



TEXTS ADOPTED

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Vaccine hesitancy and drop in vaccination rates in Europe

European Parliament resolution of 19 April 2018 on vaccine hesitancy and the drop in vaccination rates in Europe (2017/2951(RSP))

The European Parliament,

- having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to the Council conclusions on ‘Childhood immunisation: successes and challenges of European childhood immunisation and the way forward’¹, adopted by the health ministers of the EU Member States on 6 June 2011,
- having regard to the Council conclusions of 1 December 2014 on vaccinations as an effective tool in public health²,
- having regard to the Commission communication of 29 June 2017 entitled ‘A European One Health Action Plan against Antimicrobial Resistance’(COM(2017)0339)
- having regard to the World Health Organisation (WHO) Global Vaccine Action Plan (GVAP), endorsed by the 194 member states of the World Health Assembly in May 2012,
- having regard to WHO resolution 68.6, adopted by the 194 member states of the World Health Assembly on 26 May 2015,
- having regard to the WHO’s European Vaccine Action Plan 2015-2020, adopted on 18 September 2014,
- having regard to the technical report of 27 April 2017 by the European Centre for Disease Prevention and Control (ECDC) on ‘Immunisation information systems in the EU and EEA’,
- having regard to the ECDC’s technical report of 14 June 2017 on ‘Vaccine-preventable diseases and immunisation: Core competencies’,

¹ OJ C 202, 8.7.2011, p. 4.

² OJ C 438, 6.12.2014, p. 3.

- having regard to the political declaration of the high-level meeting of the UN General Assembly held in New York on 21 September 2016 on antimicrobial resistance,
 - having regard to the World Bank report of March 2017 on ‘Drug-Resistant Infections: A Threat to Our Economic Future’,
 - having regard to Council recommendation 2009/1019/EU of 22 December 2009 on seasonal influenza vaccination¹,
 - having regard to the increasing numbers of intercontinental travellers,
 - having regard to the questions to the Council and to the Commission on vaccine hesitancy and the drop in vaccination rates in Europe (O-000008/2018 – B8-0011/2018 and O-000009/2018 – B8-0012/2018),
 - having regard to the motion for a resolution of the Committee on the Environment, Public Health and Food Safety,
 - having regard to Rules 128(5) and 123(2) of its Rules of Procedure,
- A. whereas in December 2010 global health leaders committed to ensuring the discovery, development, and global delivery of life-saving vaccines, especially to the poorest countries, declaring the following 10 years (2011-2020) the ‘Decade of Vaccines’;
 - B. whereas the cost of a full vaccines package for one child, even at the lowest global prices, increased by a factor of 68 between 2001 and 2014; whereas this price increase is unjustifiable and incompatible with the Sustainable Development Goal of ensuring healthy lives and promoting wellbeing at all ages;
 - C. whereas within the EU and the European Economic Area (EEA), countries vary considerably in relation to recommended vaccines and the organisation of health services;
 - D. whereas the EU Member States have all endorsed the WHO’s European Vaccine Action Plan 2015-2020;
 - E. whereas encouraging high vaccination rates protects citizens from contracting vaccine-preventable diseases that are pandemic in countries with low vaccination and immunisation rates;
 - F. whereas, according to a global survey undertaken by the Vaccine Confidence Project, the European region has the highest negative responses in terms of perception of the importance of vaccines and their safety and effectiveness, leading to the highest degree of vaccine hesitancy in the population²;
 - G. whereas the decline in vaccination uptake in Europe has led to significant measles outbreaks and related deaths in several European countries;

¹ OJ L 348, 29.12.2009, p. 71.

² Larson, Heidi J. et al. (2016), ‘The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey’, *EBioMedicine*; Volume 12, 2016, pp. 295-301.

