



COVID-19 vaccination deployment and rollout in the EU: fundamental rights considerations

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FRA Bulletins: Coronavirus pandemic in the EU – Fundamental Rights Implications

- [Bulletin 1](#), April 2020
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- [Bulletin 3](#), June 2020: + Focus - Impact on fundamental rights of older people
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Bulletins 1-6 collected information on the pandemic's impacts on fundamental rights (impact on daily life and on particular groups in society).

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FRA Bulletin 7 – Vaccine rollout and equality of access in the EU

- Covers 27 EU Member States
- Reporting period 1 March – 30 April 2021.
- Focuses on equal access to vaccines from planning to rollout

Gaps in vaccination strategies and rollout that need addressing:

- **Prioritisation** – the focus on older people, those with medical conditions and key workers sometimes overlooked other at-risk groups. Only one third of EU countries class detainees as a priority group despite an increased risk of infection due to crowded living conditions. Not all EU countries adhere to international guidance on prioritising vulnerable groups, such as Roma and Travellers, homeless people, or those with drug dependencies.
- **Queue jumping** – allegations of non-priority people receiving vaccines in some Member States undermine trust in the fairness of national strategies.
- **Access** – prisoners, homeless people, asylum seekers and irregular migrants, who are often not covered by national health schemes, face difficulties accessing vaccines. But some countries waive the formal requirement of having a social security number to get vaccinated.
- **Information** – countries rarely provide accessible information for people with disabilities or in different languages for those who do not speak the national language well, like migrants or ethnic minorities.

NATIONAL VACCINATION STRATEGIES – PLANNING AND PRIORITISATION

“Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all the Union’s policies and activities.”

(Art. 35 of the EU Charter of Fundamental Rights)

Vaccines will help in protecting people’s rights to health and life, and in lifting restrictions to other fundamental rights.

In view of the shortage of COVID-19 vaccines, Member States prioritised groups for vaccination at high risk of severe complications or death from COVID-19, and people who were highly susceptible to infection because their work, critical to maintaining essential services, exposed them to the virus.

In practice, this translated into prioritising for vaccination:

- **older people**, especially those living in long-term care facilities
- **people with underlying medical conditions** who are more likely to develop a severe form of the disease or die if they contract COVID-19
- **frontline health workers** and **staff of long-term care facilities**

Older People

- All Member states: highest rank of priority: older people living in long-term care facilities
- All Member States: high rank of priority: Older people living independently with or without underlying medical conditions (in descending order starting with oldest age groups)

Challenges older people face when trying to access vaccines

- difficult to reach vaccination centres or had to travel long distances to vaccination sites (FR, NL)
- Difficulties in contacting older people by mobile phone to invite them for vaccination (PT)

Good practice: increase vaccine uptake by older people

The Estonian government is offering people aged 18 and over the opportunity to get vaccinated when they accompany a person over 70 to get to vaccination locations in areas with lower vaccination coverage. The younger person does not need to be related to the older person, but they both have to reside in the same region.

FRA Bulletins have consistently highlighted **the pandemic's disproportionate impact on persons and groups in vulnerable situations.**

EU-level guidance on vaccination strategies has highlighted the importance of including people in vulnerable situations in national vaccination strategies alongside older persons, people with underlying health conditions and key workers.

Vulnerable groups such as

- people with disabilities
- people deprived of their liberty and people unable to physically distance because of where they live (e.g. prisons or detention facilities for migrants)
- homeless people
- asylum seekers and migrants in an irregular situation
- socially deprived communities, in particular Roma and Travellers.

Member States have not always taken up guidance in prioritising certain of these groups, particularly during the first phase of the vaccine rollout.

How were particular vulnerable groups prioritised in the national vaccination strategies?

