ACTIVE RETIREMENT IRELAND

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Monday, 13 April 2026

Opening Statement of Alison Bough, Head of Policy & Advocacy,

Active Retirement Ireland

to

The Joint Committee on Health (to consider issues relating to vaccines – including policies, their availability and uptake)

Wednesday 15 April, Committee Room 2, LH2000, Leinster House.

Cathaoirleach, Leas-Chathaoirleach, Deputies and Senators,

Thank you for the invitation to appear before the Committee today.

My name is Alison Bough, and I am Head of Policy and Advocacy with Active Retirement Ireland, the largest representative organisation for older people in Ireland, representing over 24,000 members nationwide.

In May 2024, our members mandated this issue at our National AGM as a major policy priority. This is not an abstract issue for us. It is one that comes directly from the lived experience and concerns of older people across the country.

I welcome the opportunity to speak with you today about shingles vaccination from the perspective of older people, public policy, and equitable access to preventative healthcare.

Trustees: Mai Quaid (President), Margaret Angulin, Loman Conway, Mary Daly, Edward Doyle, Rolande Hall, Tony Hanlon, Tom Harrison, John Horan, Maura McAuliffe and Lilly Mooney.
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In less than two weeks, more than 20,000 people, primarily older people, have signed our petition calling for fair, state-supported access to the shingles vaccine. That is a clear signal that older people expect equitable access to preventative healthcare.

At the outset, I want to be clear about the issue before us.

A recombinant shingles vaccine is available in Ireland. The National Immunisation Advisory Committee, NIAC, recommends it for all adults aged 65 years and over, as well as for certain immunocompromised groups.

However, in Ireland, it is not currently available through a publicly funded programme. The HSE states that it is available privately only and is not covered under the medical card or the Drug Payment Scheme.

That means access depends on the ability to pay.

In practical terms, current listed prices from named pharmacies place the cost of the two-dose course at approximately €450 to €487, meaning a typical cost of around €480.

The maximum contributory State Pension is currently just under €300 per week. This means that the vaccine costs the equivalent of around one and a half weeks of income for someone relying on the State Pension. These are citizens who have contributed throughout their lives to the Irish economy and society, through both paid work and unpaid roles such as caring, volunteering, and supporting families and communities. For many older people, this represents a significant financial barrier.

This inequity is particularly stark in border regions. An older person living in the Republic of Ireland may have to pay close to €500 for this vaccine, while a short journey across the border to Northern Ireland would allow access through a publicly funded programme. That contrast highlights the extent to which access in Ireland currently depends on ability to pay rather than need.

From the perspective of Active Retirement Ireland, that is the central policy issue.

A recommended vaccine is available, but access is not equitable.

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Shingles is not simply an acute condition that resolves quickly.

For many older people, it can have lasting and significant consequences.

The most common complication, post-herpetic neuralgia, is persistent and often severe nerve pain that can last for months or even years. This affects sleep, mobility, concentration, and the ability to carry out everyday activities.

From the perspective of older people, the impact is not just clinical, it is functional.

People reduce movement because of pain. They stop attending social activities. They withdraw from community life.

Older people are also carers, volunteers, and childminders. When shingles limits their ability to participate, there is a real human cost, not only to the individual but to families, communities, and wider society. That impact is not fully captured when the focus is limited to cost effectiveness alone.

Over time, that can lead to increased social isolation.

We know that social isolation is associated with poorer physical health, poorer mental health outcomes, and increased risk of decline. The impact of shingles does not end with the infection. It can trigger a cascade of effects that undermine independence and wellbeing.

There is also a clear impact on the health service.

Shingles leads to GP consultations, repeat visits, pain management, and in some cases hospitalisation.

Where complications such as post-herpetic neuralgia develop, this can require ongoing treatment and engagement with services over a prolonged period.

From a policy perspective, these are not one-off costs. They are ongoing and, in many cases, avoidable.

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Current valuation too often focuses only on health service cost savings. That payer lens misses the broader, tangible benefits that matter to people. These include preserved independence, fewer months of disability, and better day to day functioning. These are the outcomes that resonate with the public and policymakers alike, and they should be central to implementation decisions.

As a Health Psychologist, I would emphasise that prevention plays a critical role in supporting healthy ageing.

When we prevent conditions that lead to pain, withdrawal, and loss of independence, we are not just avoiding illness, we are supporting people to remain active, engaged, and connected in their communities.

It is also important to be clear about the evidence base.

NIAC has made a clear recommendation for vaccination of adults aged 65 and over.

HIQA found that the vaccine is safe and effective, but that at the price used in its model, it was not considered cost effective.

So, the issue is not a lack of clinical recommendation, and it is not a question of effectiveness.

The issue is that there is currently a gap between recommendation and access.

Ireland is not starting from a blank page internationally.

Comparable European countries, including the UK, Germany, France and Italy, have already established public or publicly supported shingles vaccination pathways for older adults, although the specific models differ.

In Ireland, older people are still required to pay privately.

From the perspective of Active Retirement Ireland, this raises a clear issue of equity.

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Older people have contributed to building modern Ireland. Offering recommended vaccines to everyone aged 65 and over recognises that contribution and protects people irrespective of income.

Older people are being encouraged to prioritise prevention and healthy ageing, but in this case, access to a recommended preventative measure depends on income. That is not equitable.

In practical terms, Active Retirement Ireland is asking for three things.

- First, recognition that shingles vaccination for older people is an issue of prevention, equity and healthy ageing.

- Second, that Government actively examine pathways to enable publicly funded or state supported access in line with NIAC recommendations, including engagement on pricing and implementation.

- And third, that the position of older people on fixed incomes is explicitly considered in decision making.

Cathaoirleach and members,

A recommended vaccine that is available only to those who can afford to pay privately is not equitable access. The policy pathway is clear. The need is clear. What is required now is a decision on access. Thank you, and I welcome your questions on behalf of the 24,000 older people Active Retirement Ireland represents, and the families and communities they support.

Alison Bough
Head of Policy & Advocacy | Active Retirement Ireland

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