

Piloting of exemplary practices in EU Member States

1. Introduction

Momentum from last year's project onsite visits leads us to the next phase of the Overcoming Obstacles to Vaccination project: Piloting of exemplary practices in selected EU Member States.

The onsite visits, which took place in Spain, Italy, Denmark, the Netherlands, and Ireland, brought together health authorities who analysed practices and potential applications in their country or region. Entering 2024, the project is now in the stage of adapting and implementing these exemplary practices in other EU Member States.

Pilot projects will test the relevance and transferability of selected practices under three clusters: school vaccination programmes, mobile vaccination units, and vaccination reminder schemes. The pilots will last 12 months and take place in nine EU Member States.

The identification of the clusters and the selection of the volunteering EU Member States for piloting are based on previous tasks and activities of the project, including:

- ◆ mapping of vaccination services and identification of obstacles to vaccination across the European Union,
- ◆ large-scale surveys among citizens and among health professionals across all Member States,
- ◆ selection of five best practices to overcome vaccination obstacles of physical, practical, and administrative nature, and
- ◆ active engagement with health authorities.

2. Methodology

To ensure suitability of the selected practices and meeting the objectives of participating health authorities in the piloting phase, the project team undertook a step-by-step approach in building a list of volunteering EU Member States:

Step 1

As part of Task 1, national health experts conducted desk research and interviews to identify and [map obstacles to vaccination in all Member States](#). The goal was to map vaccination services in all Member States and identify the main physical, practical and administrative barriers in citizens' vaccination journey (i.e., outreach methods, pre-administration requirements, booking procedures, travel distance).

Step 2

As part of Task 3, an open call for health authorities was launched to submit promising practices. A total of 24 practices from 16 health authorities were submitted through the Best Practice Portal of the European Commission's Directorate-General for Health and Food Safety (DG SANTE). A team of evaluators identified five promising practices to be taken forward for onsite visits based on the evaluation framework developed by the European Commission's Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP). The five promising practices selected:

- ◆ [School Vaccination Programme in the Region of Murcia, Spain](#)
- ◆ [Reminder schemes to support childhood immunisation, Denmark](#)
- ◆ [Su.Pr.Eme, Health Care Service for Seasonal Workers, Bari, Italy](#)
- ◆ [Mobile Vaccination Units, The Netherlands](#)
- ◆ [Offering the Flu Vaccine to Children in Three Primary Schools, Ireland](#)

Step 3

As part of Task 4, health authority representatives from across the EU were brought together in five separate onsite visits during which participants came together to analyse the selected practice and reviewed the potential applications in their country or region. These exchanges allowed health authorities facing similar barriers and having similar interests to interact and share views and opinions. Their participation was key in pairing the practices and health authorities who had an interest in piloting.

Finally, the selected five practices were grouped in clusters (with similar typology of practices) with similar characteristics and barriers in order to facilitate their adaptability to different national or regional contexts. In that regard, some elements of the practices will be adapted, transferred, and piloted.

3. Typology of practices

The conceptualisation of the pilots is clustered in three typologies:

School Vaccination Programme

The two practices on school vaccination programme in Spain and Ireland are grouped into one typology. They both focus on outreach to children through vaccination programmes in schools, providing efficient access to vaccination for children, while optimising staff resources. Health authorities in Estonia and the Netherlands will pilot the school vaccination programme practice.

Mobile Units

Both mobile vaccination unit practices in the Netherlands and Italy tackle barriers faced by hard-to-reach groups and geographical proximity to vaccination services. These two practices are grouped as one practice type. This pilot project will be implemented by health authorities in Austria and Sweden.

Reminder schemes

The reminder scheme in the Danish practice, enabling more efficient communication with citizens and improvement of outreach of vaccination services, is the third practice type. Health authorities

in Croatia, Lithuania, Slovenia, and the Spanish regions of Catalonia and Murcia will pilot the transfer of this exemplary practice.

4. Identification of suitable candidates for pilots

Once the typologies of practices were identified, health authorities had the chance to express their interest to participate in a pilot in one of the three clusters via the submission of pilot fiches (i.e. a formal expression of interest and piloting ideas).

For the purpose of implementing a pilot within the frame of this project, some pre-conditions apply to the selection of pilots:

- ◆ The presence of barriers addressed by the practice;
- ◆ The desire/intention of the health authority to address these specific barriers and therefore an active engagement and involvement during the onsite visits;
- ◆ The appropriate legal framework and technical infrastructure supporting the implementation of the pilot.

For example, the implementation of the school vaccination practice requires that school vaccination programmes are already active in the country/region. The piloting of elements of the mobile units require that mobile units are/were already used in the country/region and the piloting of reminders requires the presence of an IT infrastructure.

Based on the piloting proposals received by health authorities and the assessment of elements above nine pilots will be implemented in Austria, Croatia, Estonia, Lithuania, the Netherlands, Sweden, Slovenia, and the Spanish regions of Catalonia and Murcia.

5. Next steps

The next steps of the project involve three phases:

- ◆ *Preparation:* From March to May 2024, the project team will conduct a coordination meeting with the piloting health authorities and in-depth visits to each host country (namely, Denmark, The Netherlands and Murcia (Spain)) to gain extensive insights on the practical set up of the pilots and exchange expertise. During this period, the team will collaborate on co-creating materials and establishing site protocols, continuing through April to June 2024.
- ◆ *Implementation:* Pilots will take place from April to October 2024. This phase includes online peer support and conducting a midterm review of the pilots in June-July to assess progress as well as make any necessary adjustments.
- ◆ *Evaluation:* The evaluation of the pilots will be integrated into the pilot approach, including on-going data collection. The in-depth data analysis is scheduled between October 2024 to March 2025, where the transferability and impact of the pilots will be assessed. As part of task 5, recommendations will be developed which will feed into *task 6 - Develop recommendations on how to overcome “convenience” obstacles to vaccination*.

Interested in following the pilots' developments? Subscribe to the [newsletter](#).