

IMPROVING VACCINE EQUITY

ADDRESSING BARRIERS AND BUILDING CAPACITY TO IMPROVE EQUITABLE VACCINE UPTAKE ACROSS EUROPE

POLICY PRÉCIS

The situation

Vaccination remains one of the most essential and cost-effective tools available to ensure population health and wellbeing.¹ As a cornerstone of primary and preventive health care, vaccines have been directly responsible for saving millions of lives.^{2,3}

The fields of vaccinology and immunology are making impressive advancements, making it possible to expand the number and type of 'vaccine-preventable diseases'.

However, vaccination programmes face enduring challenges, namely inequalities in vaccine access and vaccine hesitancy. The more illnesses we can ultimately prevent or mitigate via vaccination, the more critical equitable access to and accurate information about vaccines will become.

Vaccine inequalities⁴ are avoidable differences in immunisation coverage between population groups that arise because vaccine barriers among disadvantaged groups are not addressed through policies, structures, governance or programme implementation.

Ensuring **equitable access to vaccines** requires that all individuals are offered the same vaccines through delivery services that are tailored to meet their needs.

While the COVID-19 pandemic demonstrated the power of vaccines to protect health and wellbeing, it also exposed and exacerbated significant vaccine inequalities. For example, within the first year of distribution of the COVID-19 vaccine, high-income countries around the world were able to vaccinate an average of 80% of their populations, while low-income countries were able to vaccinate less than 10%.⁵

Vaccination & immunisation

Vaccination is the act of receiving a vaccine against a specific disease. **Immunisation** is the process by which a person becomes protected against a disease through vaccination.⁶

The pandemic also provoked a large regression in routine immunisation coverage.⁷ While the WHO European Region registered the smallest drop of any world region, these statistics mask important inequalities within and between countries.⁸

For instance, data shows that Dutch girls with parents born in Morocco are only half as likely to have received the HPV vaccine as those whose parents were born in the Netherlands.⁹ In Greece, vaccine coverage for measles is 55% lower in migrant children when compared to other Greek children.¹⁰

Since the pandemic, influenza vaccination rates among older adults in Estonia and Latvia have actually decreased to 15% and 12% respectively, while the EU average is 44% and most Western European countries maintained rates over 50%.¹¹

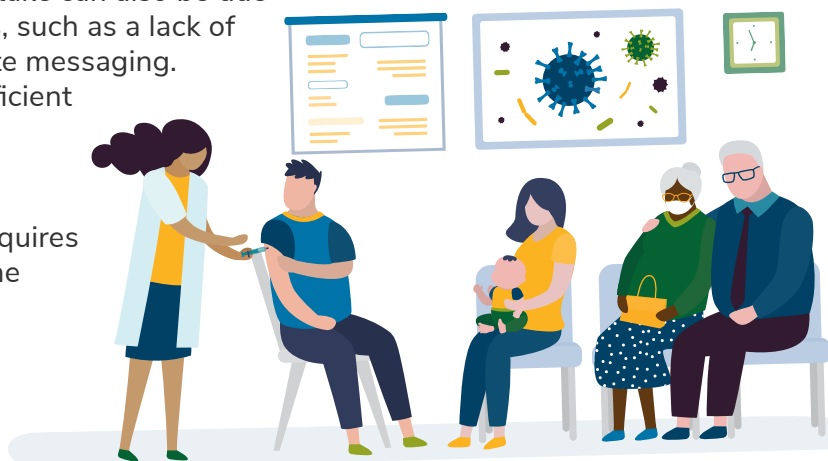
This drop in coverage also comes in the context of the war in Ukraine, where coverage for measles and polio vaccines is now well below the level required to prevent outbreaks.¹² Alarming gaps in routine immunisation coverage⁷ are contributing to a spike in global measles outbreaks.¹³

While policymakers and the media put much emphasis on vaccine hesitancy and individual choices, evidence shows that suboptimal vaccine coverage is actually due to many factors, including social determinants and health system barriers.⁴



These factors disproportionately affect lower income communities, as well as ethnic, religious or cultural minorities across Europe. They include structural barriers, such as the physical distance to healthcare centres, limited service hours, and administrative barriers related to required documentation. Barriers to vaccine uptake can also be due to low health literacy, as well as cultural factors, such as a lack of translated materials, and culturally inappropriate messaging. Health professionals do not always receive sufficient training in how to communicate the benefits of vaccines with patients.¹⁴

While addressing global vaccine inequalities requires important structural and political solutions at the highest level (such as the proposed [WHO 'pandemic treaty'](#)), many of the vaccine inequalities within European countries requires 'local solutions to local challenges'.¹⁵



How can EU and international policies and programmes foster vaccine equity?

