

#vaccinaction



Leveraging Civil Society and Community Leadership to Support Public Vaccination Policies

Collection of Grassroots Mobilisation
Initiatives from across Europe



Introduction

The World Health Organization (WHO) has defined community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”. It also identifies “community and civil society engagement” as a pillar of its “Global Action Plan for Healthy Lives and Well-being for All”.¹

In December 2023, following the adoption by the European Commission of the EU4Health 2024 work programme to implement key health policy priorities within the European Health Union, Stella Kyriakides, European Commissioner for Health and Food Safety, stated that “civil society has a crucial role to play in reaching out to our citizens”.² What has been stated in general terms regarding public health applies even more to vaccination policies, as demonstrated by the COVID-19 pandemic and as also confirmed by political leaders.

In this regard, at the G7 Ministers’ Meeting on Health held on 9 to 11 October 2024 in Ancona (Italy), global leaders emphasised that “vaccination is an essential preventive measure” and reiterated the crucial role of routine immunisation and campaigns. They further highlighted “the importance of raising awareness and involving the general population by providing evidence-based information through campaigns aimed at citizens’ empowerment and increasing health literacy regarding prevention, research and care”.³

References:

1. World Health Organization (2020). *Community engagement: a health promotion guide for universal health coverage in the hands of the people*
2. European Commission (2023). *Commission adopts EU4Health 2024 Work Programme with a €752.4 million funding to strengthen the European Health Union.*
3. G7 Health Ministers (2024). *Documents of the Health Ministers’ Meeting in Ancona.*

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1. Purpose of Handbook

Where did the idea for the handbook come from?

In general, this handbook follows in the footsteps of a well-established tradition, spanning over 40 years, that underpins the work of Italian NGO Cittadinanzattiva in promoting citizens' activism for the protection of rights, the care of common goods, and support for people in vulnerable conditions at the national and EU level.⁴

Specifically, it was created in the context of the fifth edition of our EU project “#VaccinAction – Protecting the Value of Vaccination Across Europe”⁵, which is dedicated to strengthening adult vaccination and safeguarding the value of routine immunisation across Europe. It also reflects the continuous exchange of experiences gained by leaders of patient and citizen organisations.

It is not a manual, nor does it aim to highlight and disseminate best practices. That will probably be the next step in this initiative. Rather, it is deliberately designed as a concise document that aims to offer a broad range of activities, for the benefit of those who feel the need to do more in terms of prevention and immunisation, but do not know where to start.

Who is it aimed at and for what purpose?

This handbook is therefore aimed particularly at the many voices of civil society who, by browsing through a catalogue of opportunities and real-world examples, may feel encouraged to become more active in their own communities in support of public vaccination policies.

The primary aim of the handbook is to show, in a practical way, how the so-called intermediate bodies of society, when recognised as stakeholders, can play an active role in support of public policy on vaccination.

What will you find in this handbook?

The handbook presents concrete experiences, not ideas or recommendations, but expressions of civic activism. They are diverse, as in some cases they are supported by EU-funded projects, while in most instances by private entities. They were implemented both before and after the COVID-19 pandemic. They span Member States and, in some cases, extend beyond the EU.

They also differ in terms of their geographical impact. Some are purely local in nature. Most are national in scope, but there are also some European initiatives.

References:

4. Active Citizenship Network (2022). *Cittadinanzattiva & Active Citizenship Network*.
5. Active Citizenship Network (2025). *Protecting the value of vaccination across Europe*.

The main target audience also differs. Some are aimed specifically at the adult population, while others are aimed at young students. There are also chronic patients, disadvantaged, isolated and hard-to-reach population groups (for example refugees, migrants, prisoners), policymakers, and the general public.

The specific subject also varies. Some experiences focus on a particular vaccination, for example meningitis, shingles, pneumococcal, Hepatitis B, or Respiratory Syncytial Virus (RSV). On the other hand, other experiences, which we refer to as vaccination policy, encompass a broader spectrum of activities, including vaccines against infectious respiratory diseases, addressing vaccination hesitancy, increasing vaccination uptake, and improving access to vaccination.

In short, these experiences are deliberately distinct from one another, but they all share an underlying unifying message: the necessity, and not just the usefulness, of involving organised civil society in addressing public health. This is the unifying feature of the associations that collaborate with Active Citizenship Network in the Vaccination Informal Platform (V.I.P.).

V.I.P. for life-course immunisation promotion

The Vaccination Informal Platform (V.I.P.) for life-course immunisation promotion brings together leaders of patient and citizen organisations across Europe, promoted in the context of the EU project #VaccinAction by Active Citizenship Network, the EU branch of the Italian NGO Cittadinanzattiva. For years it has met periodically in Brussels with the aim of strengthening the exchange of experiences among the many expressions of active citizenship working to support public vaccination policies.

The ultimate goal is to update a narrative which, when it comes to vaccination, rarely refers to the active role of Civil Society Organisations (CSOs) and Patient Advocacy Groups (PAGs), instead focusing mainly on hesitant or even hostile attitudes toward vaccines. While such attitudes do exist, they do not represent the whole picture. Many actors among the intermediary bodies of society can play a constructive role with institutional and non-institutional stakeholders, as well as act as a driving force for other organisations.

There are different types of initiatives that demonstrate their activism in the vaccination arena. Would you like to find out more?

Enjoy reading!

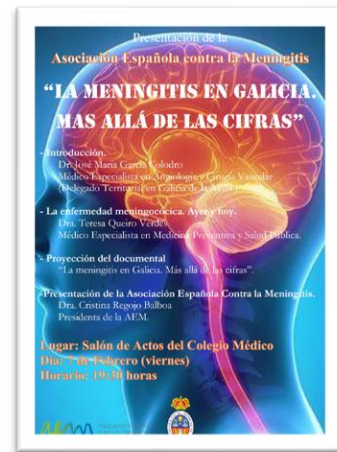


2. Projects

Projects Implemented in EU Countries

DOCUMENTARY: MENINGITIS IN GALICIA

ASOCIACIÓN ESPAÑOLA CONTRA LA MENINGITIS, SPAIN



1. Project Overview

Topic: Meningitis Vaccination Awareness |
Audience: General Public

To highlight the severe long-term impacts of meningitis and the importance of prevention, a documentary was developed on the meningitis outbreak that occurred in Galicia in 1970, which left thousands of victims and patients with severe sequelae such as deafness, blindness, brain damage, and amputations.

The film shares testimonies from survivors, families, clinicians and public health representatives, highlighting the severe long-term impacts of the meningitis and the importance of prevention.

Implementation:
2025 | Local Level

2. Challenge/s Addressed

- Filming sensitive personal testimonies from individuals not familiar with interviews or recording equipment.
- Bringing together multiple perspectives - patients, clinicians and policymakers - into a coherent narrative about the value of vaccination and prevention.

3. Stakeholders Involved

Local institutions, national institutions, other third sector associations and organisations, patients and doctors

4. Methodology

- A communication agency developed the script and conducted on-site filming in Galicia.
- Testimonies were recorded from individuals who best represented the impact of the outbreaks during the 1970s and 1980s.

5. Results

- More than 100 people attended the premiere.
- The documentary has surpassed 2,000 views on the association's YouTube channel, with continued daily growth.

6. Links & Resources

[Documentary: Documental La Meningitis en Galicia - YouTube](#)

[Documentary Premiere - YouTube](#)

[Premiere Summary - YouTube](#)

Press Reviews

[Xunta De Galicia](#)

[Metropolitano_Galicia](#)



METROPOLITANO.GAL

What Was Done

- Produced a documentary capturing testimonies from survivors, clinicians and public representatives.
- Developed a script that integrates medical, political and personal perspectives.
- Recorded on location in Galicia to document the historical context and lived experiences.

What Changed

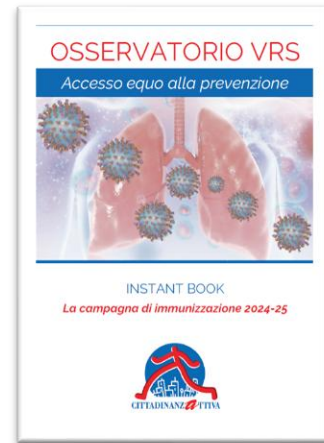
- Increased public understanding of the long-term consequences of meningitis.
- Provided a powerful awareness tool underscoring the importance of prevention and vaccination.
- Strengthened visibility of affected individuals whose stories were previously unheard.

What to Keep in Mind

- Use patient-centred approaches when collecting testimonies.
- Combine expert voices with lived experience to create a comprehensive narrative.
- Support participants through clear explanations of the process to reduce discomfort with technology.

RESPIRATORY SYNCYTIAL VIRUS: AN OBSERVATORY FOR EQUITABLE ACCESS TO PREVENTION

CITTADINANZATTIVA, ITALY



1. Project Overview

Topic: Respiratory Syncytial Virus (RSV) | **Audience:** Policy Makers

In 2025, Cittadinanzattiva launched the “Respiratory Syncytial Virus (RSV) Observatory: equitable access to prevention” to analyse and map inter-regional inequalities, identify unmet needs in priority groups (newborns, pregnant women, older adults and people with comorbidities) and highlight gaps in immunisation strategies and governance.

A multidisciplinary board composed of regional health authorities, scientific societies, clinicians (paediatrics, primary care, public health) and civic and patient groups shares data, experiences and good practices. Insights from three meetings are consolidated into Instant Books and a final position paper with proposals to update the national vaccination calendar and ensure that all available RSV prevention strategies are considered.

These proposals are publicly presented to national and regional institutions to support policies that guarantee equitable access to RSV prevention across Italy.

Implementation:

2025 | National Level

2. Challenge/s Addressed

- Fragmentation and delays, including unclear or late national guidance and inconsistent regional operational circulars.
- Regional inequities linked to heterogeneous roll-out, varied access criteria and supply planning misalignments.
- Coverage gaps, with strong results in neonatology for in-season births but low off-season coverage due to dose shortages and limited involvement of primary care paediatrics.
- Neglected population groups, such as pregnant women, frail adults and older people, who received little or no active or free offer.
- Communication deficits, with limited public information and poor alignment between national and regional messaging.
 - Governance and sustainability risks caused by the absence of a coordinated national strategy, unclear funding and distribution criteria and policy uncertainty, all of which affect equitable life-course RSV prevention.

