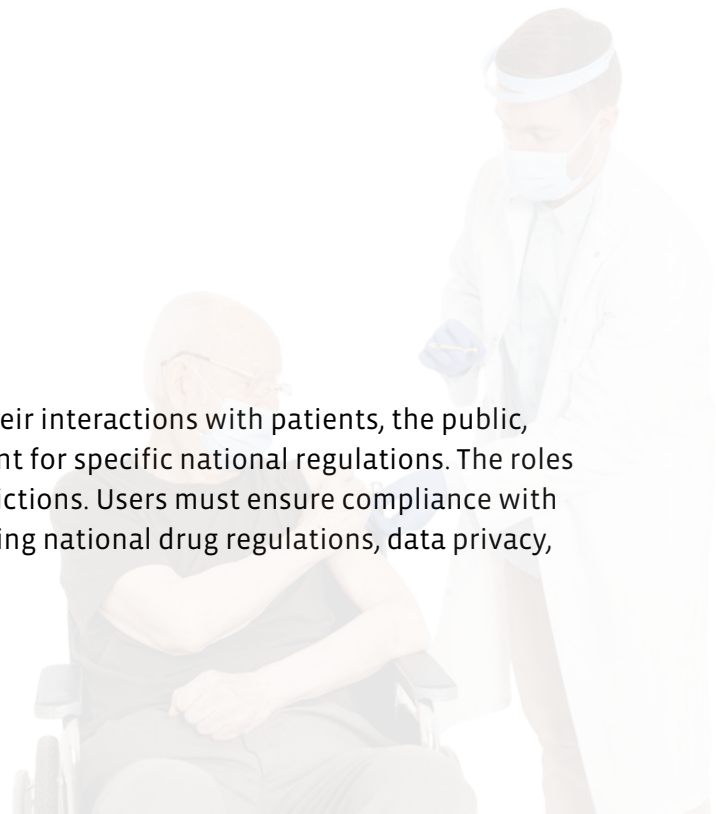
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DISCLAIMER

The resource is designed to support pharmacists in their interactions with patients, the public, and other healthcare professionals. It does not account for specific national regulations. The roles and responsibilities of pharmacists vary across jurisdictions. Users must ensure compliance with relevant national laws and professional codes, including national drug regulations, data privacy, and professional and ethical conduct.



INTRODUCTION

Pharmacy-based vaccination (PBV) has emerged as an effective strategy to improve vaccine accessibility, convenience, and coverage by leveraging the widespread presence and trusted role of community pharmacists. Key drivers for its adoption include increasing demand for vaccination services, workforce shortages in primary care, the need for convenient access points for patients, and the recognition of pharmacists as highly accessible healthcare professionals.

As countries seek to strengthen vaccination programmes and address gaps in vaccine uptake, successful implementation and scale-up of PBV services have become increasingly important.



Country	Population (Millions)	Pharmacies (Number)	Pharmacists (Number)	Policy Landscape	Implementation Status	Quality Assurance
Australia	25.7	~5,800	~9,000+	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various states.	Quality assurance is managed through state health departments.
Canada	38.3	~30,152	~8,000+	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in several provinces.	Quality assurance is managed through provincial health authorities.
France	68.6	30,302	53,693	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various regions.	Quality assurance is managed through the French Republic of Pharmacy.
Ireland	5.4	~3,915	~5,082	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various regions.	Quality assurance is managed through the Health Service Executive.
Italy	59	~20,160	~100,800	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various regions.	Quality assurance is managed through the Italian Ministry of Health.
Portugal	10.7	~2,500	~11,000	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various regions.	Quality assurance is managed through the Portuguese Health System.
UK	~67	~25,000	~35,000	Pharmacy-based vaccination services are permitted for certain vaccines.	Services are implemented in various regions.	Quality assurance is managed through the NHS.

Drawing on experiences from seven countries, this resource highlights key approaches to PBV implementation and scale-up, as well as the benefits and challenges associated with expanding vaccine delivery in pharmacies.



