



Qualifying the Role of The Vaccination Services from the Citizens' Perspective: From the Italian Case History to the Implementation of the Eu Council Conclusion on Vaccinations

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Abstract

Civic evaluation can be defined as action-research conducted by citizens, through the use of established tools. When citizens, despite their alleged lack of expertise in the public sphere, organise themselves and act together on public policies, they are able to produce and use information from experts and other sources, as well as from their direct experience with the issue being addressed. The case study 'Civic monitoring of vaccination services' - promoted in Italy by the NGO Cittadinanzattiva - is a concrete example of the role of citizens in supporting vaccination policies. Particularly at the European level, it is crucial to recognise and strengthen the involvement of civil society in vaccination, also for a swift implementation of the Council Conclusions on vaccination of December 2022, focusing on two areas of action: tackling vaccination hesitancy and preparing for the next challenges through EU cooperation.

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Introduction

For decades, the Italian NGO Cittadinanzattiva [1] has been committed in front of institutions and stakeholders - not only at national level but also abroad with its European branch called 'Active Citizenship Network' [2] - to increase the promotion of civic activism and participation in the political arena, and to better protect the rights of citizens and patients.

In particular, in the field of vaccination policies, its activity is mainly committed to [3]:

- broaden the front of civil society actors involved in vaccination policies;
- supporting the 'life-course immunisation approach' for all vaccine-preventable diseases towards both political stakeholders and the general public;
- provide decision-makers and stakeholders involved in the definition and implementation of vaccination policies with a civic point of view that complements the perspective of other qualified actors committed to the issue;
- qualify the role of civil society organisations in the field, producing data and recommendations.

Consistent with the above, the case study 'Civic monitoring of vaccination services' - carried out in Italy by Cittadinanzattiva - is a concrete example of the role of citizens in supporting vaccination policies, starting with the production of information based on direct involvement (through interviews, questionnaires, etc.) with regional health departments, vaccination centres, health workers (general practitioners and paediatricians of free choice), citizens and patients, on the effects of the pandemic for all non-COVID vaccinations.

Methodology

'Civic evaluation' [4] can be defined as 'the capacity for organised citizens to produce and use information to promote their own policies and participate in public policy-making in the definition, implementation and evaluation phase' [5]. It consists of action-research carried out by citizens, through the use of established and verifiable methods [6], to make reasoned judgements on realities that are significant for the protection of rights and quality of life.

It is therefore the citizens themselves, organised and equipped with appropriate assessment tools and

techniques, who produce important information on areas considered significant, such as - like in this case study - the vaccination services provided by public health authorities in support of public policies on vaccinations at national level [7].

The goal was not only to take a picture of the situation or report problems, but also to assess the 'quality' of the public service from the specific point of view of the end users: the citizens/patients.

For the development of the 'Civic Monitoring of Vaccination Services', several data collection tools were used:

- questionnaires to vaccination centres and local health authorities;
- direct observation of facilities and services, together with health workers;
- surveys on patients' pathways and experiences;



Figure 1: Civic evaluation managed by the Civic Evaluation Agency - Cittadinanzattiva, presented by Mariano Votta at the 'Summit on Life course Immunisation' event, Almeria 23 November 2023

The monitoring involved 8 regional Health Departments, the vaccination centres (147 out of 13 Italian regions), 212 General Practitioners (GPs), 270 free-choice paediatricians, and covered different targets (children, adolescents, adults and the elderly) for all non-COVID vaccinations: Diphtheria-Tetanus-Pertus, Poliomyelitis, Hepatitis B, Haemophilus influenzae type B, Measles-mumps-rubella, Chickenpox, Meningococcal B, Meningococcal ACWY, Rotavirus, Papillomavirus, Pneumococcal, Herpes Zoster, Influenza.

With the support of a group of experts (from the Ministry of Health, scientific societies, federations of health

professionals, patient associations, local health authorities, etc.), the monitoring was carried out from September to November 2021. This activity allowed us to observe daily and very concrete aspects: from opening hours to booking procedures; from the presence of regional agreements/protocols with doctors and paediatricians to training activities; from informed consent procedures to dispensing methods; from vaccines administered to the management of active calls; from the criticalities encountered in vaccination activities to the good practices implemented. Not forgetting, of course, the impact of the pandemic on routine vaccination activities.

