

COVID-19 and vaccines: Ensuring equitable access to vaccination during the current and future pandemics



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COVID-19 AND VACCINES

ENSURING EQUITABLE ACCESS TO VACCINATION DURING THE CURRENT AND FUTURE PANDEMICS

1. The public health crisis resulting from the COVID-19 pandemic is severely impacting upon the lives of individuals, families, and communities in Europe and beyond and is exacerbating inequalities in society. This situation requires Member States to ensure efficient and sustainable management of the current crisis and to strengthen their preparedness to possible future pandemics in line with human rights and fundamental freedoms as enshrined in Council of Europe instruments, including the right to life, the right to the protection of health, and the principle of equitable access to healthcare.
2. The public health crisis caused by a pandemic must not undermine the respect for human dignity and the protection of human rights. In this context, this statement aims at emphasising the critical importance of equitable access to vaccination.
3. The principle of equitable access to healthcare, laid down in Article 3 of the Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention), requires that States, *“taking into account health needs and available resources, [] take appropriate measures with a view to providing, within their jurisdiction, equitable access to health care of appropriate quality.”* This fundamental principle has a very special significance during a pandemic. It is to be considered in the light of the challenges facing our societies, including demographic issues, scarcity of resources and budgetary restrictions, as well as, at the same time, unprecedented scientific progress and the development of innovative preventive and therapeutic interventions. When it comes to vaccination, this involves ensuring that everyone, without discrimination, is offered a fair opportunity to receive a safe and effective vaccine.
4. Faced with a scarcity of vaccines, there is a need to prioritise groups in relation to the provision of access to vaccination with the aim to minimise deaths and severe illness as well as to reduce transmission. Prioritisation is essential in order to uphold the right to life and the right to the protection of health. Although prioritisation is not the focus of this Statement, we welcome the emphasis put by the World Health Organisation (WHO) and other bodies on the need to promote equity between countries and the establishment of international cooperation mechanisms for that end.
5. The principle of equitable access to healthcare requires that, within each group as defined by the prioritisation process, each person will be able to receive a vaccine. Considering that some persons are systematically disadvantaged in accessing healthcare, strategies should be developed to ensure appropriate support and the removal of barriers to vaccination. Strategies to distribute vaccines should be adapted to meet the needs of these persons.

STRATEGIES FOR EQUITABLE ACCESS TO VACCINATION

6. Procedures developed for vaccine distribution within the groups, as defined by the prioritisation process, must be non-discriminatory in design and in impact. Every person who is eligible to receive a vaccine should be able to receive it regardless of socioeconomic status, geographical location, age, physical abilities, health, gender identity, sexual orientation, educational and literacy levels, language, nationality, ethnic background, religious or philosophical affiliation, political opinion, or other socially determined circumstances.
7. Where vaccination free of charge cannot be achieved, measures should be taken to ensure that any possible fee for the vaccine or its administration does not represent a barrier for access to vaccination for any person or group.
8. Vaccination, allocation and distribution strategies should be designed so as to prevent acts of corruption, arbitrary exceptions, priority access on the basis of financial capacity, manipulations such as lobbying, political interference, deliberate ambiguity.
9. Access to vaccination services should be tailored to the needs of persons in vulnerable situations having difficulties in accessing health services. These include:
 - ▶ persons with physical disabilities;
 - ▶ persons with mental health problems;
 - ▶ persons with learning disabilities;
 - ▶ persons belonging to minorities;
 - ▶ persons experiencing homelessness;
 - ▶ persons living in poverty;
 - ▶ persons with addiction;
 - ▶ persons with low literacy levels;
 - ▶ persons deprived of their liberty;
 - ▶ low-income migrant workers; and
 - ▶ persons without residence or with insecure legal status (such as refugees, asylum seekers, and undocumented migrants).

Persons belonging to these groups should be actively engaged with to understand which barriers are most critical to address and to ensure inclusive development and implementation of vaccination programs.

10. Vaccines should be offered at a place and time that is accessible for target groups, which may require novel or flexible delivery strategies. These may include mobile clinics in rural areas or establishment of vaccination clinics in non-traditional settings. Partnering with local non-governmental organisations or faith-based agencies can assist in reaching marginalised groups.
11. Vaccination services should be provided in a safe, supportive, and non-threatening environment. The persons who want to be vaccinated, persons accompanying them, and the health professionals working in this context should be adequately protected. Physical distancing requirements will need to be accommodated and services should be provided in a welcoming, respectful, and appropriate way. Concerns and questions, even if based

on scientifically inaccurate information or convictions, should be listened to carefully and addressed in a respectful way.