PBV implementation and scale up strategies

FIP DEFINITION: IMPLEMENTATION AND SCALE UP

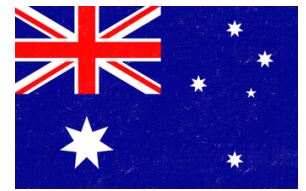


Implementation refers to the structured introduction and operationalisation of vaccination services within pharmacy settings. It encompasses the establishment of systems, processes, and standards required to deliver safe, effective, and accessible vaccination services.



Scale-up refers to the systematic expansion and integration of pharmacy-based vaccination services to achieve broader population coverage and long-term sustainability within national health systems.

AUSTRALIA



PBV IMPLEMENTATION

PHYSICAL SETUP AND INFRASTRUCTURE

- ✓ A consultation or “professional services” room for visual and auditory privacy
- ✓ The room should be separate from the retail area and must not be within the dispensary.
- ✓ Infection control and safe management of adverse events.
- ✓ Equipped for clinical care: seating for the patient and a support person, and emergency management capacity (e.g., anaphylaxis kit and space to manage anaphylaxis).
- ✓ Observation area for 15 minutes post-vaccination

STAFFING AND WORKFLOW

Services are delivered by a trained pharmacist immuniser, supported by other pharmacy staff. Support staff support triage, booking, workflow coordination, and post-vaccination observation. First aid and CPR certification may be required in some jurisdictions.

SERVICE DELIVERY MODEL IN COMMUNITY PHARMACY

- 1 PATIENT ACCESS**
Walk-in or appointment booking (often same-day availability)
- 2 PATIENT SCREENING AND CONSENT**
Clinical assessment against suitability for vaccination, precautions and contraindications
- 3 VACCINE PREPARATION AND ADMINISTRATION**
Safe handling, preparation, and delivery of vaccines
- 4 DOCUMENTATION AND REPORTING**
Mandatory upload to the Australian Immunisation Register
- 5 POST-VACCINATION OBSERVATION**
15-minute observation in the designated waiting area
- 6 FOLLOW-UP OR REFERRAL**
If required: next dose booking or referral to alternate provider

SCALING UP VACCINE DELIVERY



Leveraging accessibility of community pharmacy network



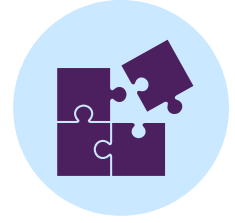
National funding programmes provide no-cost access to vaccination



Availability of other funding measures



Flexible delivery models (on-site and off-site vaccination; walk-in access and extended hours)



Integration into the National Immunisation Strategy 2025-2030



CANADA



SCALING UP VACCINE DELIVERY

Pharmacies may scale up vaccine delivery services in order to increase vaccination coverage or target specific populations.

For example, the Adult Immunization Initiative operated by the pharmacy chain Neighbourly Pharmacy, administered over 4,300 adult immunisations, specifically RSV, HPV, pneumococcal disease and shingles vaccines, over a 12-week period.

Neighbourly Pharmacy prioritised using education and workforce optimisation to support the integration of vaccine services across 300 pharmacies, including clinical training webinars and education materials for pharmacy technicians and assistants.



ADULT IMMUNIZATION INITIATIVE



4,300+

Operated by Neighbourly Pharmacy, this initiative administered over 4,300 adult immunisations in 12 weeks



RSV



HPV



Pneumococcal



Shingles

EDUCATION AND WORKFORCE OPTIMISATION



Clinical training webinars



Educational materials

DELIVERING VACCINES BEYOND THE PHARMACY

Pharmacies may vaccinate individuals outside of the physical location of a pharmacy under specific conditions. Some pharmacies may operate vaccine clinics at public locations such as schools or office buildings to increase vaccine coverage.

ONTARIO



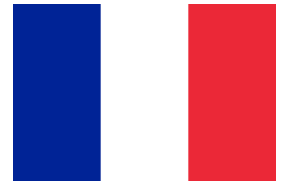
Pharmacies may administer influenza vaccines to residents in retirement homes within the boundaries of the pharmacy's local public health unit.

BRITISH COLUMBIA



The pharmacy chain Rexall held vaccine clinics for first-responders, specifically providing the vaccine that prevents shingles.

