

"The Italian experience of the Quality Charter of the Vaccination Services"

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Europe's Tomorrow: Vaccination and Prevention Summit



Monitoring activity



CHARTER OF RIGHTS

Charter of rights

Carta della Qualità dei Servizi Vaccinali



Civic evaluation

“Civic evaluation” may be defined as *“the capacity for organized citizens to produce and use information to promote their own policies and participate in public policymaking”*.

Different **tools** for detection of data, depending on the goal and on the scope of the survey:

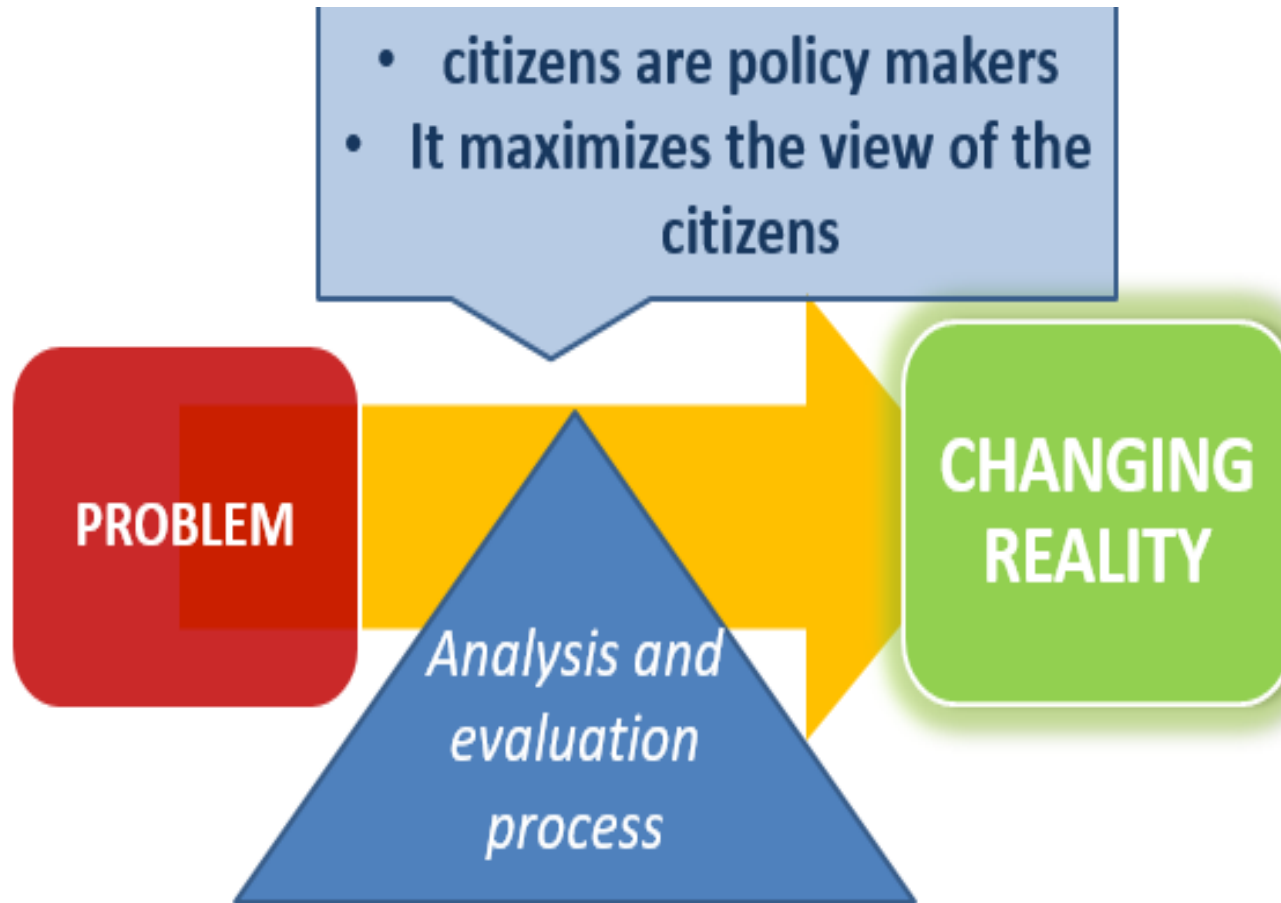


- Questionnaires to directors of hospitals or health companies
- Direct observation
- Questionnaires to patient associations
- Direct surveys about patients' pathways and experiences