3. Stakeholders Involved

Local institutions, national institutions, private bodies, third sector associations and organisations, professionals, scientific societies

4. Methodology

- Periodic board meetings (three cycles) to collect evidence from regions, scientific societies, clinicians and civic and patient organisations.
- Desk review of national and regional policies, circulars, funding and distribution frameworks and comparative experiences.
- Structured synthesis of evidence: meeting minutes → Instant Books → final position paper with actionable proposals.
- Focused dissemination and advocacy through targeted briefings and a technical event to support adoption.
- Resources included a project team and secretariat, expert time from board members, access to regional data and society reports, and basic communication and coordination tools for stakeholder engagement and publication.

6. Links & Resources

 [Project Information](#)

5. Results

- Three Instant Books summarising regional experiences, critical issues and good practices, with recommendations for 2025–26.
- Documentation of inequities and operational bottlenecks (supply, timing, governance) that informed requests for stronger national coordination.
- Evidence of positive impact in neonatology during the 2024–25 season (reports of up to ~90% infection reduction among in-season newborns), alongside quantified gaps for off-season infants, pregnant women and frail adults.
- A shared multidisciplinary consensus on updating the national vaccination calendar and improving communication, logistics and monitoring.
- A final position paper and public technical event presenting proposals to national and regional institutions.

What Was Done

- Launched a national RSV Observatory to map inequalities and identify unmet prevention needs across priority groups.
- Brought together regional authorities, scientific societies, clinicians and civic groups to share data and experiences.
- Produced Instant Books and a final position paper with proposals for improved governance and updated calendar recommendations.
- Presented proposals to national and regional institutions to support equitable access to RSV prevention.

What Changed

- Regional differences in RSV prevention became clearer through structured evidence and comparison.
- Unmet needs for newborns, off-season infants, pregnant women and frail adults were highlighted for policymakers.
- A multidisciplinary consensus emerged on the need to strengthen governance, supply planning, communication and monitoring.
- Institutions received concrete proposals that support a more consistent and equitable national approach.

What to Keep in Mind

- Multi-stakeholder platforms reveal system gaps that individual regions cannot identify alone.
- Clear and actionable proposals increase institutional uptake and policy traction.
- Regular evidence synthesis maintains momentum and visibility throughout the season.
- Equity requires attention to timing, supply, communication and the active offer for all eligible groups.

NATIONAL CIVIC CONSULTATIONS ON LIFE-COURSE IMMUNISATION ACROSS EUROPE

CITTADINANZATTIVA, ITALY



1. Project Overview

Topic: Life-course immunisation | **Audience:** Policy Makers

Three civic consultations on national immunisation plans were conducted by Active Citizenship Network, the EU branch of the Italian NGO Cittadinanzattiva, through three focus groups in Spain, Hungary and Poland, titled “Civic Consultation on the National Immunisation Plan: Is it Focused on a Life-Course Approach?”.

Leveraging its constituency of national citizens’ organisations, the initiative convened leaders of civic and patient associations, healthcare professionals, policymakers and other vaccine stakeholders in each country.

The consultation aimed to co-develop proposals and collect impressions, suggestions and advice, providing institutional and healthcare stakeholders with:

- (i) an assessment of the strengths and weaknesses of national policies and plans regarding the life-course immunisation approach; and
- (ii) common elements and country-specific factors influencing the success of that approach.

The first focus groups were held with the support of Vedem Civilian for Vaccination (Hungary), the second with the Institute

of Patients’ Rights and Health Education (Poland) and the third with the Foro Español de Pacientes and the Asociación Española contra la Meningitis (Spain).

Implementation:

2019 | EU Level

2. Challenge/s Addressed

- Fragmented policy and coordination: Life-course vaccination unevenly included in national plans with weak alignment across ministries and regions.
- Awareness and communication gaps: Low understanding of the life-course approach and mixed messages that fuel hesitancy and confusion regarding entitlements.
- Data and implementation limits: Patchy, non-comparable data, unclear roles, scarce resources and uneven rollout creating regional inequities.
- Siloed stakeholders: Limited collaboration among citizens and patients, healthcare professionals, policymakers, educators and employers with weak feedback loops into policy

3. Stakeholders Involved

Local institutions, national institutions, private bodies, third sector associations and organisations, professionals

4. Methodology

A standard protocol guided partner recruitment, invitations, consent and moderation. A mixed questionnaire, combining closed and open items, structured discussion on life-course immunisation. Sessions lasted between 90 and 180 minutes and were audio recorded, anonymised and summarised into country briefs and a comparative note.

A multi-stakeholder Steering Committee validated the scope and key messages. Resources included the Cittadinanzattiva team, local partner staff and experts from civic and patient groups, healthcare professionals and policymakers.

The initiative was delivered with the unconditional support of a private company.

5. Results

Outputs included three country briefs capturing strengths and weaknesses, common enablers and barriers and country-specific needs, as well as a comparative synthesis to support advocacy.

The process also generated actionable proposals on governance, communication, data and access.

The consultations improved mutual understanding among stakeholders and supported cross-country exchange on life-course immunisation approaches.

6. Links & Resources

[🔗 Project Information](#)



What Was Done

- Conducted three national civic consultations through focus groups in Spain, Hungary and Poland.
- Applied a standard protocol and mixed questionnaire to structure discussion on life-course immunisation.
- Engaged civic and patient organisations, healthcare professionals and policymakers.
- Produced country briefs and a comparative synthesis based on anonymised discussion outputs.

What Changed

- Provided institutional and healthcare stakeholders with structured civic feedback on national immunisation plans.
- Identified shared barriers and country-specific factors affecting the implementation of a life-course approach.
- Strengthened dialogue between civic actors and decision makers on governance, communication, data and access.

What to Keep in Mind

- Standardised consultation methods enable comparison across countries. Civic input helps identify implementation gaps not captured by policy documents alone.
- Multi-stakeholder engagement is essential to support effective life-course immunisation policies.

THE QUALITY CHARTER OF VACCINATION SERVICES

CITTADINANZATTIVA, ITALY



1. Project Overview

Topic: Vaccination Policy |

Audience: Public and Health Providers

Cittadinanzattiva developed a Charter of Quality Standards for organisational models to support institutions and healthcare professionals in defining minimum requirements for vaccination services in Italy from a civic perspective.

The Charter focuses on services delivering vaccines for both children and adults. It is built around six key principles:

- Equal access across the country
- Transparent and consistent information
- Adequate training for healthcare professionals
- Citizen safety
- Simplified procedures through digital tools
- Effective strategies to increase vaccination coverage and continuous improvement through quality assessment.

Each principle is paired with recommendations addressed to different institutional levels and, where relevant, to citizens.

The Charter translates rights into concrete actions and operational measures.

Implementation:

2021 - 2022 | National Level

2. Challenge/s Addressed

Italy faces variability in vaccination services across regions, inconsistencies in public information and uneven use of digital tools that can hinder access. Differences in training and organisational approaches across healthcare settings also affect service quality.

Cittadinanzattiva responded to these challenges by providing clear civic-driven standards that promote equity, transparency, service efficiency and the active involvement of citizens in vaccination pathways.

3. Stakeholders Involved

Local institutions, national institutions, private bodies, other third sector associations and organisations, professionals, scientific societies

4. Methodology

- The first phase involved a civic monitoring activity targeting Regional Health Departments, Vaccination Centres, and general practitioners' and paediatricians' offices. The aim was to assess organisational models, accessibility, communication and the use of digital tools. The tools and indicators for the monitoring were co-designed and validated with a multi-stakeholder working group, including institutions, experts, and patient representatives.
- The second phase focused on developing a Quality Charter for Vaccination Services, based on the evidence gathered and stakeholder discussions. The Charter outlines six core civic principles of quality, each accompanied by actionable recommendations addressed to institutions and, where relevant, to citizens.
- The third phase included a series of public talk shows to engage citizens, present the Charter and raise awareness about vaccines and vaccination services.

5. Results

A concrete tool has been produced to guide action on vaccination services. The Charter is intended to be:

- Publicly proclaimed by citizen organisations and institutions to support recognition and improvement of local contexts.
- Subscribed to and formally adopted at institutional and organisational levels.
- Promoted among institutions, public and private healthcare actors, professional associations and citizens to strengthen quality and accountability in vaccination services.

6. Links & Resources

-  [Charter](#)
-  [Project Overview & Insights](#)

What Was Done

- Developed a national Charter setting civic-driven standards for high-quality vaccination services.
- Used civic monitoring to identify gaps in access, communication and digital tools across regions.
- Co-designed indicators and recommendations with institutions, experts and patient representatives.
- Engaged citizens through public talk shows to build awareness and encourage adoption of the Charter.

What Changed

- Clear civic principles guide institutions in improving equity and quality in vaccination services.
- Evidence from monitoring created a shared understanding of gaps and priorities across regions.
- Dialogue between institutions, professionals and citizens became more structured and action focused.
- Public awareness of vaccination services increased through targeted engagement activities.

What to Keep in Mind

- Civic standards help strengthen accountability and consistency across decentralised systems.
- Co-design with institutions and citizens increases legitimacy and supports uptake.
- Public engagement is essential for building trust and improving understanding of vaccination services.
- Quality charters have the greatest impact when supported by clear indicators and ongoing monitoring.

TUTTOVACCINI

CITTADINANZATTIVA, ITALY



1. Project Overview

Topic: Vaccination Policy |

Audience: General Public

Cittadinanzattiva created a simple, comprehensive and interactive online platform providing reliable and up-to-date information on vaccinations in Italy. The platform includes general educational content, specific guidance for vulnerable populations and details on national legislation and regional organisational models.

It offers a complete overview of vaccination centres across all Italian regions, including addresses, contact details and access procedures. Additional resources such as a glossary and links to institutional websites support further consultation.

