

Report on Iron Curtain of Vaccination in Europe

Barriers and opportunities for tackling E-W inequalities. Official launch of the Eastern European Vaccination Task Force

(Online webinar, 29th of June 2022)

“Dear EU Leaders, please tear down this Iron Curtain of vaccination...”

Context

This is the third year of the Covid-19 pandemic, one of the turning points of humanity that impacted every level of our “normal lives”. It can be seen as a barrier against what we thought was normal, as well as an opportunity to ReThink Health and Build Forward Better. In early March 2020, the World Health Organization (WHO) declared the global pandemic Covid-19 and in late December 2020, the first Covid-19 vaccine became available in the European Union. Vaccination started at the same time, with enough doses, in every Member State. It was unprecedented. One year and a half since the Covid-19 vaccination campaigns started, the East-West divide is very large. Vaccine hesitancy is higher in CEE compared to Western Member States not just for Covid-19 vaccination, but also for other vaccine types (e.g., HPV). CEE countries have experienced one of the highest mortality and fatality rates from Covid-19, an indicator of vulnerable health systems inadequately prepared to respond to the pandemic crisis (highlighted for many years in the European Semester).

We are witnessing an „iron curtain of vaccination” in Europe, rooted in a common historical background of CEE countries. Studies suggest that Covid-19 vaccination hesitancy is related to the low trust in governments and political establishment because of common cultural factors. The Berlin Wall, which has divided Europe for decades, fell in 1989. In terms of vaccination, the “Iron Curtain” persists, after decades in which Eastern European countries have either become EU members or are on their way to EU membership. Unfortunately, the “iron curtain of vaccination” is not associated only to Covid-19, although it came to the public’s attention as an emergency to be resolved during this pandemic.

The Iron Curtain of Vaccination in Europe: barriers and opportunities for tackling E-W inequalities



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Session 2: Panel discussion with EEVAX Task Force members

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On June 29th, the Centre for Innovation in Medicine organized the “Iron Curtain of Vaccination in Europe: barriers and opportunities for tackling E-W inequalities” webinar, focused on tackling the challenges related to vaccination in Europe, aiming to identify which is the best way to move forward with vaccination for COVID-19 and with vaccination in general. The event gathered perspectives from the region, from the representatives of the governments, civil society, academia, and the European Union’s authorities to find solutions to this pressing problem. Dr. Marius Geanta, president of the Centre for Innovation in Medicine, coordinator of the Eastern European Task Force on Vaccination (EEVAX) also moderated the event:

“This European Task Force (EEVAX) is the first attempt to put together a group of interest around the topic from our region and try to find solutions to deal with the issue of inequalities and the Iron Curtain when it comes to COVID-19 vaccination. If we look at the HPV vaccination in Europe, we see the same Iron Curtain. It is crucial to understand the reasons behind the hesitancy towards vaccination.”

The pandemic is about innovations, from the fast SARS-CoV-2 characterisation to the fast development of high quality diagnostic tests, modern vaccines and the rapid start of the vaccination campaigns across Europe, proving we are entering the era of precision vaccinology and precision public health. In the first year of the pandemic, 20 million deaths were prevented by the COVID-19 vaccination. Moreover, in the era of omics and Big Data we should be able to have a more precise approach when we discuss high-risk individuals. At the European level there are major inequalities when it comes to access to innovation between Eastern Europe and Western Europe. Regarding the COVID-19 vaccination, the vaccination rate is up to 90% in some Western countries, and only around 30% in the CEE region. If we are looking at the HPV vaccination, we see the same divide.

Some of the lessons coming from the COVID-19 pandemic are important for the ongoing public health crisis and the new emergence of pathogens, like the recent variants of monkeypox virus, polio outbreaks, unknown cases of acute hepatitis in children and the list could continue.

Language has an important part to play in virus control, we should always have in mind the messages.

The classical image is of traditional public health officials counting the case numbers, but it is as important to have in mind the messages in terms of quality and quantity. The way we communicate science and innovation is a very important lesson coming from COVID-19.

Vaccine hesitancy was named one of the top threats to global health by the WHO, although vaccination is one of the most cost-effective ways of avoiding disease by preventing 2-3 million deaths a year. In the CEE region there are a range of factors influencing this phenomenon; an important one is the distrust, deep rooted the collective mentality, strongly influenced by the communist regime.

