MEP INTEREST GROUP ON LIFE COURSE IMMUNISATION

Meeting Report

Is Preventive Medicine a Human Right?

9 September, 15:00–16:30 CEST | Zoom Webinar

Life course Immunisation
MEP Interest Group

Coalition for Life Course Immunisation

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INTRODUCTION

This session explored whether preventive medicine, particularly **vaccination**, should be recognised as a **human right** in the EU. The discussion reflected both shared priorities and divergent views. While there was agreement on the importance of tackling **misinformation**, reducing **access barriers**, and improving **inclusion of older adults**, opinions differed on whether rights-based framing — and specifically the idea of a European Parliament "**moral mandate**" — would be helpful or realistic.

The conversation highlighted the EU's limited competence in health, but also identified areas where it can provide valuable support to Member States, such as **financing**, **guidance**, and the **sharing of best practices**. Participants emphasised that while principles are essential, practical measures remain key to increasing trust, equity, and uptake across the life course.

Prof. Catherine Weil-Olivier (CLCI) – *Opening remarks*

Prof. Weil-Olivier opened the session by framing the central question of whether prevention, including vaccination, can be understood as a **human right** in the EU. She highlighted the need to connect principle to practice by focusing on achievable goals such as tackling misinformation and improving equity. She also expressed doubts about pursuing a "**moral mandate**," warning that rights-based declarations can remain symbolic without producing concrete improvements.

- Framed the discussion around prevention as a human right but stressed the importance of practicality.
- Expressed reservations about a moral mandate, seeing it as symbolic rather than actionable.

MEP Tomislav Sokol – *Keynote address*

MEP Sokol underlined that **vaccination** is one of the most **cost-effective public health measures**, but hesitancy continues to undermine uptake, often linked to mistrust. He recognised that health is primarily a **national competence** but pointed to EU support mechanisms such as financing, training, and sharing best practices. He noted that an EP resolution could send a useful political signal, while also acknowledging the limits of EU competence.

- Stressed vaccination's effectiveness but acknowledged challenges from mistrust and hesitancy.
- Suggested an EP resolution could raise prevention's profile but highlighted the EU's limited authority.

Prof. Walter Ricciardi – *Moderator's framing*

In moderating the panel, Prof. Ricciardi placed the debate within the broader context of Europe's overlapping crises, from war and economic pressures to climate change. He encouraged speakers to consider how high-level principles like prevention as a right can be made practical in policy and implementation.

- Linked the **prevention** debate to wider **societal and systemic crises**.
- Called for translating principles into **practical actions** across sectors.

PANELISTS

Daniela Quaggia (Active Citizenship Network)
Civil society perspective

Ms Quaggia argued that **prevention is a civic right**, grounded in the European Charter of Patients' Rights. She stressed the importance of empowering citizens through health literacy and community engagement and emphasised the role of civil society in securing accountability and equitable access for vulnerable groups.

- Framed prevention as a civic right rooted in patient rights.
- Highlighted the role of civil society in improving literacy, engagement, and equity.

Dr Jane Barratt (Global Advisor on Ageing, Health & Social Policy)
Ageing and prevention

Dr Barratt highlighted the problem of **structural ageism** in health systems, noting that older adults are often excluded from immunisation schedules and preventive programmes. She argued that prevention in later life supports both individual wellbeing and broader system resilience, and called for **policies that extend beyond arbitrary age cut-offs** and collect age-disaggregated data.

- Identified structural ageism as a barrier to prevention for older adults.
- Urged inclusion of older adults in national immunisation plans and data collection.

Rodrigo Scotini (Infectious Disease Alliance)
Civil society advocacy

Mr Scotini outlined IDA's advocacy work on **vaccine hesitancy** and **One Health**. He pointed to upcoming initiatives and stressed the importance of civil society in mobilising policymakers. He also reported the results of the live poll, which showed the top priorities as countering misinformation and building **EU-wide vaccination programmes**.

- Shared advocacy initiatives on hesitancy and prevention.
- Reported live poll priorities: misinformation and EU-wide vaccination programmes.

DISCUSSION & NEXT STEPS

The discussion focused heavily on **misinformation**, with participants stressing the need to meet communities where they are, empower **trusted messengers** such as health professionals and educators, and strengthen **health literacy**. Many warned against describing all low vaccine uptake as "hesitancy," noting that structural barriers — such as cost, mobility, and navigating the health system — are often the real obstacles.

The inclusion of **older adults** emerged as a consistent theme, with several speakers highlighting the need to address **ageism in preventive health** and to ensure that vaccination programmes extend across the life course.

One of the most contested issues was whether prevention should be framed as a "**moral mandate**" through an EP resolution. While some, including MEP Sokol and Prof. Ricciardi, saw this as a potential political lever, others, notably Prof. Weil-Olivier, expressed doubts about its effectiveness, arguing that symbolic declarations often fail to translate into meaningful outcomes. This divergence underlined the group's role as an informal space for debate rather than a body that can agree on formal policy positions.

The meeting demonstrated broad agreement on three key priorities: addressing **misinformation**, reducing **access barriers**, and enhancing the **inclusion of older adults in preventive health measures**. It also surfaced a key disagreement on the usefulness of a moral mandate, which remains unresolved.

Several possible steps were suggested for completion by the end of the year:

- Hold a **follow-up session on vaccine hesitancy** in 2026, focusing on misinformation, health literacy, and trusted messengers.
- Explore a **"moral mandate" / EP resolution**, compiling potential signatories and communication scenarios while acknowledging mixed views.
- Compile an **evidence digest on access barriers**, particularly for older adults, showcasing practical examples from across Europe.
- Develop a **lightweight advocacy pack for trusted messengers**, with FAQs, talking points, and template materials.
- Create an **FAQ from registrant questions**, summarising issues raised and clarifying where further evidence is needed.