The active role of citizens in the evaluation process: methods, impact and prospects of Civic Evaluation in Italy

Civic evaluation

The goal: **evaluate** “quality” from the specific point of view of citizens/patients.



It can be defined as:

- an action-research
- performed by citizens
- for assessing from their own p.o.v.
- through the use of established and verifiable methods
- to issue reasoned judgements on realities
- that are significant for the protection of rights and QoL.

A Charter of Rights

A document containing a set of rights which express ways to protect the more general right to health - unknown or violated.

What makes a Charter of rights different?

- based on **civic participation** and advocacy
- **not legal or technical**, but it comes from citizens' reports and complaints about violations or inefficiencies of the national/international systems
- a **grass root initiative**
- **enables the concrete applications of rights** with specific actions and interventions.



CHARTER
OF RIGHTS

An example on vaccination

Carta della Qualità dei Servizi Vaccinali

Una carta della qualità dei modelli organizzativi in Italia per supportare, in ottica civica, istituzioni e operatori nella definizione di standard e percorsi condivisi, richiamando l'attenzione sull'importanza delle vaccinazioni ordinarie.

3 marzo ore 10.30

Evento on-line su piattaforma Zoom



[More info here \(IT\)](#)

con il contributo non condizionato di



1 step: MONITORING

- Regional Health Departments **8**
- Vaccination centers **147** of 13 regions
- Family doctors **212** of 7 regions
- Primary care pediatricians **270** of all regions



Multistakeholder expert working table

- D.G. Prevenzione Min. della Salute
- SITI
- Università Cattolica
- Associazioni AIL, BPCO, UNIAMO-FIMR
- FIMMG, SIMG
- FIMP, SIP
- Assofarm, Federfarma, FOFI, SIFO
- CARD Italia

Different **targets** (children, adolescents, adults, and the elderly)

All non-Covid vaccinations: Diphtheria-Tetanus-Pertussis, Poliomyelitis, Hepatitis B, Haemophilus influenzae type B, Measles-mumps-rubella, Chickenpox, Meningococcal B, Meningococcal ACWY, Rotavirus, Papillomavirus, Pneumococcus, Herpes Zoster, Influenza.

The primary objective: a 360-degree view on the vaccination services observed from operators' point of view.

[More info here](#) (IT)

MONITORING'S RESULTS: DATA (I)

- Indirectly, in the early phases of the pandemic, with many vaccination centres closed and the routine vaccination plans suspended, a totally wrong message was sent that routine vaccination was not essential.
- According to our survey carried out in Italy with 2990 chronic patients interviewed, and presented last 14 Dec. 2021:
 - 29,7% of them have denounced difficulty to access adult routine vaccinations during the first wave of the pandemic, and 19% of them also at the end of 2021.
 - 33,9% of them have denounced difficulty to access vaccinations for minors during the first wave of the pandemic, and 16,5% of them also at the end of 2021.
- Data justified by the fact that in Italy between March 2020 and the end of 2021, over 40% of vaccination centers suffered a reduction in staff and opening hours; one in ten had even been closed.
- At the end of 2021 all the centers were reopened, in 80% of cases the timetables were restored, while the staffing level returned to the level before the pandemic in only 47% of the Centers.

