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AS/Soc/PHSD (2021) PV 03add

16 March 2021

Asocphsdpv03add\_2021

## Committee on Social Affairs, Health and Sustainable Development

### *Sub-Committee on Public Health and Sustainable Development*

## Minutes

### Of the public hearing on “Overcoming vaccine hesitancy: strategies for parliaments and parliamentarians” held via videoconference, on Tuesday, 9 February 2021

In the framework of the report on “Vaccine hesitancy: a major public health issue” and the recently-adopted report on “Covid-19 vaccines: ethical, legal and practical considerations”, the Sub-Committee held a public hearing moderated by Mr Jim Gibbons, journalist.

**Ms Jennifer De Temmerman, Chairperson** of the Sub-Committee, briefly introduced the speakers and welcomed everyone to the hearing.

#### Session I: Vaccine hesitancy

- ✓ Mr Vladimir Kruglyi, rapporteur on “Vaccine hesitancy: a major public health issue”
- ✓ Ms Lisa Menning, Team Lead (acting), Demand and Behavioural Sciences, Department of Immunization, Vaccines and Biologicals, World Health Organization
- ✓ Ms Dolores Utrilla, Associate Professor of Public Law at the University of Castilla-La Mancha, Spain and Assistant Editor at *EU Law Live*

**Mr Kruglyi** underlined the importance of the vaccination for public health protection. Vaccination was the safest and most effective method of protection against many infectious diseases, preventing 2 to 3 million deaths a year worldwide. Vaccine hesitancy was one of the most critical issues in public health, and it was particularly prevalent in Europe, to a large degree due to misinformation and disinformation about the safety of vaccines. It was crucial to fight against misinformation and to promote public debate on the risks of vaccine hesitancy. As the President of the European Commission, Ms Ursula von der Leyen, had pointed out in one of her communications, “in order to fight the global pandemic, nobody is safe until everybody is safe”.

**Ms Menning** presented scientific data on the effectiveness of vaccines. Researchers were still gathering information about the Covid-19 virus and vaccines. The main source of vaccine hesitancy was lack of access to reliable and easy to apprehend information. That is why it was crucial to listen to people, answer their questions, gather data and engage with the public with the help of tailored strategies.

**Ms Utrilla** presented legal considerations around parental authority and the best interests of the child, considering that some member States had mandatory vaccination programmes. The European Court of Human Rights (the Court) did not offer an explicit answer to the legal issues posed by compulsory vaccination schemes for children. According to the Court, compulsory vaccination programmes aimed at the restriction of the right to private and family life and of the freedom of thought should have a sufficient legal basis and the legitimate aim of protecting people’s health. Moreover, such measures had to be proportionate and should be used as a last resort. Parents did not have an absolute right to decide whether their children should be vaccinated or not.

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<sup>1</sup>The minutes were approved and declassified by the Sub-Committee on Public Health and Sustainable Development at its meeting on 16 March 2021, held via videoconference.

## Session II: Gender-neutral HPV vaccination

- ✓ Ms Petra Bayr, Chairperson of the European Parliamentary Forum for Sexual & Reproductive Rights
- ✓ Mr Neil Datta, Secretary of the European Parliamentary Forum for Sexual & Reproductive Rights
- ✓ Ms Janne Bigaard, Kræftens Bekæmpelse (Danish Cancer Society)

**Ms Bayr** shared relevant scientific data on the Human Papillomavirus (HPV) and cervical cancer in Europe. There was clear scientific evidence that the diseases caused by HPV could be prevented by vaccination. HPV vaccination was most effective if it was provided to both sexes (as any person could transmit HPV). Unfortunately, only 17 European countries provided vaccination to both sexes. According to WHO, vaccine hesitancy was a global public health threat. Reliable sex education was crucial in order to fight against HPV transmission – young people should be able to understand the issue.

**Mr Datta** presented the Cervical Cancer Prevention Policy Atlas – a comparative map that scored 46 countries across Europe on prevention policies of cervical cancer. The situation in Europe was very disparate; there was a clear divide between northern, southern and eastern Europe. Men remained at risk of infection from unvaccinated women. Gender-neutral HPV vaccination meant greater protection for everyone. Universal HPV vaccination was consistent with the fundamental human right to the highest attainable standard of health. States should include free and gender-neutral HPV vaccination into their routine vaccination schedules; provide free screening programmes and provide reliable evidence-based information about HPV screening, the vaccine and where to get screened and vaccinated. Europe's "Beating Cancer Plan" launched on 3 February 2021 aimed at vaccinating at least 90% of the EU target population of girls and at significantly increasing the level of vaccination of boys by 2030.

