

Resolution on the compatibility between vaccine programmes of the EU and the Eastern Partnership countries and their alignment

(2023/C 229/04)

THE EURONEST PARLIAMENTARY ASSEMBLY,

Having regard to Regulation (EU) 2020/461 of the European Parliament and of the Council of 30 March 2020 amending Council Regulation (EC) No 2012/2002 in order to provide financial assistance to Member States and to countries negotiating their accession to the Union that are seriously affected by a major public health emergency ⁽¹⁾,

Having regard to the Commission communication of 15 October 2020 on preparedness for COVID-19 vaccination strategies and vaccine deployment (COM(2020) 680),

Having regard to the Commission communication of 19 January 2021 on a united front to beat COVID-19 (COM(2021) 35),

Having regard to the Commission communication of 16 June 2021 on drawing the early lessons from the COVID-19 pandemic (COM(2021) 380),

Having regard to Decision (EU) 2020/701 of the European Parliament and of the Council of 25 May 2020 on providing macro-financial assistance to enlargement and neighbourhood partners in the context of the COVID-19 pandemic ⁽²⁾,

Having regard to the Commission report of 18 October 2021 pursuant to Article 16(1) of Regulation (EU) 2021/953 of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic (COM(2021) 649),

Having regard to the Joint Declaration of the Eastern Partnership Summit of 15 December 2021 ⁽³⁾,

Having regard to the Commission communication of 1 December 2021 entitled 'Addressing together current and new COVID-19 challenges' (COM(2021) 764),

Having regard to Commission Implementing Decision (EU) 2021/1380 of 19 August 2021 establishing the equivalence, for the purpose of facilitating the right of free movement within the Union, of COVID-19 certificates issued by Ukraine to the certificates issued in accordance with Regulation (EU) 2021/953 of the European Parliament and of the Council ⁽⁴⁾,

Having regard to Commission Implementing Decision (EU) 2021/1894 of 28 October 2021 establishing the equivalence, for the purpose of facilitating the right of free movement within the Union, of COVID-19 certificates issued by the Republic of Armenia to the certificates issued in accordance with Regulation (EU) 2021/953 of the European Parliament and of the Council ⁽⁵⁾,

Having regard to Commission Implementing Decision (EU) 2021/1994 of 15 November 2021 establishing the equivalence, for the purpose of facilitating the right of free movement within the Union, of COVID-19 certificates issued by the Republic of Moldova to the certificates issued in accordance with Regulation (EU) 2021/953 of the European Parliament and of the Council ⁽⁶⁾,

Having regard to Commission Implementing Decision (EU) 2021/1995 of 15 November 2021 establishing the equivalence, for the purpose of facilitating the right of free movement within the Union, of COVID-19 certificates issued by Georgia to the certificates issued in accordance with Regulation (EU) 2021/953 of the European Parliament and of the Council ⁽⁷⁾,

Having regard to the Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases ⁽⁸⁾,

⁽¹⁾ OJ L 99, 31.3.2020, p. 9.

⁽²⁾ OJ L 165, 27.5.2020, p. 31.

⁽³⁾ <https://www.consilium.europa.eu/media/53527/20211215-Eastern-Partnership-joint-declaration-en.pdf>

⁽⁴⁾ OJ L 297, 20.8.2021, p. 35.

⁽⁵⁾ OJ L 384, 29.10.2021, p. 109.

⁽⁶⁾ OJ L 405, 16.11.2021, p. 23.

⁽⁷⁾ OJ L 405, 16.11.2021, p. 26.

⁽⁸⁾ OJ C 466, 28.12.2018, p. 1.

Having regard to the European Parliament resolution of 21 October 2021 on EU transparency in the development, purchase and distribution of COVID-19 vaccines ⁽⁹⁾,

Having regard to the European Parliament resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences ⁽¹⁰⁾,

Having regard to the European Parliament resolution of 25 November 2020 on the foreign policy consequences of the COVID-19 outbreak ⁽¹¹⁾,

Having regard to the European Parliament resolution of 19 April 2018 on vaccine hesitancy and the drop in vaccination rates in Europe ⁽¹²⁾,

Having regard to the European Parliament resolution of 11 February 2021 on the implementation of the EU Association Agreement with Ukraine ⁽¹³⁾,

