Contesto internazionale e scenario italiano: obiettivi di miglioramento

Walter Ricciardi
Università Cattolica del Sacro Cuore
Sezione di Igiene e Sanità Pubblica
walter.ricciardi@unicatt.it

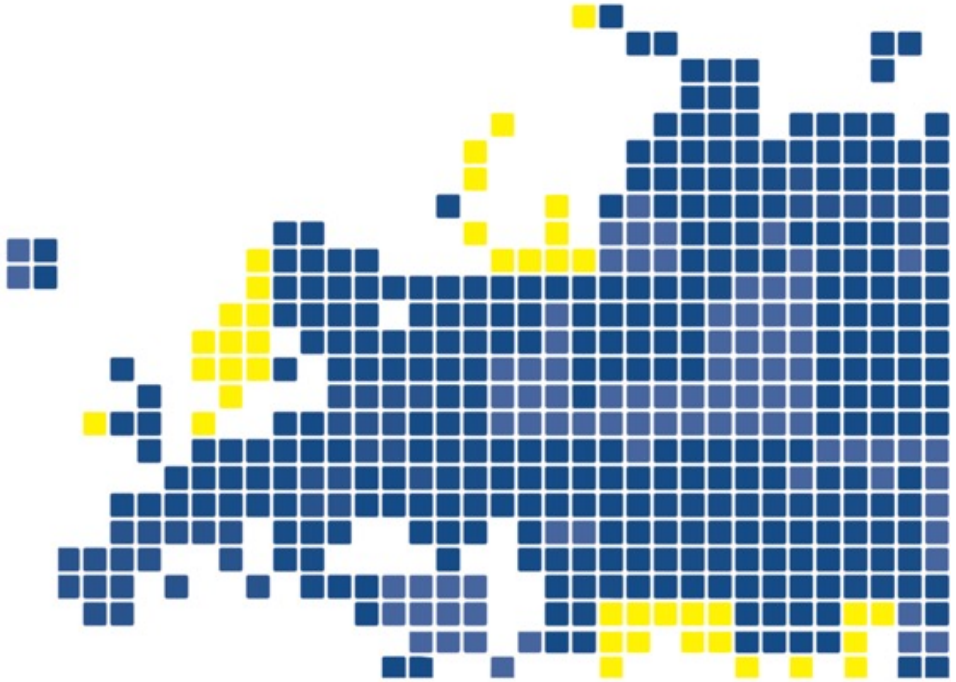
Principali misure della politica sanitaria dell'UE

Tra i settori in cui l'UE ha adottato atti legislativi figurano:

- diritti dei pazienti relativi all'assistenza sanitaria transfrontaliera
- medicinali e dispositivi medici
- gravi minacce per la salute a carattere transfrontaliero
- cancro, tabacco e promozione della salute
- organi, sangue, tessuti e cellule

The organization and delivery of vaccination services in the European Union

Prepared for the European Commission



European Commission

European Observatory on Health Systems and Policies

a partnership hosted by WHO

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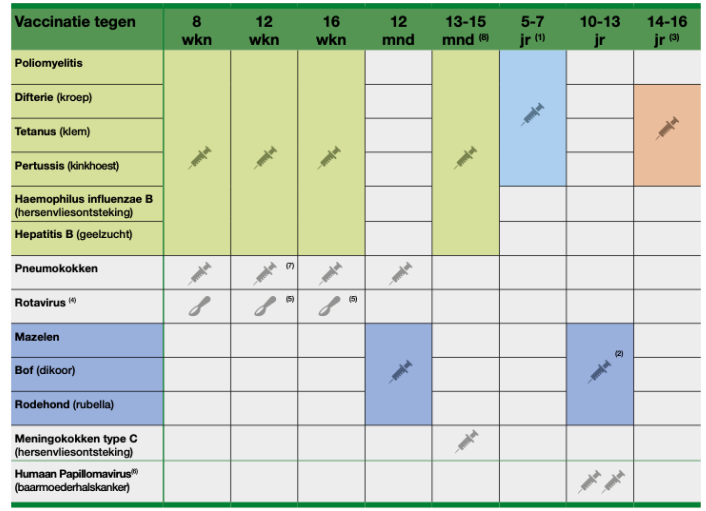
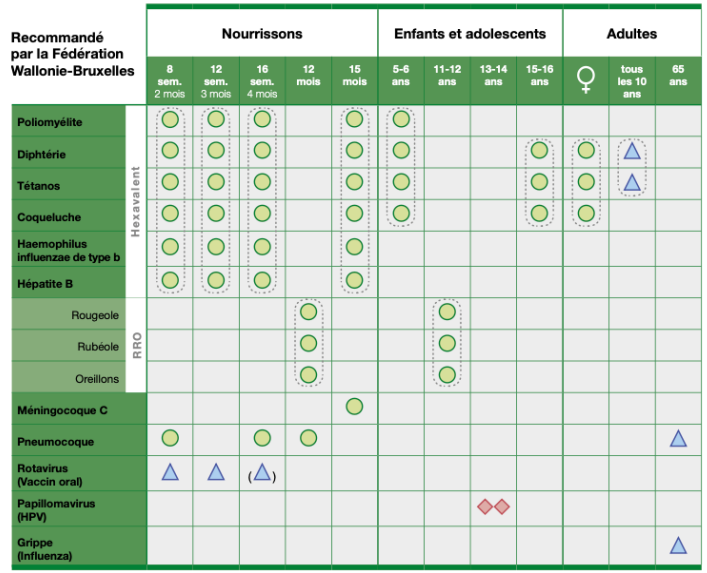