**Ms Bigaard** presented the benefits of gender-neutral HPV vaccination and the success of the Danish Cancer Society's campaign against vaccine hesitancy. The Danish Childhood Vaccination Programme had been created in co-operation between the Danish Health Authority, the Danish Medical Association and the Danish Cancer Society. An extensive communication strategy had been developed prior to the launch of an information campaign in 2017. These three organisations had been cited by parents as trustworthy sources of information on the safety of the vaccine. The campaign had succeeded in assisting parents who had doubts and were sceptical about vaccination in making their final decisions. The uptake of HPV vaccination had increased and the total number of girls who had started HPV vaccination in 2020 exceeded 40 000; HPV vaccination for boys had been introduced in September 2019. By November 2020, almost as many boys as girls turning 12 years old received HPV vaccination. Nevertheless, there was still a need to fight against mistrust about the safety of the vaccine. In order to ensure an effective information campaign, a balance between rationality and emotions had to be ensured.

## Session III: Hesitancy towards Covid-19 vaccines

- ✓ Ms Jennifer De Temmerman, rapporteur on "Covid-19 vaccines: ethical, legal and practical considerations"
- ✓ Mr Robert Kanwagi, World Vision programme co-ordinator for Ebola Vaccine Deployment, Acceptance and Compliance (EBODAC) and CSO Representative to the COVAX Demand working group
- ✓ Ms Laurence Lwoff, Head of the Bioethics Unit of the Council of Europe

**Ms De Temmerman** pointed out that people were hesitant to get vaccinated against Covid-19, because these vaccines had been developed in a very short period of time. In order to tackle the pandemic, governments needed to learn from previous experiences with public health crises, provide citizens with reliable information and act in a transparent manner. Strong communication and public health campaigns were crucial for strengthening trust in vaccines.

**Mr Kanwagi** felt that the most important reason for vaccine hesitancy was that people denied the existence of the pandemic. Moreover, people questioned the rapid pace of the development of the Covid-19 vaccines. Misinformation flourished in the absence of quality information; that was why education, public campaigns, clear and reliable on-line information strategies on Covid-19 vaccines and public health campaigns were so important. Furthermore, equitable access to vaccination was key to overcoming vaccine hesitancy.

**Ms Lwoff** underlined that under Article 3 of the Council of Europe Convention on Human Rights and Biomedicine, member States were obliged to ensure equitable access to vaccines, as well as an appropriate quality of vaccination and transparency of information and communication. Vaccine hesitancy was a consequence of misinformation and lack of appropriate communication. Building trust and providing clear and reliable information was crucial for overcoming vaccine hesitancy. Communication materials should be adapted to the audience; they should include information about the benefits and risks of vaccines as well as

about the risks of not being vaccinated. The main objective of the vaccination campaign should be to make people aware of the importance of vaccination and to address their concerns.

**Concluding remarks:**

- ✓ Mr Luís Leite Ramos, Chairperson of the PACE Committee on Social Affairs, Health and Sustainable Development
- ✓ Ms Petra Bayr, Chairperson of the PACE Committee on Equality and Non-Discrimination

**Mr Leite Ramos** underlined the importance of transparency for tackling vaccine hesitancy. Vaccination was the safest measure to protect public health. In order to ensure sufficient immunisation rates, save lives and protect public and individual health, parliaments must invest in research and science, and collaborate locally, nationally and internationally.

**Ms Bayr** underlined the importance of the report on vaccine hesitancy, the WHO Global Strategy for elimination of cervical cancer, and the European Beating Cancer Plan. The next step was to address the problem of vaccine hesitancy at regional level. It was important to introduce sex education, to strengthen democratic debate, and to promote gender neutrality and non-discrimination.

**Ms De Temmerman, the Chairperson** of the Sub-Committee, reiterated the need for reliable information campaigns. She thanked the speakers for sharing their expertise, the other participants for their questions and comments, and everyone for having followed the meeting.

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**Appendix I**

**Statement received from Ms Konul Nurullayeva,**

member of the Sub-Committee who experienced technical difficulties in connecting to the hearing

Dear Ladies and Gentlemen,

I believe you are all healthy and doing well.