In the EU, delivery of vaccination programmes is a [competence of Member States](#).¹⁶ However, a rise in outbreaks of emerging infectious diseases (e.g. swine flu and H1N1), vaccine-preventable diseases and in recorded vaccine hesitancy has elevated the issue of vaccination on the European agenda. Subsequent EU actions included the release of the [2018 Council Recommendations](#)¹⁷ on strengthened cooperation against vaccine-preventable diseases, and the launch of the [Joint Action on Vaccination \(EU-JAV\)](#).¹⁸

COVID-19 served as a further catalyst for EU co-operation on vaccination. In June 2020, the European Commission presented the [EU Vaccines Strategy](#)¹⁹ to accelerate the development, manufacture and deployment of COVID-19 vaccines. Via this strategy, EU Member States worked more closely together on vaccine procurement and delivery than ever before.

Additional EU measures with implications for European and national vaccination policy and programming are centred within the [European Health Union](#).²⁰ Particularly relevant are the establishment of the European Health Preparedness and Response Authority ([HERA](#)),²¹ proposed [legislation on cross-border health threats](#),²² and the [expansion of the mandates](#) of the European Centre for Disease Control and Prevention (ECDC) and European Medicines Agency.¹⁶

Through these measures, the EU has effectively enhanced its 'hard' competencies to support, coordinate and complement national action on immunisation, particularly emergency preparedness.

However, many of the drivers of vaccine inequalities – such as social determinants of health – lay outside the scope of these policies and therefore cannot be effectively regulated or controlled from the EU level.

Instead, to address vaccine inequalities, the EU plays a [critical, "softer" role](#).²³ It convenes Member States, offers a platform for political commitment, and funds research and exchange of good practices, among other things.

In December 2022, for instance, the Czech Presidency of the Council of the European Union released [Council Conclusions](#) which focus on two areas of action: combatting vaccine hesitancy and preparing for upcoming challenges through EU cooperation.²⁴

The European Commission [expanded the mandate](#) of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) to encompass vaccine-preventable diseases, giving members another forum to explore solutions to their vaccination challenges.²⁵

Horizon 2020, the 3rd EU Health Programme, and EU4Health have all been important funders of [projects which promote vaccine uptake](#).²⁶ The Commission has also provided support to initiatives such as the Coalition for Vaccination,²⁷ and launched communication campaigns (such as ["United in Protection"](#))²⁸ to raise awareness of the benefits of vaccination.

The [Coalition for Vaccination](#)²⁷ brings together



European associations of healthcare professionals and relevant student associations in the field, and was created by the European Commission in 2019. The Coalition aims to support the delivery of accurate information to the public, combatting myths around vaccines and vaccination, and exchanging best practices on vaccination.

The WHO European Immunization Agenda 2030

The [WHO 2020-2025 European Programme of Work](#)²⁹ names immunisation as one of its four 'flagship' initiatives, to be taken forward via the [European Immunization Agenda 2030 \(EIA2030\)](#).³⁰ This agenda builds on the successes and outstanding challenges from the European Vaccine Action Plan 2015-2020. It consists of three key pillars, considered to be 'strategic pivots' from 'business as usual': 1) immunisation equity, 2) immunisation across the life-course, and 3) tailored local solutions that address local challenges.

Implementation of the EIA2030 will benefit from the mechanisms and platforms established for other flagships, particularly digital health and behavioural and cultural insights.

The [IA2030 Action Framework](#)³¹ adopted at the global level, highlights some illustrative actions which, if properly implemented, would help improve vaccine equity within and between European countries. Notably, the plan calls for improved 'partner coordination' including with Non-State Actors such as EuroHealthNet. EuroHealthNet will continue to monitor and support implementation of the EIA2030 through [our Memorandum of Understanding with WHO Europe](#).³²

Making it happen through EU-funded initiatives

IMMUNION (2021-2023)

[IMMUNION](#)²⁷ ("Improving IMMunisation cooperation in the European UNION") works to increase vaccine confidence, equity and uptake, by delivering better vaccine communication education to health professionals and better information to the general



public. Coordinated by EuroHealthNet, the project brings together members of the Coalition for Vaccination as well as partners across the EU.