Source: https://www.kindengezin.be/img/201803VaccinatieschemaNederlands.pdf

Figure 2 Immunization schedule in the French community



Recommandé à tous et gratuit

Recommandé à tous, remboursé mais pas gratuit

Vaccin combiné (une seule injection)

Recommandé aux jeunes filles et gratuit (2 doses)

Femmes enceintes entre 24 et 32 semaines de grossesse

Italy

Walter Ricciardi, Giovanni Rezza, Fortunato Paolo D'Ancona, Stefania Iannazzo, Maria Cristina Rota

Key barriers and facilitators

Concerns about adverse events following immunization (e.g. autism or other chronic conditions) and underestimation of the potential severity of vaccine-preventable diseases are the main barriers to effective vaccination coverage against measles. Facilitators include targeted education and communication campaigns, training for health care workers, identification and vaccination of the most susceptible, and the update of the measles and rubella elimination plan.

The measles outbreak that started in Italy in 2017, with more than 7,000 cases and eight deaths in less than two years, has contributed to raising awareness among the population on the importance of vaccination.

With regard to influenza, concerns about perceived vaccine safety and effectiveness and the perceived low severity of influenza are the most commonly reported barriers to vaccination. Low influenza vaccination coverage among health care workers is also considered an obstacle.

Targeted education and communication campaigns and training for health care workers can facilitate influenza vaccination uptake.

VACCINATION PROGRAMMES AND HEALTH SYSTEMS IN THE EUROPEAN UNION

Report of the

Expert Panel on effective ways of investing in Health (EXPH)

Figure 5. A system approach to optimizing vaccination uptake in a population

Registering the population

Creation and maintenance of a register of those eligible for immunisation

Enacting legislation

Legal basis for immunisation, including whether it is compulsory, what sanctions exist for non compliance, and any exemptions

Generating and applying evidence

Decisions on vaccines to include, target groups, and schedules

Monitoring public attitudes

Who monitors public attitudes/ concerns and who responds to them?

