

# **Coronavirus pandemic in the EU – Fundamental Rights implications National vaccine deployment**

**Spain**

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# 1 National vaccine deployment – planning and overview of priority groups

Please provide the title and hyperlink of the national vaccine deployment plan/s in EN and the national language/s and indicate the date of publication of the plan/s including any updates.

Please provide information on the planned phases of vaccination with respect to the groups to be prioritised for vaccination.

<b>Specific groups identified in the national vaccine deployment plan</b>	<b>Date of plan</b>  <b>2/12/2020</b>  <b>COVID-19 vaccination strategy in Spain</b> <i>(Estrategia de vacunación frente a COVID-19 en España)</i>  <a href="https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_EstrategiaVacunacion.pdf">           (https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_EstrategiaVacunacion.pdf)         </a>	<b>Date of new/revised plans</b>  <b>18/12/2020</b>  <b>Subsequent updates of the national vaccine plan:</b> <b>21/01/2021 (second);</b> <b>9/02/2021 (third);</b> <b>26/02/2021 (fourth);</b> <b>30/03/2021 (fifth)</b>  <a href="https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/vacunaCovid19.htm">           (https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/vacunaCovid19.htm)         </a>
<i>older persons; indicate age groups specified</i>	<b>YES</b> In order of priority by oldest age group: <ol style="list-style-type: none"> <li>(1) Group 5A - People aged 80 +</li> <li>(2) Group 5B - Persons 70 to 79</li> <li>(3) Group 5C - Persons 60-69</li> <li>(4) Group 8 - Persons aged 56-59</li> </ol>	<b>YES</b> The national vaccination calendar includes all of these age groups in Stage 2, which began in February and is ongoing <sup>2</sup> . Age groups 80 + and 70-79 were prioritised in February and March <sup>3</sup> . Ages 60-69

<sup>2</sup> Spain, Gobierno de España, Estrategia de vacunación COVID-19. Información oficial sobre la vacunación contra el nuevo coronavirus, <https://www.vacunacovid.gob.es/>.

<sup>3</sup> Spain, Gobierno de España (2021), Actualización 3 –Estrategia de vacunación COVID-19, 9 February 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion3\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion3_EstrategiaVacunacion.pdf).

	(5) Group 9. People aged 45-55 <sup>1</sup>	now prioritise (since the end of March) <sup>4</sup> .
<i>persons with underlying health problems</i>	YES Reference given to specific health conditions	People with very high-risk conditions aged 16-18 years and older are in Group 7 and should have been vaccinated in parallel with people in Group 5B (aged 70-79 years) (February-March) <sup>5</sup> .
<i>persons with disabilities</i>	NO It is considered that, in general, people with disabilities are in similar circumstances to any other citizen and therefore should not be subject to preferential or discriminatory treatment solely on the basis of their disability. However, prioritisation is justified in the particular case of people with disabilities who are dependent - institutionalised and non-institutionalised <sup>6</sup> - and have intense support needs for the development of their lives. In such cases, these persons and their	NO

<sup>1</sup> Spain, Gobierno de España (2021), Actualización 4–Estrategia de vacunación COVID-19, 26 February 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion4\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion4_EstrategiaVacunacion.pdf).

<sup>4</sup> Spain, Gobierno de España (2021), Actualización 5–Estrategia de vacunación COVID-19, 30 March 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion5\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion5_EstrategiaVacunacion.pdf).

<sup>5</sup> Spain, Gobierno de España (2020), Actualización 5–Estrategia de vacunación COVID-19, 30 March 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion5\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion5_EstrategiaVacunacion.pdf)

<sup>6</sup> Spain, Gobierno de España (2020), Actualización 6–Estrategia de vacunación COVID-19, 20 April 2021, p.11, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion6\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion6_EstrategiaVacunacion.pdf).