The platform helps citizens navigate complex information and procedures and enables them to quickly identify the nearest vaccination points in their region.

Implementation:

2023 – Present | National Level

2. Challenge/s Addressed

The year 2020 revealed significant fragmentation in Italian vaccination policies, with heterogeneous regional decisions and major difficulties in accessing clear information.

The pandemic further highlighted the importance of accurate vaccine communication. In 2022, Cittadinanzattiva identified the need for a single, accessible point where citizens, professionals and institutions could find detailed and consistent information on vaccination practices.

3. Stakeholders Involved

Local institutions, national institutions, private bodies, third sector associations and organisations, professionals, scientific societies

4. Methodology

- In 2022, building on the Civic Monitoring of Vaccination Services and the Quality Charter for Vaccination Services, Cittadinanzattiva identified the need for a centralised and reliable digital source of vaccination information. Monitoring findings showed that fragmented regulations and procedures across regions created confusion and made it difficult for citizens to navigate services.
- To address this, Cittadinanzattiva developed the TuttoVaccini digital platform, drawing on insights from the Quality Charter and monitoring activities. The work was supported by a multi-stakeholder group that included representatives from professional and scientific societies, local and national institutions, patient organisations, healthcare professionals and civic experts.
- This collaboration ensured the platform reflected diverse perspectives and responded to practical needs.
- TuttoVaccini platform transformed the static printed handbook into a dynamic and interactive public service that simplifies access to essential vaccination information.

- The platform was established with the unconditional contribution of three pharmaceutical companies.

5. Results

- A virtual help assistant to respond to frequently asked questions and support information searches.
- A dedicated tab for each region
- A geolocalised map of vaccination centres with specific service details for each.

6. Links & Resources

-  [TuttoVaccini Overview](#)
-  [TuttoVaccini Materials](#)

What Was Done

- Developed a national digital platform to centralise clear and reliable vaccination information.
- Turned civic monitoring findings into an interactive tool that is easy for citizens to use.
- Mapped vaccination centres nationwide with geolocation and practical service details.
- Added a virtual help assistant and essential resources to support quick information access.

What Changed

- Citizens now have one trusted place to find accurate vaccination information.
- Regional differences became easier to understand through standardised content.
- Access to vaccination services improved through clear directions and centre mapping.
- Public communication became more coherent across institutions and user groups.

What to Keep in Mind

- Centralised information reduces confusion in decentralised health systems.
- Digital tools must stay simple, updated and user friendly.
- Diverse stakeholder input strengthens accuracy and relevance.
- Visibility and promotion are essential for sustained citizen use.

LIFE-COURSE VACCINATION: A PARADIGM CHANGE

COALITION OF PATIENTS' ORGANISATIONS WITH CHRONIC DISEASES IN ROMANIA

1. Project Overview

Topic: Vaccination Policy |

Audience: Policy Makers

Since 2018, COPAC has led a multi-year initiative to make life-course vaccination more accessible and trusted, especially for adults with chronic conditions. The project progressed from awareness to evidence and policy. Key milestones included the first national workshop with EPF (2018), the “Initiative for the Future” campaign and an Information Guide for Chronic Patients (5,000 copies plus online, 2019), national perception and HCP-attitude studies (2020–2021), the online campaign “Vaccines aren’t just for children”, and media training for 20 health journalists (2021).

Between 2019 and 2025, COPAC held ongoing debates with authorities and professional societies. By 2023, COPAC’s advocacy concentrated on reimbursement for vaccines for chronic patients.

In April 2025, COPAC hosted the workshop “Vaccination throughout life – a shared commitment for public health”, bringing together the Ministry of Health, NIPH, professional societies, NGOs and industry partners.

In May 2025, COPAC co-organised with UMF Bucharest and Active Citizenship Network the international conference “Bridging the Confidence Gap: Empowering CEE Communities for Vaccination”.



The resulting Romanian-language white paper was published in October 2025. COPAC is now disseminating findings across CEE, partnering with NGOs to replicate good practice, engaging authorities on public policy, and preparing an academic publication to document outcomes and ensure long-term impact.

Implementation:

2018 – Present | EU Level

2. Challenge/s

Romania has long faced low adult vaccination coverage, limited public trust and financial barriers arising from the lack of reimbursement for chronic patients. Other challenges included inconsistent public communication, insufficient awareness among healthcare professionals and a lack of data broken down by population group.

COPAC helped address these issues by generating national evidence on perceptions and attitudes, developing accessible information materials, training journalists and health professionals and facilitating structured cooperation between patient organisations, professional societies, authorities and academia.

At regional level, the project contributed to reducing the broader confidence gap in Central and Eastern Europe, where misinformation, historical scepticism and socioeconomic factors continue to affect vaccination acceptance and access.

3. Stakeholders Involved

Local institutions, national institutions, private bodies, other third-sector associations and organisations, professionals

4. Methodology

COPAC applied a participatory, evidence-based approach that combined advocacy, education and research.

The organisation co-designed workshops, surveys, debates and media briefings with medical societies, universities and patient groups. It produced patient-friendly materials and a national guide and held regular policy dialogues with the Ministry of Health, NIPH, regulators and professional bodies.

Resources included staff expertise, volunteer contributions, pro bono support, project grants and transparent sponsorship from responsible healthcare companies. COPAC's network of 18 member associations amplified outreach nationwide. In 2025, the organisation consolidated learning into a Romanian-language white paper and prepared an academic article to support replication across CEE.

5. Results


A major outcome of COPAC's advocacy was the policy change that, from December 2023, introduced partial or full reimbursement of vaccines for people with chronic conditions in Romania, removing a critical affordability barrier.


The project also delivered a national information guide, broad online education on adult vaccination, and national perception and HCP-attitude studies that informed decision makers.

COPAC created sustained platforms for dialogue among authorities, professional societies and patient groups.

In 2025, the organisation expanded its impact regionally through the CEE conference and Romanian-language white paper, supporting replication and advancing adult vaccination within the public health agenda.

6. Links & Resources

 Publication: [Bridging the Confidence Gap: Towards A Multistakeholder Alliance to Strengthen Equitable Vaccination in Central and Eastern Europe](#)

 Whitepaper: [Reducerea decalajului de încredere: Consolidarea vaccinării echitabile în Europa Centrală și de Est](#)

What Was Done

- Implemented a multi-year programme integrating education, evidence generation and policy advocacy to strengthen adult and life-course vaccination.
- Produced national evidence and patient-focused resources while establishing sustained engagement with authorities, professionals and media.
- Scaled the model regionally through high-level events and a white paper to support replication and policy uptake.

What Changed

- Adult vaccination for people with chronic conditions became more accessible, with partial or full reimbursement introduced nationally.
- Public and professional awareness improved through evidence generation, patient-friendly materials and targeted education.
- Multi-stakeholder collaboration strengthened, enabling national policy engagement and regional knowledge transfer.

What to Keep in Mind

- Evidence-based, sustained advocacy drives policy change and strengthens trust.
- Clear, accessible materials help chronic patients make informed decisions.
- Academic, clinical and media partnerships boost credibility and reach.
- Regional scaling works when evidence is locally adapted and NGOs collaborate closely.



COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania
Published by Luminita Valcea · October 29, 2024 · 13

Început sezonul de vaccinare împotriva gripei. Categoriile populației peste 60 de ani are riscul de a prezenta complicații severe în cazul gripei. De aceea, este important să vă vaccinați.

ATENȚIE! Pentru această categorie a populației există un vaccin care oferă o protecție mai bună, cu un nivel ridicat de antigeni. Întrebați medicul și vaccinați-vă! Doar în acest fel pot fi prevenite cazurile severe de gripă care duc la spitalizări prelungite și chiar deces!

PERSOANE ELIGIBILE	NIVEL DE COMPENSARE
Copii cu vârsta ≥ 6 luni și < 19 ani;	100%
Gravide	100%
Persoane cu vârsta ≥ 19 ani și < 65 de ani, aflate în una dintre următoarele situații:	100%
<ul style="list-style-type: none"> • obezitate • boli cardiovasculare cronice; • boli respiratorii cronice; • boli metabolice; • boli renale cronice; • hepatopatie cronică; • patologii neurologice cronice; • malformații congenitale; • neoplazii; • terapie imunosupresoare, transplant, imunosupresie congenitală; • boli autoimune; • asplenie, pacienți aflați în pregătire în vederea efectuării unei splenectomii; • infecție HIV/SIDA. 	100%
Persoane cu vârsta de peste 65 de ani;	100%
personal de specialitate medico-sanitar și acasă;	100%
Persoane cu vârsta între 45 și 64 de ani fără boli cronice	50%

Vaccinarea împotriva GRIPEI

14 Like · 16 share

COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania
Published by Luminita Valcea · February 11 · 13

Îți mamă de nou-născut? Iată ce poți face pentru a-ți proteja micuțul de VSR!
Pentru nou-născuți, VSR poate fi cu adevărat periculos. Virusul atacă căile respiratorii... See more

În plin sezon rece, riscul de infecție cu VSR crește considerabil. Luați măsuri de protecție!

COPAC
Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania

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COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania
Published by Luminita Valcea · December 17, 2024 · 13

Traversăm acea perioadă a anului când fiecare dintre noi vrea să se bucure de vacanță împreună cu familia. Este și perioada când gripa este foarte prezentă în comunități... See more

ART Cluj
Asociația Pacienților cu Boli Reumatismale Inflamatorii din Transilvania

De ce este important ca persoanele cu afecțiuni reumatismale inflamatorii să fie vaccinate?

INTREABĂ-ȚI MEDICUL!

1. Rescriere de medicul de familie/medicul reumatolog
2. Ridicare din farmacie
3. Vaccinare la medicul de familie sau direct în farmacie

[HTTPS://ART-CLUJ.RO/](https://art-cluj.ro/)

Dr. Irina Cristian - Reumatologie BUZĂU and 9 others · 2 share

Comment as COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni ...

COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni Cronice din Romania
Published by Luminita Valcea · January 22, 2024 · 13

#vaccinare#gripa#traseulpacientului

În ultima săptămână, Institutul Național de Sănătate Publică a anunțat un număr de 102.640 cazuri de infecții respiratorii (gripă) c. See more

TRASEUL PACIENTULUI PENTRU VACCINAREA ANTI-GRIPALĂ
Vaccinul gripei - 1 octombrie 2023

1. Consultul în medicul aflat în contract cu o casă de asigurări de sănătate și eliberarea rețetei pentru vaccinul gripei
2. Ridicarea vaccinului din farmacie conform nivelului de compensare (50% sau 100%)
- 3A - Vaccinarea în FARMACIE: Administrarea vaccinului în farmacie înscrise în programul pilot de vaccinare
- 3B - Vaccinarea în CABINET: Transportarea vaccinului NUMAI în condiții de temperatură optimă (2-8 grade Celsius). Vaccinarea în cabinetul medicului vaccinator (ex. medic de familie, optician, infirmier, patențier)
4. Reportarea în RENV

ATENȚIE! Vaccinul gripei trebuie transportat și ținut la temperatură între 2-8 grade. A nu se congela! Exemple: with Inflorica, Gripster

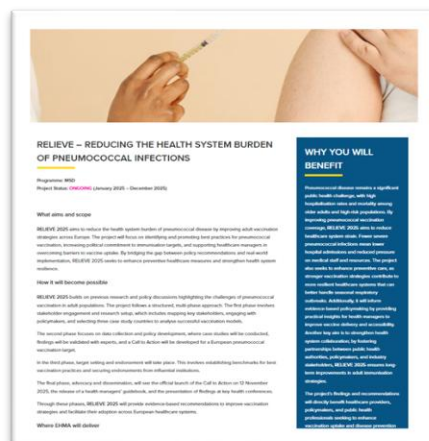
FORUMUL ROMÂN PRO-VACCINARE

5 Like · 5 share

Comment as COPAC - Coalitia Organizatiilor Pacientilor cu Afectiuni ...

RELIEVE

EUROPEAN HEALTH MANAGEMENT ASSOCIATION, BELGIUM



1. Project Overview

Topic: National Pneumococcal Strategy | **Audience:** Policy Makers

RELIEVE 2025 builds on previous research and policy discussions highlighting the challenges of pneumococcal vaccination in adult populations.

The project follows a structured, multi-phase approach to generate evidence-based recommendations that improve adult vaccination strategies and support their adoption across European healthcare systems.

The project builds on EHMA’s report *Strengthening Health Systems: Tackling the Impact of Pneumococcal Disease in Europe*, published on 22 November 2024.

The report provided key policy insights into the burden of pneumococcal disease and the need for enhanced vaccination strategies. EHMA facilitates collaboration between health managers, policymakers and industry experts to translate research insights into actionable policy recommendations.

Through its extensive network, EHMA will support discussions on vaccination targets, develop best-practice guidelines for health managers and ensure that the project’s findings reach decision makers at both national and European levels.

Implementation:

2025 – 2026 | EU Level

2. Challenge/s Addressed

Pneumococcal disease remains a significant public health challenge with high hospitalisation rates and mortality among older adults and high-risk populations. By improving pneumococcal vaccination coverage RELIEVE 2025 aims to reduce strain on healthcare systems.

Fewer severe pneumococcal infections mean lower hospital admissions and reduced pressure on medical staff and system resources.

The project also seeks to strengthen preventive care since stronger vaccination strategies contribute to more resilient healthcare systems that are better able to manage seasonal respiratory outbreaks. It will support evidence-based policymaking by providing practical insights for health managers to improve vaccine delivery and accessibility.

Another key aim is to strengthen health system collaboration. By fostering partnerships between public health authorities, policymakers, civil society and industry stakeholders, RELIEVE 2025 works to support long-term improvements in adult immunisation strategies.

3. Stakeholders Involved

National institutions, private bodies, other third sector associations and organisations

4. Methodology

The project is organised into four phases.

- Phase 1. Stakeholder engagement and research setup
Mapping of key stakeholders, engagement with policymakers and selection of three case study countries, to analyse successful vaccination models.
- Phase 2. Data collection and policy development
Completion of national case studies, validation of findings with experts and development of a Call to Action for a European pneumococcal vaccination target.
- Phase 3. Target setting and endorsement
Establishment of benchmarks for best practice and securement of endorsements from influential institutions.

- Phase 4. Advocacy and dissemination
Launch of the Call to Action on 12 November 2025, publication of a health managers guidebook and presentation of findings at key European health conferences.

5. Results

EHMA has brought together civil society organisations, medical societies, public health authorities and healthcare stakeholders across Europe to endorse a Call to Action for a European pneumococcal vaccination coverage target of 75 percent for adults aged 65 and older.

This initiative will continue into 2026 and invites further support from stakeholders committed to stronger preventive action, healthier ageing and more resilient health systems. Please consider adding your voice to support.

6. Links & Resources

- [Overview: RELIEVE – Reducing the Health System Burden of Pneumococcal Infections](#)

What Was Done

- Assessed barriers to adult pneumococcal vaccination across European health systems.
- Engaged health managers, policymakers, civil society organisations and industry partners.
- Conducted country case studies to identify effective adult vaccination models.
- Validated findings with technical experts to ensure accuracy and policy relevance.
- Developed a Call to Action proposing a 75 percent vaccination target for adults aged 65 and older.

What Changed

- Increased recognition of pneumococcal disease as a priority for healthy ageing and prevention.
- Strengthened alignment among stakeholders on the need for an EU-wide adult vaccination target.
- Improved understanding of effective vaccination delivery models through country examples.
- Enhanced cooperation between public health authorities, civil society and industry partners.

What to Keep in Mind

- Clear vaccination targets help shape coordinated action across diverse health systems.
- Early engagement with health managers ensures recommendations are feasible in practice.
- Country case studies provide practical examples that support implementation.
- Sustained outreach is essential to secure broad endorsement and long-term commitment.

IMMUHUBS

EUROPEAN PARENTS' ASSOCIATION (EPA), BELGIUM



1. Project Overview

Topic: Increasing Vaccination Access |
Audience: Hard-to-Reach Populations

The ImmuHubs Project aimed to increase vaccination uptake among disadvantaged, isolated and hard-to-reach population groups in Europe. It was co-funded by the European Health and Digital Executive Agency and coordinated by the Vaccine Safety Initiative (ViVi), a scientific non-profit based in Berlin.

A consortium of nine institutions across six countries - Cyprus, Finland, Greece, Poland, Portugal and Serbia - including academic, non-profit, public health, professional and civic society partners, worked towards three core goals:

- Establish proactive partnerships with citizen groups, public health agencies, key stakeholders, and the general public to improve access to vaccination in disadvantaged, isolated and difficult-to-reach population groups in six European countries, following best practices for community collaboration.
- Create innovative immunisation actions – specifically low-threshold, easy-to-access immunisation hubs – aimed at informing the public about the advantages and potential risks of different vaccines and increasing uptake across borders, generations and population groups.

- Develop sustainable approaches that support vaccine protection for EU citizens, both during the COVID-19 pandemic and in the longer term.

Implementation:

2021- 2024 | EU Level

2. Challenge/s Addressed

- Vaccination hesitancy and opposition were addressed through improved information and the option to self-check vaccination status using digital tools.
- Access to evidence-based information was supported through low-threshold immunisation hubs, whose primary objective was to inform the general public about the advantages and potential risks of vaccination.
- Outreach to the general public in partner countries was strengthened through collaboration with Civil Society Organisations, including family, parent, and patient groups.
- Evidence-based information was provided to the general public as well as to health practitioners.

3. Stakeholders Involved

Local institutions, national institutions, other third sector associations and organisations, professionals, local paediatricians



4. Methodology

- Desk research to examine access to vaccination among disadvantaged, isolated, and difficult-to-reach communities in the WHO European Region, resulting in a report.
- Symptom survey provided insight into caregivers' perceptions within the family context regarding symptoms observed in children and older family members.
- VaccApp Chatbot was designed to empower parents and caregivers to become active partners in vaccine protection. Its user-friendly design encourages non-specialists to review their own vaccination records and those of their children and other family members. It was developed through a Design Thinking partnership between ViVi and the School of Design Thinking in Potsdam, Germany, the first school for innovation in Europe.

5. Results

- Low-threshold, easily accessible ImmuHubs in various partner countries to provide information and support citizens in making conscious, personalised decisions on vaccine uptake.
- A user-centred application, VaccApp, using a 'traffic light system' that allows users to mark aspects of their vaccination history that may be unclear to them, and to seek clarification when visiting a medical professional.
- A score app for healthcare professionals to assess influenza, RSV, and COVID-19 disease severity within 1–2 minutes, to improve quality of care, vaccine effectiveness surveillance, pandemic preparedness, antibiotic stewardship, and the accuracy and interoperability of clinical trial data.
- A Health Literacy White Paper to summarise the project results and support families in decision-making about vaccines.

6. Links & Resources

- [Project Information](#)
- [Immuhubs Podcasts Series](#)
- [YouTube - What is ImmuHub?](#)

What Was Done

- Developed digital tools to support citizens and healthcare professionals.
- Ran surveys and research to guide design and implementation.
- Built partnerships with civil society, families and local professionals.
- Produced a Health Literacy White Paper to inform decision-making.

What Changed

- Strengthened vaccination uptake among disadvantaged and hard-to-reach groups in six European countries.
- Reduced hesitancy by providing clear information and practical self-check tools.
- Enabled citizens and caregivers to take a more active role in managing vaccination.
- Equipped healthcare professionals with simple, reliable digital resources.

What to Keep in Mind

- Combine community outreach with accessible, user-friendly digital tools.
- Involve families and local partners early to shape solutions that work.
- Use clear, evidence-based messages and co-create materials with target groups.
- Work closely with civil society to build trust and reach diverse communities.

learn more about the ImmuHubs project, our plans for the future, and a novel concept of immunisation hubs, check out our website:

innovative immunisation hubs

Reducing Transmission of Vaccine-Preventable Diseases

If you are interested to implement ImmuHub in your community, whether you are a member of the community, family, local civil organization, a citizens group, or HCP, decision-maker, contact us at:

- twitter.com/ImmuHubs
- linkedin.com/in/ImmuHubs/
- info@immunisationhubs.eu

The project is co-funded by European Union's Health Programme (2014-2020) and coordinated by the Vaccine Safety Initiative (www.vsi.eu), in collaboration with academic institutions, NGOs, and public health agencies in Europe as well as the European Academy of Paediatrics and the European Parents' Association.