- H. whereas, on the basis of the ‘One Health’ approach, various Member States regard the vaccination of agricultural and domestic animals as an important measure, both to prevent outbreaks of cross-border animal diseases and to limit the risk of further contagion, and have introduced it, including against infections by *Coxiella burnetii* and other bacterial and viral diseases which also present public health risks;
- I. whereas, in the period from 2008 to 2015, 215 000 cases of vaccine-preventable diseases (VPDs), excluding influenza, were recorded in Europe¹;
1. Recognises the role vaccines could potentially play in combating antimicrobial resistance (AMR), which should continue to be explored;
 2. Recognises the role vaccines could potentially play in reducing the need for antibiotics, thereby helping to limit the spread of AMR, which should continue to be explored; stresses, however, that urgently reducing the overuse and misuse of, and unintended exposure to, antibiotics must remain a top priority;
 3. Notes that vaccination prevents an estimated 2,5 million deaths each year worldwide and reduces disease-specific treatment costs, including antimicrobial treatments;
 4. Welcomes the fact that the introduction of large-scale protective vaccinations in Europe has significantly contributed to the eradication of or decline in many infectious diseases; is concerned, nevertheless, at the worrying phenomenon of vaccine hesitancy, as well as the lack of national recommendations to take account of the ageing population, and calls for greater transparency in the production of vaccines and for measures to reassure European citizens;
 5. Points out that vaccines are rigorously tested through multiple stages of trials before being prequalified by the WHO and approved by the European Medicines Agency (EMA), and regularly reassessed; points out that researchers must declare any conflicts of interest;
 6. Proposes that researchers subject to a conflict of interest be excluded from evaluation panels; calls for the confidentiality of the deliberations of the EMA’s evaluation panel to be lifted; proposes that the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, be made public;
 7. Recalls that the European One Health Action Plan against AMR states that immunisation through vaccination is a cost-effective public health intervention in efforts to combat antimicrobial resistance²;
 8. Welcomes the Commission’s active engagement on the issue of vaccination and the inclusion of a vaccination initiative in the 2018 Commission Work Programme; welcomes the publication of the roadmap for a Council recommendation on strengthening cooperation against vaccine-preventable diseases;
 9. Expresses its support for the fact that in its AMR Action Plan the Commission announces that it will provide incentives to increase the uptake of diagnostics,

¹ Council on Foreign Relations, ‘Vaccine-Preventable Outbreak Maps’, 2015.

² See Action plan, p. 10.

antimicrobial alternatives and vaccines¹;

10. Welcomes the forthcoming launch of a Joint Action co-funded by the EU's Health Programme aimed at increasing vaccination coverage;
11. Calls on the Member States and the Commission to reinforce the legal basis for immunisation coverage; points out that, according to objective 1 of the European Vaccine Action Plan 2015–2020, introducing and implementing an appropriate legislative framework is crucial to defining national priorities and to taking tangible steps towards a sustainable commitment to immunisation;
12. Strongly supports the Joint Procurement Agreement, which gives Member States and the Commission a framework to jointly procure vaccines, thereby pooling the purchasing power of Member States and thus ensuring that pandemic and other vaccines are available in sufficient quantities to guarantee access to vaccines, and that all participating Member States are treated equally;
13. Welcomes the fact that 24 Member States have signed the Joint Procurement Agreement, meaning that it covers 447,8 million of the 5082 million EU citizens; calls on those Member States which have not yet signed the agreement to do so, to ensure that all EU citizens are covered by it;
14. Recalls the importance of transparency in building and maintaining public trust in medicines;
15. Recalls the importance of the Clinical Trials Regulation² in stimulating and facilitating research into new vaccinations and ensuring the transparency of the results of clinical trials; calls on the Commission and the EMA to implement the Clinical Trials Regulation without further delay, in particular through setting up the European Portal and Database (EUPD), the implementation of which has been subject to significant delays of over two years; calls, furthermore, on all parties involved to ensure that the current process of relocating the EMA away from London does not cause any additional disruption or delays to the work of the agency;
16. Calls on the Member States to ensure that all healthcare workers are sufficiently vaccinated themselves; calls on the Commission to address the vaccination rates of healthcare workers in its proposal for a Council recommendation on strengthened cooperation against vaccine-preventable diseases;
17. Believes that the Commission's initiative of a proposal for a Council recommendation on strengthened cooperation against vaccine-preventable diseases, due to be presented in the second quarter of 2018 and aimed at supporting Member States in implementing vaccination programmes, reducing vaccine hesitancy, strengthening the supply of vaccines and improving vaccination coverage overall, is a good step; calls on the Commission and the Council to take Parliament's position into account in the drafting of the recommendations;

¹ See Action Plan, p. 12.

² Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L 158, 27.5.2014, p. 1).

