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| To: | Delegations |
| Subject: | EESC opinion on Council Recommendation on vaccine-preventable cancers |

Delegations will find attached document for information the EESC opinion on the Council Recommendation on vaccine-preventable cancers.

Encl.: SOC/793



OPINION

European Economic and Social Committee

Vaccine-preventable cancers

Proposal for a Council Recommendation on vaccine-preventable cancers
(COM(2024) 45 final)

SOC/793

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| Advisor | Tellervo KYLÄ-HARAKKA-RUONALA (for the rapporteur) |
| Referral | European Commission, 29/5/2024 |
| Legal basis | Article 304 of the Treaty on the Functioning of the European Union |
| Section responsible | Employment, Social Affairs and Citizenship |
| Adopted in section | 23/5/2024 |
| Outcome of vote (for/against/abstentions) | 86/0/1 |
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| Plenary session No | 588 |
| Outcome of vote (for/against/abstentions) | 198/2/4 |

1. Conclusions and recommendations

- 1.1 The EESC welcomes the European Commission's proposal for a Council Recommendation on vaccine-preventable cancers as an important initiative in the overall range of measures to beat cancer. The EESC highlights the importance of a comprehensive approach to various measures, including an integrated system of cancer prevention in all its forms.
- 1.2 While health issues belong to the competence of Member States and each country needs a national programme of its own, the EESC encourages intensive cooperation between Member States, supported by the Commission. Sharing of experience and good practices are of utmost importance for increasing the vaccination coverage across the EU.
- 1.3 The uptake of vaccinations should be promoted by enhancing both the demand and supply. The EESC highlights the need for proper information, education and communication in encouraging the target groups to get vaccinated and underlines the role of the school healthcare system and parents in this endeavour. The availability and accessibility of vaccination in turn requires that cancer prevention is seen as a priority at the political level and that the necessary financial, material and human resources are allocated accordingly.
- 1.4 Fighting misinformation and disinformation is an essential part of proper communication. The EESC calls for strong efforts to be put into acquiring science-based evidence, as well as into spreading engaging and fact-based information through different channels, with specific attention to the use of social media.
- 1.5 General practitioners, family doctors and school physicians play an important role in providing proper information, decreasing fears and scepticism and guiding people to take vaccinations. The EESC also sees a role for the wide variety of civil society organisations especially in information and communication activities. To ensure that messages are attractive for younger people, the EESC advocates enhancing communication efforts through youth-led organisations.
- 1.6 The EESC emphasises the need for gender equality in cancer prevention measures and calls for providing HPV vaccination to all girls and boys of a certain age, a practice which has already been adopted by many Member States. It is also important to intensify communication on the availability of HPV vaccination for boys and to gather and publish information on the vaccination rates of both boys and girls in various Member States.
- 1.7 The EESC also highlights the importance of easy access to vaccination in terms of geographic location, as well as the need for focused action to reach people from various disadvantaged groups and people with specific risks.

2. General comments

- 2.1 The EESC welcomes the European Commission's proposal for a Council Recommendation on vaccine-preventable cancers as a follow-up initiative to Europe's Beating Cancer Plan (the Cancer Plan), which is a central pillar of the European Health Union. While focusing on a specific area, i.e. vaccination against human papillomaviruses (HPV) and the hepatitis B virus

(HBV), the proposal plays an important role in the overall range of measures to beat cancer, especially considering that the vaccinations prevent several kinds of cancer caused by these viruses. At the same time, the EESC points out that due attention must also be paid to fighting cancers caused by other factors.

- 2.2 As stressed in its opinion on the Cancer Plan¹, the EESC finds it crucial to pay due attention to and focus efforts on cancer prevention measures, given that about 40% of cancer cases are deemed preventable. Vaccination plays an important role here, together with healthy lifestyles, compliance with occupational health and safety rules and environmental protection measures, all of which contribute for their part to the prevention of many types of cancer throughout life.
- 2.3 Besides helping save lives and avoid human suffering, cancer prevention is also an economic matter, by saving treatment and care costs and other resources. This is ever more important, given that there is increasing need for these resources due to the aging of the population and considering that remarkable healthcare workforce shortages exist even in the current situation.
- 2.4 The EESC reiterates its view on the vital importance of a comprehensive approach to beating cancer and calls for ensuring a well-functioning and integrated system of prevention in all its forms, including primary prevention (vaccination, healthy lifestyle), secondary prevention (screening) and tertiary prevention (care and rehabilitation).
- 2.5 The EESC emphasises that vaccinations do not eliminate the need for screenings, which are a vital element of beating cancer. Screenings must constantly be boosted to ensure the early detection and diagnosis of cancer, thus enabling more cure options and decreasing the need for heavy treatment. An integrated approach should also apply to monitoring and data management, with the aim of linking data on various prevention measures and the occurrence of cancer.
- 2.6 While health issues belong to the competence of Member States and each country needs a national programme of its own, the EESC considers cooperation between Member States, supported by the Commission, to be of utmost importance. This applies, on one hand, to the exchange of best practices and data through relevant cooperation mechanisms and, on the other hand, to cooperation at the practical level.
- 2.7 The uptake of vaccinations is dependent on the availability and accessibility of vaccinations and the participation of those eligible for them. The relevant promotion measures vary accordingly. The participation of the target groups can be promoted through proper information, education and communication, as well as through affordable and easy access. The vaccination supply in turn can be increased by allocating the necessary financial, material and human resources, which requires cancer prevention to be seen as a priority at the political level.

