

Towards a joint European approach on vaccination

Diseases do not recognise borders; vaccination is required to fight them effectively.

Collaboration and transparency is key in the fight against vaccine hesitancy and disinformation.

Both rapid action and lasting approaches are required when it comes to vaccines against diseases of pandemic potential.

EU actions to deal with new and ongoing challenges

Vaccines have revolutionised modern medicine and have helped to reduce the spread of – and in some cases even eradicate – deadly diseases.¹ As the main tool for the primary prevention of communicable diseases, vaccines are amongst the most efficient and cost-effective measures in the fight against such illnesses.²

New challenges are constantly arising in the field of vaccination, with the current COVID-19 pandemic – and the urgent need to produce a vaccine against the disease – exemplifying this. In addition to these new challenges, numerous challenges still remain with respect to existing vaccines. In recent years, several EU countries have faced unprecedented outbreaks of vaccine-preventable diseases. The European Parliament,³ Commission and other experts have highlighted a decline in public confidence on vaccination⁴ and insufficient vaccination coverage rates.⁵ While this briefing concentrates on vaccination, for more on broader EU action on coronavirus-related issues, see '[COVID-19 – Novel coronavirus outbreak in Europe and the EU response](#)'.)

Vaccination: facts and figures

Each year seasonal flu vaccination prevents around 2 million people in Europe from contracting the flu.

Member States have signed the joint procurement agreement.

The EU has some of the lowest levels of public confidence regarding the safety, effectiveness and importance of vaccination in the world (safety 82.1 %, effectiveness 86.5 %, importance 90 %)

In the cases of measles, diphtheria, tetanus and pertussis, a 95 % coverage rate is required to protect the whole community.

Vaccination programmes have led to the eradication of smallpox, the near eradication of polio, and an estimated 74 % reduction in measles deaths over the last 10 years.

For more, see: Lomba N., [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, March 2019.

Key EU contributions towards vaccine policy

Although public health, and thereby vaccination, is the responsibility of Member States, the cross-border threats posed by low vaccination levels have led to it appearing on the EU agenda. Considerable European added value has already been achieved thanks to cooperation between Member States and relevant stakeholders, as shown by the study '[The benefit of EU action in health policy: The record to date](#)'. Surveillance, coordination and networking, procurement and funding are helping to create economies of scale and address cross-border health threats. The European Commission supports EU Member States in coordinating policies and programmes, with vaccination falling under the objective to 'Protect Union citizens from serious cross-border health threats' of the Third EU Health Programme (2014-2020).

Member States have to implement EU legislation on communicable diseases, reinforce risk assessment and strengthen the capability of their healthcare systems to address health threats.⁶ The Commission also assists Member States in their efforts to offer, promote and warrant immunisation to all children and [seasonal flu vaccination](#) to at-risk groups, as well as to develop strategies against pandemic influenzas.⁷ These EU measures play an important role in ensuring access to vaccines, controlling vaccines in order to maintain vaccine safety and fostering research in the field. An important example is the European joint action on vaccination ([EU-JAV](#)) launched in September 2018.

Diseases and disinformation constitute cross-border threats

All EU Member States have effective immunisation programmes. Nevertheless, in recent years, we have seen a decline in vaccination coverage in some parts of the EU. In 2018, the number of measles cases recorded by the WHO in the European region exceeded 80 000, bringing vaccination to the forefront of the EU health policy agenda. Meanwhile, the recent outbreak of the novel coronavirus has brought attention to those diseases that it is not yet possible to protect people from.⁸

Two possible explanations for declining immunisation levels are vaccine hesitancy and the fading memory of severe health threats posed by vaccine preventable diseases. For example, protection against measles, made possible through vaccination, is now largely taken for granted, whilst the increased use of social media has fuelled a rise in the prominence of vaccine-related disinformation, leading to an increase in vaccine hesitancy. Diseases,