	caregivers are included in Group 4 (non-institutionalised highly dependent), which was prioritised during the first vaccination calendar stage (January-February) <sup>7</sup> .	
<i>key workers (on the basis of their job not their personal characteristics) – e.g. health workers; persons working in care homes; teachers</i>	<p>YES</p> <p>Reference given to specific job profiles including:</p> <p>Group 1 - Residents and health and social-health care staff working in elderly and long-term care centres;</p> <p>Group 2 - Front-line health and social-health personnel;</p> <p>Group 3 - Other health and social-health care personnel and workers in penitentiary institutions.</p>	<p>YES</p> <p>Security Forces and Corps, Emergencies and Armed Forces; teachers and staff in early childhood education (0-6 years) and special education; as well as teachers and staff in primary and secondary education, were integrated into Group 6 - Active groups with an essential function for society, carrying out their activity in person, at least part of the working day. This group was prioritised in March<sup>8</sup>. It includes persons belonging to the Security Forces and Corps, Emergencies and Armed Forces; teachers and staff in early childhood education (0-6 years), special education, primary and secondary education, both in public and private centres.</p>
<i>persons belonging to ethnic/national minorities</i>	NO	NO
<i>persons experiencing homelessness</i>	NO	NO

<sup>7</sup> Spain, Gobierno de España (2020), Estrategia de vacunación COVID-19, 2 diciembre 2020, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_EstrategiaVacunacion.pdf); Spain, Gobierno de España (2021), Actualización 6–Estrategia de vacunación COVID-19, 20 April 2021, p.11, cit.

<sup>8</sup> Spain, Gobierno de España, Actualización 4–Estrategia de vacunación COVID-19, 26 February 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion4\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion4_EstrategiaVacunacion.pdf).

	The COVID-19 Vaccination Strategy of 2 December 2020 <sup>9</sup> includes them among people belonging to socio-economically vulnerable populations. However, to date they have not been prioritised.	
<i>persons with drug addiction dependencies</i>	NO	NO
<i>persons with low literacy levels</i>	NO	NO
<i>persons deprived of their liberty</i>	NO Update 6 - COVID-19 Vaccination Strategy ( <i>Actualización 6-Estrategia de vacunación COVID-19</i> ) states that "the prison population includes people of all ages and with risk conditions. For reasons of feasibility and access to the centres where they are located, and in view of the greater risk of exposure and the principle of need and protection against vulnerability, it is recommended that vaccination activities in this population be grouped and simplified, taking into account the circumstances of each centre. Vaccination of this group will begin at the time considered most appropriate, but coinciding at least with group 8 and taking into account the characteristics of the population of each prison.	NO

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<sup>9</sup> Spain, Gobierno de España, Estrategia de vacunación COVID-19, 2 December 2020, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_EstrategiaVacunacion.pdf).

	<p>The most appropriate vaccine will be used"<sup>10</sup>.</p> <p>The media report that, following this recommendation, several prisons (in the Basque Country, Cantabria, Cordoba, Huelva, Arrecife and Seville, for example) already have all inmates vaccinated. Others (such as Lanzarote, Murcia and León) are in the process of vaccination<sup>11</sup>.</p>	
<p><i>persons without residence or with insecure legal status (such as refugees, asylum seekers, and undocumented migrants)</i></p>	<p>NO</p> <p>Persons in asylum centres and people working in them are not yet considered a priority group.</p>	<p>NO</p>
<p><b><i>OTHER</i></b> – not specified above; e.g. ‘Persons living in crowded accommodation’; etc. Please insert . . .</p>	<p>NO</p> <p>The COVID-19 vaccination strategy, dated 2 December 2020, identifies among people belonging to vulnerable populations due to their socio-economic situation: people with a precarious socio-economic level; people living in precarious, collective housing with a high density of cohabitants; people living in less favoured neighbourhoods; migrants; people belonging to ethnic minorities; people with language barriers; people in an irregular administrative situation; people with substance addictions; and</p>	<p>NO</p>

<sup>10</sup> Spain, Gobierno de España (2020), Actualización 6–Estrategia de vacunación COVID-19, 20 April 2021, p.11, cit.

<sup>11</sup> Abd, N. (2021), ‘El Gobierno ya vacuna a los presos de toda España sin límite de edad’, *El Confidencial*, 6 May 2021.

	<p>homeless people. However, to date, none of these groups has been prioritised.</p> <p>Therefore, the strategy refers to these groups, recognised them as Covid-19 vulnerable groups but does not include them as priority groups.</p>	
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Please briefly indicate here:

- *the reasons behind major changes with regard to priority groups– as announced by the government.*
- *the overall approach behind the definition of priority groups: please identify the main ground for identifying groups as priority group (vulnerability to infection; social vulnerability; multiple criteria).*

In Spain, where the vaccinations started on 27 December 2020<sup>12</sup>, changes in the prioritisation of groups announced by the Government are mainly motivated by the available doses of vaccines and the epidemiological context<sup>13</sup>. Prioritisation is based on risk criteria and ethical principles and values.