It includes a focus on four countries, where EuroHealthNet members lead activities: the Italian National Institute of Health (ISS), the Institute of Preventive Medicine, Environmental and Occupational Health (PROLEPSIS) in Greece, the Latvian Centre for Disease Prevention and Control (CDPC), and the Romanian National Institute of Public Health (INSP).

Each country investigated the factors contributing to low vaccine uptake in selected regions and populations.³³ An online communication toolbox was developed to support health professionals and health authorities to raise awareness about the importance of vaccination.³⁴⁻³⁶ The four countries also co-developed [pilot activities with health stakeholders](#).³⁷

RIVER-EU (2021-2026)

[RIVER-EU](#) ("Reducing Inequalities in Vaccine uptake in the European Region – Engaging Underserved communities")¹⁴ is a Horizon 2020 project that [collects evidence](#) on the 'barriers' and enablers' of vaccine uptake in seven underserved communities.³⁸



EuroHealthNet and two of its members are represented in the consortium: the Finnish National Institute for Health and Welfare (THL) and PROLEPSIS. The project collects evidence on determinants of low vaccine uptake (barriers) in four communities, as well as on the determinants of high vaccine uptake (enablers) in three others.

The evidence will be used to co-design, implement, and evaluate interventions that address barriers and improve trust in the health system. The lessons learnt will be collected in a set of evidence-based guidelines and implementation recommendations.



Pathways to Progress

Policymakers and health authorities at all levels, but particularly at local and regional levels, should consider the following actions to reduce vaccine inequalities:

- Understand and address determinants of unequal access to vaccines to help strengthen [overall primary healthcare](#).⁷ Such determinants include structural barriers related to health systems, as well as economic, political, trade and commercial factors.
- Ensure political commitment and adequate resources at all levels of governance to strengthen and sustain equitable vaccination services.
- Build capacities for health authorities and stakeholders to design and implement evidence-based, people-centred and tailored practices. In turn this will build trust, counteract misinformation, and address vaccine equity needs in local contexts and communities.
- Invest in and leverage research to improve vaccines and vaccination services.
- Promote an integrated, cross-sectoral approach - for instance through settings-based interventions in schools, workplaces, communities and religious groups - and encourage collaboration between health professionals, health authorities, civil society, media, and wider communities.
- Support health professionals to communicate with confidence and cultural competence about vaccination. This includes providing life-long training opportunities and funding innovative research into methods such as a refutational learning.³⁷ Work to understand and address vaccine concerns of health professionals themselves.

- Gather data and use behavioural and cultural insights to increase understanding of factors that contribute to vaccine hesitancy, at individual and community level, with a focus on underserved communities.
- Leverage digital health advancements to strengthen data collection, and monitoring and surveillance programmes. These can help track trends and facilitate follow-up to increase vaccine uptake, while respecting trust and privacy.
- Work with communities and relevant stakeholders to co-develop and deliver evidence-based, targeted and accessible communication campaigns to address issues in vaccine uptake. Communication should be tailored to target communities (e.g. through language, message, medium). Share good practices both within and across countries, including by contributing to the Coalition for Vaccination's online [vaccine communication toolbox](#).³⁷
- [Embrace a 'dual-track' approach](#),³⁹ which maintains routine, life-course immunisation, while remaining prepared for emerging health threats.
- Intensify catch-up and outreach campaigns to immunise those who may have missed their scheduled vaccinations to reduce risks of outbreaks of vaccine-preventable diseases.



Understand health inequalities and how to act on them by visiting: www.health-inequalities.eu

EuroHealthNet is a partnership of public organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities. We aim to tackle health inequalities within and between European States through action on the social determinants of health. For further information and further references go to www.eurohealthnet.eu



Co-funded by
the European Union

EuroHealthNet is funded by the European Union. However, the information and views set out in this document are those of the author and do not necessarily reflect the official opinion of the European Commission (EC). The EC does not guarantee the accuracy of the data included in this policy précis. Neither the EC nor any person acting on the EC's behalf may be held responsible for the use which may be made of the information contained therein.