12. This will require those administering the vaccine to be appropriately trained, including in relation to vaccine safety, efficacy, effectiveness, contraindications, and possible adverse events.
13. Persons without residence or with insecure legal status (e.g. undocumented migrants, asylum seekers, and homeless persons) should not be hindered in their ability to access vaccination. To that end, proactive steps should be taken to remove administrative and other barriers. The provision of vaccines to persons without residence or with insecure legal status should be clearly detached from immigration control, in accordance with European Commission against Racism and Intolerance General Policy Recommendation No. 16 on safeguarding irregularly present migrants from discrimination.
14. While monitoring the uptake of vaccines, stratified data should be collected to assess the capability of vaccination programs in reaching persons in vulnerable situations having difficulties in accessing health services.
15. Findings from vaccine distribution to groups of persons in vulnerable situations should be integrated into existing vaccination strategies to continuously improve equitable access. Vaccination programs should be regularly reviewed to track progress in reducing inequities in vaccination uptake.
16. During vaccination campaigns, harm reduction strategies and public health measures should continue to be implemented. This will ensure also the protection of persons who, either temporarily or permanently, could not be vaccinated.

STRENGTHENING TRANSPARENCY, INFORMATION, AND COMMUNICATION

17. Transparency, information, and communication are essential to contribute to building trust, enabling the process of informed consent and ensuring that every person for whom the vaccine is indicated is provided with a fair opportunity to access vaccination. In this context, the promotion of public dialogue would be important in order to help understand citizens' concerns in that regard.
18. The public should be provided with clear, accurate, understandable and reliable information about available vaccines and how to access them. Attention should be paid to adapting information to target groups such as persons who may have low literacy levels or special communication needs.
19. Communication materials should be tailored to the needs of the target audience. As far as practicable, they should be produced in a variety of formats, suitable for persons with different levels of education and communication needs (e.g. texts in braille, easy to read or pictorial leaflets), translated in all the relevant languages at local and regional level and distributed in locations that the target groups attend (e.g. community centres, religious centres, hospitals, health care centres, doctors' practices, pharmacies, schools, libraries, local children's centres, social welfare offices, refugee centres and prisons). These materials should contain clear, accurate, and up-to-date information on the vaccines and on how to access vaccination services.

20. Educational messages should be developed to help overcome barriers to vaccination. This includes providing accurate, trustworthy, and understandable information about the benefits and risks of vaccines and the risk of not being vaccinated, both from the individual and the public health perspective. All precautions that have been taken to ensure that vaccine facilities are safe and accessible should be explained. These educational messages should be regularly repeated and provided by trusted voices operating in partnership with local communities.
21. The objectives of the vaccination campaign, as well as the criteria for prioritisation of different groups of the population for vaccination, should be communicated transparently. The public should be provided with clear, accurate, and understandable information about which groups are prioritised, why they are prioritised and on what basis priorities might change. It is important that the underlying principles informing these objectives are clearly articulated and adequately explained.
22. To minimise perceptions of lack of equity in access to vaccination, allocation and distribution strategies should be entrusted to highly regarded, credible, and impartial decision makers. These could include public health officials and scientific and medical experts.

ENSURING APPROPRIATE QUALITY IN VACCINATION

23. In accordance with Article 3 of the Oviedo Convention, the vaccination services and the vaccines to which equitable access is to be provided must be of appropriate quality.
24. It is essential that the process for the authorisation and distribution of vaccines guarantees that vaccines have an appropriate level of safety and effectiveness and that their distribution and administration is in accordance with professional standards. The need to rapidly deliver vaccines to the public should be carefully balanced with the need to ensure an appropriate level of quality of vaccines and related distribution services.
25. For the production and development of vaccines, the quality should be ensured using appropriate international standards, such as those defined by the European Pharmacopoeia, which provides an harmonised European framework for quality control methods and procedures, and which are elaborated under the responsibility of the European Directorate for the Quality of Medicines and HealthCare (EDQM).
26. Independent control of vaccines through batch release by a competent authority is recommended by the WHO as a means to systematically confirm, batch by batch, that the product reaching the public meets the agreed quality standards. A system such as European Union/European Economic Area Official Control Authority Batch Release, coordinated under the responsibility of the EDQM, which includes both review of the manufacturer's test results and independent testing of specific parameters by Official Medicines Control Laboratories, is an effective example of equitable quality standards enforced through a common and transparent system based on mutual recognition.
27. In accordance with the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes Involving Threats to Public Health (MEDICRIME Convention),

a system should be in place to prevent and combat the presence of counterfeit vaccines on the market, namely vaccines with false representation as regards their identity and/or source, as well as the diversion of legally produced vaccines from the legal supply chain.

28. Regulatory strategies should be developed to ensure that vaccines are developed and tested in an inclusive manner that reflects the populations in which they will be used.
29. Vaccinations outcomes should be continuously monitored to improve the knowledge of the characteristics of different vaccines. This includes the monitoring of adverse events due to vaccination. Reporting on the adverse effects should be obligatory and shared by the national competent authorities.
30. In the case of injury related to vaccines, fair medical assistance and compensation should be ensured, according to the conditions and procedures prescribed by law, pursuant to Article 24 of the Oviedo Convention.