Among the risk criteria, the following are taken into account:

A. Risk of severe morbidity and mortality, considering whether individuals have an increased likelihood of severe illness or death if they acquire SARS-CoV-2 infection;

B. Exposure risk, considering whether people have an increased likelihood of being in environments where SARS-CoV-2 is circulating and being exposed to an infective amount of the virus;

C. Risk of negative social or economic impact, considering whether people have a social or occupational function whereby the lives and livelihoods of others depend on them directly and would be at risk if they became ill; or if their profession or trade makes it difficult for them to work remotely;

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<sup>12</sup> Spain, Ministerio de Sanidad (2021), Informe de actividad del proceso de vacunación, 6 May 2021, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Informe\\_GIV\\_comunicacion\\_20210506.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Informe_GIV_comunicacion_20210506.pdf).

<sup>13</sup> Spain, Gobierno de España (2021), Actualización 2–Estrategia de vacunación COVID-19, 21 January 2021, p. 8, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion2\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion2_EstrategiaVacunacion.pdf).



D. Risk of transmitting the infection to others, considering whether people have an increased likelihood of transmitting the infection to others<sup>14</sup>.

Ethical principles and values include the following<sup>15</sup>:

1) Equality in dignity and rights: every human being, by the mere fact of being human, is equally worthy and socially useful, based on the universal value of human dignity. Consequently, every person must be considered and treated with equal dignity and rights. This principle prohibits prioritisation of access to vaccines based solely on characteristics such as race, ethnicity, religion, gender, age, nationality, origin, disability, economic or social status and others.

2) Necessity: Generally speaking, this is the appropriate principle for distributing an essential health resource such as the vaccine against COVID-19. Its most concise formulation is "equal need, equal access to the resource". This principle must be modulated in accordance with the other principles mentioned above.

3) Equity: requires that the prioritisation of vaccination takes into account the vulnerabilities, inequalities, risks and needs of groups that, due to underlying social, geographic or biomedical factors, are at risk of suffering worse consequences from the pandemic. It also includes ensuring equal access to COVID-19 vaccines for the population, in particular socially disadvantaged populations. This principle states that, in many cases, it may be fairer to give preference to the most vulnerable groups. This principle, together with the principle of reciprocity outlined below, also underpins the prioritisation of those who, for the benefit of others, expose their health more intensively.

4) Protection of persons with disabilities in situations of vulnerability: in relation to the previous principle (equity), the protection of persons with disabilities in contexts of special vulnerability constitutes an ethical-legal duty. Generally speaking, persons with disabilities share similar circumstances to any other citizen and, therefore, they should not be subject to preferential or discriminatory treatment solely on the grounds of their disability. However, a particular case that justifies their prioritisation is that of people with disabilities who have intense support needs for the development of their lives. These people are more exposed to contagion and contagion, as they require a constant and close relationship with support providers.

5) Best interests of the child: requires that the rights and interests of children be given priority in making decisions that may affect them. This principle requires not only taking into account the risk to the health and integrity of minors, but also other rights that are essential for their development, such as, in particular, the

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<sup>14</sup> Spain, Gobierno de España (2020), Estrategia de vacunación COVID-19, 2 December 2020, p.51-52, available at: [https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_EstrategiaVacunacion.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_EstrategiaVacunacion.pdf).

<sup>15</sup> Ibid., p.49-50.

right to education, the right to preserve their family relationships or the right to integration and active participation in the community.

6) Social benefit: includes the obligation to protect and promote public health and socio-economic well-being in the short and long term, as one of the main determinants of health. This includes considering the capacity of each population group to develop actions that have an impact on reducing mortality and morbidity from COVID-19, minimising the social and economic impact, and ensuring the continued functioning of essential services, including health services. The principle includes maximising benefits and minimising complications (or adverse effects) for the population. In order to avoid conflicts between the benefit to the individual and to the population, this principle seeks a balance that maximises the benefit to both.

7) Reciprocity: involves special protection for those who bear significant additional risks and burdens from COVID-19 because they are dedicated to safeguarding the well-being of others, including health. This principle justifies priority access to scarce resources by those who risk their own health or lives to combat the pandemic.