Persons deprived of their liberty

- Only a third of EU MS defined detainees as a priority group in their national vaccination strategies (AT, HR, CY, DE, EL, IT, LV, PT, RO)

Homeless persons

- AT, DE, HU: homeless people in shelters as a high-priority group
- PT, RO: homeless people (not limited to people in shelters) as a high-priority group

Roma and Travellers

- MS did not include them as priority group for vaccination

Persons without legal residence or with insecure status

- persons without legal residence or with insecure status, particularly when living in shared accommodation (AT, HR, CY, DE)
- migrants living in centres and all other categories of migrants (RO)
- free vaccination is expressly open to asylum seekers (AT, LV, SE)
- migrants living in 'hotspots' on the Greek islands did not have priority for vaccination (EL)
- vaccinations available for everyone irrespective of health insurance status (BG, HR, EE, FR, DE, EL, LU, PT)
- vaccines available to third-country nationals only if they are registered in the public health insurance system. Since those groups are usually not registered in this system, they may not have access to the vaccine (CZ, LT, MT, SK)
- eligibility for vaccination limited to permanent and temporary residents (BE, DK, LT, SI)

Persons with disabilities

Most national vaccination programmes take the vulnerability of people with disabilities into account and include them among priority groups for COVID-19 vaccination albeit in different forms.

- Many MS (AT, BE, CY, CZ, DK, FR, HU, LT, LU, MT, NL, PT) included people with disabilities living in long-term care facilities among the highest priority groups for vaccination.
- Some MS (BG, HR, IT, LT, LV, RO, SE) list 'persons with disabilities' as a separate priority group.
- DE, FI, FR, IE, NL, PT, SE, SI: specifically mention Down syndrome as a condition for prioritisation.
- HR, DK, FI, IT, LT, RO, ES: close contact persons, family members, caregivers, guardians are priority groups
- AT, CY, CZ: merge risk criteria related to disability under the category 'underlying health conditions'
- DE, IE: specifically refer to persons with intellectual disabilities as a priority group

Table 4: Integration of vulnerable communities as priority groups for vaccination in the national vaccination strategies (where indicated, the number in brackets signifies the rank of the priority group in the national vaccination strategies, including amendments up to 30 April 2021)

Member State	Persons with disabilities	Persons experiencing homelessness	Persons deprived of their liberty	Persons without legal residence or with insecure legal status	Other (vulnerable) groups classified as priority groups and added to the national vaccination strategy (including amendments)
Austria	✓ Integrated into 'residents of long-term care' (1) + 'persons (regardless of age) with underlying health conditions and high risk' (2)	✓ In homeless shelters only (3) and staff in shelters; Integrated into 'residents in shared accommodation or tight/precarious living or working conditions'	✓ Persons in prisons (3) and staff members; integrated into 'residents in shared accommodation or tight/precarious living or working conditions'	✓ In asylum quarters; integrated into 'residents in shared accommodation or tight/precarious living or working conditions' (3)	Close contacts of older people (1) Contact persons of pregnant women (3) Pregnant women in second or third trimester of pregnancy (3); women before fertility treatment (5) + women planning on having a child (6)
Belgium	✓ As residents of care facilities	x	x	x	Essential workers (police)
Bulgaria	✓ Users of social services (2)	x	x	x	Election officials (3) Vulnerable groups of the population at high epidemiological risk of infection related to their conditions and way of life (5)
Croatia	✓	x	✓	✓	Guardians of persons with disabilities dependent on guardian
Cyprus	✓ In institutionalised setting or with health condition; with tetraplegia	x	✓ In prisons (6)	✓ In centres for refugees and migrants (6)	x
Czechia	✓ In care facilities (top priority groups) Some forms of disabilities (psychotic disorders, autism, intellectual disabilities or dementia) integrated into 'lower-priority chronic patients'	x	x	x	x
Denmark	✓ In nursing homes (1) and residential care (not those living at home, who were included in different groups)	x	x	x	Close relatives of patients with conditions or diseases or close relatives who are indispensable as caregivers (6)
Estonia	x	x	x	x	Caregivers or relatives of the risk groups (at the discretion of the family doctor)
Finland	✓ Specific reference to people with Down syndrome (3)	x	x	x	Caregivers living in the same household as a prioritised person (2-3) Election officials/voting commissions (1) (elections in June)
France	✓ In institutionalised settings (1); trisomy-21 (2)	x	x	x	Pregnant women from the second trimester of pregnancy (2)
Germany	✓ Trisomy-21 and specific mental disabilities	✓ In shelters and other accommodation for the homeless (2)	✓ Detainees are integrated into 'precarious living conditions' (3)	✓ Joint accommodation for refugees/asylum seekers/persons who are subject to deportation (2)	One contact person of members of specifically listed prioritised groups and pregnant women (2) Persons accommodated in women's shelters, introduced as a group (2)
Greece	✓ Attending schools	x	✓ Integrated into 'people in overcrowded facilities'	x	People aged 18-59 living in overcrowded facilities; people in close contact with animals that may carry mutated strains of SARS-CoV-2
Hungary	✓ In institutional settings (2)	✓ As recipients of social services (2)	x	x	Pregnant and nursing women
Ireland	✓ Aged 65+ with intellectual disability (4); aged 18-64 with trisomy-21	x	x	x	'Aged 18-64 living/working in crowded accommodation where self-isolation and social distancing is difficult to maintain' (5)