18. Notes with concern that epidemiological data on the current vaccination situation in the Member States show important gaps in the acceptance of vaccines and that the vaccination coverage rates necessary to ensure adequate protection are insufficient; is concerned that growing and widespread vaccine hesitancy has assumed worrying proportions thanks to the range of health-related consequences it gives rise to in the Member States; calls on the Member States, given the usefulness of vaccination as a preventive tool, to ensure that vaccine coverage is extended beyond early childhood, and that all population groups can be included in a lifelong vaccination approach;
19. Underlines that the waning of public confidence in vaccination worldwide is a cause for concern and a major challenge for public health experts; notes that Europe is currently facing avoidable measles outbreaks in a number of countries owing to vaccine hesitancy; calls on the Commission to continue to reinforce its support for national vaccination efforts aimed at increasing coverage;
20. Stresses that increased transparency in the process of evaluating vaccines and their adjuvants, and the funding of independent research programmes on their possible side-effects, would contribute to restoring confidence in vaccination;
21. Calls on the Commission and the Member States to strengthen the infrastructure for data collection for purposes of tracking infectious disease patterns and the real-life impact of vaccines, so as to support the delivery of immunisation programmes;
22. Is concerned at the wide variation in the vaccines that are recommended, provided and/or mandated by different Member States; is also concerned that this variation in vaccination coverage exacerbates health inequalities between Member States and undermines efforts to reduce and eliminate preventable diseases;
23. Condemns the spread of unreliable, misleading and unscientific information on vaccination, aggravated by media controversies, media sensationalism and poor journalism; calls on the Member States and the Commission to take effective steps against the spread of such misinformation, to further develop awareness and information campaigns aimed at restoring confidence in vaccines, and to enhance education and dialogue, especially for parents, including the creation of a European platform aimed at increasing vaccination coverage and preventing misleading information from proving effective;
24. Emphasises the need to provide citizens with inclusive, factual and science-based information; calls on the Commission and the Member States to facilitate dialogue with stakeholders from civil society, grassroots movements, academia, the media and national health authorities in order to combat unreliable, misleading and unscientific information on vaccination;
25. Is concerned at the limited budget allocated specifically to vaccination in some Member States, as well as the high prices and wide variations in price of some life-saving vaccines, which risk further exacerbating existing health inequalities; urges the Commission and the Member States to implement, as soon as possible, the measures called for in its resolution of 2 March 2017 on EU options for improving access to medicines¹, while stressing that vaccination is one of the most cost-effective public

¹ Texts adopted, P8_TA(2017)0061.

health interventions for healthcare systems in the long term;

26. Is concerned that high vaccine prices disproportionately affect low- and middle-income countries, including countries that are losing the donor support they previously received through Gavi, the Vaccine Alliance; calls on the Commission and the Member States to take measures to help facilitate access to vaccines in the countries concerned;
27. Welcomes the encouraging progress made in the fight against human papilloma virus (HPV) diseases and cancers thanks to vaccination programmes against the HPV virus; calls on the Member States to further develop these programmes and explore ways to increase coverage rates and prevent other forms of cancer, for example by including boys in vaccination programmes;
28. Believes providing vaccination screening and services for migrants and refugees entering EU countries is critical; calls on the Commission and the Member States to map the concrete vaccination activities which are being implemented for migrants and refugees entering EU countries, and to work energetically to address the gaps identified;
29. Is concerned at vaccine shortages, and calls on the Commission and the Member States to develop solutions to increase vaccine supply and availability, including arrangements for stockpiling vaccines;
30. Calls on the Member States and the Commission to promote awareness-raising campaigns among healthcare professionals who provide vaccinations, which underline their obligation, both moral and ethical, to protect public health by providing patients (or patients' legal guardians) with sufficient information about vaccines so that they can make an informed decision;
31. Points out that healthcare professionals are the cornerstone of public acceptance of vaccination and their recommendations are consistently cited as a primary reason for vaccination¹;
32. Calls on the Commission and the Member States to elaborate a fully comprehensive EU Action Plan raising the social problem of vaccine hesitancy, strengthening Member States' commitments to immunisation as a priority public health measure, including priority and region-specific actions, and taking into account the varying circumstances and specific challenges faced by the Member States;
33. Calls on the Commission to facilitate a more harmonised and better aligned schedule for vaccination across the EU, to share best practices, to explore, together with Member States, options for establishing an EU platform for the monitoring of the safety and effectiveness of vaccines, to ensure even coverage across Europe, to reduce health inequalities and to help boost trust and confidence in vaccination programmes and vaccines; calls on the Commission to establish targeted vaccination initiatives, such as a 'European influenza vaccination day', which could be used each year to launch the vaccination campaign in line with the 75 % coverage target laid down in the Council recommendations on seasonal influenza;

¹ Leask J., Kinnersley P., Jackson C., Cheater F., Bedford H., Rowles G., 'Communicating with parents about vaccination: a framework for health professionals', *BMC Pediatrics*, 2012, Volume 12, pp.12-154.

34. Calls on the Commission and the Member States to adopt concrete 'One Health' measures to increase vaccination rates in both humans and, where necessary, animals by means of financial and policy incentives, and thus to combat infectious diseases and also antibiotic resistance more cost-effectively, inter alia in the context of the future common agricultural policy beyond 2020;
35. Calls on the Member States to provide data on vaccination and vaccine-preventable diseases punctually to the Commission, the ECDC and the WHO;
36. Instructs its President to forward this resolution to the Council, the Commission, , the World Health Organisation and the governments of the Member States.