- A. whereas the world is increasingly connected and communicable diseases do not stop at borders, a stark reminder being the pandemic caused by the SARS-CoV-2 virus (COVID-19);
- B. whereas public health is a valued shared public good deserving special attention from decision-makers, in line with the expectations of citizens across the EU and the Eastern Partnership region;
- C. whereas in the EU public health remains a national competence with a complementary role for the EU in health policy, however, with gradually increasing coordination between Member States in order to achieve shared benefits;
- D. whereas Russia's illegal war of aggression against Ukraine has triggered massive migration flows of Ukrainian war refugees to the EU, Moldova and other countries, causing serious burdens and pressures on the health systems of host countries; whereas the war has had and continues to have a detrimental effect on the Ukrainian health system;
- E. whereas public health budgets have come under increasing strain as a result of the economic impacts of Russia's unjustified and illegal military aggression against Ukraine, affecting both the EU and Eastern Partnership countries;
- F. whereas given the increasingly ambitious cooperation between the EU and its eastern neighbours, rapidly expanding economic and political relations, as well as more intense people-to-people contacts, public health, in particular its cross-border aspects, is a policy area where the Eastern Partnership can serve as an appropriate framework to boost resilience to health crises and contribute to the wellbeing of all citizens based on a shared health security agenda and culture; whereas the foregoing brings about mutually beneficial outcomes and account should be taken of the lessons learnt during the management of the COVID-19 pandemic and roll-out of COVID-19 vaccines;
- G. whereas the lack of synchronised vaccination calendars among the Eastern Partnership partners, as well as varying vaccination coverage under diverging schemes, creates an imperative and an opportunity to move towards a greater degree of coherence, coordination and solidarity with the objective of bringing about shared gains both for the EU and its Eastern Partnership partners; whereas this would ultimately save lives and contribute to the wellbeing of citizens, including the most exposed and vulnerable groups;
- H. whereas public health policy should aim for context-specific and locally tailored solutions with demonstrable compatibility between the Member States and the Eastern Partnership countries as part of the regional health security agenda, aiming at fostering effective cooperation and synergies among all stakeholders as a precondition to achieving targeted outcomes allowing for a desirable degree of local contextualisation, without aiming for uniform or one-size-fits-all solutions;

⁽⁹⁾ OJ C 184, 5.5.2022, p. 99.

⁽¹⁰⁾ OJ C 316, 6.8.2021, p. 2.

⁽¹¹⁾ OJ C 425, 20.10.2021, p. 63.

⁽¹²⁾ OJ C 390, 18.11.2019, p. 141.

⁽¹³⁾ OJ C 465, 17.11.2021, p. 87.

- I. whereas the COVID-19 pandemic has challenged and exposed healthcare systems in many countries, including high-income countries; whereas this is in effect a wake-up call to improve preparedness to prevent or address effectively the next communicable disease crisis; whereas this also warrants a renewed emphasis on strengthened and resilient public health systems in both the Member States and the Eastern Partnership countries to deal with future epidemics and their long-term effect on health care;
- J. whereas the recognition of the necessity and political will to step up coordination on vaccination programmes, including tackling vaccine hesitancy, dates back to before the COVID-19 pandemic, as reflected in the Employment, Social Policy, Health and Consumer Affairs Council recommendation of 7 December 2018 that included guidance on tackling vaccine hesitancy, improving vaccination coverage, promoting the coordination of vaccine procurement and supporting research and innovation; whereas this recommendation also encouraged the Member States to develop and implement national vaccination plans and provided for the establishment of a European vaccination information-sharing system;
- K. whereas the Commission also launched the EU Joint Action on Vaccination programme focusing on sharing best practices on national vaccination policies and identifying technical requirements regarding electronic immunisation information systems, vaccine forecasting, prioritisation of vaccine research and development and research to address vaccine hesitancy; whereas this also involved non-EU countries (e.g. Bosnia and Herzegovina) but none from the Eastern Partnership region; whereas fostering this kind of cooperation and extending it to the Eastern Partnership region would bring about shared benefits;
- L. whereas the European Parliament resolution of 19 April 2018 on vaccine hesitancy and the drop in vaccination rates in Europe; calls on the Commission to facilitate a more harmonised schedule for vaccination across the EU; whereas this resolution calls on the Member States to ensure sufficient vaccination of healthcare workers, take effective steps against the spread of misinformation and implement measures for improving access to medicines;
- M. whereas the association agreements with Georgia, Moldova and Ukraine and the EU-Armenia Comprehensive and Enhanced Partnership Agreement each contain a chapter dedicated to health and provide for cooperation covering a wide range of areas, with the aim of improving the level of public health safety and protection of human health;
- N. whereas the granting of candidate status to Moldova and Ukraine, as well as the establishment of Georgia's eligibility for EU candidate status once conditions are met, also implies a shared ambition to step up synchronisation and alignment with EU policies;
- O. whereas recent key EU policy documents all define reinforcing resilience as a key objective and there is genuine momentum in policy-making to step up cooperation in the area of public health, as reflected in the Eastern Partnership summit Joint Declaration of 15 December 2021 that committed partners to work on health resilience through improving health systems in order to improve affordability, transparency and access to health;
- P. whereas cooperation on digital vaccine certificates has accelerated, including cooperation based on mutual agreements with Eastern Partnership countries;
- Q. whereas the EU and World Health Organization (WHO) Europe launched the Solidarity for Health initiative and the EU launched support for COVID-19 vaccine deployment in the Eastern Partnership countries, mainly in relation to equipment, training and communication; whereas some aspects of this programme also cover Belarus;
- R. whereas a specific challenge in the Eastern Partnership region is that addressing public health in temporarily occupied territories may require access by international organisations and cooperation with the *de facto* authorities;
- S. whereas a common feature of most EU and Eastern Partnership countries is their acceptance of vaccination against diphtheria, polio, tetanus, pertussis, hepatitis B and haemophilus influenza type B during the first six months of life and against measles, mumps and rubella after one year of life and, accordingly, boosters when necessary;