Results

As is well known, also in Italy the pandemic has had a major impact on the organisation of vaccination activities, especially in vaccination centres, where routine activities have been significantly penalised:

- between March 2020 and the end of 2021, more than 40% of the vaccination centres surveyed suffered a reduction in staff and opening hours; one centre out of ten was closed.
- by the end of 2021, all closed centres had been reopened and in 80% of cases the opening hours had been restored; however, staffing had been restored in only 47% of the vaccination centres. What are the obstacles to vaccination in doctors' offices?
- Speaking of routine vaccinations, in Italy, from an organisational point of view, there is often a lack of regional agreements with the categories of general practitioners and paediatricians on the possibility of carrying out vaccinations in their practice/setting. Where regional agreements do exist, not all vaccinations are administered by them.
- With regard to vaccinations recommended for the same target group (e.g. Meningococcus and HPV in the adolescent population, or Pneumococcus and Zoster in the adult/elderly population), free vaccination is guaranteed if carried out in the recommended age range, while if one goes beyond that range, in some cases it is charged, in others not.
- 50% of paediatricians and 60% of general practitioners say that it is not easy to convince patients to get vaccinated; in addition, more than one in three (between 34% of paediatricians and 42% of general practitioners) report the difficulty of reconciling vaccinations with 'ordinary' outpatient activities, and more than one in five (among both general practitioners and paediatricians) say that they do not have the space or staff to vaccinate patients.
- On the other hand, vaccination centres, where there is more staff, can always (39%) or almost always (58%) guarantee adequate times for carrying out the various phases of the vaccination session. But in some local health authorities or health districts, it takes up to three months between the booking and the actual administration of mandatory non-COVID vaccinations (such as diphtheria-tetanus-pertussis, polio) and recommended vaccinations (such as flu, HPV, ACWY meningitis, herpes zoster, pneumococcal), with average waiting times ranging from 4/8 days to 20/40 days depending on the Region. The discrepancies are not only between regions but also between individual local health authorities (ASLs) [8]. Surprisingly, these discrepancies are more evident in the Northern Italy rather than in the South.
- In the monitoring of the routine vaccination coverage, only for the flu vaccination data are regularly collected.
- Information on the availability of vaccinations in family doctors' and paediatricians' offices is unclear: the websites of the Regions and the local health authorities (ASLs) report that only 38% of general practitioners (GPs) and 48% of paediatricians' offices are "available for vaccinations".
- Furthermore, despite being mandatory for health institutions, there is a lack of precise information on the type of vaccination provided and on how to book a vaccination appointment: vaccination is provided in the afternoon in 79,5% of the vaccination centres, and by 84% of GPs and 75% of paediatricians interviewed. But on Saturdays, vaccination is guaranteed in only 2% of vaccination centres, in almost 39% of family doctors' offices, and in 25% of paediatricians' ones.

The evidence also shows a great demand for modernization and investment in vaccination centres:

- Bookings at vaccination centres still rely almost entirely (82%) on the telephone and to a much lesser extent on other usual channels (e-mail, active call letters), while online bookings are rarely provided for.

- In about 62% of cases, payment for a vaccination at the vaccination centres has to be made elsewhere, and in more than a third of cases there is no provision for electronic payment.
- Last but not least, according to a survey of 2990 chronic patients interviewed in Italy [9]:
- 29,7% of them have reported difficulties in accessing adult routine vaccinations during the first wave of the pandemic, and 19% of them also at the end of 2021.
- 33,9% of them reported difficulties in accessing vaccinations for minors during the first wave of the pandemic, and 16,5% of them also at the end of 2021.

Comments

Civic evaluation is always - and in any case - an exercise in active citizenship for those interested in changing society.

In short, in civic evaluation processes, evaluative action necessarily coexists with the mobilisation of people interested in a specific issue, the sharing of information and evaluation of the problem, and involvement in the search for and implementation of solutions.

Civic evaluation integrates these dimensions [10], as it:

- identifies and makes measurable the significant aspects from the citizen's point of view;
- defines a set of technical tools for data collection and for information processing;
- allows citizens to make their own interpretation during policy-making processes.
- During the 360-degree view on vaccination services observed in Italy from the perspective of end-users, the following key messages were highlighted
- there is an urgent need to achieve greater uniformity in vaccinations, as the differences highlighted create inequities and risk reducing trust in health institutions;
- It is also crucial to overcome the situation experienced during the pandemic;
- there is a great demand to modernize and invest in vaccination centres.