Member State	Persons with disabilities	Persons experiencing homelessness	Persons deprived of their liberty	Persons without legal residence or with insecure legal status	Other (vulnerable) groups classified as priority groups and added to the national vaccination strategy (including amendments)
Italy	✓ Severe disabilities (1); parents/guardians of children with severe disabilities younger than 16 (1)	x	✓ Detainees	x	Caregivers of people with severe disabilities (1) Staff in 'detention system'
Latvia	✓ (3)	✓ if living in shelters (6)	✓ Detainees (6)	x	Persons living with children with certain diseases Persons caring for seriously ill persons at home
Lithuania	✓ in social care institutions + persons with disabilities and their family members	x	x	x	x
Luxembourg	✓ In 'approved accommodation facilities' (1)	✓ Integrated into 'living in precarious situation' (6b)	x	x	Persons living in retirement and care facilities (1) Persons living in precarious situations (6a)
Malta	✓ People with mental health problems in long-term care facilities (1)	x	x	x	x
Netherlands	✓ People with disabilities living in institutions (2) People with Down syndrome (2)	x	x	x	Riot police; staff at Dutch embassies and consulates and their family members; and athletes participating in the next Olympic Games
Poland	x	x	x	x	Residents of social care centres and other places of in-patient stay
Portugal	✓ Those in institutions (1) Down syndrome (1)	✓ Homeless people (regardless of age) (2)	✓ Particularly vulnerable inmates, e.g. hospitalised inmates not subject to criminal penalties (in prison health facilities – psychiatric and mental health clinics) (1)	x	x
Romania	✓ Persons with disabilities and the members of their households (2a)	✓ Persons experiencing homelessness (not limited to people in shelters) (2a)	✓ Persons deprived of their liberty (3a)	✓ All categories of migrants (3a)	x
Slovakia	x	x	x	x	x
Slovenia	✓ Persons with trisomy-21 (1)	x	x	x	Residents in other social welfare institutions (1) Diplomats and staff of presidency (2) Pregnant women (7)
Spain	x Not listed as a priority group as such but people with disabilities who are dependent (institutionalised or not) and need intensive support can be prioritised (4)	x	x	x	Caregivers of dependent people living in institutions or not (4)
Sweden	✓ Persons with disabilities, including trisomy-21 (2-3)	x	x	x	Persons living in long-term care facilities or receiving home care (1-1) Adults in the same (1-3) household as someone of group (1-1) or (2-2) *Persons aged 18-59 with conditions that make it difficult to follow recommendations on infection control measures, which also expressly includes persons living in socially vulnerable situations' (3-3) Pregnant women with risk factors (3) *Specific groups from 16+ (3)

Vaccination rollout – Communication

Member States use various channels to give information about their national and regional vaccination strategies, phases of vaccination and prioritisation of groups, ways to (pre)register and all other aspects of the vaccination process.