Monitoring outcomes

Monitoring of adverse effects

Suppling materials

Procurement and distribution of vaccines

Funding

Payment for vaccines and for those administering vaccines

Setting professional roles

Restrictions on who can administer vaccines

Ensuring vaccine safety

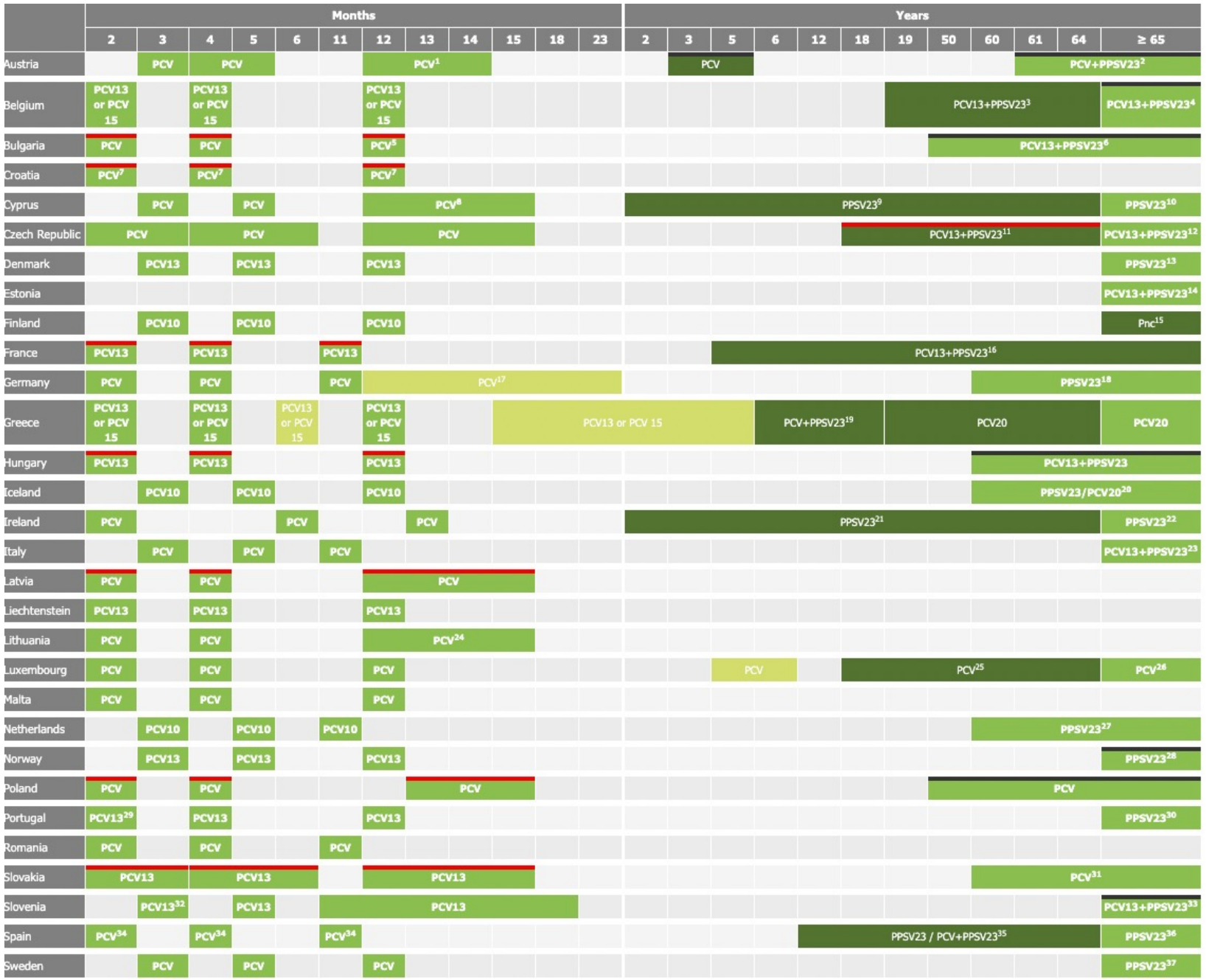
System for approval of new vaccines

Evaluating progress

Monitoring of uptake, including identification of problems, including for disadvantaged groups

Governing the system

Overall responsibility for achieving uptake, other actors involved, and mechanisms to hold them accountable



- General recommendation
- Recommendation for specific groups only
- Catch-up (e.g. if previous doses missed)
- Vaccination not funded by the National Health system
- Mandatory vaccination

Fonte ECDC, 2023

ilc...

Coalition for Life Course Immunisation

European Pneumococcal Vaccination

A Progress Report

Health and care
Community
Prevention
International
Inequalities
Life expectancy
Economy
Diseases and Conditions

Executive summary

Across Europe, vaccination against pneumococcal disease remains low. Despite clear and rigorous recommendations for children, recommendations for older adults and those living with clinical conditions are lacking – with a subsequent lack of coverage and uptake. When collating the existing data for three different groups – children, people in clinical risk groups, and older adults – we find that:

- Coverage data suggest that there are disparities in pneumococcal vaccination across the life course – the average coverage figures are 17.95% for people from clinical risk groups and 24.20% for older adults while coverage figures for children stand at 88.30%
- Data availability varies considerably – across the 42 countries surveyed in this report, 98% officially reported on childhood pneumococcal vaccination, while only 26% collected some form of data for people from clinical risk groups and older adults (for the purposes of this report, we took data from a mixture of official government sources, research organisations, and survey findings)
- Recommendations differ across Europe, with clear discrepancies between Eastern and Western Europe – just 60% of countries recommend that all three groups receive the pneumococcal vaccination
- Many Europeans have to pay for pneumococcal vaccination – only 15 countries in this report (36%) reimburse or cover the cost for all three groups through their national healthcare systems

If we are to improve pneumococcal vaccination coverage overall, we must focus more on people from clinical risk groups and older adults. We need countries to make vaccination recommendations for these groups and improve data collection to ensure more accurate and consistent reporting on national vaccination programmes.

- Coperture variabilissime nelle diverse fasce d'età
- Disponibilità dei dati scarsissima
- Raccomandazioni discrepanti
- Finanziamenti scarsi

Table 1: Pneumococcal vaccination recommendations in Europe

Country	Children	At-risk groups	Older adults
Albania	✔	✘	✘
Austria	✔	✔	✔
Belgium	✔	✔	✔
Bosnia and Herzegovina	✘	✘	✘
Bulgaria	✔	✔	✔
Croatia	✔	✔	✔
Cyprus	✔	✔	✘
Czechia	✔	✔	✔
Denmark	✔	✔	✔
Estonia	✘	✔	✔
Finland	✔	✔	✘
France	✔	✔	✘
Germany	✔	✔	✔
Greece	✔	✔	✔
Hungary	✔	✔	✔
Iceland	✔	✘	✔
Ireland	✔	✔	✔
Italy	✔	✔	✔
Latvia	✔	✘	✘
Liechtenstein	✔	✘	✘
Lithuania	✔	✔	✘
Luxembourg	✔	✔	✔
Malta	✔	✘	✘
Moldova	✔	✘	✘
Montenegro	✘	✘	✘
Netherlands	✔	✔	✔
North Macedonia	✔	✔	✘
Norway	✔	✔	✔
Poland	✔	✔	✔
Portugal	✔	✔	✔
Romania	✔	✘	✘
Serbia	✔	✔	✔
Slovakia	✔	✘	✔
Slovenia	✔	✔	✔
Spain	✔	✔	✔
Sweden	✔	✔	✔
Switerland	✔	✔	✘
Türkiye (Turkey)	✔	✔	✔
United Kingdom	✔	✔	✔