FRANCE



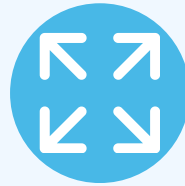
PBV IMPLEMENTATION

EVOLUTION OF PBV SERVICES



PBV services have evolved from an initial hybrid pre-implementation model where community pharmacies were fully integrated into the national immunisation system but did not directly administer vaccines, to an expanded service delivery model in which pharmacists now both prescribe and administer a broad range of vaccines.

EXPANDED VACCINATION AUTHORITY



Pharmacists are authorised to provide vaccination services for adults and for children aged 11 years and above (5 years old and above for COVID-19), although eligibility and scope vary depending on the specific vaccine.

FLEXIBLE SERVICE DELIVERY



Vaccinations can be delivered both within dedicated consultation areas inside community pharmacies and, where permitted, in external settings for vaccination campaigns such as in schools, improving accessibility and convenience for patients.

SCALING UP VACCINE DELIVERY



Strengthening pharmacists' role as accessible frontline vaccinators and expanding the range of vaccines delivered through pharmacies.



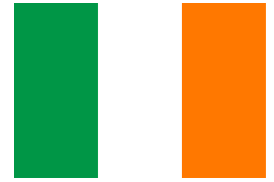
Vaccination advocacy to further support implementation and long-term sustainability of PBV services.



Further expand the scope of vaccinations that pharmacists can prescribe and administer by including travel vaccinations, which would address an important public need and a public health issue.



IRELAND



SCALING UP VACCINE DELIVERY

A recent innovation within PBV in Ireland is the provision of Live Attenuated Influenza Vaccine (LAIV) as part of a school's programme. LAIV was first introduced in Ireland during the autumn/winter vaccination programme 2020/21. Uptake within the recommended cohort of children aged two to 17 years remained low. It became a key public health priority to increase rates of vaccination in this population, particularly those aged two to 12 years.



EVIDENCE AND EXISTING CAPACITY

International evidence had shown that vaccination rates increased when LAIV was provided in a school setting.

Although there were health service capacity challenges, community pharmacy had demonstrated strong performance (40%) with delivery of LAIV campaign within their retail pharmacy premises.

Structures were in place which enabled community pharmacists to provide these vaccinations in an off-site location such as a school, and allowances were also provided to enable informed consent capturing in advance of vaccination.



PROGRAMME ENABLERS

An exception was allowed when administering a LAIV nasal influenza vaccine as part of the HSE vaccination programme in a school setting, the parent could provide informed consent prior to the vaccine being administered.



LOCAL PARTNERSHIPS

The NIO facilitated community pharmacies and GP practices to link with local primary schools to provide on-site LAIV to children in other year groups where possible.

COMMUNITY PHARMACY CONTRIBUTION

2023/24 season

~78,000

LAIV administration

45%

Market share of total LAIV activity

2024/25 season

~150,000

LAIV administration

56%

Market share of total LAIV activity

ADMINISTRATION RATES FOR CHILDREN AGED TWO TO 17 YEARS

2021/22 season
(pre-school programme)



16.6%

2025/26 season



24.6%



ITALY



PBV IMPLEMENTATION



DEDICATED SPACES

Each vaccination pharmacy must have a dedicated room (or visually and acoustically separated area) for administration and post-vaccination observation, compliant with the minimum requirements defined by the State-Regional Agreements.



MEDICAL HISTORY AND INFORMED CONSENT

The pharmacist administers a standardised questionnaire to assess contraindications and obtains informed consent, which is stored at the pharmacy and transmitted to the regional system.



PREVENTIVE APPOINTMENT

Vaccination is by appointment, generally through a regional platform or dedicated portal (e.g., Prenota Vaccino), with the patient's pre-vaccination medical history completed.



POST-VACCINATION OBSERVATION

A minimum of 15 minutes in the pharmacy, with the availability of a kit for managing anaphylactic reactions and an AED.

SCALING UP VACCINE DELIVERY

PBV in Italy has evolved rapidly due to the COVID-19 emergency:



MARCH-APRIL 2021

First authorisation for pharmacists (Legislative Decree 44/2021100), trial launch in the most prepared regions (Lombardy, Emilia-Romagna, Piedmont).



SUMMER-AUTUMN 2021

Progressive extension of COVID-19 vaccination to all regions; first integration with the regional booking system.