¹ [OJ C 341, 24.8.2021, p. 76; EESC opinion on Europe's Beating Cancer Plan: Driving forces for the security of medical radioisotopes supply.](#)

- 2.8 To encourage and increase participation in vaccination, the EESC endorses strengthening the information and communication activities, supported by the Commission. In this respect, spreading knowledge on vaccination and increasing awareness and confidence in its benefits are crucial. Moreover, addressing disinformation through engaging, fact-based content and partnering with social media platforms to mitigate the spread of false information are vital for decreasing prejudices and unjustified hesitation regarding vaccinations. To be able and ready to respond to misinformation², fake news and antivax campaigns, strong efforts must also be put into acquiring science-based evidence and global facts, monitoring of progress and sharing of best practices.
- 2.9 It is also useful to coordinate monitoring and establish electronic vaccination data registries, in compliance with the GDPR, to have proper knowledge on the vaccination situation across the EU. This helps all actors focus targeted measures – both communication and the practical implementation of vaccination – on areas and groups with the biggest gap.
- 2.10 From individuals’ point of view, the EESC calls for integrating vaccination data into digital health data to provide EU citizens with easy access to their overall vaccination history, as is the case with covid vaccinations. The EESC also encourages the development of the European Health Data Space to facilitate the cross-border exchange of health data for care purposes.
- 2.11 To enhance the supply of vaccinations, the EESC endorses the support for implementing the recommendations through applicable EU funding such as the EU4Health Programme, the European Regional Development Fund and the European Social Fund+. Moreover, Horizon Europe funding plays an important role in terms of supporting research and innovation. The EESC points out that there is a need for increased allocation of Member States’ investment in cancer prevention, supported by EU funding whenever applicable for vaccinations.
- 2.12 The EESC acknowledges the Commission’s approach for actions to have a solid scientific basis and calls for intensive investment in research and innovation for beating cancer. This is particularly important for the development of vaccines where ground-breaking results could be achieved in the longer term. The work on better understanding the factors and processes related to cancer lays the necessary ground for the development of vaccines as well. To this end, sufficient allocation of both national and EU funding, together with private finances, need to be ensured.
- 2.13 Moreover, the EESC reiterates its call for encouraging and facilitating practical cooperation such as the cross-border mobility of personnel and the cross-border use of expertise for both treatment and prevention purposes, including vaccinations.

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<https://www.eesc.europa.eu/en/agenda/our-events/events/citizens-can-defeat-disinformation-2024>.

- 2.14 Due attention must also be paid to the implementation of global objectives and targets. For example, the United Nations Sustainable Development Goal 3 calls for combating hepatitis and other communicable diseases. The EU has a two-sided role here: on one hand, to meet the globally set targets by itself and, on the other hand, to help partners comply with them³.

3. **Specific comments**

- 3.1 The EESC is concerned about the low share of health spending dedicated to prevention by the Member States, as it may backfire over time and lead to ever increasing treatment costs. Big differences in the vaccination coverage rates between and within the EU Member States are another worrying aspect, as disclosed in the recent report⁴.
- 3.2 Considering that many Member States are well below the targets set for HPV and HBV vaccinations and given that there is also a significant lack of data on vaccination rates, urgent action is needed to improve the situation. By and large, the EESC supports the measures included in the proposed Recommendation for the Member States to increase vaccination coverage and to achieve the targets.
- 3.3 The EESC finds it useful for Member States to consider HPV and HBV vaccinations as part of their overall national vaccination programmes. On the other hand, the EESC supports the integration of HPV and HBV vaccination in the cancer prevention programmes, which helps maintain a comprehensive view on prevention measures and the whole system of beating cancer. All this enables better optimisation of vaccinations and better fitting with national practices and specificities.
- 3.4 While endorsing the provision of vaccination free of charge and/or fully reimbursing related costs for those for whom vaccination is recommended, the EESC stresses that adequate and timely information on the availability and benefits of vaccination lays the ground for the uptake. Easy access to vaccination in terms of geographic location is also an important factor affecting the uptake of vaccination.
- 3.5 With regard to achieving the 90% EU target for the vaccination of girls against HPV by 2030 and a significant increase in the vaccination of boys, the EESC emphasises the need to strive for gender equality in terms of setting and implementing targets. The same holds for achieving the 2030 targets set by the WHO for vaccinations against HBV.
- 3.6 To enhance equal opportunities for the sexes in cancer prevention, the EESC calls for providing HPV vaccination to all girls and boys of a certain age, a practice which has already been adopted by many Member States. Communication on the availability of HPV vaccination for boys should also be intensified. Moreover, it is important to gather and publish information on the vaccination rates of both boys and girls in different EU countries.

