

OPEN LETTER

Brussels, 19 May 2021

To:

*President of the European Commission, Ursula Von der Leyen
European Commissioner for Health and Food Safety, Stella Kyriakides,
European Commissioner for Jobs and Social Rights, Nicolas Schmit
European Commissioner for Equality, Helena Dalli
Portuguese Minister for Health, Marta Temido & Health attachés of the 27 EU Member States
European Parliament President, David Sassoli
ENVI & EMPL Committee chairs, coordinators & members
Members of the MEP Interest Group on Equitable Access to Healthcare
Members of the European Parliament LGBTI Intergroup
Director of the European Centre for Disease Prevention and Control, Andrea Ammon*

Subject: Vaccine equity for marginalised communities

We welcome the coronavirus disease (COVID-19) vaccination schemes underway in all European Union (EU) countries. However, we wish to emphasise the critical importance of including marginalised groups, regardless of their social and administrative status, in these vaccination programmes if they are to achieve their goal of herd immunity and public health protection. Indeed, evidence suggests that SARS-CoV-2 *elimination*, rather than mitigation, creates the best outcomes for health, the economy and civil liberties [[Oliu-Barton et al. 2021](#)] – and this means reaching everyone, including marginalised groups.

Marginalised groups such as people experiencing homelessness, undocumented migrants, sex workers, people who use drugs, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and prisoners are among the communities hardest hit by the COVID-19 pandemic, and yet are among those least protected from it by governmental actions to date. The pandemic and related lockdown measures have exacerbated pre-existing conditions of social exclusion, deprivation and poor access to health and social services, as explained by the Nobody Left Outside (NLO) initiative in our briefing paper for World Health Organization (WHO) Europe [[NLO 2020](#)].

Prior to COVID-19, the EU was already committed to improving the health of everyone through universal health coverage (UHC), as well as to policies addressing the social gradient in health directly and specifically focussed on disadvantaged groups. These goals underpin the [EU Joint Action: Health Equity Europe](#), which provides opportunity for Member States to work jointly to address health inequalities and achieve greater equity in health outcomes across all groups in society. They are also central to the WHO's European Programme of Work for 2020–2025 [[WHO 2021](#)].

The United Nations (UN) has described access to the COVID-19 vaccine as a human right. It is essential to remove barriers to these vaccines and ensure their accessibility to all - without discrimination. This intention applies universally to all vaccines, medicines and health services [[UN 2020](#)].

In view of these goals, we share the following recommendations with regards vaccine equity and access:

- The EU vaccine strategy lists marginalised groups as a priority for vaccination [[EC 2020](#)]. This is very welcome. However, in reality we see a lack of implementation of this approach in some Member States and urge the European Commission to take a stronger stance on vaccine equity as the guiding principle for the design and implementation of national strategies, so that they are inclusive of marginalised communities. People experiencing precarious living conditions, especially if they are homelessness, living in informal settlements, immigration detention, or other densely crowded settings, must be vaccinated as a matter of urgency.

- National programmes should use specific outreach measures to reach and vaccinate people who face barriers to mainstream health care in their communities. Existing contact points such as community-based services, harm reduction services and homeless shelters offer a trusted infrastructure that can be used for vaccine delivery. The peer-reviewed [NLO Service Design Checklist](#) is a valuable tool to help improve access to all types of health-oriented services, and we encourage its use or adaptation for targeted COVID-19 vaccination programmes [[Lazarus et al. 2021](#)]. We recommend that governments reserve single-dose vaccines for marginalised groups to improve uptake.
- Vaccine hesitancy can be a particular problem among people with limited access to health services, in part owing to a lack of trust in government and health bodies due to discrimination, systematic racism, exposure to possible immigration control and negative experiences with the healthcare system [[Razai et al. 2021](#)]. Community involvement in vaccines communication and the availability of accurate and accessible health information in relevant languages are pivotal to empower informed decision-making. Trust in vaccines correlates with trust in a non-discriminatory healthcare system that leaves nobody outside.
- People who are undocumented or face criminalisation (e.g. due to sex work or drug use) need to have clear assurance that they can access these services without fear of repercussion. The lack of an address, other formal documentation, an official employer, or health insurance must not be a barrier to accessing COVID-19 vaccinations, and vaccines in general. Data disclosure should be limited to the absolute minimum and data protection must be a top priority.
- While vaccinations are crucial to COVID-19 containment, a combination of inclusive public health measures are necessary [[Lee et al. 2021](#)] – including public engagement and test, trace and isolation measures that are accessible and suitable for everybody.
- Beyond COVID-19, marginalised groups are at increased risk of poor health in general yet face barriers in accessing health services. They require equitable and sustainable access to all forms of healthcare and health information, according to need. This is crucial not only in times of a pandemic but also to ensure society's resilience to cope with similar challenges in the future, and in the context of UHC based on human rights. Community engagement in the design, implementation and evaluation of health services ensures that they meet the needs of communities.
- We support the call for a strong European Health Union and the creation of an explicit health policy competence for the EU to support increased health equity for everybody across the bloc.

COVID-19 has made clearer than ever that gaps in our health systems hurt us all. Leaving no one outside vaccination programmes cannot be merely aspirational: it is essential if we are to get the pandemic under control, and emerge from it stronger than ever. More broadly, in order to protect our societies from this and future pandemics, and to deliver better health for all, healthcare must once and for all be truly equitable and accessible to everybody.

NLO remains at your disposal to incubate policy ideas, validate policy approaches and share further insights and evidence for our recommendations above.

Yours sincerely,

NLO initiative participants

About NLO:

Nobody Left Outside (NLO) initiative is a collective of organisations representing people in some of the most marginalised communities in Europe, namely people experiencing homelessness, undocumented migrants, sex workers, people who use drugs, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and prisoners. It provides a platform for organisations to collaborate to identify shared challenges, exchange lessons and good practice, seek innovative solutions, and speak with a unified voice to offer guidance to improve service access. The Nobody Left Outside (NLO) initiative has been initiated and supported financially by MSD.

The following organisations are participants in the NLO initiative:



For more information, visit www.nobodyleftoutside.eu or contact: info@nobodyleftoutside.eu.

Sources:

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