Addressing inequitable access to COVID-19 vaccines in the EU/EEA – seven suggestions from an ECDC webinar

Vaccines for all? PICUM webinar, 30 June 2021

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Background

• Socially vulnerable populations have borne a disproportionate burden from the restrictive NPIs aimed at preventing the spread of COVID-19

• Evidence is now emerging that socially vulnerable populations are also falling behind in terms of COVID-19 vaccination uptake

• ECDC held a webinar on June 23 aimed at facilitating an exchange of emerging good practices and lessons learned regarding equitable uptake of COVID-19 vaccination in EU/EEA Member States

• This work is based on the principle that ‘Nobody is safe until everybody is safe’
Seven suggestions raised during the webinar

1. Consider how to address the causes of inequalities in vaccination coverage
   - COVID-19 has highlighted underlying vulnerabilities, which are multifactorial but fundamentally socially determined
   - BEWARE – one size does not fit all, interventions need to be tailored

2. Seize the moment
   - Interest in implementing lessons learned may wane fast once the acute pandemic phase is over
   - We need to institutionalise lessons learned and integrate new innovations into public health systems now, before the momentum is lost
3. Strengthen partnerships between public health and community organisations
   - Collaboration between some public health agencies and community organisations was ‘really poor’ at the start of the pandemic
   - BUT: Improvements during the pandemic in many area, with increasing willingness and interest in working together

4. Strengthen community engagement
   - Essential for public health authorities to engage directly with, and actively listen to target communities
   - Community engagement facilitates:
     - Trust in vaccination services
     - Culturally competent risk communication strategies, tailored for different groups
5. Facilitate access to vaccinations

- Disseminate information about the vaccines and where to access them in all relevant languages, and ensure it is disability-inclusive.
- Ensure straightforward registration procedures, including guaranteeing access e.g. for people without social security numbers.
- Provide commitment that personal data will not be shared with immigration or other non-public health authorities.
- Develop drop-in vaccination centres (without appointment) and outreach mobile health teams (e.g. for homeless people).
- Consider use of single dose COVID-19 vaccines, where possible.
6. **Work towards closing the data gap**  
- Vaccine coverage data are hardly ever stratified by migrant/ homeless/ disability status  
- Vaccination rates among socially vulnerable populations can therefore become invisible  
- How can disaggregated vaccination data be integrated into HIS on a routine basis? (Challenges concern methodology, legal protection, heterogeneity of groups, definitions etc.)

7. **Conduct evaluations**  
- Evaluations of interventions aimed at improving vaccine uptake are needed  
- They don't have to be (shouldn't be?) state-of-the-art RCTs, it's also very important to evaluate process  
- Should include quantitative and qualitative data, as well as experiences of both providers and recipients of services
Thank you for listening!

Any questions?