- Websites
- call centres/hotlines for public inquiries
- regular press conferences by authorities
- use various communication materials, such as video and audio clips, posters, leaflets and digital campaigns on social media platforms.

Some countries established channels for interactive information or took measures to **tackle online disinformation**.

- PT: social media campaign to increase the public's level of trust in COVID-19 vaccines
- FI: webcasts for the public to ask about vaccines
- IT: websites had information on the most common fake news about vaccines.

Many countries have developed vaccination information campaigns, **but rarely tailor them to diverse population groups in vulnerable situations, who are often hard to reach.**

- not all countries provide information in different languages for those who may not speak the national language well, such as ethnic, national or linguistic minorities, migrants, asylum seekers and refugees;
- campaigns specifically targeting Roma and Travellers are rare;
- and disability-inclusive and accessible information remains a challenge in some Member States

Tailored outreach to individuals in vulnerable situations

Ethnic or national minorities, migrants, asylum seekers and refugees:
availability of information on vaccination in various languages varies widely across the EU.

Official Bodies sites

- A third of EU MS (AT, DK, NL, FR, IE, DE, LU, SE): information in a number of languages to reach various immigrant groups.
- BG, HR, PT, RO: only national languages information about vaccines and vaccination procedure
- CY, CZ, EL: information in English in addition to the national language
- BE, EE, FI, LV, LT, PL, SK, SI: translations in national official or minority languages

Private bodies, civil society, international organisations

- CY, IT, LV, MT, PT, RO: provide translations

Roma and Travellers

limited outreach efforts to improve vaccination uptake by Roma and Travellers.

- IE: Irish authorities developed an information video and poster, incl. video interviews with Traveller Primary Healthcare Workers, who are Travellers themselves + Roma COVID-19 helpline is available in EN, Romanes and Romanian.
- SK: Office of the Government Plenipotentiary for Roma Communities launched an information campaign with a series of videos in both Romani and Slovak + Community workers also communicate information on vaccination and assist people with online registration.

People with disabilities

disability-inclusive and accessible information concerning COVID-19 remains a challenge.

- Only just over a third of the EU MS provided (either by public institutions or civil society organisations) information in easy-read format
- Some countries created specific web pages for people with disabilities on the vaccination plan and rollout (IE, NL, SE, FR)
- Most countries ensured sign language interpretation during regular press conferences on vaccination strategies.
- websites with information in sign language (FI, FR, IE, SE)

Support from NGOs:

- Developing information in accessible formats (ES, BE, BG, MT)
- Registration hotspots helping people to register an email account and get access to computers with internet access to enable vaccine registration (HU, PL).

VACCINATION ROLLOUT - (PRE)REGISTRATION CHANNELS FOR VACCINATION

An essential component of equitable vaccination rollout is non-discriminatory registration. These processes should be adapted to the difficulties certain population groups may face when registering for vaccinations, which should be easily accessible to everyone.

All EU MS made efforts to ensure the availability of registration options catering for older people, those with disabilities and those with low digital skills (incl. websites, mobile apps, registration via phone or doctor/pharmacy or employers or at vaccination centres).

More than half of EU MS established central registration channels.

Some countries take a decentralised approach where vaccinations are administered via subnational entities (provinces, *Länder*, etc.) (AT, FI, DE, IT, LT, ES, SE).

Of these countries, some have a unified point of entry to the various registration portals (AT, SE, DE, IT).