The content of this leaflet represents the views of the author and does not necessarily represent the views of the European Commission and/or the European Union. The European Commission is not liable for any use of the information in this leaflet.

if we are vaccinated!

Countries hosting ImmuHubs to improve the health and well-being of:

- disadvantaged
- isolated groups
- difficult to reach population groups

About ImmuHubs:

Specific population groups do not have sufficient access to both vaccines and reliable vaccine information. The trusted conversations about this highly important issue with designated health care practitioners, and in their native language, for some groups of people are unavailable. The Innovative Immunisation Hubs (ImmuHubs) project has been set up in response to this and aims to change that pattern.

We take special care to reach populations across Europe that have geographic, economic, and social or health reasons that may be barriers to accessing immunization services.

In the midst of those communities, we will set up ImmuHubs to develop living examples of how immunization services and practices can be improved. With the people's interest at the core of our efforts, ImmuHubs will reduce social inequality and improve the health and wellbeing of disadvantaged, isolated, and difficult-to-reach population groups.

Covid and the Flu affect all age groups.

Fill in the SymptomSurvey now.

Logos: VVI, symptom, FAMILIES, TheMinding, etc.

Have you completed the SymptomSurvey yet?

Support the prevention & management of Flu and Covid now.

Logos: VVI, symptom, FAMILIES, TheMinding, etc.



Cyprus Focus Group

CESAR

FEDERACIÓN NACIONAL DE ASOCIACIONES ALCER, SPAIN



1. Project Overview

Topic: Vaccination Policy Awareness | **Audience:** Patients with Chronic Kidney Disease

The CESAR project, an initiative designed to raise awareness among kidney patients about the risks of antimicrobial resistance (AMR), also aimed to increase awareness about recommended vaccinations for individuals with chronic kidney disease who are on dialysis or living with a kidney transplant.

The project provides clear guidance on vaccine types, schedules and dosing to support informed decision-making among patients.

Implementation:
2024 – 2025 | National Level

2. Challenge/s Addressed

- Low preventive vaccination rates among dialysis and transplant patients.
- Limited awareness of recommendations for this high-risk group.

3. Stakeholders Involved

National institutions and private bodies

4. Methodology

- Developed an explanatory infographic with the Spanish Association of Vaccinology, endorsed by the Spanish Society of Nephrology and the Spanish Society of Neurological Nursing.
- Shared materials through social media, the ALCER website and newsletter, and at the ALCER National Congress.

5. Results

More than 1,500 kidney patients reached with clear vaccination guidance.

6. Links & Resources

 [Campaign Information](#)

What Was Done

- Created clear, patient-friendly vaccination guidance for people on dialysis or living with a kidney transplant.
- Designed an endorsed infographic with national clinical societies to ensure accuracy and trust.
- Distributed the materials across digital channels, newsletters and an in-person national congress to maximise reach.

What Changed

- Improved understanding among kidney patients about which vaccines they need and when to receive them.
- Increased engagement with vaccination information among a high-risk group often overlooked in mainstream campaigns.

What to Keep in Mind

- Use simple, clinically validated materials when communicating with patients who face complex health needs.
- Work with national clinical societies to enhance credibility and dissemination.
- Combine digital distribution with in-person touchpoints to reach patients regularly interacting with healthcare services.



E-GEIA INITIATIVE: EMPOWERING SENIORS ON HEALTH RIGHTS AND PREVENTATIVE CARE

IMKKA, GREECE



1. Project Overview

Topic: Vaccination Policy |

Audience: Adults

The E- GEIA project focused on strengthening the cognitive understanding of European health rights among senior citizens.

The initiative used civic activism to create and disseminate educational materials and to deliver workshops that empowered older people to understand their rights and to access preventative health services, including immunisation schedules.

The project employed participatory approaches to engage older adults and their caregivers and to promote active citizenship in demanding quality preventative care. This aligned with IMKKA's mission to promote equality and inclusion through education and capacity building.

The methodology involved designing tailored training courses and curricula aimed at improving health literacy on prevention.

Implementation:

2024 – 2025 | National Level

2. Challenge/s Addressed

The main challenge was the low level of health literacy and limited awareness of European health rights among the elderly.

- Access to information: Ensuring older people had accessible and reliable information on preventative care, including the importance of life-course immunisation.
- Policy translation: Converting complex European health policies into practical knowledge that allowed people to exercise their rights and advocate for improved services.
- Inclusion: Addressing low confidence and limited digital skills among older adults, who are often affected by the digital divide and excluded from conversations about their health.

3. Stakeholders Involved

The project is funded by the European Union, the project “Cognitive Enrichment of European health rights for the Elderly (E-geia)” is implemented by the Union of Working Consumers of Greece in partnership with the Institute of Innovation and Development Studies.

As well as national institutions and other third sector associations and organisations.

4. Methodology

The project used a bottom-up, participatory approach to co-design educational materials with senior groups. The organisational process involved strategic studies and policy formulation to ensure alignment with current EU and national health frameworks.

Resources included staff expertise in institutional development and good governance and a Project Manager responsible for overall implementation. The core output was a tailored training curriculum focused on health rights and preventative health literacy.

5. Results

The project's capacity-building activities produced educational outputs that increased participants' understanding of their health rights and the importance of preventative measures.

Accessible publications and reports, including easy-to-read guides on immunisation, were developed for the target group.

The project also generated evidence for advocacy by documenting information gaps and specific needs among older adults. This informed dialogue with local and national institutions about improving health communication and access for this population.

The results contribute to social innovation in preventative health policy.

6. Links & Resources

 [BUILD: E-GEIA Overview – Including, Outcomes & Impact](#)

 [Project Closure Details](#)

What Was Done

- Developed educational materials and training curricula to improve understanding of health rights and preventative care.
- Co-designed content with senior groups to ensure relevance and accessibility.
- Delivered workshops that strengthened health literacy and encouraged active engagement.
- Identified information gaps that supported advocacy with institution.

What Changed

- Older adults gained clearer knowledge of their health rights and greater confidence in using preventative services.
- Accessible guides improved understanding of life-course immunisation.
- Evidence from the project informed discussions with authorities on communication barriers.
- Inclusive approaches to health literacy were strengthened within community settings.

What to Keep in Mind

- Co-designing materials with target groups improves clarity and relevance.
- Using straightforward language helps translate complex health policies.
- Addressing digital exclusion is essential for reaching older adults.
- Community-level evidence can support stronger communication and access policies.



E-geia Event INVITATION

EVENT INVITATION

HEALTH RIGHTS IN E.U.:
THE THIRD AGE IN GREECE

WEDNESDAY
05 JUNE, 2024

TIME
11:00 - 13:00 CEST

STAY TUNED

For more information call: +30 2108817730




























AGENDA

Cognitive Enrichment of European health rights for the Elderly (E-geia)

Wednesday, 05 June, 11:00-13:00 CEST

TIME	SCHEDULE
10:30-11:00	Arrival of participants and welcome
11:00-11:15	Opening Remarks by the President of Union of Working Consumers of Greece, Apostolos Raftopoulos
11:15-11:30	The program BUILD – Building a robust and democratic civic space (Build) Eleni Karakitsou, Project Officer, Bodossaki Foundation
11:30-11:45	The project «Cognitive Enrichment of European health rights for the Elderly (E-geia)» Anastasia Chatzipiavou, Director, Union of Working Consumers of Greece
11:45-12:00	The Relevance of the European Charter of Patients' Rights as a Tool for Advocacy in the Framework of the post Covid-19 Pandemic. Mariano Votta, Υπεύθυνος Ευρωπαϊκών Σχέσεων Cittadinanzattiva/ Διευθύντριας του Active Citizenship Network
12:00 – 12:30	«Health Rights in the EU; Third Age Citizens in Greece» Konstantinos Grigoriadis, Policy Analyst, Institute of Research for Innovation and Development (IMKKA)
12:30-13:00	Questions & Answers, Closing Remarks





THE ALLIANCE FOR COMBATING INFECTIOUS RESPIRATORY DISEASES

INSTITUTE FOR PATIENTS' RIGHTS AND HEALTH EDUCATION, POLAND



1. Project Overview

Topic: National Vaccination Strategy |

Audience: Policy & Decision Makers

- The Institute for Patients' Rights and Health Education, responding to the urgent health need identified by the WHO to ensure at-risk adults are protected with available vaccines against infectious respiratory diseases, launched *The Alliance for Combating Infectious Respiratory Diseases* in November 2021, together with social and scientific partners.
- The initiative aims to address the increasing incidence of infectious respiratory diseases and to identify long-term priority strategic solutions to reduce unnecessary hospital admissions and prevent life-threatening complications associated with seasonal influenza, pneumococcus and whooping cough.
- It seeks to support systemic improvements in the prevention and management of infectious respiratory diseases, particularly for high-risk groups, and to raise public awareness through information and educational activities.
- SOJUSZ PZO is led by the Institute for Patients' Rights and Health Education in partnership with patient organisations representing high-risk chronic disease groups, including: Amazon Women Federation (oncology), Polish Diabetics Association (diabetes), EcoHeart Foundation (cardiology), Federation of

Associations of Patients with Asthma and COPD and Active Citizenship Network (ACN).

Implementation:

2021 – Present | National Level

2. Challenge/s Addressed

Despite WHO recommendations and the rising burden of respiratory infections, major systemic and societal barriers remain in Poland:

- Lack of a national adult vaccination strategy. Poland has no coordinated plan for adult immunisation, leading to fragmented priorities, limited long-term planning and inadequate funding.
- Low awareness of adult vaccination among the public and health professionals. Vaccination is still seen as 'for children', leaving many adults, including those with chronic conditions, unaware of their need for protection. Health professionals also lack up-to-date knowledge on key vaccines.
- Complicated and unclear patient pathway to vaccination. People face administrative and logistical barriers, with little clarity on where to get vaccinated, reimbursement rules or referral processes.
- Low political and media prioritisation of respiratory infections. Despite high hospital burden and risks for vulnerable groups, adult vaccination receives limited visibility in public debate and policy agendas.



