

12 May 2021

To:

Stella Kyriakides, European Commissioner for Public Health and Food Safety
Helena Dalli, European Commissioner for Equality
Nicolas Schmit, European Commissioner for Jobs and Social Rights

Dear Commissioners Kyriakides, Dalli and Schmit,

Despite efforts by the EU and its member states to protect their residents from COVID-19, many communities have been disproportionately affected for reasons that are often driven by social exclusion.

At a moment when Europe is gearing up its vaccination rollout, the issue of vaccine equity must be elevated as a primary consideration. This is consistent with the World Health Organization's guidance, which establishes equity – global and national – as the guiding principle of COVID-19 vaccine distribution. Equitable access to the vaccine is needed to optimise its effectiveness in managing the pandemic and to ensure its protection reaches people in situations of vulnerability who face a heightened risk of infection and diminished access to health care.

Among the people most likely to be outside of vaccine programmes are those who have long suffered the consequences of neglect and societal marginalisation which has only been exacerbated by the current crisis. These include people experiencing homelessness or living in precarious conditions, those without residence or with irregular migration status (such as refugees, asylum seekers, and undocumented migrants), persons with disabilities (whether physical, sensory, intellectual or psychosocial disabilities) and their support network, including personal assistants, interpreters and family carers, prisoners, Roma, ethnic minorities, and sex workers. These groups also include persons living with various chronic health conditions, increasing their vulnerability to COVID-19. All should be included and prioritised in EU Member States' national vaccination strategies.

We welcome the explicit reference to, and identification of, vulnerable populations as priority groups in the October 2020 European Commission Communication on preparedness for COVID-19 vaccination strategies and vaccine deployment,¹ as well as in your letter to Ministers of April 8, 2020,² The undersigned organisations call upon the European Commission to take action to ensure equitable allocation and prioritisation of COVID-19 vaccines by implementing the following measures:

1. Highlight the risks faced by disadvantaged populations confronting distinct as well as overlapping barriers to accessing the mainstream health system and issue guidance accordingly, supported by the legal frameworks of international Human Rights treaties and obligations ensuring international protection,³ including the UN Convention on the Rights of Persons with Disabilities ratified by the EU and all its Member States and the Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention);⁴

¹ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2020_strategies_deployment_en.pdf

² <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/04/Letter-signed-by-Commissioners-Kyriakides-Dalli-and-Schmit-002.pdf>

³ Article 35 of the EU Charter of Fundamental Rights, Europe, Article 14 of the European Convention on Human Rights, EU member states' adoption of SDGs

⁴ Article 3 of the Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention) <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007cf98>