Fortunately, the world has gradually started the vaccination process, incredible and long-awaited news for us all. However, the vaccination process is not a straightforward one: we need to define a credible vaccination policy, carefully work with research data, build ethical trust in provider companies, and especially overcome the vaccine hesitancy visible among world's population.

I believe the reasons behind 'vaccine hesitancy' are multifactorial, complex, and vary across vaccines, diverse health systems, unique social, economic, and cultural contexts of each member state, and are influenced by factors such as conspiracy theories, myths, speculations, and practical barriers. That reduces the effectiveness of the immunization process, hence, represents a real threat to public health.

Here is what I believe we can do:

- 1) Regularly arranging the public and expert hearings in parliamentary committee sessions on public health and vaccination and/or establishing such kind of state sub-body
- 2) Strengthening global and local law enforcement and IT security systems to get protected from health supply theft, disruption of supply chains, and use of websites selling fake medical supplies
- 3) Making a digital vaccination awareness in our communities, telling the successful vaccination stories to make a positive impact

Speaking from my experience, the voluntary and risk-level prioritized vaccination process has also started in Azerbaijan. Currently, we vaccinate the elderly over 65 based on the online and voluntary registration system.

So far, we are confident about the short-term effects of the vaccine, so do the vaccine recipients who once were almost victims of 'vaccine hesitancy'. In this regard, TABIB agency responsible for Covid-19 related issues in Azerbaijan has held eight public webinars, out of two was purely on the vaccination awareness and established the Covid psychological help line. I believe such stories and campaigns should be communicated to the public to deliver a real image of the immunization processes.

Thank you!

**Appendix II**

Committee on Social Affairs, Health and Sustainable Development  
 Commission des questions sociales, de la santé et du développement durable

**Sub-Committee on Public Health and Sustainable Development**  
**Sous-commission de la santé publique et du développement durable**

**List of participants / Liste des participant.e.s**  
 (28 seats / 28 sièges) 09.02.2021

**Chairperson / Présidente :** Mme Jennifer DE TEMMERMAN, France

**Vice-Chairperson / Vice-Présidente :** ZZ ...

<b>Members / Membres</b>				<b>Alternates / Remplaçant(e)s</b>	
1.	Mr	Ruben RUBINYAN	Armenia / Arménie		ZZ...
2.	Ms	Nigar ARPADARAI	Azerbaijan / Azerbaïdjan	Ms	Konul NURULLAYEVA
3.	M.	Simon MOUTQUIN	Belgium / Belgique	Ms	Els van HOOFF
4.	<b>Ms</b>	<b>Zdravka BUŠIĆ</b>	Croatia / Croatie		ZZ...
5.	Ms	Alena GAJDŮŠKOVÁ	Czech Republic / République Tchèque		ZZ...
6.	Ms	Minna REIJONEN	Finland/ Finlande		ZZ...
7.	<b>Mme</b>	<b>Jennifer DE TEMMERMAN</b>	France		ZZ...
8.	M.	Alain MILON	France	Mme	Martine WONNER
9.	Ms	Mariam KVRIVISHVILI	Georgia / Georgie		ZZ...
10.	Mr	Matern VON MARSCHALL	Germany / Allemagne	Ms	Sybille BENNING
11.	Mr	Sokratis FAMELLOS	Greece / Grèce	Ms	Foteini PIPILI
12.	<b>Mr</b>	<b>Joseph O'REILLY</b>	Ireland / Irlande		ZZ...
13.	Mr	Fabio DI MICCO	Italy / Italie		ZZ...
14.	Mr	Andrzej SZEJNA	Poland / Pologne		ZZ...
15.	Mr	Bolesław PIECHA	Poland / Pologne	Mr	Tomasz LATOS
16.	Mme	Edite ESTRELA	Portugal		ZZ...
17.	<b>Ms</b>	<b>Carmen LEYTE</b>	Spain / Espagne		ZZ...
18.	Mr	Ola MÖLLER	Sweden / Suède	Ms	Annicka ENGBLOM
19.	Mme	Sibel ARSLAN	Switzerland / Suisse	Mme	Ada MARRA
20.	<b>Mr</b>	<b>Halil ÖZŞAVLI</b>	Turkey / Turquie	Ms	Selin SAYEK BÖKE
21.	<b>Ms</b>	<b>Olena KHOMENKO</b>	Ukraine	Ms	Larysa BILOZIR
22.	Mr	Oleksandr SKICHKO	Ukraine		ZZ...
23.	Mr	Geraint DAVIES	United Kingdom / Royaume-Uni		ZZ...
24.					
25.					
26.					
27.					
28.					