## **2 Vaccination rollout – communication, targeted outreach, registration, and administration of vaccinations**

*For each of the subsequent questions (2.1, 2.2 and 2.2) please indicate:*

*Languages: If information in different languages is available. Please list those languages in which information is available (e.g. languages of recognised national or ethnic minorities and immigrant communities; as well as English and other dominant international languages).*

*Accessibility for persons with disabilities: If information is provided in accessible formats to ensure accessibility for people with disabilities (including easy read, in braille, sign language etc); are physical venues made accessible for persons with disabilities?*

In Spain, the COVID-19 Vaccination Strategy of 2 December 2020 (on p.50) foresees that, in order for citizens to participate, they need reliable and comprehensible information, as well as basic public health education. Such education will emphasise the importance of vaccines for public health, as well as the rationale for prioritisation criteria for access to COVID-19 vaccines as long as their availability is insufficient to cover the entire population, and all persons who are vaccinated have the right to receive information on vaccination in advance, under the same conditions as for other vaccines. It shall be presented in appropriate formats and following the principle of design for all, in a way that is accessible and understandable to persons with disabilities.

In compliance with this premise, the information on the COVID-19 vaccination strategy is disseminated jointly in Spanish and in the different regional languages, specifically Catalan<sup>16</sup>, Galician<sup>17</sup>, Valencian<sup>18</sup> and Basque<sup>19</sup>. In the meantime, it has not been possible to ascertain whether resources such as Braille and sign language have been implemented at national and regional levels to facilitate access for blind and deaf people to information on the COVID-19 vaccination strategy. Yet, there is an easy-to-read format of the COVID-19 Vaccination Strategy (*Estrategia de vacunación contra el COVID-19*)<sup>20</sup>, which is being progressively updated, published by Plena Inclusión, a network of organisations that advocates for the fulfilment of the rights of people with intellectual and developmental disabilities in Spain. However, no foreign language versions of the Spanish National Vaccination Strategy COVID-19 exist or could be found.

## 2.1 Channels, means and measures to inform about the national vaccination plan

*Please provide information on channels, means and measures taken by the government or public authorities to inform the public about the national vaccination plan, its rollout strategy and vaccination awareness raising campaigns; e.g. traditional postal letters; online information; telephone calls; public information campaigns etc.*

In mid-April, the Ministry of Health launched the #YomeVacunoSeguro campaign, which aims to reinforce confidence in the safety of the Covid-19 vaccines and emphasise their benefits in order to continue the vaccination strategy and combat the pandemic. The campaign, which has been broadcast on television, radio, press and outdoor advertising media, features the testimonies of a nurse, a virologist scientist, and a retired person, who emphasise the importance of getting vaccinated "to protect ourselves and others". The radio and TV spots are broadcast for 20 seconds. In addition to Spanish, the campaign is also available in Basque, Catalan, Galician and Valencian<sup>21</sup>. It does not exist or has not been possible to find its dissemination in Braille or in foreign languages.

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<sup>16</sup> Spain, Generalitat de Catalunya, Campaña de vacunació contra la COVID-19, <https://canalsalut.gencat.cat/ca/salut-a-z/v/vacuna-covid-19/>.

<sup>17</sup> Spain, Xunta de Galicia, Coronavirus, <https://coronavirus.sergas.gal/>.

<sup>18</sup> Generalitat Valenciana, Vacunació COVID-19, <http://coronavirus.san.gva.es/>.

<sup>19</sup> Spain, Gobierno Vasco, Transparencia sobre el nuevo coronavirus (COVID-19), <https://www.euskadi.eus/nuevo-coronavirus-covid-19/>; Gobierno de Navarra, Coronavirus, <https://www.navarra.es/es/web/coronavirus/inicio>.

<sup>20</sup> Plena inclusión (2021), *Estrategia de vacunación contra el COVID-19*, Madrid: Plena inclusión España, available at: [https://www.plenainclusion.org/sites/default/files/plena\\_inclusion\\_estrategia\\_de\\_vacunacion\\_conta\\_el\\_covid-19\\_lectura\\_facil.pdf](https://www.plenainclusion.org/sites/default/files/plena_inclusion_estrategia_de_vacunacion_conta_el_covid-19_lectura_facil.pdf).