3. Stakeholders Involved

Local institutions, national institutions, third-sector associations and organisations, professionals

4. Methodology

The Alliance is coordinated by the Institute for Patients' Rights and Health Education in collaboration with patient organisations representing high-risk groups. The initiative engages medical experts, public health professionals and civil society stakeholders.

Activities include expert meetings, educational campaigns, media engagement, and policy advocacy. The project is supported by in-kind contributions, expert time, and institutional resources from partners to ensure broad outreach and sustainable impact.

5. Results

As a result of the Alliance's coordinated actions and advocacy, significant progress has been made in improving access to adult vaccinations in Poland. Seniors and individuals from high-risk groups, including those with chronic conditions, are now increasingly covered by publicly funded vaccinations against influenza, pneumococcal disease, COVID-19, and RSV.

Systemic changes such as the simplification of the patient pathway, the

introduction of vaccinations in pharmacies, and the removal of co-payments have made preventive care more accessible and patient-friendly.

These achievements reflect a growing recognition of the importance of protecting vulnerable populations from infectious respiratory diseases. However, challenges remain: low public awareness, insufficient education about adult immunisation, and persistent myths continue to hinder optimal vaccine uptake.

Ongoing educational and outreach efforts are essential to sustain and expand the progress made.

6. Links & Resources

- [Alliance website](#)
- [Report: The Diagnostic and Therapeutic Pathway of a Patient with COVID-19 in Poland](#)
- [Report: Polish Public Health Report on Chronic Diseases and Attitudes Towards Vaccination](#)
- [Review: Polish Women and Men, Pneumonia and Pneumococci: Awareness of Risks and Prevention](#)

What Was Done

- Established a national alliance uniting patient groups, experts and civil-society organisations.
- Identified key gaps in adult vaccination strategy and access.
- Delivered coordinated educational, media and policy-advocacy activities.

What Changed

- Increased access to adult vaccination for high-risk groups.
- Simplified vaccination pathways and expanded delivery points, including pharmacies.
- Raised visibility of respiratory-disease prevention on the public-health agenda

What to Keep in Mind

- A national adult vaccination strategy is essential for coordinated action.
- Education for both patients and health professionals is critical to improve uptake.
- Clear pathways and easy access increase vaccination rates in high-risk groups





VIRAL HEPATITIS COMMUNITY SCREENING, VACCINATION AND CARE PROMITHEAS, GREECE



1. Project Overview

Topic: Hepatitis B and C |

Audience: Hard-to-Reach Populations

- VH-COMSAVAC was implemented to support refugees and migrants at risk of Hepatitis B and C.
- The initiative aimed to reduce undiagnosed infections, increase Hepatitis B vaccination coverage and link more people to diagnostic testing and treatment.
- The project expanded its scope to include data collection and the evaluation of new service models for liver disease.
- It built a strong network of partners working on viral hepatitis and carried out an economic assessment of prevention actions linked to liver cancer.
- Findings and experience from the project were intended to guide future interventions and support public health policy development.

Implementation:

2023 – 2025 | EU Level

2. Challenge/s Addressed

VH-COMSAVAC operated in highly complex environments and addressed multiple barriers:

- Restricted access to healthcare. Administrative changes and the relocation of migrants to remote facilities limited outreach. Many beneficiaries did not have a Social Security Number, which prevented access to public healthcare.
- Fear, stigma and distrust. Undocumented and homeless individuals often avoided participation due to concerns about confidentiality and stigma associated with hepatitis testing.
- Barriers in prison settings. Staff reluctance and inmates' concerns over privacy made engagement difficult and required careful trust-building.
- Operational disruptions. Riots, disease outbreaks and logistical challenges frequently interrupted scheduled visits, requiring continuous adaptation to maintain continuity of care.

3. Stakeholders Involved

Funded by the European Union, VH-COMSAVAC - Multi-country Viral Hepatitis COMMunity Screening, Vaccination, and Care, was coordinated by Barcelona Institute for Global Health (ISGlobal).

Local institutions, national institutions, private bodies, other third sector associations and organisations, professionals



4. Methodology

The project combined community outreach with prison-based interventions, using a tailored approach for each setting.

- Field visits were delivered through mobile units and in collaboration with NGOs supporting refugees and migrants, such as UNESCO of Piraeus, Ref Checkpoint and KETHEA EXELIXIS.
- Tools included rapid tests, blood collection equipment, tablets or laptops for secure data entry and incentives such as supermarket vouchers and prepaid phone cards to support participation.
- In prisons, following preparatory meetings, entry approval was granted for Korydallos and Thessaloniki.
- A major institutional milestone was the Joint Ministerial Decision of 17 May 2023, which granted uninsured detainees a Temporary Health Care Number for Prisoners (PAYPEK). This enabled access to public healthcare and was crucial for linking incarcerated individuals to diagnostic and treatment services.
- A memorandum of cooperation was signed in early 2024 with the Secretariat General for Anti-Crime Policy, authorising project teams to access prisons across Greece.

5. Results

Screening outcomes:

A total of 788 individuals in Greece received free Hepatitis B and C screening. Results included:

- 47 people (≈6%) positive for anti-HCV
- 17 people (≈2.2%) positive for HBsAg
- 3 people (≈0.4%) co-infected with HBsAg and anti-HCV

Linkage to care:

Of the 61 people who tested positive, 37 had either an active AMKA (the Greek social security number, which serves as the unique identifier for accessing the public healthcare system, ESY) or PAYPEK and were referred for further evaluation.

- 27 anti-HCV-positive participants completed HCV-RNA testing, with 16 confirmed active infections.
- 12 individuals (11 in Korydallos Prison and 1 in Thessaloniki) received full treatment while in detention.
- Among those without AMKA, 4 individuals were still able to access care and begin treatment.
- Of the 10 participants eligible for further HBV evaluation, 6 underwent HBV-DNA testing and were found to have detectable viral loads.
- Three individuals required treatment and are being followed in a hepatology clinic. Two are under monitoring. One outreach participant was lost to follow-up.


Vaccination outcomes

- 14 people received Hepatitis B vaccination through the project:
 - 4 through community outreach
 - 10 while in detention


6. Links & Resources

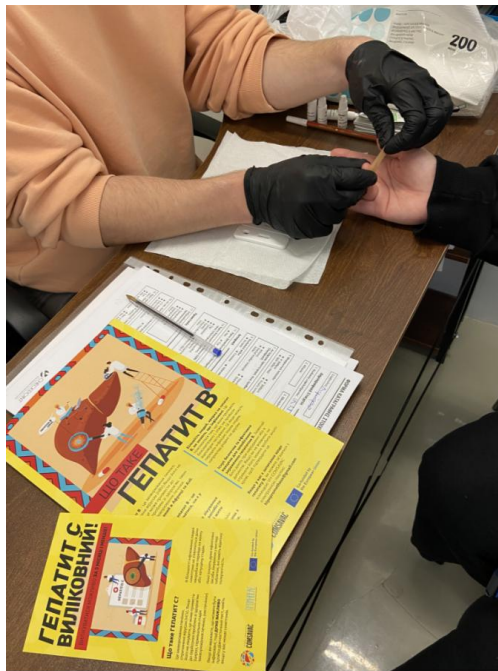
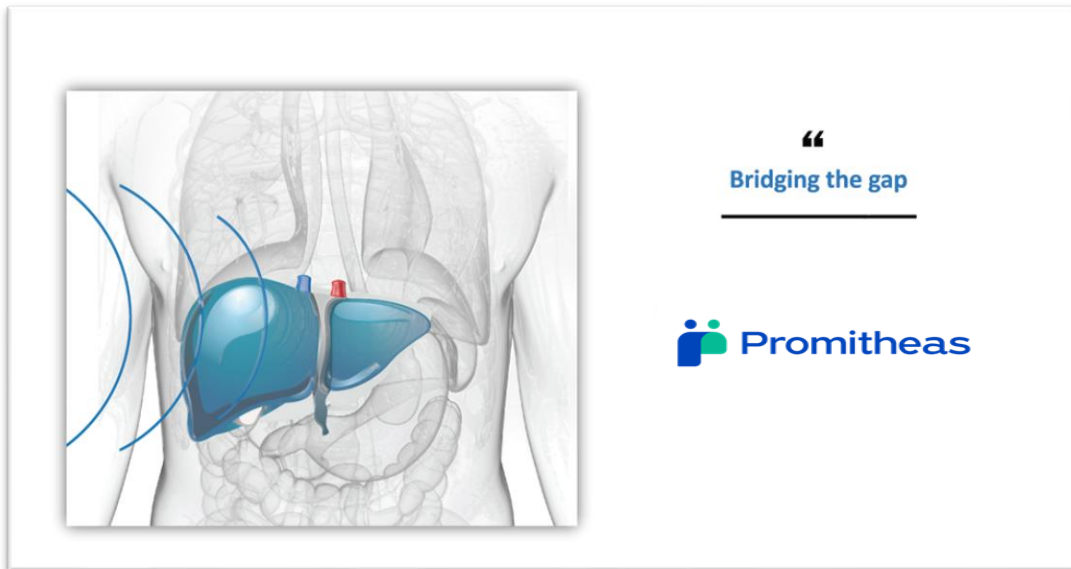
 Animation: [VH-COMSAVAC | Prison Settings Edition – Facebook](#)

 Publication: [Viral Hepatitis Community Screening, Vaccination, and Care \(VH-COMSAVAC\)](#)

 Blog: [Breaking Barriers, Building Health: Reaching Vulnerable Communities to Eliminate Viral Hepatitis](#)

 Project Overview: [VH-COMSAVAC - Public Health - European Commission](#)

 Project Overview: [VH-COMSAVAC - ISGLOBAL](#)



What Was Done

- Delivered screening, vaccination and linkage to care for refugees, migrants and incarcerated individuals.
- Built partnerships with NGOs, health authorities and prison institutions.
- Introduced enabling mechanisms such as PAYPEK to expand healthcare access.
- Generated data to inform future models of care and public health policy.