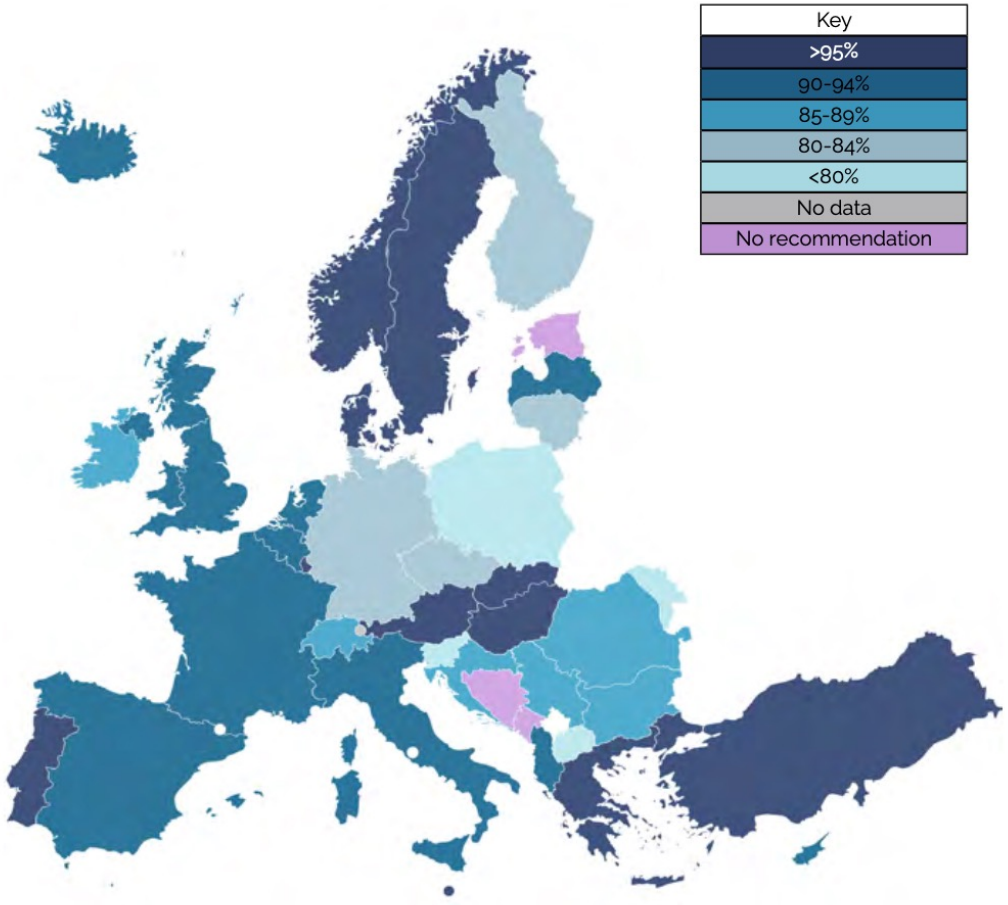
Source: Pneumococcal Vaccination Atlas[11]

Coverage across the life course

Children

Most European countries recommend that children receive the pneumococcal vaccination and record coverage data rigorously. Childhood coverage ranges from 53.40%[12] to 99.76%[13] across Europe.