Contact
Phone + 32.2.235.03.20
Email info@eurohealthnet.eu

Rue Royale 146
1000 Brussels
Belgium



[@EuroHealthNet](https://www.eurohealthnet.eu)

Euro
Health
Net

©EuroHealthNet January 2023

Endnotes

1. The value of immunization compendium of evidence (VolCE) (2019) [Key concepts](#)
2. Oliver J Watson et al. (2022) [Global impact of the first year of COVID-19 vaccination: a mathematical modelling study](#). *Lancet Infect Dis* 2022; 22: 1293–302
3. Carter, Austin and Msemburi, William and Sim, So Yoon and A.M. Gaythorpe, Katy and Lindstrand, Ann and Hutubessy, Raymond C.W., (2021) [Modeling the Impact of Vaccination for the Immunization Agenda 2030: Deaths Averted Due to Vaccination Against 14 Pathogens in 194 Countries from 2021-2030](#).
4. Boyce, T., Gudorf, A., de Kat, C., Muscat, M., Butler, R., & Habersaat, K. B. (2019). [Towards equity in immunisation](#).
5. Pilkington V, Keestra SM, and Hill A. 'Global COVID-19 Vaccine Inequity: Failures in the First Year of Distribution and Potential Solutions for the Future.' *Frontiers in Public Health*. 2022: 10.
6. The National Center for Immunization and Respiratory Diseases, United States, [Immunization: the Basics](#)
7. WHO and Unicef Joint Press release (2022), [COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades](#)
8. Michael Eisenstein (2022), [Vaccination rates are falling, and it's not just the COVID-19 vaccine that people are refusing](#)
9. Rondy, M., Van Lier, A., Van de Kasstelee, J., Rust, L., & De Melker, H. (2010). [Determinants for HPV vaccine uptake in the Netherlands: a multilevel study](#). *Vaccine*, 28(9), 2070–2075.
10. Mellou, K., Silvestros, C., Saranti-Papasaranti, E., Koustenis, A., Pavlopoulou, I. D., Georgakopoulou, T., ... & Terzidis, A. (2019). [Increasing childhood vaccination coverage of the refugee and migrant population in Greece through the European programme PHILOS, April 2017 to April 2018](#). *Eurosurveillance*, 24(27).
11. OECD (2022) [Health at a Glance: Europe 2022: State of Health in the EU Cycle - Routine vaccinations](#)
12. Maria Ganczak (2022) [Poland's public health response to the Ukrainian refugee crisis draws on RIVER-EU research](#)
13. Unicef (2022) [Measles cases are spiking globally](#)
14. [RIVER-EU Project](#).
15. WHO (2021) [World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response](#)
16. Rechel, Bernd, Richardson, Erica & McKee, Martin. (2018). [The organization and delivery of vaccination services in the European Union: prepared for the European Commission](#). World Health Organization. Regional Office for Europe.
17. The Council of the European Union (2022) [COUNCIL RECOMMENDATION of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases, \(2018/C 466/01\)](#)
18. [The European Joint Action on Vaccination \(EU-JAV\)](#)
19. European Commission (2020) [EU Vaccines Strategy](#)
20. European Commission (2020) [European Health Union](#)
21. [European Health Preparedness and Response Authority \(HERA\)](#)
22. Regulation (EU) [2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU](#)
23. European Commission. [Strengthening EU cooperation against vaccine preventable diseases: Factsheet](#).
24. Council of the EU (2022) [Vaccination: Council calls for combatting vaccine hesitancy and closer EU cooperation](#)
25. Directorate-General for Health and Food Safety (2022), [Flash report – Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases](#)
26. EU funded projects that share the mission of IMMUNION: better education and better communication on vaccines to increase vaccine confidence and uptake across Europe
27. [Coalition for Vaccination/Immunion project website](#)
28. European Commission (2022), [#UnitedInProtection](#)
29. WHO Regional Office for Europe (2021), [The European Programme of Work, 2020–2025: United Action for Better Health](#). Copenhagen. Licence: CC BY-NC-SA 3.0 IGO.
30. WHO Regional Office for Europe (2021) [European Immunization Agenda 2030](#).
31. WHO (2021) [Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability, and Communications & Advocacy](#),
32. WHO Regional Office for Europe (2021) [WHO/Europe and EuroHealthNet sign agreement to collaborate on addressing health inequalities and promoting sustainable development](#)
33. IMMUNION (2021) [Reference Grid](#)
34. IMMUNION (2022) [Compilation report of four National toolboxes](#)
35. IMMUNION (2022) [Vaccine Communication Toolbox](#)
36. IMMUNION (2022), National vaccination stakeholder roundtables and media trainings
37. IMMUNION (2022) [Co-creating/co-selecting tools for piloting, milestone M6.3](#)
38. JitsuVax (2021) [project](#)
39. WHO Regional Office for Europe (2022) [Statement - The new normal is 'dual track healthcare'](#)