2. Meaningfully collaborate with civil society and community-based organisations through a structured policy dialogue to:
 - a. gather population-specific information on the uptake and barriers the aforementioned communities face,
 - b. learn from their hands-on expertise and ensure mechanisms are put in place to involve them in the development of guidelines, as well as in the design and implementation of effective and high impact interventions and programmes,
 - c. reach out to the targeted groups (by means of cross-sectoral collaboration and support of integrated services),
 - d. work together to develop tailored, accessible messaging,
 - e. provide financial support for the functioning of community services,
 - f. urge Member States to ensure that disadvantaged persons and organisations working closely with them meaningfully participate in policy-making, planning of COVID-19 vaccinations and related processes, as well as monitoring of implementation;
3. Facilitate exchanges of best practices and solutions amongst Member States, particularly to ensure that registration systems allow everyone to register without documentation or other barriers, including a focus on ensuring simple vaccination registration systems with limited or flexible documentation requirements, with a view to reducing barriers for people facing systematic barriers to accessing health care;
4. Review and track implementation of the October 2020 Communication on vaccination strategies and provide further guidance to Member States, in order to turn vaccine equity into a reality within Europe;
5. Collect evidence from each Member State to assess the capability of vaccination programmes and healthcare provision to reach persons in vulnerable situations experiencing difficulties in accessing health services, through quantitative (in order to provide estimates of scale) and qualitative (in order to provide insights on the experiences, concerns, and opinions of users and others as appropriate) methods;
6. Support and launch information awareness, culturally-aware public outreach and education campaigns, in suitable and accessible formats and languages considering various health literacy levels to increase uptake, boost vaccine confidence, taking into account the spectrum of vaccine hesitancy and to address the spread of vaccine misinformation and disinformation;
7. Work with Member States to promote easily accessible delivery sites, mobile vaccination teams, translation services, suppression of financial burden and ensure universal coverage by removing requirements related to health-insurance registration;
8. Allocate EU COVID-19-related recovery funds to vaccination information campaigns targeting groups who may be left behind (eg. EU4Health programme, Coronavirus Response Investment Initiative (CRII Plus), European Social Fund (ESF) and the Fund for European Aid to the Most Deprived (FEAD));
9. Ensure transparency in the administration of doses per Member State while safeguarding personal data and confidentiality. Disaggregated data of all vaccines distributed should be used to understand the statistical and socio-demographic characteristics of those vaccinated, without compromising privacy or imposing restrictions to vaccination. Data should be protected within Immunisation Information Systems, should not contain any personal identification information, and should be safeguarded from uses by immigration or law enforcement authorities;
10. Depending on vaccine availability and in order to reduce access barriers, prioritise administration of single-dose vaccines to vulnerable populations while ensuring choice based on free and informed consent;
11. Request the European Centre for Disease Coordination and Control (ECDC) to support the exchange of knowledge and experience between Member States and improve the quality of data to monitor access for key populations, by using relevant equity-related indicators. To this end, the ECDC should foresee civil society and community involvement in country reporting and monitoring;
12. Address long-standing health inequalities, through improving access to healthcare (besides emergency care) for marginalised and vulnerable groups, by monitoring health inequities and supporting more

research and action-driven strategies by disaggregated data, to provide consideration for intersecting factors that may place certain groups in the high-risk category.

The current crisis has shed light on the urgent need for more inclusive and fair public policies, and to address systemic factors that result in certain communities being side-lined from critical services and public health initiatives. This is a moment both to centre equity as the guiding principle of the current push for vaccination against COVID-19, as a critical step in managing this devastating pandemic; as well as an opportunity to look beyond the first-year deployment of the COVID-19 vaccines towards improving long-term preparedness. The EU has a vital role to play in supporting Member States in achieving effective and inclusive rollouts of the vaccines, consistent with the imperatives of public health and with European values of inclusion and solidarity.

We are committed to contributing our expertise and would be happy to share experiences and exchange views on next steps in the context of a roundtable discussion with representatives of the European Commission.

Yours sincerely

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President
European Public Health Alliance

Marco Greco
President
European Patients Forum

Yannis Vardakastanis
President
European Disability Forum

Michele Levoy
Director
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Supporting Organisations

1. Action against AIDS Germany
2. AIDS Action Europe
3. Centre for Regional Policy Research and Cooperation "Studiorum" (Studiorum)
4. European AIDS Treatment Group (EATG)
5. European Federation of National Organisations Working with the Homeless (FEANTSA)
6. European Institute for Women's Health (EIWH)
7. Fondazione Villa Maraini, Italy
8. Grupo de Trabajo sobre Tratamientos del VIH (gTt-VIH), Spain
9. Human Rights 360, Greece
10. IAPO Patients for Patient Safety Observatory, Switzerland
11. International Alliance of Patients' Organisations, UK
12. Life Quality Improvement Organisation Flight, Croatia
13. LILA Lega Italiana per la Lotta contro l'AIDS, Italy
14. Medical Mission Institute Würzburg, Germany
15. Médecins du Monde
16. Mental Health Europe (MHE)
17. SKUC Association, Slovenia
18. TB Europe Coalition
19. Union nationale des médecins salariés CFE-CGC, France