What Changed

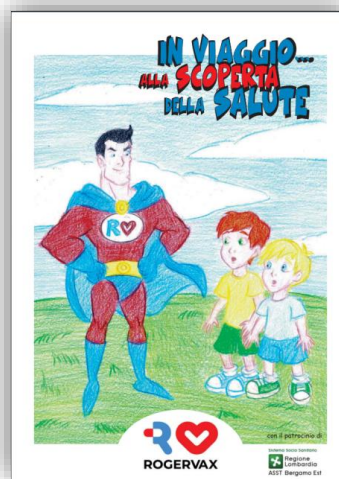
- Increased identification of undiagnosed Hepatitis B and C infections in vulnerable populations.
- Improved access to diagnostic testing and treatment, especially for detainees.
- Enhanced vaccination uptake for Hepatitis B in community and prison settings.
- Strengthened institutional pathways for linking people without documentation to care.

What to Keep in Mind

- Flexible outreach models are essential when working with highly mobile or marginalised groups.
- Close collaboration with prison authorities and NGOs supports engagement and trust.
- Sustained follow-up is critical to reduce loss to care in populations facing instability.

ROGERVAX – ODV

ROGERVAX – ODV, ITALY



1. Project Overview

Topic: Vaccination Awareness and Access | **Audience:** Young People & Students

RogerVax is a volunteer organisation founded in 2022 in Clusone (Bergamo) in memory of Giancarlo Roggerini, a highly active registered nurse who died from Covid-19.

The organisation works to:

- Support the NHS in vaccination campaigns.
- Promote health education and prevention.
- Assist vulnerable people facing social or economic barriers to healthcare and vaccination.

Focusing on its first objective, RogerVax developed an educational project for 4th and 5th grade primary school students by creating the comic booklet “On the road ... discovering health.”

The booklet shares simple messages on hygiene, nutrition and physical activity, and introduces the idea of vaccination as a tool for preventing infectious diseases.

The booklet’s educational value was recognised through official patronage from the Bergamo Est Territorial Health and Social Care Authority, which also supported distribution through local vaccination services in Alta Valle Seriana.

Local Free Choice Paediatricians endorsed the initiative and distributed the booklet directly to children under their care.

Although RogerVax began classroom activities in only one school, early sessions showed that children were highly receptive to the booklet’s content and communication style.

The organisation also delivers international support. Through fundraising and collaboration with the MAGIS Foundation, RogerVax supported a project in N’Djamena (Chad) assisting 100 pregnant women by testing for hepatitis B, starting antiviral treatment when needed and ensuring that newborns received hepatitis B vaccination within 24 hours.

Implementation:

2022 – Present | Local Level

2. Challenge/s Addressed

- Obtaining official registration and administrative approval for the Association.
- Gaining the trust and attention of local health authorities.
- Establishing contact with doctors and nurses in the community.

3. Stakeholders Involved

Local institutions, national institutions, private bodies, other third-sector associations and organisations, professionals

4. Methodology

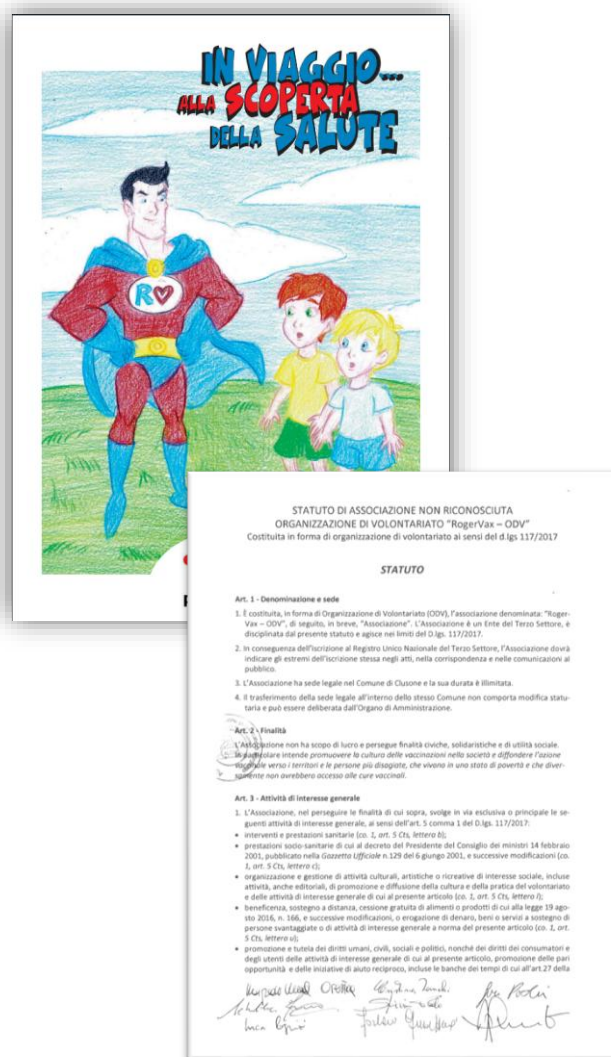
- Development of educational materials including the comic booklet.
- Direct outreach to schools, paediatricians and territorial health services.
- Collaboration with an international NGO (MAGIS Foundation) for the Chad project.
- Activities funded through private donations.

5. Results

- Participation in vaccination campaigns
- Comic booklet produced and distributed through health services and paediatricians.
- Educational sessions carried out in schools.
- Chad maternal-hepatitis B project completed, supporting testing, treatment and newborn vaccination.

6. Links & Resources

- [Campaign Information](#)
- [Comic Strip](#)



What Was Done

- Created accessible educational materials for children to promote healthy habits and vaccination awareness.
- Built local partnerships with health authorities and paediatricians.
- Supported an international maternal health project in Chad.

What Changed

- Increased children's understanding of healthy lifestyles and disease prevention.
- Strengthened community trust in RogerVax as a supporter of public health efforts.
- Enabled hepatitis B testing, treatment and timely newborn vaccination in N'Djamena.

What to Keep in Mind

- Strong relationships with local health authorities and schools are key to effective community health education.
- Clear, accessible materials greatly improve children's understanding of health and prevention.
- Working with trusted organisations enhances support for vulnerable populations locally and internationally.

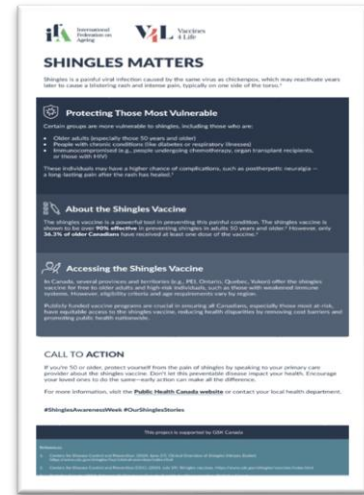


2. Projects

Projects Implemented Outside the EU

SHINGLES MATTERS: DRIVING PROVINCIAL POLICY IN CANADA

INTERNATIONAL FEDERATION ON AGEING, CANADA



1. Project Overview

Topic: Shingles Awareness |
Audience: General Public

- Shingles Awareness Week (SAW) is a coordinated global initiative that promotes awareness of the risk of shingles and how individuals can protect themselves.
- In 2025, SAW took place from 24 February to 2 March and gave vaccine advocates the opportunity to align messaging and activities.
- In alignment with its mission to improve the well-being of older adults and influence age-related policy, the IFA delivered a series of national initiatives to engage policymakers, older Canadians and advocacy organisations. to raise awareness of shingles and the importance of immunisation as a preventative measure to support healthy ageing.
- The campaign focuses on the pathway to vaccination and reflects both the diverse array of barriers individuals face when accessing vaccines, and the unique barriers associated with receiving a shingles vaccine in provinces where it is publicly available.

Implementation:
2025 | National Level

2. Challenge/s Addressed

- Recognising that shingles vaccine access is a multifaceted issue within Canada, the IFA has identified two major areas of practice for intervention: policy and advocacy.
- In provinces without public funding, there is a need to demonstrate public health risks, communicate disease burden and raise awareness among policymakers.
- In provinces with funded shingles vaccination, barriers still limit uptake, including:
 - complex referral or access pathways
 - low awareness of the serious health consequences of shingles
 - limited understanding of the specific vaccination process for shingles.

3. Stakeholders Involved

Local institutions, national institutions, other third sector associations and organisations, professionals

4. Methodology

- Case studies were gathered from individuals impacted by shingles across the nation, highlighting their experiences in accessing vaccines. A variety of assets, including video and written resources, have been developed to further raise awareness of the importance of adult immunisation.
- Additionally, IFA is developing policy briefs to demonstrate why it is critical that shingles vaccination be accessible to those most at risk and why its inclusion in provincial immunisation programmes will ultimately benefit the health and well-being of older Canadians living in these regions.

5. Results

The work has featured a variety of advocacy-based activities, which were disseminated during Shingles Awareness Week (24 February to 2 March 2025) to highlight patient voices and key barriers to access - including complex referral pathways and lack of awareness regarding the negative health outcomes associated with Shingles.

6. Links & Resources

 [Shingles Awareness Week 2025](#)



SHINGLES MATTERS

Shingles is a painful viral infection caused by the same virus as chickenpox, which may reactivate years later to cause a blistering rash and intense pain, typically on one side of the torso.¹

Protecting Those Most Vulnerable

Certain groups are more vulnerable to shingles, including those who are:

- Older adults (especially those 50 years and older)
- People with chronic conditions (like diabetes or respiratory illnesses)
- Immunocompromised (e.g., people undergoing chemotherapy, organ transplant recipients, or those with HIV)

These individuals may have a higher chance of complications, such as postherpetic neuralgia – a long-lasting pain after the rash has healed.²

About the Shingles Vaccine

The shingles vaccine is a powerful tool in preventing this painful condition. The shingles vaccine is shown to be over **90% effective** in preventing shingles in adults 50 years and older.³ However, only **36.3% of older Canadians** have received at least one dose of the vaccine.⁴

Accessing the Shingles Vaccine

In Canada, several provinces and territories (e.g., PEI, Ontario, Quebec, Yukon) offer the shingles vaccine for free to older adults and high-risk individuals, such as those with weakened immune systems. However, eligibility criteria and age requirements vary by region.