2022-23 FLU SEASON

Launch of flu vaccination in pharmacies in 12 regions, based on the regional agreements implementing the State-Regions Agreement.



2023-2024

Consolidation of the model; extension to new vaccine types in some regions; integration with the ESF; launch of pilot projects for pneumococcal vaccines.



2025-2026

Review of the PNPV and the Essential Levels of Assistance (LEA) underway for the full structural integration of pneumococcal vaccines as a standard service within the SSN.



2026

Structural strengthening of pneumococcal vaccines within the scope of local healthcare, also in implementation of the 2026 Budget Law.

PORTUGAL



SCALING UP VACCINE DELIVERY

PBV services in Portugal are delivered within community pharmacies as scheduled or walk-in services, depending on the campaign organisation. Pharmacies participating in national campaigns must meet predefined infrastructural and professional requirements and are supplied with vaccines through centralised NHS logistics supported by pharmaceutical distributors.

Scale-up has been achieved primarily through integration into national influenza and COVID-19 campaigns, with voluntary participation by pharmacies. The inclusion of pharmacies increased the number of vaccination points by more than 400% compared to previous years and significantly reduced travel distance for users.

Recent policy developments supporting implementation include NHS reimbursement for pharmacy administration services, access to the national vaccination registry, and centralised logistics for vaccine distribution. These measures have facilitated rapid expansion while maintaining alignment with national public health objectives.

ORGANISATION OF SERVICES WITHIN PHARMACIES



Vaccination services are delivered in dedicated consultation areas within pharmacies, typically by appointment or walk-ins, depending on campaign design.

Pharmacies play an active role in:

- ✓ Identifying eligible patients
- ✓ Communicating campaign objectives
- ✓ Encouraging adherence to vaccination schedules
- ✓ Managing appointments flow during peak demand periods.

SCALE-UP DYNAMICS

Scale-up has been driven by three mutually reinforcing factors:

- ✓ Territorial coverage, with pharmacies evenly distributed across the country;
- ✓ Digital interoperability, enabling seamless integration with SNS systems;
- ✓ Public trust and preference, particularly among older adults.



70%

By the 2023/24 campaign, pharmacies accounted for approximately 70% of all influenza and COVID-19 vaccinations administered to eligible adults.

Increase in vaccination points



Reduction in average travel distance



Measurable improvements in coverage



The number of vaccination points increased more than four-fold with the inclusion of pharmacies, reducing average travel distance to vaccination sites by approximately 50% and contributing to measurable improvements in coverage in municipalities with the greatest proximity gains.

UNITED KINGDOM (UK)



PBV is embedded in the day-to-day operations of community pharmacy as a structured clinical service, delivered through both appointment-based systems and walk-in access depending on programme design and local capacity. Patients may self-refer, be directed via national or local digital booking platforms, or be referred through NHS pathways. Each vaccination involves a clinical consultation to confirm eligibility, obtain consent, and review medical history, followed by administration in a private consultation room and recording in national immunisation systems to ensure continuity of care across the NHS.

Service delivery is supported by multidisciplinary pharmacy teams, with pharmacists leading clinical decisions and governance while pharmacy technicians and support staff assist with operational tasks. PBV is further extended beyond the pharmacy through structured referral pathways such as Pharmacy First, CPCS, and digital referral tools, as well as off-site delivery in settings like care homes and community venues. This flexible and increasingly integrated model improves access, supports coordinated care across healthcare providers, and enhances reach for vulnerable and underserved populations.

SCALING UP VACCINE DELIVERY



NETWORK DENSITY AND ACCESSIBILITY

PBV scale-up is supported by the wide geographic distribution of community pharmacies, extended opening hours, and convenient local access, enabling high-volume vaccination delivery without additional infrastructure.



COMMISSIONING EXPANSION

Growth has been driven by increased commissioning and eligibility for pharmacy participation, allowing more pharmacies to deliver a wider range of vaccines and respond quickly to emerging public health needs through flexible programme design.



WORKFORCE EXPANSION AND ROLE FLEXIBILITY

Expansion is constrained by capacity rather than capability, with growing service demand highlighting the need for investment in staffing, training, and premises to support sustainable and safe delivery of wider pharmacy clinical services, including vaccination.



