



Resolution 2455 (2022)¹

Fighting vaccine-preventable diseases through quality services and anti-vaccine myth-busting

Parliamentary Assembly

1. While the world's attention has shifted away from combating the Covid-19 pandemic to dealing with the consequences of the Russian Federation's war of aggression in Ukraine, serious outbreaks of vaccine-preventable illnesses are on the rise, in Europe and across the world.
2. Measles cases alone increased globally by 79% in the first two months of 2022, compared to the same period in 2021, with most cases occurring in unvaccinated or under-vaccinated individuals. Measles is a highly contagious viral disease. It remains a major cause of death among young children, despite the availability of a safe and effective vaccine. Other diseases that may attain epidemic proportions despite the availability of safe and effective vaccines include poliomyelitis, tuberculosis, diphtheria and chickenpox. The Covid-19 pandemic continues to cause death, disability and chronic disease on a large scale. In Europe this is mainly due to insufficient vaccine uptake and the often premature relaxation of tried-and-tested public health measures.
3. Vaccination remains the safest and most effective method of protection against many infectious diseases. According to the World Health Organization (WHO), it prevents 2 to 3 million deaths a year. It is estimated that an improvement in the global coverage of vaccinations could save a further 1.5 million lives. The current resurgence of vaccine-preventable diseases is largely due to gaps in immunisation. According to WHO, suboptimal vaccine uptake is currently one of the most critical issues in public health.
4. The Parliamentary Assembly recalls its [Resolution 2338 \(2020\)](#) "The impact of the Covid-19 pandemic on human rights and the rule of law", in which it stated that "[t]he positive obligations under the European Convention on Human Rights (ETS No. 5, "the Convention") require States to take measures to protect the life and health of their populations" and the Convention on Human Rights and Biomedicine (ETS No. 164, "the Oviedo Convention"), which requires that member States take measures to provide equitable access to healthcare of appropriate quality, taking into account health needs and available resources. Furthermore, the Assembly notes the Council of Europe Committee on Bioethics statement entitled "Covid-19 and vaccines: ensuring equitable access to vaccination during the current and future pandemics" and the committee's work under the title "Ensuring equitable access to vaccine, medicinal product and medical equipment in a context of scarcity", which provide valuable guidance and advice for Council of Europe member States. The Assembly is convinced that addressing suboptimal vaccination coverage is a matter of human rights protection and should be a priority for Council of Europe member States.
5. The Assembly stresses the importance of ensuring quality standards in vaccination and welcomes the work of the European Directorate for the Quality of Medicines & HealthCare (EDQM) of the Council of Europe, which co-ordinates the independent batch release testing through the Official Control Authority Batch Release process, as part of an activity co-funded by the European Commission and the EDQM. The EDQM functions within the framework of the Convention on the Elaboration of a European Pharmacopoeia (ETS No. 50), signed by the European Union and by 39 countries, including all European Union member States, which are committed to achieving harmonisation of quality standards for safe medicines throughout the European continent.

1. *Assembly debate* on 24 June 2022 (25th sitting) (see [Doc. 15542](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Carmen Leyte). *Text adopted by the Assembly* on 24 June 2022 (25th sitting).



6. To protect public health effectively, immunisation levels need to be increased and sustained as a matter of priority. Vaccinations largely prevent sickness and death associated with infectious diseases, both for vaccinated individuals and for society as a whole, by developing what is called “herd immunity”. Vaccinations also bring wider health, social, political and economic benefits, including poverty reduction and achieving greater gender equality, as well as savings in healthcare costs, lost wages and lost productivity due to illness and death. Vaccinations allow people to live longer, healthier lives and reduce the long-term burden of disability. Expanding access to immunisation is crucial to achieving the United Nations Sustainable Development Goals.