Figure 3: Childhood pneumococcal vaccination coverage across Europe

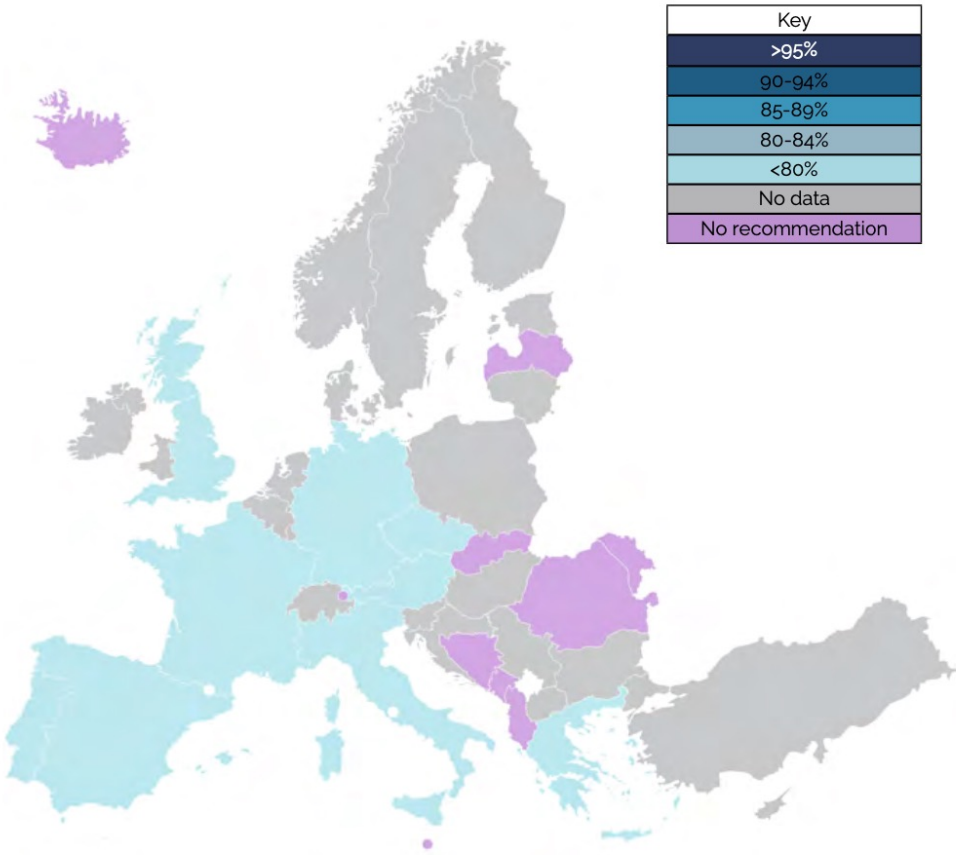


Sources: WHO Immunization Data Portal,[14] IVAC VIEW-hub[15]
Lichtenstein = No data

Clinical risk groups

Coverage differs for people from clinical risk groups, as recommendations vary by country as to which underlying health conditions and age groups are covered. This makes it much harder to produce a concise image of coverage. This is particularly true for data on coverage in clinical risk groups, which we have mainly sourced from an Ipsos Healthcare survey.[16]

Figure 4: Clinical risk group pneumococcal vaccination coverage across Europe

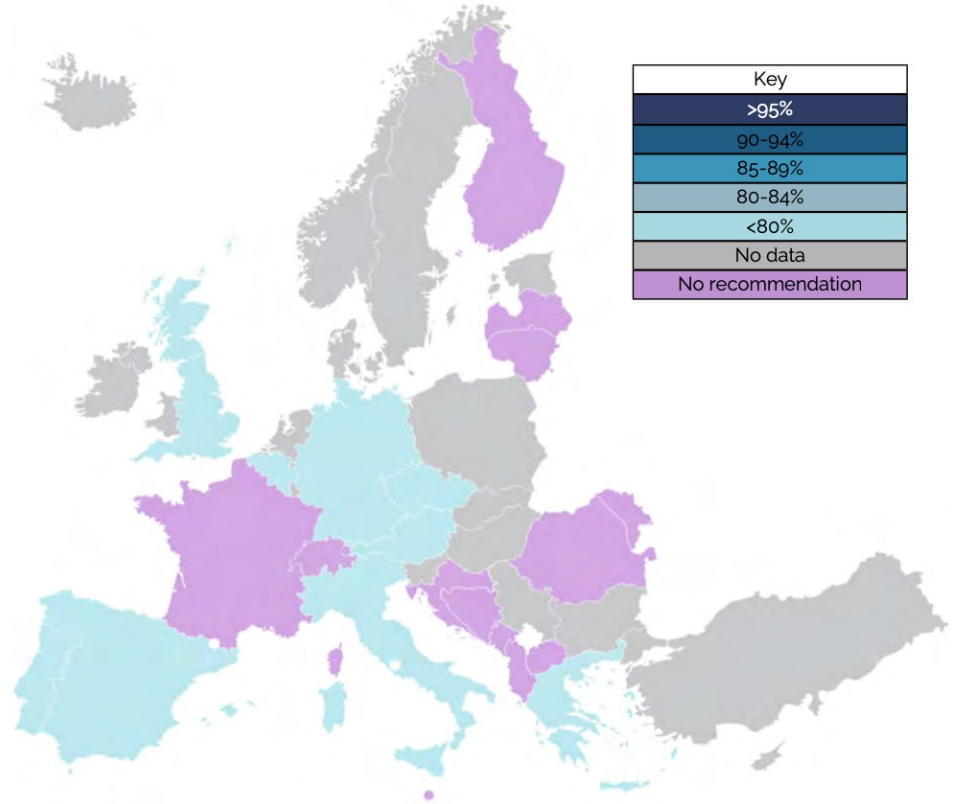


Sources: UK Health Security Agency,[17] Public Health Scotland,[18] Ipsos PneumoVUE®[19]

Older adults

Data on older adult pneumococcal vaccination is also limited: the Ipsos PneumoVUE® survey acts as a benchmark for the current level of coverage data available.[20] As fewer countries make national vaccination recommendations for this group, fewer countries are likely to record and report coverage data.