INTEGRATION WITH NHS SYSTEMS

Scale-up is enabled by integration with NHS digital platforms, booking systems, referral pathways, and national immunisation registries, supporting streamlined access, coordinated care, real-time data capture, and system-wide oversight.



Key challenges to PBV implementation and scale-up

Despite growing adoption of PBV, its implementation and scale-up continue to be hindered by a range of structural, professional, and patient-related barriers.



Interprofessional role conflict

Concerns regarding overlap in professional responsibilities may hinder collaboration between pharmacists and physicians, thereby limiting service integration within healthcare systems (1).



Patient knowledge and awareness

A 2023 systematic review (Teo et al.), including studies from Indonesia and Australia, concluded that one of the primary challenges for pharmacist-based immunisation is patients' insufficient knowledge and confidence in the competency of immunisers (2).



Regulatory and legislative constraints

Restrictions on pharmacists' authority to administer vaccines limit implementation in certain jurisdictions. For example, in Lebanon, pharmacists are primarily restricted to vaccine dispensing and patient education, which delays the expansion of vaccination services (3).



Financial and reimbursement models

Limited access to reimbursement from third-party payers undermines the financial sustainability of PBV services. While pharmacists are compensated in the USA and Canada, reimbursement mechanisms remain limited or underdeveloped in many European and Middle Eastern countries (2).



Workforce and training gaps

The absence of standardised and accessible immunisation training pathways may restrict workforce capacity, particularly in low- and middle-income settings (2, 4). A Malaysian study, for instance, demonstrated an association between limited immunisation training and low vaccination uptake (5).



Infrastructure and system limitations

Inadequate facilities, including a lack of private consultation areas, appropriate equipment, and cold chain storage, hinder service delivery in community pharmacies (6).



Key enablers of PBV implementation and scale-up

The successful adoption and expansion of PBV are underpinned by key structural, professional, and patient-related enablers.



Public awareness & campaigns

Government-led awareness campaigns have demonstrated effectiveness in improving public awareness and vaccine uptake. For example, national initiatives in Qatar have been associated with higher levels of vaccination awareness and acceptance (7, 8).



Supportive policies & reimbursement

Flexible regulatory environments that grant pharmacists expanded authority and integration into national immunisation programmes facilitate higher vaccination coverage. Examples include the USA, Canada, and the UK, where pharmacists are integrated into national immunisation programmes (2).



Proven effectiveness

A systematic review and meta-analysis by Le et al. (2022), including studies from the USA, Canada, Puerto Rico, and Japan, demonstrated that pharmacist involvement as immunisers, advocates, or both significantly increases immunisation uptake and related outcomes (9).



Accessibility & convenience

Community pharmacies offer extended opening hours and convenient geographical access, making them accessible vaccination sites that are often preferred by patients due to ease of access and reduced waiting times (2).



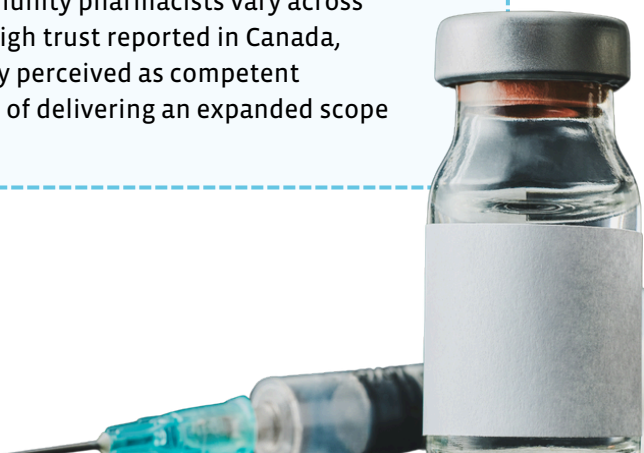
Collaboration & system integration

Pharmacist-led vaccination is most effective when implemented as part of a collaborative healthcare system alongside general practitioners, enhancing overall service capacity and patient access (2).



Patient trust and role advancement

Levels of public trust in community pharmacists vary across countries, with particularly high trust reported in Canada, where pharmacists are widely perceived as competent healthcare providers capable of delivering an expanded scope of practice (10).



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