“This is not a division COVID-19 created, it is a reality that goes beyond COVID-19, we have seen it before. This could have been avoided if we had invested more in education and prevention. Also, investing in developing the basic capacity of the public health level is fundamental. Results are not expected over-night, health literacy requires time and understanding of the principle of health in all policies. Understand the perspective of communities and individuals so that we can ensure better health outcomes. I call on joint political, social and media efforts to combat misinformation with unity, cohesion and solidarity which are strongly needed, as well as lifelong education for health.” – Prof. Dr. Diana Paun, the Romanian Presidential Adviser on Public Health.

The perspective of the European Commission

Currently more than 80% of the adults in the EU are fully vaccinated. However, there is still a significant proportion of unvaccinated citizens and vaccination rates are very different across member states. The COVID-19 pandemic has become more manageable, but it is not over. We should close vaccination gaps within and between EU Member States, by addressing vaccine hesitancy, according to Martine Ingvorsen, Policy Officer, Directorate-General for Health, and Food Safety (SANTE), Public Health and Health Security Department.

Vaccination is a national competence (policies, services) but the Commission works with all Member States and the ECDC to provide support where needed. The Commission works with European health professionals and students’ associations in the Coalition for Vaccination to address low uptake of vaccination in some member states. The Commission, ECDC and EMA provide access to accurate information on vaccination through the European Vaccination Information Portal.

The EU Beating Cancer Plan is also a unique opportunity for the elimination of vaccine preventable cancers in the European Union. The actions included in the Plan will reduce the gaps in terms of vaccination coverage for HPV, with the first round of vaccinations starting as of 2023.

Example of best practice at the EU level: the case of Portugal

Portugal achieved high vaccination coverage, in line with other vaccination campaigns conducted in the country, based on a pro-vaccine culture established for decades. With over 90 percent of the population

vaccinated, Portugal has one of the highest COVID-19 vaccination rates in the world. Portugal is the EU country with the highest vaccination rates in Europe in terms of uptake of at least one vaccine dose and uptake of the primary scheme of vaccination. The vaccination campaign was conducted by a vaccination Task Force, which implemented a plan with clear objectives, focused on increasing health literacy and fighting disinformation. The strengths of the campaign were the focus on communication, lack of ambiguity and political polarization, a clear governance model and the use of digital health tools.

With a national vaccination programme implemented since 1965, which is universal, free of charge, accessible, decentralized, vaccination coverage in general is above the recommended threshold.

*„The key factor is the pro-vaccination culture that was built in Portugal over the last decades.” -
Afonso Moreira, Public Health Expert, Portuguese National Health Institute*

However, COVID-19 vaccine hesitancy was quite high at the beginning of the pandemic in Portugal as well. According to surveys conducted in October 2020 - January 2021 in Portugal, 56% of respondents would wait before getting vaccinated. Factors associated with vaccine refusal or delay include younger age, loss of income during the pandemic, low confidence in the vaccine, perception of the official information as inconsistent and contradictory.

The issue of conspiracy theory impacts collective actions to achieve high vaccination coverage. A cross-sectional study evaluated the associations between conspiracy beliefs and behaviours and attitudes towards vaccination against COVID-19 in Portugal. Adherence in vaccination is high, but the proportion of individuals expressing vaccine hesitancy of around 20% is not negligible. Understanding attitudes and behaviours, the reasons behind conspiracy ideation helped to adapt the campaign.

The Portuguese experience shows it is essential to monitor and understand the individual, behavioural and social characteristics cross-culturally to develop efficient strategies and build confidence in vaccination as a fundamental right. Vaccination campaigns need to focus on communication, leadership, and logistics.

Hungary: example of best practice at the regional level

Hungary achieved better vaccination coverage than most countries in the region because the political environment was more suitable. Good policies matter, according to **Viktor Dombrádi**, Senior Lecturer at Semmelweis University, who presented the situation in Hungary. The Hungarian government took proactive actions, which were supported by the scientific experts and invested in communication campaigns and strategies to increase access in remote areas – all factors that led to an increase in the vaccination rates. Although the situation in Hungary is better than the other countries in the CEE region, there is a common cultural and political determinism that should be understood and there are improvements needed in future policies.