Publicly funded vaccine programs are crucial in ensuring all Canadians, especially those most at-risk, have equitable access to the shingles vaccine, reducing health disparities by removing cost barriers and promoting public health nationwide.

CALL TO ACTION

If you're 50 or older, protect yourself from the pain of shingles by speaking to your primary care provider about the shingles vaccine. Don't let this preventable disease impact your health. Encourage your loved ones to do the same—early action can make all the difference.

For more information, visit the [Public Health Canada website](#) or contact your local health department.

#ShinglesAwarenessWeek #OurShinglesStories

This project is supported by GSK Canada

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3. Statistics Canada. (2024, February 1). Shingles in Canada: A public health perspective. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/82-625-x2024001/article/00001-eng>
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What Was Done

- Coordinated a national awareness campaign during Shingles Awareness Week.
- Elevated patient voices and real experiences.
- Produced multimedia resources and policy briefs to inform the public and decision-makers.

What Changed

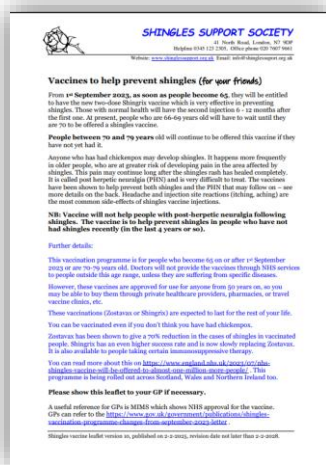
- Greater recognition of barriers to shingles vaccination among older adults.
- Improved dialogue with policymakers on gaps in provincial immunisation programmes.
- Strengthened advocacy momentum for equitable access to shingles vaccination across Canada.

What to Keep in Mind

- Clear communication on how to access a vaccine is essential when pathways differ across regions.
- The case for equitable advocacy must fit the local context, targeting policy gaps where vaccines are unfunded and practical barriers where they are available.
- Using real patient experiences alongside evidence strengthens vaccination access.

RAISING AWARENESS OF SHINGLES VACCINE

SHINGLES SUPPORT SOCIETY, UK



1. Project Overview

Topic: Shingles Vaccination Policy Awareness | **Audience:** Adults & HCPs

This initiative used a multi-channel communication approach to raise awareness and strengthen community understanding of adult shingles vaccination. It combined website updates, media engagement, community outreach, social media activity, conference participation and leaflet distribution to raise broad awareness.

Implementation:
2013 – Present | National Level

2. Challenge/s Addressed

The shingles vaccine was introduced in the UK with rules based on age that were difficult to understand. Many people, including family doctors, were unsure which age groups could receive the vaccine, creating a need for understandable and accessible communication.

3. Stakeholders Involved

Community groups

4. Methodology

As part of the initiative, posters and clear-language explanations were produced to help people understand the vaccine eligibility rules.

The materials were widely distributed and used during talks, meetings and other community engagement activities to support consistent communication.

5. Results

Increased awareness of the adult shingles vaccine across the UK population.

6. Links & Resources

 [Shingles Information Pack](#)

What Was Done

- Developed easy to understand materials to explain the vaccine's age-based rules.
- Applied these materials consistently across digital channels, media outreach and community engagement.
- Used multiple communication routes to extend reach beyond routine audiences.

What Changed

- Improved clarity on shingles vaccines eligibility for both the public and primary care.
- Better access to information among groups who may not routinely engage with health messaging.

What to Keep in Mind

- Use clear explanations to avoid mixed messages.
- Combine online, print and in-person communication to engage hard-to-reach audiences.
- Equip community partners with ready-to-use resources to strengthen local impact.

REPORT: MONITORING OF THE NATIONAL HEALTH STRATEGY 2021 - 2030

TOGETHER FOR LIFE, ALBANIA



1. Project Overview

Topic: Meningococcal Vaccination Policy Awareness | **Audience:** Policy Makers

- TFL is implementing the project Support Participation, Accountability, and Civil Society Empowerment (SPACE), supported by the EU. It aims to empower CSOs to fulfil their oversight, watchdog and monitoring roles in the field of good governance, while advocating for improved governance of public institutions, particularly in the health and education sectors.
- In 2024, TFL produced, published and disseminated the report *Monitoring of the National Health Strategy 2021–2030*. One of the report's key findings was that the meningococcal vaccine, despite being expected to be included in the National Vaccination Calendar in 2023, had not been introduced in 2024.
- The report highlights that the absence of this vaccine in the public health system poses a serious risk to the health and lives of young people exposed to the meningococcal virus. TFL raised this concern with senior representatives of the health sector, including the Ministry of Health and Social Protection (MHSP), health experts, patient association representatives, and the media at a roundtable held at the end of 2024 to present the report's findings.
- Since the report's publication, two cases of meningococcal disease have been identified, including the tragic death of a 17-year-old girl due to complications.

- In collaboration with journalists, TFL has produced and published two in-depth articles on meningococcal disease and the MHSP's responsibility to promptly implement this vaccination.

Implementation:

2024 - 2025 | National Level

2. Challenge/s Addressed

TFL faces several obstacles in its advocacy efforts with the MHSP for the inclusion of the meningococcal vaccine.

- Declining budget allocation for healthcare as a percentage of total government expenditure, limiting the resources available for new vaccination programmes.
- MHSP claims that meningococcal disease cases are sporadic and do not require urgent intervention.
- Absence of transparency in decision-making, which makes it difficult to hold institutions accountable.
- Lack of strong public and media pressure, which weakens advocacy efforts.
- Limited public mobilisation, despite TFL's work with journalists to raise awareness, making it harder to counter the government's narrative and highlight the urgency of the issue.

To overcome these challenges, TFL continues to advocate for increased healthcare funding, greater transparency, and stronger political will in implementing national health commitments.

3. Stakeholders Involved

National institutions, other third sector associations and organisations, professionals and media

4. Methodology

- TFL adopted a systematic advocacy approach, combining research, stakeholder engagement and media outreach. The project involved monitoring national health policies, producing the report Monitoring of the National Health Strategy 2021–2030, and organising a high-level roundtable with policymakers, health experts and civil society.
- Resources included expert analyses, official data, policy documents and media collaborations. TFL leveraged partnerships with patient associations, journalists and healthcare professionals to strengthen advocacy efforts.
- Digital platforms and press articles were key in raising public awareness and pressuring decision-makers to take policy action.

5. Results

- TFL has raised public awareness and media coverage, ensuring that the meningococcal vaccine issue remains a priority. The publication of the Monitoring Report of the National Health Strategy provided evidence-based findings, pressuring policymakers to act.
- A high-level roundtable discussion engaged key stakeholders, compelling the MHSP to acknowledge the issue publicly.
- Through strengthened advocacy networks with civil society organisations, patient groups and medical experts, TFL has intensified pressure on the government.
- The urgency increased following two new meningococcal cases, including the tragic death of a 17-year-old girl.
- TFL continues to push for policy change, urging the government to prioritise vaccine inclusion and allocate the necessary funding to protect public health.

6. Links & Resources

- [Report - Monitoring of the National Health Strategy 2021-2030](#)
- [Report Overview](#)
- [Report Social Post - Facebook](#)
- [Report Social Post 2 - Facebook](#)
- [News Article 1_Transparency.com](#)
- [News Article 2_Transparency.com](#)

What Was Done

- Monitored the implementation of national health commitments and identified gaps.
- Published an evidence-based report highlighting the absence of the meningococcal vaccine.
- Engaged policymakers, civil society and experts through a national roundtable.
- Raised public awareness through media collaborations and targeted communication.

What Changed

- Increased public and institutional attention to the delayed introduction of the meningococcal vaccine.
- Strengthened accountability on the Ministry and health authorities.
- Elevated public understanding of meningococcal risks following new cases.
- Expanded collaboration between civil society, patient groups, clinicians and media.

What to Keep in Mind

- Evidence-based monitoring is essential for holding health authorities accountable.
- Strong partnerships with journalists and civil society help counter low transparency.
- Real patient cases can highlight urgency and reinforce advocacy messages.
- Sustained pressure is needed when political will and funding constraints limit health-policy implementation.



About Cittadinanzattiva - Active Citizenship Network

(www.cittadinanzattiva.it) (www.activecitizenship.net)



Cittadinanzattiva is an organisation, founded in Italy in 1978, which promotes citizens' activism for the protection of rights, the care of common goods, the support for people in conditions of weakness in Italy and abroad.

Active Citizenship Network (ACN) was established in 2001 as the European interface of the Italian civic participation organisation Cittadinanzattiva, also known as Active Citizenship.

ACN operates as a flexible network of European civic and patients' organisations that collaborate as partners across a range of projects. Its work focuses on promoting civic activism and participation in the public arena, while safeguarding and advancing citizens' rights.

We would like to express our sincere appreciation to all ACN network organisations that contributed to this handbook and shared their experiences. Their contributions are intended to inspire other associations by providing practical insights and actionable strategies. This collective expertise offers organisations concrete ideas to strengthen vaccination policies within their specific contexts and to drive meaningful change.

This handbook is developed by Daniela Quaggia and Mariano Votta from Cittadinanzattiva and the Active Citizenship Network. It is edited and designed by MD Health.

MD⁺Health

#vaccinaction

The project has been realised with the unconditional support of:



#VaccinAction 2025 is the fifth edition of our EU initiative dedicated to strengthening adult vaccination and safeguarding the value of routine immunisation across Europe.

Building on the success of previous editions, #VaccinAction 2025 continues its commitment to promoting a life-course approach to immunisation. The initiative aims to activate and empower stakeholders to engage with European Union institutions and to inform both EU-level and national vaccination policy.

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