- T. whereas national vaccination strategies are tailor-made and targeted, depending on the nature and burden of a disease in a country; whereas vaccination against tuberculosis (TB) is included in national vaccination calendars for children in most countries with a high incidence of TB (40 cases per 100 000 population);
- U. whereas the EU mandated the European Centre for Disease Prevention and Control (ECDC), as of 2004, to support the prevention and control of communicable diseases and foster the exchange of best practices and experience with regard to vaccination programmes; whereas the ECDC also coordinates data collection, validation, analysis and dissemination at EU level, including on vaccination strategies;
- V. whereas one of the key objectives of the partnership between the Commission and WHO Europe is the promotion of health cooperation with non-EU countries including the Eastern Partnership countries, in particular in order to improve regional and sub-regional health security, address health inequalities, bolster the resilience of health systems and strengthen cooperation between WHO country offices and EU delegations, while enhancing the partnership between the ECDC and WHO Europe in order to ensure coherent strategic approaches across the entire region;
- W. whereas in September 2021 the Commission launched the European Health Emergency Preparedness and Response Authority (HERA) ⁽¹⁴⁾ with a mandate to anticipate threats and potential health crises through intelligence-gathering and building the necessary response capacities;
- X. whereas according to the WHO, global vaccination coverage has plateaued in recent years, dropping from 86 % in 2019 to 81 % in 2021; whereas according to the WHO, this is also due to the COVID-19 pandemic and associated disruptions over the past two years, which have strained health systems and led to 25 million children missing out on vaccination in 2021, 6 million more than in 2019 and the highest number since 2009 ⁽¹⁵⁾;
- Y. whereas a key takeaway from the COVID-19 pandemic has been the lack of synchronisation and smart sequencing of vaccine deliveries and their administration; whereas, however, joint EU procurement resulted in a relatively high degree of synchronisation, as well as confidence in and acceptance of vaccinations within the EU, albeit with significant variations across the Member States;
- Z. whereas Russia's war on Ukraine has had a significant impact on the safety of vaccine transportation and the strikes on Ukraine's energy infrastructure have had a critical impact on Ukraine's ability to maintain a cold chain;
- AA. whereas account should be taken of the significant shortage of healthcare professionals in Ukraine due to the mobilisation of medical personnel for the needs of the army in wartime conditions;
- AB. whereas the Ukrainian public health system has proven resilient and able to withstand and respond appropriately to war and continues to ensure access to vaccination;

Stepping up cooperation and its impact in the Eastern Partnership framework for better public health outcomes, in particular as regards immunisation and the cross-border aspects of communicable diseases

- Notes that with increasing cross-border movement for the purpose of employment, trade, study and tourism in the EU, the public health benefits from vaccination also lead to tangible economic benefits; notes that this is also directly applicable for the EU and the Eastern Partnership countries;
- Recognises the potential of using the Eastern Partnership framework to strengthen a common social agenda focusing on rising vaccination coverage, addressing inequalities in accessing vaccination and fostering public prevention services;
- Underlines the present diversity of legal frameworks for immunisation, including among the Member States; notes that some countries apply mandatory vaccination rules for certain diseases and merely recommendations for others; observes that these approaches may also change with time, not least due to WHO recommendations, institutional preparedness and societal acceptance;