The Eastern European perspective: common challenges identified in the region

In countries with low vaccination coverage, political instability and polarization are important factors influencing people's attitudes and health-related choices. Contradictory messages coming from the authorities can lower people's confidence in vaccination. The ambiguity of communication campaigns, the lack of collaboration between stakeholders, the low access to healthcare, all leads to mistrust of the

population in the key stakeholders, including the medical professionals and experts, prompting people to choose conspiracy theories and misleading sources of information.

„Having available vaccines doesn't mean you will have a vaccinated population. We need political solidarity and avoiding any negative political engagement in vaccination. It is also important to apply cross-sectoral strategies, focus on activities involving different communities in vaccine campaigns and increase the trust in healthcare workers.” - Svetlana Nicolaescu, Ministry of Health State Secretary, Republic of Moldova.

„In Bosnia and Herzegovina, a survey conducted before the introduction of the vaccines, shows that 25% of the population were willing to vaccinate and the rest were reluctant. The same percentage was observed later. The organization of the country is complex, and the political volatility contributed to the lower vaccination rates and mistrust of the population towards the vaccination. We did not have a government-led programme because the country is divided in two parts, each conducting the vaccination programme separately, but the outcomes were the same.” - Amina Kozaric, Professor, International Burch University, Faculty of Engineering and Natural Sciences, Department of Genetics and Bioengineering.

The Covid-19 vaccination - a political weapon in Ukraine

Viktor Semenov, Family Medicine Medical Doctor, and Teaching assistant at the department of Social Medicine and Public Health, Dnipro State Medical University, explained the situation in Ukraine.

“An important reason is the low contact of the population with the healthcare workers, especially family doctors. What we have noticed is that when the general population have questions, they will not refer to the medical doctor, but to social media or relatives. In Ukraine, antivax groups are very active, presenting the image of vaccines as something dangerous, of something for which risks outweigh the benefits.

Another situation that contributes to lower vaccination rates is the contradictions in legislation. While a law states that vaccination is mandatory, according to another one, everybody's free to decide whether they want to undertake medical procedures. The general image of vaccination is negative. This is the main issue; we need to work with the social perception of vaccination. People are not against the vaccine but against the political influence.

The reform of the healthcare system led to a slight improvement in the last 5 years but there are major challenges in terms of vaccination. Despite the vaccine campaign started early, we still have issues. The mixed messages coming from different political groups led the electorate to follow their chosen political leaders and denied vaccines or led to cases where some chose certain manufacturers over others.”

The need for a life-course approach to vaccination

„We need to take a life-course approach to immunisation. Across Europe there needs to be cohesion on vaccination policies, programmes and schedules, like we have seen with COVID-19, with 80% uptake achieved in Western Countries.” - Patrick Swain, Coordinator of the Coalition for Life-course immunisation.

Since 2019, the 147 leading anti-vax social media accounts have gained 10 million new followers, according to the Coalition for Life-Course immunization. Exposure to misinformation can decrease the likelihood of someone getting a COVID-19 vaccine by 6,2%. Beyond COVID-19, Europe must spend more on immunization. 77% of EU countries spend less than 0,5% on immunization. They should increase this to at least 2,5%. Flu vaccination also remains below the WHO target in Europe of 75%. Uptake in Europeans living with chronic conditions is low, although 1 in 4 Europeans live with two or more chronic conditions.

In this context, there is a real case to invest in prevention, harness technology to manage vaccination campaigns, widen access to vaccination to include hard to reach groups and strengthen communication around the vaccines.

Industry perspective

„Vaccination is a key public health tool with undervalued benefits to society. We will protect the entire population if we take a life-course approach when it comes to vaccination. This needs to be supported with sustainable funding for programmes to be self-sufficient and have a solid protection for the population. It is also important to implement registries, member states working together with the ECDC and with the local communities.” - Laurent Louette, Director Public Affairs & Country Liaison, Vaccines Europe

Most of the EU member states have limited funding capacity for vaccination and programmes are differently implemented across Europe. For example, in Romania there are only 8 publicly funded vaccines for the population, while in other European countries such as Greece there are 17 vaccines. Data from 2019, shows Romania spends nearly 3 euro per capita, which is very low given the benefit for the society and there are other states that also invest under 5 euros per capita.

It is not enough that doses are there, countries should be able to adapt the immunization programmes. With COVID-19 it has been obvious that there was a lack of infrastructure for adult vaccination. It is easier to have pediatric programs, but for adults you must have convenient access, involvement of local communities, pharmacists, family doctors. There are different solutions to combat hesitancy, and this will take time.