Vaccination Centres & the need to overcome the situation lived during the pandemic

MONITORING'S RESULTS: DATA (II)

- In the definition of primary target groups for covid-19 vaccination, not all the same chronic diseases were included across Europe for the covid-19 vaccination;
- Talking about routine vaccination, in Italy, for instance, from an organizational point of view, regional agreements with the categories of GPs & pediatricians on the possibility of carrying out vaccinations in their clinic/setting are often lacking.
- Where the regional agreement exists, not all the planned vaccinations are administered by them.
- In terms of vaccinations recommended for the same target (eg Meningococcal and HPV in the adolescent population, or Pneumococcus and Zoster in the adult / elderly population) free of charge is guaranteed when carried out in the recommended age range, while if you go beyond that range, in some cases you have to pay, in others no.
- 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).
- In the monitoring of the routine vaccination coverage, only for the flu vaccination data are collected regularly.
- Vaccination is also guaranteed in the afternoon in 79.5% of vaccination centres, by 84% of GPs & 75% of paediatricians interviewed. BUT on Saturdays, vaccination is guaranteed in only 2% of vaccination centres, by almost 39% of GPs & by 25% of paediatricians.

To sum up, there is an urgent need to achieve greater uniformity in vaccinations, as the differences highlighted create inequity and risk to reduce trust in health institutions.

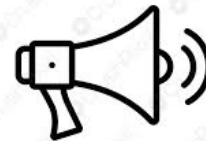
Reduce health inequalities in the area of vaccination

[More info here](#) (IT)



MONITORING'S RESULTS: KEY MESSAGES

- Lack of coordinated direction between the various organizational levels
- **Vaccination Centers:** free of charge? opening hours? booking systems?
- Scarce and incomplete information to the citizen
- Huge discrepancies in the registration and transmission of vaccination data
- Informed consent procedure & certificate of vaccination
- Achieving vaccination coverage/Motivating people



Need for more **training**

Vaccine supply

COVID IMPACT



II step: THE CHARTER

Carta della Qualità dei Servizi Vaccinali

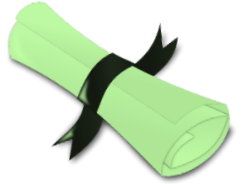


1. Guarantee uniform access throughout the territory
2. Information, communication and transparency
3. Training and updating
4. Digitalisation and simplification
5. Strategies for achieving vaccination prevention targets and coverage
6. Continuous improvement and quality assessment

[For the download, click here \(IT\)](#)



A concrete tool of action



That should be:

- Publicly proclaimed at the level of different citizen organizations and institutions with the purpose of recognizing and improving the local context.
- Subscribed and officially adopted.
- Promoted among institutions, public and private actors of the health system, professionals in the sector and their associations, citizens and their associations.

Empowerment tool: *knowing the rights!*

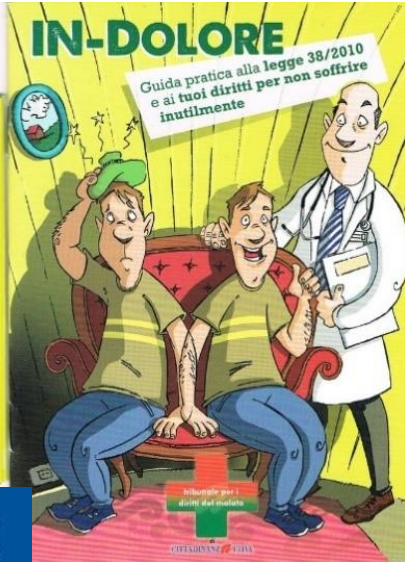
Evaluation/participation instrument

Legal instrument



From the Charter to the Charters...

[Read more](#)



**ITALIAN
URBAN
DIABETES
CHARTER**

Carta dei diritti del paziente cefalalgico

Preparata sulla base dei suggerimenti della Task Force dell'IHS e della piattaforma per la Carta Europea dei Diritti del Malato, presentata a Bruxelles nel novembre 2002 da Cittadinanzattiva - Active Citizenship Network.



Thank you

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