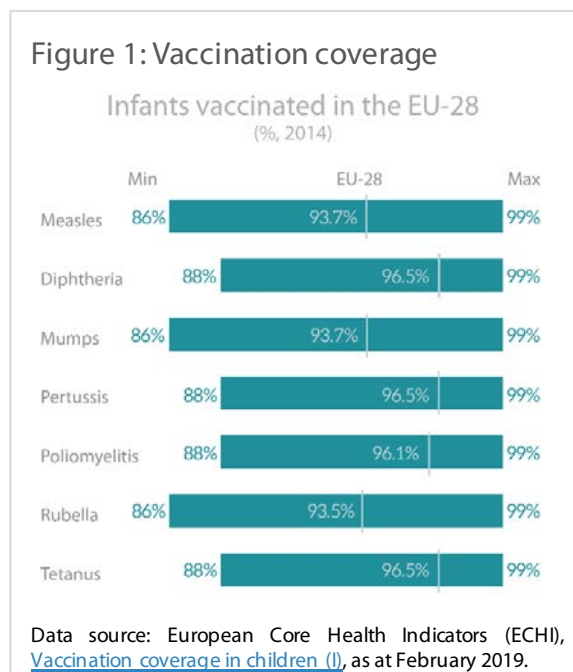
vaccine hesitancy and disinformation do not stop at borders, and as people move freely, the threat posed by a potential disease outbreak is no longer a local problem, but a regional one.⁹

European added value concerning vaccination

The Council,¹⁰ and a study by EPRS,¹¹ clearly highlight the added value in strengthening cooperation amongst Member States in all relevant sectors at EU level. They identify numerous examples of European added value that have already been achieved, such as economies of scale due to joint actions, procurement and funding, the targeting of cross-border health threats through surveillance and coordination and networking effects.

Table 1: Vaccination – Examples of European added value achieved

	Criteria	Resulting European added value
1.	Economies of scale	<ul style="list-style-type: none"> • Saving resources with synchronised (vaccine) pharmacovigilance activities • Joint funding for the validation and implementation of standards and guidance
2.	Free movement of persons	<ul style="list-style-type: none"> • EU-wide health insurance cards • Coordination and review of immunisation programmes in Member States
3.	Cross border threats	<ul style="list-style-type: none"> • EU-wide coordination of the surveillance of human and veterinary diseases with pandemic potential • Emergency protocols with a clear allocation of resources and synchronised responses



4.	Promotion of best practices	<ul style="list-style-type: none"> • Development, coordination and monitoring of the implementation of best vaccination practices and policies by the European Centre for Disease Prevention and Control (ECDC) and European Medicines Agency (EMA). • Collaboration with stakeholders to develop uniform criteria and methodologies for immunisation practice and policy
5.	Networking	<ul style="list-style-type: none"> • Expert panels convened by the Commission, DG SANTE, Consumers, Health, Agriculture and Food Executive Agency (Chafea) and consortia to address specific challenges • Connecting scientists in EU-wide research consortia on vaccines and immunisation
6.	Benchmarking for decision making	<ul style="list-style-type: none"> • Collation of data and know-how from EU Member States • Evaluation of available evidence to harmonise vaccination schedules
7.	Unlocking the potential of innovation	<ul style="list-style-type: none"> • Funding programmes promoting collaborative research, supported by Chafea/DG SANTE, Horizon 2020/DG Research • Special role played by EMA concerning new vaccines and new immunisation platforms and devices
8.	Implementing EU legislation	<ul style="list-style-type: none"> • The joint action on immunisation • Joint procurement agreements

Source: Lomba N., [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, March 2019.

Room for further joint action at EU level

In the EU, effective immunisation programmes are mostly already in place. Nevertheless, immunisation levels have recently begun to decline, mainly due to vaccine hesitancy. In some countries, lack of funding can also make it difficult to reach sufficient immunisation levels.

