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NEWS ANALYSIS

Covid-19: EU looks to speed up vaccine rollout

A complex web of players and concerns is impeding vaccine distribution and take-up throughout the EU. **Rory Watson** examines the challenges

Rory Watson

Tempers in Europe have been fraying as the European Union tries to get to grips with the slow rollout of covid vaccines in its 27 member countries.

For some people the culprits are drug companies under-delivering on their contractual commitments, largely because of production capacity problems. For others the scapegoat is the European Commission, which heads the joint EU vaccination procurement programme endorsed by all EU governments to prevent a bidding war in which small countries would lose out.

An added ingredient is vaccine hesitancy, especially after early suggestions from several prominent voices that the Oxford-AstraZeneca vaccine was not effective for elderly people, and more recent concerns about the vaccine's possible link to blood clots.¹

Unused vaccines

The pace of the EU's rollout contrasts highly unfavourably with progress in the UK. This has prompted arguments over vaccine exports and the responsibilities of manufacturers, adding to the existing Brexit tension between Brussels and London.

Figures released on 15 March by the European Centre for Disease Prevention and Control showed that just over 15 million vaccines doses were currently unused. The 27 EU countries (minus Malta) plus Iceland, Liechtenstein, and Norway have received 62.2 million vaccine doses but have administered only 46.8 million.

Overall, 9% of people over 18 have received their first dose. But, while countries such as Denmark, Greece, Lithuania, and Poland had used almost all of their deliveries, France and Germany had administered just over two thirds of theirs and Luxembourg only 58%.

Despite criticism of the EU's vaccine procurement scheme only three countries have broken away to buy doses from other sources. Hungary's national regulators granted a licence to Russia's Sputnik V vaccine for emergency use, as countries can do under European Medicine Agency rules. By 7 March this represented 7.2% of all doses administered in the country. Czechia and Slovakia have since followed Hungary's lead.

Hungary is the only EU country also using China's BBIBP-CorV vaccine. It has ordered five million doses, which currently account for 21.3% of administered vaccinations.

Unilateral approval

The European Medicine Agency began a rolling review of Sputnik V based on laboratory and clinical studies on 4 March, but it has not indicated when this may be completed. Its board chair, Christa Wirthumer-Hoche, sparked controversy recently when she suggested that unilateral national approval of the vaccine was "somewhat comparable to Russian roulette."

The European Commission acknowledges that governments can give their individual approval but says that they are then responsible for the vaccine—unlike the manufacturer, as under the EU scheme. Reports from Hungary suggest that customers themselves are liable for any side effects and that any disputes are dealt with under Russian law. Despite uncertainty over the Russian vaccine's wider use in the EU, plans have been announced to manufacture Sputnik V in Italy later this year.

As governments look to increase the vaccine rollout they are making efforts to tackle vaccine hesitancy. Sibilia Quilici, executive director of Vaccines Europe, notes that the European region has the lowest confidence in vaccine safety, France being the least confident worldwide.

She emphasises the key roles of three "Cs" in understanding the sources of vaccine hesitancy and identifying possible levers to support public confidence in vaccines and vaccination strategies: "Confidence in the vaccines and the system that delivers them. Convenience in access to the vaccine. Complacency, the individual's perceived risk to vaccine preventable diseases."

Call for transparency

Pressure is also growing on the European Commission, governments, and drug companies to shed the secrecy that has surrounded much of the procurement programme.

The European Public Health Alliance is pressing for three layers of transparency. Its policy manager, Yannis Natsis, says, "This means publishing the contracts with the minimum of redactions, the exchanges between the commission and pharmaceutical companies, and the internal communication between the commission and member states."

Despite the secrecy involved, the non-governmental organisation is generally supportive of the EU's joint vaccine procurement strategy. But growing political

and public frustration with the slow rollout, explains Natsis, is fuelling the search for scapegoats to blame for the delays and “reducing public health to a commercial transaction between volume and price” as embodied by the EU’s vaccine contracts.

The commission allocates the vaccines that have been delivered among the 27 EU countries according to a population based distribution key. But if governments decide not to take up their full allocation the surplus may be shared behind closed doors among other countries. Currently, the BioNTech-Pfizer (Comirnaty) vaccine represents 65-75% of doses administered in different EU countries, AstraZeneca 17-30%, and Moderna 6-8%.

The commission expects an average of 100 million doses a month to be distributed throughout the EU from April. It also plans to allocate an extra four million BioNTech-Pfizer doses to help countries dealing with covid hotspots.

1 Wise J. Covid-19: European countries suspend use of Oxford-AstraZeneca vaccine after reports of blood clots. *BMJ* 2021;372:n699. doi: 10.1136/bmj.n699 pmid: 33707182

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