³ [OJ C, C/2023/883, 8.12.2023, ELI: <http://data.europa.eu/eli/C/2023/883/oj>.](http://data.europa.eu/eli/C/2023/883/oj)

⁴ OECD, 2024. *Beating Cancer Inequalities in the EU: Spotlight on Cancer Prevention and Early Detection*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/14fdc89a-en>.

- 3.7 Member States need to accurately define in their vaccination programmes the age at which the HPV vaccination is provided and how to act in situations where a young person has not received the vaccination at that age. It must also be defined how to provide vaccination to those not eligible as part of the national vaccination programme.
- 3.8 As the HPV vaccination is provided at school age, the target group is easily reached by the school healthcare system. As the parents' consent is needed for the vaccination of minors, it is important to develop smooth consent practices. For example, consent can be granted already when the child is a baby to cover the implementation of the whole national vaccination programme.
- 3.9 As for HBV vaccination, the situation is more diversified with respect to the target groups, starting from newborns and covering people of all ages. Member States therefore need to define and precisely communicate who is eligible for free vaccination on the basis of an increased risk and to create practices to reach these people. It is also important to consider possible exposure to other hepatitis viruses in this context.
- 3.10 The EESC agrees on the important role of discussing national approaches and sharing the best practices between Member States regarding the practical implementation of vaccinations. This not only helps improve the absolute vaccination situation but also to even out inequalities across the EU.
- 3.11 Given the significant differences in vaccination rates between EU countries, educational activities should be intensified to show the benefits of HPV/HBV vaccination, including its cancer risk-reducing effect. Together with information on how to lead a healthy and active lifestyle, this content should be adapted to the specific characteristics of individual countries and the specific educational needs of their populations.
- 3.12 For general communication purposes, the EESC finds it important for the Member States to provide simple information on the national practices, to be found on a dedicated and easily accessible website. It should include information on groups eligible for free vaccination, as well as on the benefits of vaccination, together with possible limitations and adverse effects.
- 3.13 Furthermore, targeted communication campaigns should be devoted to specific groups such as young people and parents by using relevant channels, including social media. It is particularly important to improve knowledge and awareness of the importance of HPV vaccine for boys, which can help prevent them from getting infected by the HPV types that can cause cancer. The EESC also highlights the need for focused action to reach people from various disadvantaged groups as well as people with specific risks.
- 3.14 To ensure that messages are attractive for younger people, the EESC advocates enhancing information efforts through youth-led organisations such as student CSOs. Such strategic collaborations and engaging, fact-based communication are pivotal in increasing vaccine uptake and fostering trust among young people.

- 3.15 General practitioners and family doctors play an important role in increasing the health literacy of the population by providing proper information, decreasing fears and scepticism and guiding people to get vaccinated. On top of the central role of formal healthcare systems, the EESC also sees a role for the wide variety of civil society organisations to contribute to and support the implementation of the vaccination programmes and increase vaccination coverage. This can take place especially through information and communication on the importance of preventing cancer through vaccination.
- 3.16 To support a comprehensive approach to cancer prevention, civil society organisations can also help decrease cancer risks by boosting healthy lifestyles. All in all, health-promoting activities should cover, besides provision of health-related information, promotion of healthy lifestyles (physical activity, healthy food, stress reduction, etc.) for people of all ages.
- 3.17 Following the general and specific comments in chapters 2 and 3, the EESC proposes the following detailed modifications to the recommended points:

Add a new point after point 1: Provide simple and understandable information on the HPV and HBV vaccinations on an easily accessible website, including a precise description of groups eligible for free vaccination and information on the benefits of vaccination, together with possible limitations and adverse effects.

Add to the end of point 2: ‘...including through healthy lifestyles. Involve and empower relevant civil society organisations to provide health-related information and to engage people in health-promoting activities, while ensuring the necessary expertise and cooperation with health professionals.’

Add to the end of point 12: ‘...following the principle of gender equality.’

Brussels, 30 May 2024.

The President of the European Economic and Social Committee
Oliver Röpké