<sup>21</sup> Spain, Gobierno de España, Presidencia del Gobierno (2021), '#YomeVacunoSeguro, lema de la campaña del Ministerio de Sanidad que persigue reforzar la confianza en la seguridad de las

## 2.2 What are the (pre-) registration channels for vaccination put in place?

- a) What registration channels for vaccination are in place e.g. websites, apps, hotlines/call centres, letters, via family doctors, etc.?

In Spain, the national vaccination strategy COVID-19 is implemented by the autonomous communities, within their constitutional competences. In this sense, each autonomous community has been adopting its own communication strategy and its own registration channels for vaccination. In general, all regions coincide in the use of websites, email and telephone for generic information and clarification of doubts, as well as the simultaneous or alternative use of SMS and telephone calls to summon people in each priority group. In each of the regions, the deployment of all these means and the organisation and management of the vaccination appointment system is the responsibility of the respective regional health department (*Consejería de Sanidad*)<sup>22</sup>. It has not been possible to verify the systematic use of Braille, sign language and foreign languages by the different regions in their communication strategies related to COVID-19 vaccination process.

- b) Are any alternatives to digital access to vaccine registration in place e.g. appropriate support for those who need it (such as the elderly; those without access to the internet); physical locations for registration etc?

In Spain, according to Radio Televisión Española (RTVE)<sup>23</sup>, all autonomous communities use phone calls, SMS messages or a mixed system to give vaccination appointments. Telephone calls are the preferred means of contact in the Balearic Islands, Ceuta, Castilla y León, Extremadura, Melilla and Navarre. In Aragon, the Basque Country and Catalonia, only those over 80 years of age are called by telephone; in Madrid, appointments are only made by telephone if the user has not confirmed the appointment given by SMS; and in Valencia, only if it has not been possible to send an SMS to the mobile phone. The Community of

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vacunas', Press release, 16 April 2021, available at:

<https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/Paginas/2021/160421-yomevacunoseguro.aspx>.

<sup>22</sup> RTVE (2021), 'Cómo citan para vacunación COVID-19 las comunidades autónomas (si es un Whatsapp, mejor confirma)', 9 April 2021, available at:

<https://www.rtve.es/noticias/20210409/citas-vacunacion-asi-avisa-cada-autonomia/2085154.shtml>; Heraldo de Aragón (2021), 'Calendario de la vacunación del coronavirus en Aragón y cómo pedir cita', 16 April 2021;

Spain, Gobierno de Navarra (2021), 'Nuevo sistema de citas para la vacunación', Press release, 14 April 2021, available at: <https://www.navarra.es/es/web/coronavirus/inicio>; Reina García, A. (2021), 'Cómo funciona el sistema de citas para la vacuna contra la covid en Cataluña', *NIUS*, 15 April 2021; García, B. (2021), 'Cómo funciona el sistema de citas para la vacuna contra la covid en Madrid', *NIUS*, 15 April 2021.

<sup>23</sup> RTVE (2021), 'Cómo citan para vacunación COVID-19 las comunidades autónomas (si es un Whatsapp, mejor confirma)', 9 April 2021, available at:

<https://www.rtve.es/noticias/20210409/citas-vacunacion-asi-avisa-cada-autonomia/2085154.shtml>.

Madrid has set up a single telephone number from which to make these appointments. Cantabria is also making appointments by telephone.

In Castilla-La Mancha, the population is being notified by phone calls and SMS messages indicating the day, time, and place of vaccination.

SMS messages are preferentially used in Valencia but are also used to confirm and remind appointments in Ceuta and La Rioja. The Community of Madrid sends SMS as an interactive system, which allows the user to confirm or change the appointment. Meanwhile, Catalonia and the Basque Country send SMS to those under 80 years of age and telephone the older population. Other regions (Andalusia, the Canary Islands and Murcia) use both methods of communication interchangeably.

Some regions use other telematic channels, such as mobile applications and web systems: in Aragon, the under 80s can use a self-appointment system through the mobile application Salud Informa. In the Basque Country, a similar system is used for those under 80 years of age, who receive a link via SMS to request their appointment. Catalonia also has a self-appointment programme for people aged 60-65 through the Vacunacovidsalut.cat website. Navarra has also developed a similar application, which allows users to request an appointment and check the date and time of vaccination. Appointments can be consulted on the official applications and websites offered by their health systems in the case of Castilla y León (App), La Rioja (web) and Valencia (web, iOS app and Android app).