Another challenge is the existence of known pathogens that cause diseases for which no vaccine yet exists, such as HIV, Zika and the coronaviruses causing SARS and MERS. After the outbreak of SARS in 2003, researchers were close to finding a vaccine, however as the situation became less urgent, momentum was lost and funding for the development of a vaccine was reduced.¹² Because of this, no coronavirus vaccine is currently available, despite the fact that coronaviruses have been causing severe diseases throughout the past 20 years.

This leads us to yet another challenge. We have known for a long time that pathogens (known or unknown) can suddenly soar and cause an epidemic outbreak, but what we do not know is which pathogen is going to cause this, as well as where and when this will happen,¹³ a problem that has been exemplified by the current COVID-19 outbreak.

Thanks to analyses¹⁴ conducted before the COVID-19 outbreak, we are able to identify both a set of needs and a subsequent set of actions that can help to target and address areas where the EU could do more regarding the subject of vaccination, both in general terms and in the current crisis.

Further EU action that could address the gaps and barriers identified

A forthcoming Cost of Non-Europe report identifies possible additional action at EU level, such as:

- *Investment in research and infrastructure*
 - Improving and developing vaccines against diseases of pandemic potential
 - Improving vaccinology training and education for healthcare workers
 - Investing in vaccine protection and preparedness infrastructure
 - Enforcing and leveraging the benefits of immunisation information systems
- *Information and communication activities*
 - Improving vaccine risk communication
 - Improving access to vaccine consultation
 - Enabling the general public to access key scientific information

- *Increased understanding of the economic impact of not vaccinating*
 - Studying the economic impact of vaccination in the EU
- *Addressing inequalities*
 - Addressing inequalities regarding access to public health information
 - Understanding the role that vaccines play in achieving greater equity in public health
 - Balancing vaccine access and policies amongst EU Member States

MAIN REFERENCES

European Commission [Vaccination](#), as at March 2020.

Lomba N., [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, 2019.

Cost of Non-Europe report on vaccination, EPRS, European Parliament, (forthcoming).

ENDNOTES

- 1 European Commission on [Vaccination](#), as of March 2020.
- 2 Council of the EU, Recommendation on strengthened cooperation against vaccine-preventable diseases, [2018/0115\(NLE\)](#), 2018.
- 3 European Parliament, Resolution on vaccine hesitancy and the drop in vaccination rates in Europe, [2017/2951\(RSP\)](#), 2017.
- 4 For example, European Academies Science Advisory Council (EASAC) and Federation of European Academies of Medicine (FEAM), [Vaccination in Europe, An EASAC and FEAM commentary on the EC Roadmap 'Strengthened cooperation against vaccine preventable diseases'](#), 2018.
- 5 European Commission on [Vaccination](#), as at March 2020.
- 6 Consumers, Health, Agriculture and Food Executive Agency (Chafea), EU Publications, [Medical countermeasures, vaccines and vaccination](#), 2018.
- 7 European Commission on [Vaccination](#), as of March 2020.
- 8 Rath B., Briefing note on Vaccination, 'Options for further EU action, benefits/Cost of future action - Vaccination' 2019, Annex to the Cost of Non-Europe report on vaccination (forthcoming).
- 9 Ibid.
- 10 Council of the EU, Recommendations on Strengthened Cooperation against Vaccine Preventable Diseases [\[SWD \(2018\) 149 final\]](#); COM(2018) 244 final, 2018.
- 11 Lomba N., [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, March 2019.
- 12 National Academies of Sciences, Engineering, and Medicine. 2016. [Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary](#). Washington, DC: The National Academies Press, Washington, 2016.
- 13 Rath B., Briefing note on Vaccination, 'Options for further EU action, benefits/Cost of future action - Vaccination' 2019, will be published as an Annex to the Cost of Non-Europe report on vaccination (forthcoming).
- 14 This briefing paper is a preview of a forthcoming Cost of Non-Europe Report on Vaccination analysing costs and benefits of potential EU action.

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