*ex officio:* **Mr Luís LEITE RAMOS** (Chairperson, Portugal, *Président, Portugal*)

**OTHER PARLIAMENTARIANS / AUTRES PARLEMENTAIRES**

Ms / Mme Petra Bayr ..... Austria / Autriche  
 Mr / M. Vladimir Kruglyi ..... Russian Federation / *Federation de Russie*  
 Mr / M. Zoran Tomić ..... Serbia / *Serbie*  
 Mr / M. Jean-Pierre Grin ..... Switzerland / *Suisse*

Ms / Mme Yuliia Ovchynnykova .....Ukraine  
 Ms / Mme Larysa Bilozir.....Ukraine

**PARTNERS FOR DEMOCRACY / PARTENAIRES POUR LA DEMOCRATIE**

Mr / M. Allal Amraoui.....Morocco / Maroc

**Delegation or Political Group Secretaries / Secrétaires de délégation ou de groupe politique**

Mr / M. Pavel Ermoshin, Delegation Secretary, Russian delegation to PACE / *Secrétaire de délégation, délégation russe auprès de l'APCE*

Ms / Mme Anna Kolotova, Secretary of the Group of the Unified European Left (UEL) / *Secrétaire du Groupe pour la gauche unitaire européenne (GUE)*

**EXPERTS / EXPERT.E.S**

Ms / Mme Janne Bigaard, Kræftens Bekæmpelse (Danish Cancer Society) / *Kræftens Bekæmpelse (Fondation danoise contre le cancer)*

Mr / M. Neil Datta, Secretary of the European Parliamentary Forum for Sexual & Reproductive Rights (EPF) / *Secrétaire du Forum Parlementaire Européen pour les droits sexuels et reproductifs*

Mr / M. Jim Gibbons, Journalist, Moderator of the Hearing / *journaliste, modérateur de l'audition*

Mr / M. Robert Kanwagi, World Vision programme co-ordinator for Ebola Vaccine Deployment, Acceptance and Compliance (EBODAC) and NGO Representative to the COVAX Demand working group / *coordinateur du programme World Vision pour le déploiement, l'acceptation et la conformité du vaccin contre Ebola (EBODAC) et représentant des organisations de la société civile au groupe de travail COVAX Demand*

Ms / Mme Lisa Menning, Team Lead (acting), Demand and Behavioural Sciences, Department of Immunization, Vaccines and Biologicals, World Health Organization / *Cheffe d'équipe (par intérim), Sciences de la demande et du comportement, Département de la vaccination, des vaccins et des produits biologiques, Organisation mondiale de la santé*

Ms / Mme Dolores Utrilla, Associate Professor of Public Law at the University of Castilla-La Mancha, Spain / Assistant Editor at EU Law Live / *Professeure associée en droit publique à l'Université de Castille-La Manche, Espagne / Éditrice adjointe à EU Law Live*

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Ms / Mme Laurence Lwoff, Head of the Bioethics Unit of the Council of Europe / *Cheffe de l'Unité de la Bioéthique du Conseil de L'Europe*

**COUNCIL OF EUROPE / CONSEIL DE L'EUROPE**  
**PARLIAMENTARY ASSEMBLY / ASSEMBLÉE PARLEMENTAIRE**

Committee on Social Affairs, Health and Sustainable Development /  
*Commission des questions sociales, de la santé et du développement durable*

Ms / Mme Tanja Kleinsorge..... Head of the Secretariat / *Cheffe du Secrétariat*  
 Ms / Mme Aiste Ramanauskaite..... Secretary to the Committee / *Secrétaire de la commission*  
 Ms / Mme Yulia Pererva..... Secretary to the Committee / *Secrétaire de la commission*  
 Mr / M. Guillaume Parent ..... Co-Secretary/ *Co-Secrétaire*  
 Ms / Mme Anita Gholami..... Co-Secretary/ *Co-Secrétaire*  
 Ms / Mme Bogdana Buzarnescu ..... Principal Assistant / *Assistante Principale*  
 Ms / Mme Melissa Charbonnel ..... Assistant / *Assistante*  
 Ms / Mme Zuzanna Zapotoczna ..... Trainee / *Stagiaire*  
 Mr / M. Daniel Hostadt ..... Trainee / *Stagiaire*