It has not been possible to ascertain the existence of alternative means to digital means for making vaccination appointments.

## **2.3 How are the vaccinations administered?**

- a) Where are the vaccinations administered e.g. vaccination centres, via mobile units, via family doctors, etc.?

In Spain, in each autonomous community, depending on population density, vaccination is being carried out in health centres, hospitals and specially equipped facilities, including macro sports and cultural facilities<sup>24</sup>.

- b) For those being vaccinated - how is information about the actual vaccination process, the vaccine and any potential side effects provided?

In Spain, both the Ministry of Health and the health department of each autonomous community provide information on their respective websites about the development of the vaccination process<sup>25</sup>. In each bilingual Autonomous

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<sup>24</sup> See as an example, Spain, Comunidad de Madrid (2021), 'Vacunación frente al Coronavirus en la Comunidad de Madrid', Press release, 8 April 2021, <https://www.comunidad.madrid/servicios/salud/vacunacion-frente-coronavirus-comunidad-madrid>.

<sup>25</sup> Spain, Gobierno de España, Estrategia de vacunación COVID-19. Información oficial sobre la vacunación contra el nuevo coronavirus, <https://www.vacunacovid.gob.es/>.

Community, the respective website is in the regional language and in Spanish. It has not been possible to verify their deployment in sign language, in Braille, nor in foreign languages. This includes information about possible side effects<sup>26</sup>. The official recommendation is that, in case of any side or adverse effects and depending on the severity of the reaction, the patient should contact his or her health centre or referral hospital so that health care can be provided<sup>27</sup>. Afterwards, both healthcare professionals and citizens should report the incident electronically to the Spanish Pharmacovigilance System for Medicinal Products for Human Use (*Sistema Español de Farmacovigilancia de Medicamentos de Uso Humano*), which collects information to assist in the continuous monitoring of vaccines and to ensure safety and produces and publishes regular reports on this subject<sup>28</sup>.

In the meantime, it has not been possible to ascertain whether, at the time of the appointment and vaccination, each patient is being provided with information about possible adverse reactions to the vaccine and how to act in such cases.

- c) Are there any circumstances where fees are applicable for receiving the vaccine – e.g. for third country nationals?

In Spain, according to the official website of the Spanish Government<sup>29</sup>, vaccinations and immunisations are free for all people living in Spain. In this regard, it is pointed out that the Vaccination Strategy is a public health strategy, and it is important to vaccinate all persons residing in Spanish territory against COVID-19, following in all cases the prioritisation established by conditions of risk, exposure, age and other criteria included in the strategy. Currently, with a limited number of doses, all persons included in the priority groups are being vaccinated, regardless of their nationality or type of insurance. In later phases, when a greater number of doses become available, we will assess how to vaccinate Spaniards living abroad.

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<sup>26</sup> Spain, Gobierno de España (2020), '¿Qué debo hacer si sufro una reacción adversa después de la vacunación?', Press release, 12 February 2021, <https://www.vacunacovid.gob.es/preguntas-y-respuestas/que-debo-hacer-si-sufro-una-reaccion-adversa-despues-de-la-vacunacion>; Spain, Federación de Asociaciones Científico Médicas Españolas (2021), 'Recomendaciones relativas al seguimiento de sospecha de trombosis y trombocitopenias tras la vacunación frente a COVID-19', Press release, 8 April 2021, [https://facme.es/wp-content/uploads/2021/04/FACME-sobre-RA-ASTRAZENECA-20210408\\_final.pdf](https://facme.es/wp-content/uploads/2021/04/FACME-sobre-RA-ASTRAZENECA-20210408_final.pdf).

<sup>27</sup> Agencia Española de Medicamentos y Productos Sanitarios (2021), 'Notificación de acontecimientos adversos con las vacunas frente a la COVID-19', Press release, <https://www.aemps.gob.es/medicamentosUsoHumano/vacunas/docs/Notificacion-acontecimientos-adversos.pdf>.

<sup>28</sup> Spain, Agencia Española de Medicamentos y Productos Sanitarios (2021), 3º Informe de Farmacovigilancia sobre Vacunas COVID-19, 9 March 2021, <https://www.aemps.gob.es/informa/boletines-aemps/boletin-fv/2021-boletin-fv/3o-informe-de-farmacovigilancia-sobre-vacunas-covid-19/>.

