



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 multi-factorial 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?