

Procedure file

| Basic information | | |
|---|--------------------------------|---------------------|
| RSP - Resolutions on topical subjects | 2017/2951(RSP) | Procedure completed |
| Resolution on vaccine hesitancy and the drop in vaccination rates in Europe | | |
| Subject 4.20.01 Medicine, diseases | | |

| Key players | | | |
|---------------------|--|---|------------|
| European Parliament | Committee responsible | Rapporteur | Appointed |
| |  Environment, Public Health and Food Safety | | 25/10/2017 |
| | |  SOMMER Renate | 25/10/2017 |
| | |  GENTILE Elena | 25/10/2017 |
| | |  PIECHA Bolesław G. | 25/10/2017 |
| | |  MEISSNER Gesine | 25/10/2017 |
| | |  AFFRONTI Marco | 25/10/2017 |
| | |  D'ORNANO Mireille | 25/10/2017 |
| European Commission | Commission DG Health and Food Safety | Commissioner ANDRIUKAITIS Vytenis Povilas | |

| Key events | | | |
|------------|--------------------------------|---|---------|
| 18/04/2018 | Debate in Parliament |  | |
| 19/04/2018 | Results of vote in Parliament |  | |
| 19/04/2018 | Decision by Parliament | T8-0188/2018 | Summary |
| 19/04/2018 | End of procedure in Parliament | | |

| Technical information | |
|----------------------------|--|
| Procedure reference | 2017/2951(RSP) |
| Procedure type | RSP - Resolutions on topical subjects |
| Procedure subtype | Debate or resolution on oral question/interpellation |
| Legal basis | Rules of Procedure EP 136-p5 |
| Stage reached in procedure | Procedure completed |
| Committee dossier | ENVI/8/11391 |

| Documentation gateway | | | | | |
|--|--|------------------------------|------------|----|---------|
| Amendments tabled in committee | | PE616.893 | 31/01/2018 | EP | |
| Oral question/interpellation by Parliament | | B8-0011/2018 | 16/04/2018 | EP | |
| Oral question/interpellation by Parliament | | B8-0012/2018 | 16/04/2018 | EP | |
| Motion for a resolution | | B8-0188/2018 | 18/04/2018 | EP | |
| Motion for a resolution | | B8-0195/2018 | 18/04/2018 | EP | |
| Text adopted by Parliament, single reading | | T8-0188/2018 | 19/04/2018 | EP | Summary |
| Commission response to text adopted in plenary | | SP(2018)401 | 30/08/2018 | EC | |

Resolution on vaccine hesitancy and the drop in vaccination rates in Europe

The European Parliament adopted a resolution tabled by the Committee on the Environment, Public Health and Food Safety on vaccine hesitancy and the drop in vaccination rates in Europe.

Parliament noted that vaccination prevents an estimated 2.5 million deaths each year worldwide and reduces disease-specific treatment costs, including antimicrobial treatments. Accordingly, it noted with concern that epidemiological data on the current vaccination situation in Member States show important gaps in the acceptance of vaccines and that the vaccination coverage rates necessary to ensure adequate protection are insufficient. Members were concerned that growing and widespread vaccine hesitancy has assumed worrying proportions. In this connection, it pointed out that Europe is currently facing avoidable measles outbreaks in a number of countries owing to vaccine hesitancy.

The resolution called on Member States and the Commission to reinforce the legal basis for immunisation coverage. It pointed out that, according to objective 1 of the European Vaccine Action Plan 20152020, introducing an appropriate legislative framework is crucial to defining national priorities.

Increasing coverage: Parliament called 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 in vaccines;
- 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.

It welcomed the forthcoming launch of a Joint Action co-funded by the EUs Health Programme aimed at increasing vaccination coverage.

Testing and assessment: Members pointed 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. Recalling that researchers must declare any conflicts of interest, Parliament proposed that researchers subject to a conflict of interest be excluded from evaluation panels. In addition:

- the confidentiality of the deliberations of the EMAs evaluation panel should be lifted;
- the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, should be made public.

Transparency: noting the importance of transparency in building and maintaining public trust in medicines, Parliament called for greater transparency in:

- the production of vaccines and for measures to reassure European citizens;
- the process of evaluating vaccines and their adjuvants, and the funding of independent research programmes on their possible side-effects.

Public awareness: Members emphasised the need to provide citizens with inclusive, factual and science-based information. They called for

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.

Procurement of vaccines: Parliament was 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. It strongly supported 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.

Members noted that 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. This price increase was held to be unjustifiable and incompatible with the Sustainable Development Goal of ensuring healthy lives and promoting wellbeing at all ages.