



Consultation on ‘Strengthened EU cooperation against vaccine preventable diseases’

EuroHealthNet is a not-for-profit partnership of public bodies working from local to regional, national, and international levels across Europe. It supports members’ work through project development, knowledge exchange, capacity building, policy monitoring, policy development, research, and communications. **Our mission is to help build healthier communities and tackle health inequalities within and between European States.**

Vaccination saves millions of people from illness, disability, and death each year. It is one of the most cost-effective public health interventions available. There is a continuous need for effective and safe vaccines to (continue to) protect people against many prevailing and (re-) emerging communicable diseases. The success of immunisation in the past decades should be fully acknowledged. It is important to support investments to sustain this success and advance to new vaccine development, while improving the quality and safety of existing ones.

This document summarises EuroHealthNet’s response to the European Commission’s consultation on possible activities to be included in a proposal for a Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases, which will be adopted mid-2018.

It addresses three aspects:

1. Tackling vaccine hesitancy at national and EU level;
2. Sustainable vaccine policies in the EU;
3. EU coordination, including the promotion of stakeholder dialogue, and contribution to global health.

From a health equity perspective EuroHealthNet considers that priority should be given to addressing the needs and fulfilling the right to health of the underserved. This requires better commitment, investment and outreach programmes to tackle the under coverage of marginalised, migrant, or socially disadvantaged children and families. It is important to invest in health promotion and education programmes, and fight vaccine hesitancy by providing transparent and evidence-based information to the public in targeted and tailored ways.

1. Tackling vaccine hesitancy

- **Communicate better with the public on the safe use and effectiveness of vaccines**



The most effective interventions addressing the outcome of vaccination uptake are **holistic and multi-component interventions**. These interventions should be **dialogue-based and directly targeted at the unvaccinated or under-vaccinated populations**, adjusting the messages according to their needs (e.g. the Roma, Irish travellers, isolated immigrant communities, minority ethnic groups and those with lower socio-economic status, families living in densely populated, urban areas, particularly in inner cities, which also tend to show high levels of deprivation, and religious groups, in particular those with religious or ideological objections).

Better **communication with the public** on the safe use and effectiveness of vaccines should be considered as one of strategies to address vaccine hesitancy in Europe. It should be integrated into a wider vaccine hesitancy-tackling framework. Many of Eurohealthnet's members contribute to communication strategies that aim to address vaccine hesitancy in specific national and local contexts. As part of communication activities and/or national campaigns, they **produce information about vaccines in a variety of formats and using a range of media**, including TV, radio and (digital) social networks media. Taking into account a diversity principle, vaccine information is often adapted to **local linguistic diversity, sensory impairment or existing levels of (health) literacy** in order to support informed, equitable access to immunisation services. Infographics, short films are an effective way to quickly and easily communicate even complex information for example through social media. Furthermore, vaccine **information is provided directly to those concerned in a variety of health/social participation settings** (parents, young people, older adults, pregnant women, schools, pharmacies or even supermarkets, etc.), **as well as to those who administer vaccination programmes** - healthcare workers, educators, local employers or carers. Personalised letters, posters in local settings, working in partnerships with (early) education and care, (in-) formal carers and care homes, employers, all find their place in improved communication efforts of the concerned actors.

The **health needs and fulfilment of the right to health of the underserved** must be fully taken into account. Stark inequalities in immunisation exist within and between EU member States. Like other medical interventions, vaccination is subject to the social gradient, and health inequalities accumulated along one's life-course are arising as a consequence. While health literacy and awareness raising of general public remain an important factor in overcoming vaccine hesitancy, they are not enough to solve the problem of vaccine coverage. As people in deprived communities have lower childhood immunisation, we need a specific approach, adapting messages and integrated in wider efforts to tackle health inequalities (other health risk factors, mental health issues, alcohol, crime, unemployment situation and other social determinants). Activities proposed in the EU Joint Action on Vaccination should therefore be linked with activities in the EU Joint Action on Health Inequalities.

Moreover, healthcare services could even set up **separate vaccine advice units** so as to release the workload from the current healthcare workforce (while still ensuring communication between services, avoiding fragmentation).



Particular attention, however, still needs to be given to adequate communication around **vaccine side effects**, because that is what the most hesitant population groups put forward as reasons to decline vaccines.

Eurohealthnet members want to see established methodologies relating to measuring and monitoring trends on vaccines in Europe, to gain overview of how vaccination is organised per county (administration, payment, mandatory, etc.), as such initiatives exist in only a small number of countries and settings.

➤ **Communicate better with healthcare workers on the safe use and effectiveness of vaccines**

As part of good immunisation programme practice, public health civil society organisations, local communities, and health care workers need to be involved in supporting vaccination programs, in enhancing demand for vaccination, and in helping to address vaccine hesitancy depending upon the factors identified as the most challenging to overcome.