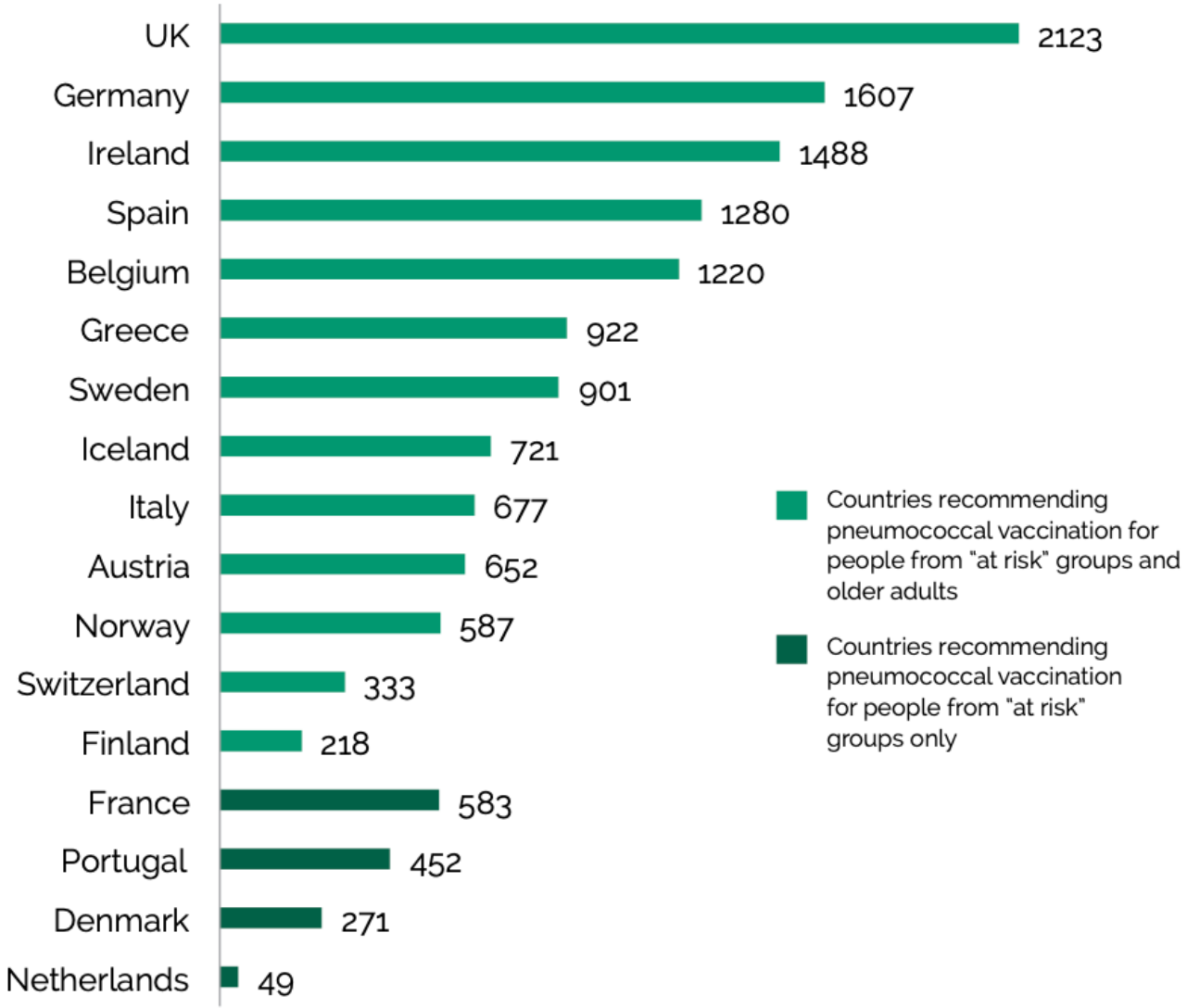
Figure 5: Pneumococcal vaccination coverage in older adults[b] across Europe



Sources: UK Health Security Agency,[21] Public Health Scotland,[22] Belgian Health Care Knowledge Centre,[23] Ipsos PneumoVUE®[24]

[b]Most European countries recommend that people over the age of 65 receive pneumococcal vaccination, but age recommendations vary between countries. Poland alone recommends vaccination for people aged 50 and over, while a handful of countries recommend it for people aged 60 and over.