7. Strategies to comprehensively address inadequate immunisation coverage should focus on the root causes of this problem. Reasons for suboptimal vaccine uptake are context specific. They vary broadly and include social, economic and cultural barriers, lack of access and availability, inadequate quality of services and attitudes to vaccination. Covid-19 pandemic-related disruptions further increased inequality in access to vaccines, while the displacement of millions of people as a result of conflicts and crises leads to disruptions in vaccination services. According to WHO and the United Nations Children’s Fund (UNICEF), in 2020, 23 million children missed out on basic childhood vaccines through routine health services, the highest number since 2009 and 3.7 million more than in 2019. Emergency measures are required to address vaccination gaps resulting from the Covid-19 pandemic.

8. The Assembly is convinced that promoting peace, tackling poverty and building robust and sustainable public health services that people can trust are essential preconditions for improving vaccination coverage. As the Covid-19 pandemic demonstrated, such public health services need to be supported across the globe, as outbreaks of contagious diseases can spread quickly across countries and regions, with potential for further mutations of pathogens. The Assembly recognises that vaccines and vaccination are a global public good and unequal access to vaccines anywhere in the world is a threat to us all.

9. Healthcare workers, pharmacists and community outreach workers play a crucial role in successful vaccination and are the most trusted sources of information on this subject, across countries and different population groups. They need to be at the centre of vaccination strategies and must be involved in relevant decision-making processes.

10. The Assembly notes with concern that public debate on vaccines has become highly polarised and politicised in recent years. Unfounded concerns about Covid-19 vaccinations, which had to be swiftly developed and were made mandatory in some cases, had a knock-on effect for other types of vaccination (and “anti-vaxxer” activism prior to the pandemic led to greater reluctance to be vaccinated against Covid-19). The Assembly’s [Resolution 2361 \(2021\)](#) “Covid-19 vaccines: ethical, legal and practical considerations” and [Resolution 2383 \(2021\)](#) “Covid passes or certificates: protection of fundamental rights and legal implications” provide useful guidance on the human rights-compliant deployment of vaccines against Covid-19.

11. It is important to acknowledge that trust in governments in general and in public health systems specifically are important factors when people make decisions about vaccination. In this context, the Assembly notes with alarm that the European region has a higher-than-average percentage of negative opinions on vaccine importance, safety and effectiveness. In fact, 7 of the 10 countries with the highest levels of scepticism about vaccine safety belong to our region. Furthermore, reluctance to have a vaccination seems to be more present among younger generations. Older generations tend to have more confidence in vaccines, as they have witnessed the consequences of outbreaks of contagious diseases and the way in which they have been combated through vaccination.

12. The Assembly calls on Council of Europe member States to take urgent action and to acknowledge public responsibility for lowering barriers to vaccine uptake, in full respect of the principles of human rights, democracy and the rule of law. It welcomes the Tailoring Immunization Programmes approach developed by the WHO Regional Office for Europe as a useful model that can be emulated in different national and subnational contexts. This approach, grounded in scientific evidence and country experience, aims to identify those populations with suboptimal vaccination uptake, to systematically identify the barriers to and drivers of vaccination in these population groups and to design context-specific interventions to address these barriers and capitalise on what drives vaccination – with the aim of increasing the uptake of vaccinations. The rapid-response approach designed to ascertain the qualitative contexts of a population’s perception of vaccination uptake developed within the context of the Covid-19 pandemic allows for rapid, up-to-date and relevant data collection and decision making.

13. The Assembly calls on Council of Europe member States to give high priority to the prevention of the resurgence of contagious diseases. It recommends that member States develop comprehensive, forward-looking, proactive and human rights-compliant vaccination strategies, by ensuring that:

13.1. with respect to access, availability and quality of services:

13.1.1. investment in building robust and sustainable immunisation systems and national immunisation schedules is adequate and takes into account the lessons learned from past epidemics and pandemics and emerging challenges;

13.1.2. quality vaccination services are available and accessible to all people within the State's jurisdiction and that this includes provision of adequate vaccine supplies, free vaccination for all and better follow-up from the healthcare system; when supply is inadequate, the principle of equitable access to vaccines should be ensured;

13.1.3. the rights of individuals are respected, the risk of harm is minimised and positive outcomes for persons concerned are ensured; effective systems for monitoring potential adverse effects of vaccines and independent compensation programmes are in place;