In order to support healthcare professionals to advocate vaccination as a cost-effective public health intervention, **continuous improvement and sustained and substantial investment in health promotion and education programmes** (including life-long learning and Continuous Professional Development), involving medical professionals and public authorities are essential. The **healthcare workforce need to be equipped with an ongoing education and training**, particularly when new vaccines are introduced, but also in approaches to the underserved population groups. **Involving nurses, integrating routine checks on vaccination status, and increased autonomy and awareness of the health community could increase the uptake levels.**

Opportunities for communication with healthcare workers are predominantly through existent workplace connections, with a high improvement potential through **adapted university and specialised studies and (accredited) courses, wider campaigns, (online) workshops and lectures, and ongoing training**. It seems that online certified are effective as they are quicker and less time-intensive than other training methods.

Improving accessibility to reliable and trusted sources, increasing the **ownership and responsibility of the healthcare workforce, tailoring awareness raising messages and information for various medical professions** have also been identified as good practices by our members. Some of our members recommend country-specific vaccination registers, educational materials explaining benefits and risks of vaccines, and offering an advanced vaccinology course for health professionals.

Through their involvement in alliances and networks – such as the WHO Vaccine Safety Network (VSN) for instance - some of EuroHealthNet members engage with healthcare workforce training schemes to support the immunisation workforce (primarily nurses and doctors but also others depending on



context and practice) with up-to-date information on effective and safe use of vaccines, and how best communicate it within the healthcare community, which is often a very diverse group of professionals, calling for the necessity of tailoring messages and approaches to those differences.

Eurohealthnet and its members see great potential for better communication between professionals working on vaccination with those who work on issues of health inequalities. This should be a part of work done on the ground (in practical settings) but also at political level where any EU Joint Action on Vaccination be closely linked with EU Joint Action on Health Inequalities.

➤ **Factors that influence vaccine hesitancy**

There are many determinants of vaccine hesitancy. These determinants can be grouped into contextual, individual, and group influences as well as vaccine/vaccination specific issues. **The entire complex interplay of social, economic and gender marginalisation, access to (primary) healthcare services, and vaccination services in particular must be considered at national, regional, and local levels** from a systemic perspective.

EuroHealthNet's members find that reasons behind vaccine hesitancy vary based on type of vaccine and context (e.g. service delivery model). Public discourse often differs depending on which vaccine is discussed; there is also a perceived imbalance in attention given to certain vaccines (influenza, HPV), but not others (MMR) highly related to seasonality and popular media stories.

By speaking to the concerned groups member organisations found key information barriers relating to: side effects and vaccine ingredients, perceived seriousness of a given disease and subjective risk assessment, service accessibility and acceptability, media coverage, beliefs and attitudes. Lack of reliable, robust and independent investigation into the issue or general mistrust in science, public perception in pharmaceutical industry and conspiracy theories were also mentioned.

Affordability is quite an important issue for socially disadvantaged families and children. Co-payment and other related out-of-pocket financial contributions should also be carefully evaluated.

➤ **Strengthened the EU's role in communication**

As resources for immunisation services and communication activities are mobilised from national budgets, there are discrepancies between Member States in outreach, uptake or use of new vaccines, investment in research, and (joint-) public procurement. Improved coordination and support from the EU would be beneficial to enable the development of new vaccines and improve the safety of existing ones. It would also help to increase public awareness of the benefits of vaccines in general. **Accurate and accessible information from the EU** in this regard could help strengthen the efforts of individual Member States; this could be particularly relevant in view of the current migration crisis in Europe and increased mobility across borders as vaccine coverage and practice varies from one country to another.



An EU-wide communication strategies for communicating the benefits, as well as the side effects of vaccines (relevant and scientifically sound, yet easily understandable) towards the general public but also specifically parents/families is advisable.

However, note must be taken that the **EU is not trusted sufficiently by all European citizens** and the impact can therefore be counter-productive, increasing resistance and hostility towards perceived intrusiveness of the EU and any EU level action on vaccination.

Such communication campaigns should be carefully planned and piloted at small-scale to fit within citizen/community-led movements. EU countries need to work together within a more cohesive manner exploring potential of the European Medicines Agency, ECDC, and the EU's crisis management and preparedness framework.

➤ **Other roles for the EU supporting collaboration between Member States on vaccine hesitancy**

In order to support collaboration between and within Member States on vaccine hesitancy, the EU could facilitate/support **networks and information platforms** set up around vaccination. Mapping of vaccine schedules should be visible and vaccination coverage should be identified.

There is a **role for the EU to monitor the public attitude to vaccines** and how it spreads across European countries, population groups, and communication channels. Member States could be supported in their joint **investigation into structural barriers behind vaccine hesitancy**, healthcare systems responsiveness, and a **stronger emphasis on prevention**. The latter is particularly relevant for advocating for better spending of public resources, as greater vaccine coverage leads to an improved healthy life expectancy, greater socio-economic productivity of healthier working population – this contributes to stronger healthcare systems performance and efficiency.

Despite the fact that health systems and epidemiological profiles differ across the EU, its work on, for example EU Joint Action on Vaccination, is already a step in the right direction, **provided the topics chosen reflect the reality and address the real needs**, and are followed by adequate levels of funding and coordination support.