<sup>29</sup> Spain, Gobierno de España, <https://www.vacunacovid.gob.es/preguntas-y-respuestas/cuanto-cuesta-la-vacuna-contra-el-covid-19>.

In any case, so far it has not been possible to identify any case of charging for the vaccine.

## 3 Challenges and promising practices

### 3.1 Challenges

In Spain, the government has set a target of reaching 70% (33 million) of the Spanish population immunised by the end of August this year. Prime Minister Pedro Sánchez, who considers this goal possible, has announced that five million people will be fully immunised by the first week of May, ten million by the end of June and 25 million by mid-July<sup>30</sup>. Data published by the Ministry of Health<sup>31</sup> indicate that as of 5 May 2021, 12.0% of the population (5.696.827 people) had been fully vaccinated, and 27,3% of the population (12.966.552 people) had received at least one dose.

In the meantime, some media report increasing distrust of AstraZeneca's vaccine as a challenge to Spain's COVID-19 vaccination strategy. They report that Spain is one of the major countries that has seen the greatest decline in confidence in the vaccine: it is the country that has seen the greatest drop in the percentage of people who consider the vaccine "safe" (from 59% to 38%) and the greatest increase in the percentage of citizens who consider it "unsafe" (from 25% to 52%)<sup>32</sup>.

In addition, according to the media, some medical sectors denounce the "communicative confusion" that is being generated around Covid vaccines, which, in their opinion, does not help to generate the confidence necessary to promote vaccination. They point out that when there are contradictory orders it is difficult to argue why something has to be done in a certain way. And that it would help if instructions were clearer so as not to lose confidence in vaccines, which would be "a disaster"<sup>33</sup>. For example, given that people between 60 and 68 years of age are eligible for the AstraZeneca vaccine, in fact in some Autonomous Regions they

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<sup>30</sup> Spain, Gobierno de España (2021), ' ', Press release, 6 April 2021, <https://www.lamoncloa.gob.es/presidente/actividades/Paginas/2021/060421-sanchez-vacunadas.aspx>; RTVE (2021), 'La vacunación en España: un 7 % de la población ya ha recibido la pauta completa', 6 April 2021, <https://www.rtve.es/noticias/20210416/campana-vacunacion-espana/2062499.shtml>.

<sup>31</sup> Spain, Ministerio de Sanidad (2021), 'Informe de actividad del proceso de vacunación', Press release, 5 May 2021, [https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Informe\\_GIV\\_comunicacion\\_20210506.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Informe_GIV_comunicacion_20210506.pdf).

<sup>32</sup> elEconomista.es (2021), 'El nuevo desafío del plan de vacunación: se dispara la desconfianza en la vacuna de AstraZeneca', 23 March 2021, <https://www.eleconomista.es/nacional/noticias/11119174/03/21/El-nuevo-desafio-del-plan-de-vacunacion-se-dispara-la-desconfianza-en-la-vacuna-de-AstraZeneca.html>.

<sup>33</sup> El Periódico (2021), 'Coronavirus: Últimas noticias sobre la pandemia, la vacuna y las restricciones', 17 April 2021, <https://www.elperiodico.com/es/sociedad/20210417/coronavirus-restricciones-vacuna-ultimas-noticias-directo-11650112>.

have "passed" before the 69-79 age group, who only receive the Pfizer and Moderna vaccines. There is also confusion with people at risk due to severe and previous heart disease who, on the basis of their age, could be among those receiving the AstraZeneca vaccine, but who have fears. This group of people do not seem to be receiving clear information on when and with which vaccine they will be vaccinated.

Still according to the media, the over-demand of health personnel is another challenge posed by the huge, massive and short-lived vaccination campaign in Spain<sup>34</sup>. All indications are that the vaccination process accentuates the challenge of reinforcing investment in human and material resources in the public health system.

### **3.2 Promising practices**

In Spain, the existence of a large network of public health centres may be considered a fundamental aspect that favours the organisation and deployment of the COVID-19 vaccination process, the pace of which seems to depend only on the limited availability of vaccines.

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<sup>34</sup> Guardón, S. (2021), 'Dra. García Romero: "La sobredemanda de los sanitarios y las condiciones de la vacuna, principales desafíos de la vacunación frente a la Covid-19 en España"', *medicosypacientes.com*, 16 February 2021.