While at a national level this initiative has given rise to three follow-up activities that are still ongoing (an ad hoc vademecum for the population [11], the

drafting of the Service Quality Charter and an updated map of vaccination centres), its particularity has also led to it being presented outside national borders, in particular in Belgium [12], Spain [13] and Cyprus [14], as well as being considered of particular interest by the European co-OPERATOR project, a Horizon EU4Health funded project that runs from November 2023 to October 2026, which aims to develop in several Member States, Italy included, a Country-Observatory to share best practices for vaccination promotion [15].

Enhancing vaccination centres does not mean limiting the administration of vaccinations only at them. Rather - in the context of the National Vaccine Prevention Plan - it means devoting to these centres, which have been neglected for too long, the attention they deserve, in order to facilitate and make access to vaccinations as friendly as possible. Attention that is hard to find even in the new National Plan for Vaccine Prevention (PNPV 2023-25), released in Italy in August 2023, which also highlights a whole series of critical issues, which Cittadinanzattiva has been denouncing for years [16], namely [17]:

- Unevenness between vaccination procedures and supply in each region and P.A.
- Regional vaccination calendars updated without following a nationally agreed rationale and creating inequalities for the population.
- Failure to reach target values for vaccination coverage, with unevenness between regions.
- Discrepancies in the organisation and management of the vaccination pathway, including registration of vaccinations carried out.
- Problems of equity in access to vaccination and efficiency across the country.
- Discrepancies in the estimation of vaccination coverage.
- Logistical and organisational difficulties on the part of local health administrations to guarantee the provision and full accessibility of vaccinations included in the vaccination calendar.
- Need to review and update LEAs [18].



Figure 2: ‘Vaccines. A vademecum at everyone's service’, presented by Cittadinanzattiva on 30 November 2023



Figure 3: The ‘Civic Monitoring of Vaccination Services’ presented by Mariano Votta of Cittadinanzattiva at the event ‘Insight into Vaccination Hesitancy’, Limassol 17 January 2024

Conclusions

The ‘Civic Monitoring of Vaccination Services’ is a concrete example of the role of citizens in supporting vaccination policies. Particularly at the European level, it is crucial to recognise and strengthen the involvement of civil society in vaccination, not least for a swift implementation of the Council Conclusions on Vaccination of December 2022, which focus on two areas of action: tackling vaccination hesitancy and preparing for upcoming challenges through EU cooperation [19].

As the EU population continues to age, there is an increasing need to prioritise adult and paediatric vaccination. Older people run a higher risk of contracting vaccine-preventable diseases due to age-related immune system decline and the presence of chronic diseases. It is crucial to cultivate and maintain an appropriate level of confidence in vaccines among all populations.

Civil society organisations (CSOs) have continuously demonstrated that they consider adult immunisation very important, but they are often limited by budgets and funding opportunities to carry out their advocacy work [20]. CSOs are often trusted sources of information and help inform the decisions of their constituents and members with advocacy and policy strategies [21]. The concrete involvement of citizens and patients within their organisations (NGOs and PAGs) in vaccination policies and decision-making processes is also crucial to address public concerns and promote trust. This also includes non-health-related CSOs to reach out to marginal and vulnerable groups that could benefit from adult vaccination programmes, such as migrants (regular and undocumented), people with mental health problems, the homeless.

In the aftermath of the European elections in June 2024, the hope is that the new European institutions will take into account the support that can come from active citizenship, following up on what the former European Commissioner for Health Stella Kyriakides already stated when, on the occasion of the presentation of the ‘EU4Health 2024 work programme’ [22] adopted by the European Commission on December 5, 2023, she stated ‘Civil society has a crucial role to play in reaching out to our citizens’ [23].

Declarations

Each of the authors confirms that this manuscript has not been previously published by another international peer-review journal and is not under consideration by any other journal. Additionally, all of the authors have approved the contents of this paper and have agreed to the submission policies of the journal.

Authors’ Contribution

Each named author has substantially contributed to conducting the underlying research and drafting this manuscript. Additionally, to the best of our knowledge, the named authors have no conflict of interest, financial or otherwise.

Conflict of Interest

The authors listed on the first page declare that they do not have any conflict of interest.

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