⁽¹⁴⁾ https://ec.europa.eu/health/system/files/2021-09/hera_2021_comm_en_0.pdf

⁽¹⁵⁾ https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1
<https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

4. Notes that in a handful of EU countries, vaccination rates for some diseases remain very high despite there being no obligation to vaccinate children (98 % in Sweden);
5. Notes the potential shared benefits of Eastern Partnership participation and association with the activities of the European Medicines Agency, the ECDC and HERA, which aim to prevent the spread of infectious diseases in both regions;
6. Recognises that the EU Initiative on Health Security has provided an external dimension to the ECDC with the potential to build a vital link for achieving more coordination and alignment with non-EU countries, including in the Eastern Partnership region;
7. Emphasises that, coupled with the principle of devising local solutions to local challenges enshrined in the European Immunization Agenda 2030, the partnership between the EU and WHO Europe could also be a vehicle for achieving more compatibility and synergies in immunisation and vaccination programmes across Europe;
8. Calls for stepping up coordinated efforts to draw up a comprehensive strategy to promote a steady demand for vaccination and prevention campaigns in the EU and the Eastern Partnership for vaccine-preventable diseases;
9. Recommends developing more structured cooperation at institutional level on public health, for instance by establishing a regular forum for EU and Eastern Partnership health ministers and authorities, possibly in the format of yearly meetings or invitations to attend the meetings of the Council of the Health Ministers of the European Union over longer periods;
10. Calls for continued efforts to promote cooperation and the alignment of strategies for international cross-border health threats, most importantly pandemics, leading to a higher level of containment and stronger immunity in the future;
11. Calls for the establishment or extension of current and future joint procurement schemes and/or vaccine-sharing procedures between the EU and the Eastern Partnership countries, especially for routine vaccines, allowing for the increased production, delivery and purchase of vaccines and related medical supplies;
12. Recommends considering the creation of a multilateral support mechanism to diversify manufacturing capacities for vaccines in the longer term;
13. Is convinced of the need to promote effective and harmonised data collection and exchange on the transmission of communicable diseases by integrated immunisation information systems on vaccination accessibility and coverage (for both children and especially adult populations) as well as disease surveillance by adapting relevant institutions to bring them in line with international standards;
14. Calls on the EU to support and fund joint programmes to promote and support scientific research on vaccination in the Eastern Partnership countries;
15. Recommends funding targeted actions related to strategic communication on disease prevention and on medical professional education under the Eastern Partnership framework, for example by fostering twinning programmes between national prevention centres and by extending the Erasmus+ scheme for targeted exchanges between Eastern Partnership and EU medical professionals;
16. Calls on the EU and Eastern Partnership countries to strive to establish a viable system of mutual recognition of vaccination certificates (not limited to COVID-19 but also based on the successful example of digital certificates) between the Eastern Partnership countries and the EU, for example by digitalising the WHO's international 'Carte Jaune', or 'Yellow Card';

Lessons from the COVID-19 pandemic, threats and challenges regarding the spread of certain diseases in the Eastern Partnership countries and identifying problems arising from a lack of synchronised (or WHO-led) vaccination calendars

17. Acknowledges that the EU's role in addressing the COVID-19 pandemic, both via its decisive contribution to the COVAX scheme and the EU's vaccine-sharing mechanism, proved to be useful; regrets nevertheless the slightly delayed availability of vaccines for the EU's direct neighbours, fuelling perceptions of 'vaccine nationalism' and delayed EU action; notes also that this was used by other actors to sustain narratives undermining the EU's joint efforts, for example China and Russia;

