

A Global Call to Action

Fair and equitable access to vaccination for people living with mental illness and substance use disorders

Vaccinations against infectious diseases such as influenza, hepatitis, tuberculosis, and COVID-19 save lives and prevent hospital admissions. Yet around the world, people living with mental illness and substance use disorders are not routinely prioritised or targeted for vaccinations against these serious yet preventable illnesses. This is unjust and results in countless vaccine preventable hospitalisations and deaths.

The COVID-19 pandemic has underscored and amplified the pre-existing inequity in vaccination access. People living with mental illness and substance use disorders are twice as likely to be hospitalised, experience long-term effects, or die from COVID-19,¹ and are also at greater risk of contracting and dying from influenza, pneumonia and tuberculosis.^{2, 3} Despite the overwhelming evidence of these increased risks, vaccination rates among people with mental illness and substance use disorders are lagging behind those of the general population,⁴⁻⁷ even when early universal access or priority status is granted.⁸ Vaccine preventable illnesses are a significant contributor to the poor health,⁹ increased hospitalisation (3.7 times population average)¹⁰ and higher rate (between 2–4 times) of premature death of people living with mental illness and substance use disorders.^{2, 11}

Equitable access to vaccination is fundamental to human rights.¹² The *WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination*¹³ recommends countries take proactive measures to prioritise people who are clinically vulnerable and socially disadvantaged. People living with mental illness and substance use disorders should have the same opportunity to access and decide to be protected against infectious diseases as anyone else facing the same level of risk.

People living with mental illness and substance use disorders should not be excluded or delayed from vaccination programmes because of systemic failures within health systems to identify their risk or offer the right help to enable access. This discrimination is responsible for the needless and preventable premature deaths of so many people.

COVID-19 has demonstrated the effectiveness of prevention. Targeted and supportive vaccination programmes are well-received by people living with mental illness and substance use disorders and can lead to vaccination uptake rates equivalent to or exceeding the general population.¹⁴

We must ensure that *all* people have equitable access to life-saving vaccinations. This means identifying at risk, disadvantaged and marginalised populations¹⁵ and actively addressing practical and systemic barriers^{5, 16, 17} such as, but not limited to, racism, ageism, discrimination¹² and the impacts of colonisation.¹⁸ We need to build health systems that protect and strengthen us all to move towards a more hopeful and healthy future.

We call on governments and public health authorities around the world to ensure that vaccination programmes against infectious diseases give appropriate priority and attention to people living with mental illness and substance use disorders. Committing to a proactive approach to ensuring equity of access to vaccination against COVID-19 and other infectious diseases is a vital, low-cost, and attainable goal that will protect health, save money, reduce the pressure on existing health services, and save thousands of lives worldwide. Most fundamentally, it will respect the basic human right “to the highest attainable standard of health”.¹⁹

This Global Call to Action has been co-authored by an international working group and joined by experts by experience, health practitioners, scientists, public health experts, and community leaders. This call was started in October 2021 by members of the International Equally Well Alliance.

If you or your organisation would like to add your voice to this call, [please sign-up](#) via our webpage.

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