



Vaccination Targets & Data Transparency Leave no-one behind

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What are the issues?

The COVID Vaccination Plan is a primary way to protect the Australian community from the multiple negative, including lethal, impacts of COVID.

As the peak body for the community sector, ACOSS supports a community-led approach to COVID, informed by the best public health advice and the best of the available data to ensure that the Vaccination Plan leaves no-one behind. There is an inherent serious risk that people on lower incomes or who are more disadvantaged in the Australian community will be left behind in this public health emergency unless we make every effort to ensure this does not occur.

ACOSS developed ACOSS Briefing: **Community Sector Vaccination Principles** to underpin the Vaccination Plan.

ACOSS has welcomed the engagement by **Operation COVID Shield** and the **Vaccination Taskforce** with the community sector. ACOSS has briefed that Taskforce with the Community Sector Vaccination Principles. ACOSS welcomes the Taskforce's strong commitment to acting on public health advice, supporting community partnerships and providing transparency of data. ACOSS is committed to working in partnership with the Taskforce and all those involved in delivering success on the Vaccination Plan.

ACOSS has serious concerns that there are high-risk groups being left behind in achieving vaccination coverage.

The Federal Government and National Cabinet need to take urgent action to address these major gaps in partnership with the community sector and other actors committed to leaving no one behind.

This ACOSS Briefing: **Vaccination Targets and Data Transparency** sets out specific proposals for immediate action by National Cabinet about the setting of vaccination targets and the publishing of data. Our proposals are based on expert advice and the Community Sector **Vaccination Principles**.

Give priority at all times to people most at risk

- Set **population-specific** and **local-level** vaccination targets based on public health advice and priority risk, not just a national target framework.
- Prioritise vaccination of people, groups and communities **most at risk from COVID**; at **risk of spreading the virus to vulnerable people**, groups and communities; or at **risk of being left behind** because of geographical location, language/cultural or other barriers.
- **Accelerate vaccinations in order to lift rates** across urban, regional and remote areas, subject to above.
- Ensure that access to the vaccines and prioritisation is **consistent and equitable** for people in similar circumstances across the country.
- **Minimise known barriers** to vaccine access through strategies such as in-place/mobile delivery, paid leave to access vaccines, appropriate supports, and leveraging established community leaders, relationships and networks of trust to encourage vaccination.

Set population and location specific vaccination targets

Based on public health advice, **governments need to set vaccination targets for priority populations** and across **locations**.

If Governments only set national vaccination targets, for e.g., 70 or 80% overall vaccination rates, as pre-conditions for easing of restrictions, there is a serious risk that specific population groups or locations, which may be most at risk, have vaccination rates far lower than the national rate. Those **groups left behind** will be **dangerously exposed**.

This is already a serious problem.

For example, if Australia were to 'open up' once 80% of the population was fully vaccinated, the last 20% of people who may face **multiple barriers** to vaccination could be heavily clustered in populations most at risk to the ravages of COVID.

The assessment of priority groups and people most at risk needs to be based on public health advice and assessment. Priority groups may include people in **regional and remote** communities, people from **lower socio-economic groups**, people experiencing **homelessness** or insecure housing, people with

disability, people with **chronic illness**, people **socially isolated**, **Aboriginal and Torres Strait Islander** communities, people from **culturally and linguistically diverse backgrounds**, people with **low literacy levels**, children and younger people or **different age groups**, or people with **mental health** issues. People who are not citizens, with variable visa status and/or no Medicare card, including **refugees and asylum seekers**, are also at risk, as are people in a range of **detention** settings. People in the **prison population** must also be given priority.

There are multiple barriers that exist in terms of ensuring all populations and locations are supported to achieve vaccination coverage under the Vaccination Plan, including geography, income and wealth, communication barriers, health literacy and confusing messages, mobility and lack of access to health services.

The current vaccination target public discussions are based principally on the whole population. A re-framing is necessary.

Any targets that are set as pre-conditions for lifting restrictions need to be set specifically for disadvantaged groups, for example 80% of all groups rather than 80% total population or as advised by health experts. The strategy for rolling out vaccinations should then follow this path and thus prioritise disadvantaged groups.

Publish disaggregated population and location specific data urgently

- Provide **timely public access to data** on vaccine availability and rollout, including priority of access.
- Immediately publish disaggregated vaccination rate data across **geographical areas and key high risk population groups** (e.g., people with a disability), including vaccination supply.

Currently, only some essential data are being released, and then intermittently. There is an urgent need to deliver public transparency about who has been vaccinated and the principles under which vaccinations are being distributed.

A **reliable, timely release of disaggregated data** is needed in order to build confidence and support a cohesive rollout of vaccinations based on public health advice to all members of the community. Timely population and location-specific data will **encourage health-seeking behaviours** and **support community-led strategies**.

Local communities and representatives from population groups, public health workers and organisations are entitled to know key vaccination data attributes so that everyone can play their part in supporting the acceleration of vaccination rates across all parts of the Australian community in accordance with public health advice.

Published vaccination data should include the following, and, wherever possible, be published at least weekly, with the capacity for cross-tabulation in order to allow locational and/or population analysis to support communities and work by people from specific population backgrounds.

Vaccine Status

- Vaccine first jab rate
- Vaccine second jab rate
- Vaccine supply

Locality

- National
- State and Territory
- SA3

Population type/attribute

- Age
- Gender
- Income decile/quintile
- Income source
- SEIFA (Socio-Economic Indexes for Areas)
- Indigeneity (Please refer to the **Aboriginal and Torres Strait Islander COVID Advisory Group** for oversight of release of data)
- Country of birth
- Language spoken at home
- Disability (See, further, People with Disability Australia, *Open Letter to National Cabinet re Immediate Actions required to vaccinate and protect all Australians with disability against Coronavirus*) dated <https://pwd.org.au/open-letter-immediate-actions-required-to-vaccinate-and-protect-all-australians-with-disability-against-coronavirus/>.

Protocols about data use and reporting will be appropriate. Privacy protections can be provided by, for example, limiting cell sizes to 10 or more, with fewer not being reported.

Partnership with Communities is essential

ACOSS has welcomed the opportunity to partner with the COVID Vaccination Taskforce on ensuring that all efforts are made to deliver on the **Vaccination Principles**, leaving no-one behind.

The partnership and involvement of trusted community leaders and groups is key to making vaccinations available for all.