18. Welcomes the decisive actions by the EU and its Member States as 'Team Europe' in mitigating the socio-economic impact of the COVID-19 pandemic through vaccine donations and financial support;
19. Underlines that the relationship between attitudes towards COVID-19 and other vaccines also needs to be addressed, since inadequate COVID-19 responses may also fuel vaccine hesitancy in general, resulting in potentially lower uptake of other vaccines;
20. Calls on the European External Action Service (EEAS) to assist the authorities of the Eastern Partnership countries through the East StratCom Task Force and the EU delegations in combating misinformation about COVID-19 vaccines and fostering social dialogue with the aim of reaching the target of vaccinating a minimum of 70 % of the population;
21. Recommends addressing the challenge of vaccine hesitancy by creating a holistic strategy to address the problem, also based on the lessons from and specific needs of the Eastern Partnership region, with an emphasis on healthcare professionals, information provided by social services to new parents and the general curriculum in schools related to health;
22. Stresses that higher awareness, institutional preparedness and the lessons learnt from the COVID-19 pandemic may also provide an opportunity to address other illnesses that can be brought under control by vaccination, such as vaccinating against human papillomavirus to prevent cervical cancer;
23. Urges the authorities of the Eastern Partnership countries to seize the opportunity and employ the COVID-19 recovery funds to modernise hospitals and improve the quality and accessibility of medical services, especially in the regions and cross-border areas;
24. Notes with concern that the WHO European Region saw a slight decrease in routine immunisation coverage over the 2020-21 period, with some significant gaps in some Eastern Partnership countries;
25. Underlines the need to focus on increasing childhood vaccination rates with a special focus on vulnerable groups in order to reduce the risk of multiple epidemics in the context of the COVID-19 pandemic, particularly in countries with the weakest health systems;
26. Calls for the implementation of a pilot project to extend the European Child Guarantee to the Eastern Partnership countries, with the aim of ensuring children's rights to free and high-quality health care through easy and free access to early childhood vaccinations;
27. Calls on the Commission, the EEAS and the Member States to support the authorities of the Eastern Partnership countries in financing and implementing 'safe school' operations, including providing hygiene supplies and sharing information on handwashing and other hygiene measures, as lessons learnt from the COVID-19 pandemic;
28. Calls on the Commission, the EEAS and the Member States to support the authorities of the Eastern Partnership countries in developing and guaranteeing contingency planning and crisis-response plans now to reduce the risk of future pandemic transmissions in schools and to minimise the impact of school closures on children and their families, especially on the poorest and most marginalised children, as well as those with severe disabilities; highlights, in this regard, the need to prioritise children in conflict-affected areas;
29. Recommends establishing a specific cooperation mechanism with the relevant stakeholders (i.e. International Committee of the Red Cross, WHO) to address the issue of basic health services and immunisation in the Eastern Partnership regions considered to be temporarily occupied territories with no or limited control exerted by the *de jure* authorities and with the *de facto* authorities lacking accountability and resources, where there is a high concentration of vulnerable groups;
30. Considers that the EU and its Member States, building on the assistance they have already provided to Ukraine since February 2022, should provide more vaccines and other appropriate medical treatment for communicable diseases;
31. Highlights the accentuated need to supply vaccines and other medical treatment to Moldova and to the Member States hosting the highest numbers of Ukrainian refugees;
32. Highlights the importance of developing an electronic healthcare system, including electronic medical records of vaccinations, especially for refugees who have had to leave their homes quickly, leaving all paper documents behind;

Harnessing the shared benefits arising from synchronised vaccination calendars

33. Stresses the importance of exploring the shared benefits of coordinated action with the aim of achieving balanced implementation between locally contextualised and internationally synchronised national vaccination calendars in the EU and the Eastern Partnership countries, building on sound evidence-informed scientific input and expertise from stakeholders such as the WHO;
 34. Underlines the importance of appropriate accompanying public health measures and the involvement of other stakeholders, the medical profession and civil society, in particular on communication, outreach to remote and vulnerable groups and tackling vaccine hesitancy; recommends tailor-made programmes and funding for Eastern Partnership countries;
 35. Shares the view that the gradual scoping and landscaping of national vaccination calendars and engagement of WHO Europe with the EU and Eastern Partnership countries on the basis of evidence-informed consultation on a contextualised versus synchronised vaccination calendar will undoubtedly increase the public health benefits and further strengthen the required public trust in institutions;
 36. Is convinced that a higher degree of synchronisation and reliable, commonly accepted methodologies and institutional capacities for data management can also allow for the mutual recognition of vaccine certificates, reducing the need for restrictions and barriers to travel;
 37. Calls for the EU, its Member States and the Eastern Partnership countries to also cooperate on the issue of vaccinating pet animals, especially as some animal diseases can be easily transmitted to humans, and to cooperate and share EU Member States' best practices on the identification and registration of pet animals;
 38. Instructs its Co-Presidents to forward this resolution to the President of the European Parliament, the Council, the Commission, the Vice-President of the Commission / High Representative of the EU for Foreign Affairs and Security Policy, the Commissioner for Neighbourhood and Enlargement, the European External Action Service, the governments and parliaments of the EU Member States and the Eastern Partnership countries.
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