An EU vaccination schedule could be explored, however health systems are different in each Member State. This may be further explored in the Joint Action on Vaccination.

2. Vaccine policies in the EU

➤ **Responsible bodies for well-functioning vaccination programmes**



Vaccines are an issue of maximum health and social interest. As part of good immunisation programme practice, public health civil society organisations, local communities, and health care workers need to be involved in supporting vaccination programs, in addition to the ‘usual’ actors in the vaccine policy chain – international organisations, the European Commission and its agencies, and EU Member States and their authorities. Their responsibilities will vary depending on **professional responsibilities** and **degree of (de-) centralisation of vaccine demand-supply chain**.

From **the policy-making perspective**, country obligations towards international organisations are important as they put pressure on countries to achieve and maintain particular goals for example eradication of particular diseases. From **the operational level perspective** it is local and regional authorities that are responsible for purchasing and for the administration. It is the confidence and knowledge of health professionals who administer the vaccine to convince the hesitant parent/patient to accept the intervention. **Good communication and collaboration between all levels is a key to vaccine programme success.**

➤ **How can programmes for vaccination function better?**

The following strategies are recommended:

- **better align policies**, ensure coherence and impact on/contribution from other incl. non-health factors,
- **disaggregate data** and outreach programmes **for socio-economic groups**, considering the free movement of people and open borders,
- **look at the vaccine coverage and vaccine hesitancy from a wider systemic perspective** (well-functioning public health systems, equity and universal healthcare coverage, strong primary healthcare systems, etc.),
- **dedicate funding and human resources**,
- **provide incentives** (e.g. through health insurance),
- **look for synergies** with other healthcare and social activities of daily life (education and care, workplace) so as to avoid a silo approach, **continuous monitoring and advocacy**,
- consider vaccination programmes mandatory (with an opt-out possibilities) and/or impose travel restrictions on unvaccinated individuals who put others and herd immunity at risk. However, consider the proportionate advantage/disadvantage and legal consequences/possibilities of such far-reaching actions.

➤ **Better balance vaccine supply and demand at regional, national and EU level**

EuroHealthNet and its members believe there is a role for them to play in promoting better balance in vaccine demand-supply chain. Support in mapping determining vaccine needs **especially among low**



socio-economic and hard to reach populations is needed and these organisations are **well-placed to offer such investigative support and lend a vital voice to a collective public health community action**. Better links between local and EU, and policy and practice could be made by examining case studies and good practices from countries and settings our members work in.

Sustained demand for strategic and long-term procurement and cooperation between regions (e.g. the Nordic countries) as well as coordination/communication of information as supply shortages appear at national level are concretely mentioned in our members' responses to make sure vaccines are available, accessible and in supply.

Furthermore, it is suggested that the EU **introduce and maintain systematic forecasts of vaccines for each country and type of vaccine**. Vaccine producers operational in the EU should be obliged to produce and supply required volume and type of vaccines, and **incentives to increase manufacturing capacities** should be developed.

It is advised to purchase vaccines during stable periods when migratory movements, and epidemics can be foreseen, joint procurement provisions and development stockpiles of vaccines at EU level should be used.

3. EU coordination and contribution to global health:

While both international organisations, the European Commission and its agencies, EU Member States, the pharmaceutical industry, academia, and civil society play an important role in research and development of vaccines, the EU as a whole should present a strategic vision which Member States can follow.

The EU has an important role to play in promoting and supporting the implementation of the UN Agenda 2030 for Sustainable Development Goals (SDGs) both in the European region and globally. Regardless geographic location, every child, woman and man has the right to health and life free from vaccine-preventable diseases. The EU has committed itself through various international legal instruments, but also through its agenda on global health to contribute to better health and well-being for all.

Vaccine-preventable diseases constitute a serious cross-border threat, and eradication of polio and measles is a global concern that countries should be assisted in addressing.

➤ EU support for collaboration for vaccination preparedness

For EuroHealthNet members it is important to **develop and implement accessibility programmes for people who cannot access or afford vaccines or are considered illegible to access public healthcare**



services (e.g. refugees and undocumented immigrants, the Roma and travellers, socially disadvantaged families with children, etc.).

Another priority would be the **development of crisis management plan with industry and the establishment of a stakeholder communication platform.**

Efforts in ensuring vaccine supply and addressing vaccine shortages needs to be a carefully planned, monitored and evaluated process, and not a series of fragmented actions originating from various stakeholders. EU and international organisations have certain powers in ‘persuading’ manufacturing industry to adapt their capacity in order to ensure uninterrupted supply; jointly, they can also facilitate the country-cooperation in vaccine procurement or vaccine stockpile sharing.

A particular attention needs to be given towards **commercial determinants behind the vaccine supply chain and appropriate levels of regulatory actions explored** (EU or national level) as currently available evidence suggests self-regulatory frameworks are unlikely to deliver on public health objectives.

This Summary document has been prepared based on the responses received from a number of member organisations of EuroHealthNet to the questionnaire provided by the European Commission. The following individuals and organisations wish to be mentioned as contributors:

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