13.1.4. mandatory vaccination is only considered as a last resort, when this is necessary in order to fulfil a legitimate aim, is provided for by law and is proportionate; the introduction of any compulsory vaccination is subject to public debate, parliamentary scrutiny and judicial oversight, and less constraining measures are given preference when feasible;

13.1.5. the principle of the best interests of the child is respected in all matters concerning children and vaccination; relevant legislation is reviewed to allow children to be vaccinated in their best interests in situations where one or both parents are against such vaccination, including by ensuring that the right of children to be heard on matters concerning their own health is duly taken into account, in accordance with their age and maturity;

13.1.6. the work of development agencies is supported, with a view to extending the benefits of vaccination to people in countries that experience shortages; vaccination is promoted as global public good and the sharing of know-how is facilitated, including by lifting restrictions arising from patents and intellectual property rights when appropriate;

13.2. with respect to public attitudes to vaccination:

13.2.1. barriers to and drivers of vaccination are analysed on a regular basis and the needs of specific population groups are duly researched and understood; targeted evidence-based interventions are designed and implemented; subnational entities and local communities are engaged in developing and implementing tailored strategies to support vaccine uptake; co-operation with non-governmental organisations and with other local efforts is supported to reach out to marginalised groups and overcome social and cultural barriers to vaccine uptake;

13.2.2. reliable and transparent information on vaccination, including contraindications, is available and accessible, and is up to date;

13.2.3. dissemination of misinformation is addressed through relevant policies, regulations and other measures, including through good use of information and communication technologies; digital behaviour is monitored, researched and considered in public policy making and communication strategies on vaccination;

13.2.4. open and transparent dialogue and communication on the safety and quality control of vaccines and on the benefits of vaccination are supported; resilience and health literacy are improved, in co-operation with the education sector and the media, including social media platforms; user-friendly awareness-raising materials are developed for various target audiences and that any such materials address the barriers and drivers related to a particular group and use language that is accessible and appropriate;

13.2.5. anti-vaccination attitudes are tackled through systematic, targeted counter-narratives that are context-specific, based on science, address doubts and concerns raised and highlight individual and collective responsibility for one's own health and one's children's health, as well as other people's health, including that of vulnerable groups who cannot get vaccinated for health reasons but who benefit from "herd immunity" when a sufficient proportion of the population is vaccinated;

13.2.6. media codes of ethics are strengthened with emphasis on social responsibility for countering disinformation on vaccination and for enabling maximum visibility for quality information on vaccination from trustworthy sources; internet intermediaries are encouraged to support anti-vaccine myth-busting and to raise awareness of the potential risks to public health protection of false information;

13.2.7. all healthcare workers benefit from workplace training on safety, characteristics and technical components of vaccines and are equipped with communication tools and materials for promoting vaccine awareness; dedicated staff and space for communication on vaccination are envisaged, to allow for flexibility and ease of access to relevant information;

13.2.8. healthcare workers have sufficient time to spend with parents and other patients, to discuss with them any concerns that they might have with respect to vaccination; this implies that their working conditions, including working time, workload and remuneration, are adequate;

13.2.9. politicisation of vaccine policies is avoided and non-partisan continuity in public health policies is promoted, based on the advice and guidance from WHO, other relevant international and national scientific bodies, public health authorities and institutes;

13.2.10. the World/European Immunization Week celebrated in the last week of April is supported to highlight the collective action needed and to promote the use of vaccines to protect people of all ages against disease;

13.2.11. full use is made of WHO toolkits and the resources developed by the European Centre for Disease Prevention and Control.

14. The Assembly expresses its support for the work of the European Commission and European Parliament to promote a joint European approach on vaccination and encourages stronger co-operation with European countries which are not members of the European Union, in particular with the support of Council of Europe structures, such as the EDQM and the Steering Committee for Human Rights in the fields of Biomedicine and Health (CDBIO).

15. The Assembly welcomes WHO's strategy and vision for the European Immunization Agenda 2030, which aims to extend the benefits of vaccines to everyone, everywhere, and undertakes to support its implementation through parliamentary co-operation.