Online registration

- Almost all MS have online registration platforms
- Preregistration is open for all (AT, LV, RO)
- Preregistration open to those of a priority group currently being vaccinated (IT, SE)
- Mobile apps used (SE, IT, SI)

Offline registration

- Hotlines: almost all MS
- Medical doctors: around a third of MS
- Employers registration: particular professional groups (NL, DE, EE, FR, LV, LT)
- Other possibilities: pharmacy/citizen service centre (EL), cash machines in post offices (IT), directly at vaccination centres (BG, PL)

Challenges

- Accessibility concerns for people with disabilities (FI, RO, AT)
- ‘Digital Divide’ - People without internet access or the skills to use an online registration system (SK, DK, FR, HU)

Good Practices: Registration channels for specific target groups

- family doctors contact people aged over 70 and those at very high risk (IE)
- COVID-19 helpline: people with hearing impairments can text the helpline to register for their vaccination or use the Irish Remote Interpreting Service (IE)
- Municipalities sent letters, text messages or made phone calls to older persons and risk groups to set up vaccination appointment (FI, MT, PT)
- Some municipalities offer tailored support services for older people (registering for a vaccination, transport to vaccination venues, personal assistance during vaccination) (DE)

ADMINISTRATION OF VACCINATIONS

COVID-19 vaccination is free of charge in all EU Member States.

Vaccination locations

- All MS administer vaccines in healthcare facilities or in dedicated vaccination centres (convention centres, sports arenas or schools)
- Some MS offered mobile vaccination options or drive-throughs.
- In several MS, family doctors or general practitioners can also vaccinate (either their own patients or people registered through a centralised system)
- Several MS designated different vaccination locations for specific target groups, e.g. depending on age, profession or disability (FI, FR, IE, LU, NL, SE, EE)

Vaccination of people with reduced mobility or living in remote areas

- Several MS deployed mobile vaccination facilities to reach those with reduced mobility or those living in remote areas (BE, BG, SK, SE, SK, LT, PL, FR, CY, HU)
- Some MS used mobile facilities to reach residents in long-term care (AT, SI, MT, RO)

Vaccination services for homeless people

- Some MS made efforts to vaccinate homeless people (BG, IE, DE) e.g.
 - specific vaccination programme for high-risk people who are homeless or living in shelters + support in transporting homeless people to a vaccination centre (IE)
 - temporary vaccination centre for homeless people (BG)
 - sending mobile teams to administer vaccinations in facilities for homeless people (DE)
- Use of single-dose vaccines for homeless people, as it may be challenging for homeless people to present themselves twice at vaccination centres for double-dose vaccines (PT, BE)

Other challenges in the administration of vaccines

- Favouritism and queue jumping undermine public trust in the vaccination procedures (AT, HR, SI)
- Allocation of 'leftover' vaccines, for those scheduled to be vaccinated who did not appear, which would otherwise be destroyed, being used by people not belonging to priority groups (EE, MT, IE, PL)
- Random vaccination undermines the prioritisation of particularly vulnerable groups (RO, BG).
BG - 'green corridors': allowed all adult citizens who did not fall within the priority groups to receive a vaccine. (BG civil society organisations criticised this as unfair, discriminatory and detrimental to the most vulnerable groups in the population. General practitioners also complained that random vaccination left them with insufficient vaccine doses for their registered patients.)

Good practices: Ensuring access to vaccines for people without a social security number

- EL: authorities allow people without a social security number to obtain a temporary number without going through the regular procedure. (Particularly important for undocumented migrants.)
- PT: website for migrants not registered with the national health service (incl. undocumented migrants)
- CY: special online registration procedure for those not registered in the national health system (criticism: lengthy procedure, lack of choice of the vaccine)

Good practice: Transport services to enable access to vaccination centres

Many MS provided transport to enable people to reach vaccination venues.

- Free public transport tickets (BE)
- free shuttle buses for people over the age of 65 (LU)
- free taxi services (PT)
- People who cannot travel alone, in particular people with disabilities, can use an ambulance or a taxi to the nearest vaccination centre, covered by health insurance (FR)
- transport services offered to vaccination centres (LT, SE, EE)



Thank you

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