Figure 6: Cumulative PPV doses distributed per 10,000 persons in European countries, 2001–2010

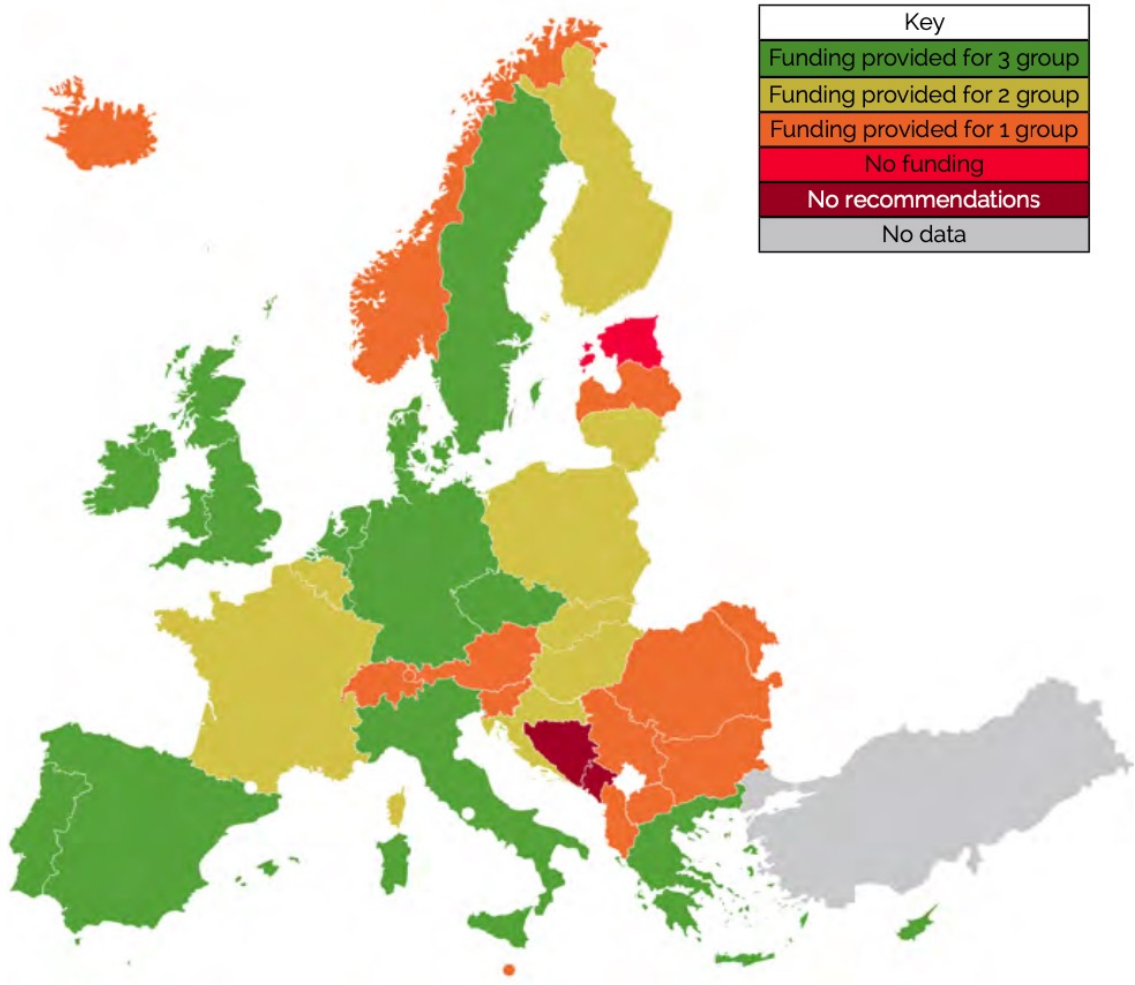


Source: Fedson, D.S. et al, 2011[26]

Funding for pneumococcal vaccination programmes

Across Europe, approaches to funding pneumococcal vaccination vary. Only 15 of the 41 countries for which we found data provide funding for all three groups through their national healthcare systems:

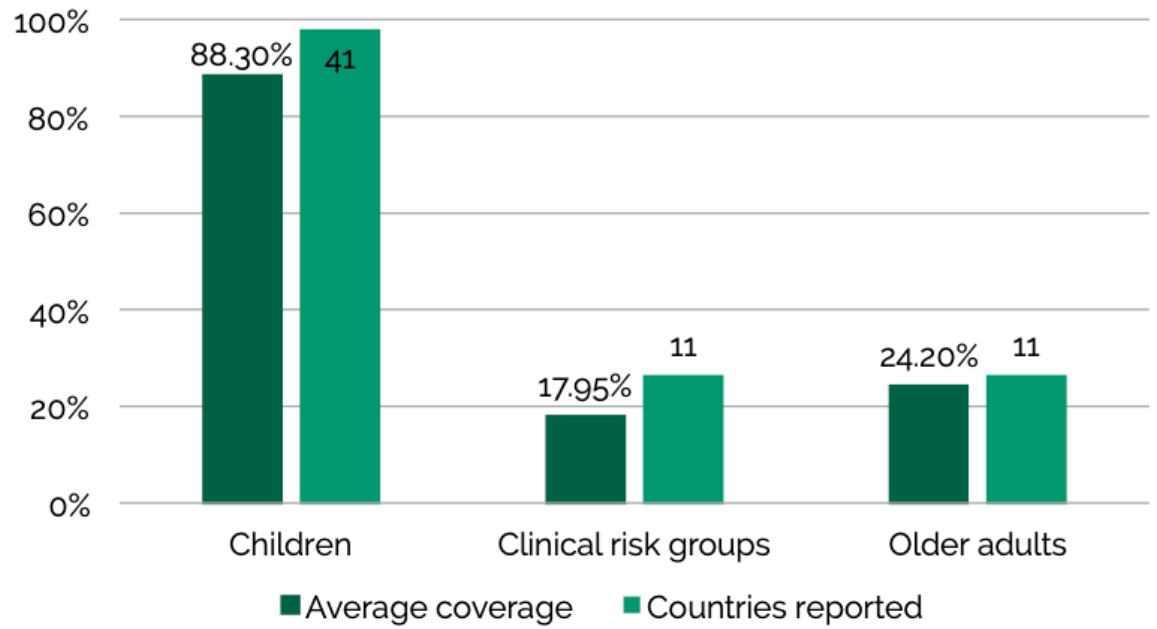
Figure 7: Funding for pneumococcal vaccination programmes across the life course in Europe



The overall picture of European pneumococcal vaccination coverage

We estimate that pneumococcal vaccination coverage across the life course ranges between 18% and 88% across different groups.

Figure 8: Average coverage figures for different groups in Europe (where data is available)



Sources: WHO Immunization Data Portal,[29] IVAC VIEW-hub,[30] UK Health Security Agency,[31] Public Health Scotland,[32] Belgian Health Care Knowledge Centre,[33] Ipsos PneumoVUE®[34]

Recommendations

Pneumococcal vaccination coverage in Europe is suboptimal, especially among people from clinical risk groups and older adults. To ensure better coverage of pneumococcal vaccination, we recommend that:

National governments adopt a life course approach

National European governments should adopt a life course approach by recommending pneumococcal vaccination for all three groups mentioned in this report, and adopting a national pneumococcal immunisation programme. This should include implementing a national schedule for everyone to receive pneumococcal vaccination at various stages and ages of their lives.

- Governi nazionali dovrebbero adottare un approccio life course

Fully funded national immunisation programmes

National pneumococcal immunisation programmes should be fully funded by national healthcare systems. Patients should be reimbursed for vaccination costs. National governments should increase spending on immunisation as a proportion of their healthcare budgets.

- I programmi dovrebbero essere pienamente finanziati pubblicamente a livello nazionale

Consistent data reporting

The ECDC should require all EU/EEA member countries to report on pneumococcal vaccination across different groups every year; countries that are part of the WHO/ Europe region should also collect and report on this data. This will allow a better understanding of pneumococcal vaccination coverage across Europe, enabling the EU and WHO to identify and address vaccination gaps.

- I dati dovrebbero essere acquisiti sistematicamente

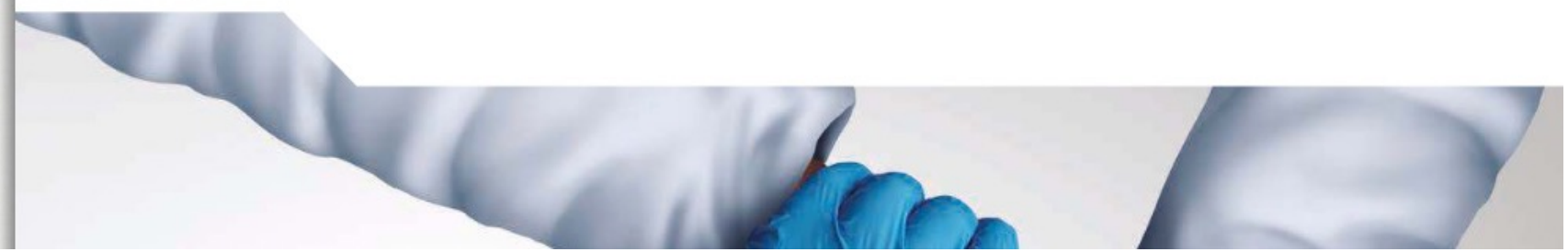
OECD Health Policy Studies

Ready for the Next Crisis? Investing in Health System Resilience

more info: https://doi.org/10.1787/1e53cf80-en

OECD Health Policy Studies

Ready for the Next Crisis? Investing in Health System Resilience



- Promote population health: vulnerable populations make for vulnerable health systems
- Promote workforce retention and recruitment: people are the key to making systems resilient
- Promote data collection and use: without the right data, decision makers are flying blind
- Promote international co-operation: responses are better together than alone
- Promote supply chain resilience: getting products and services when and where they are needed
- Promote governance and trust: without trust, whole of society responses are less effective

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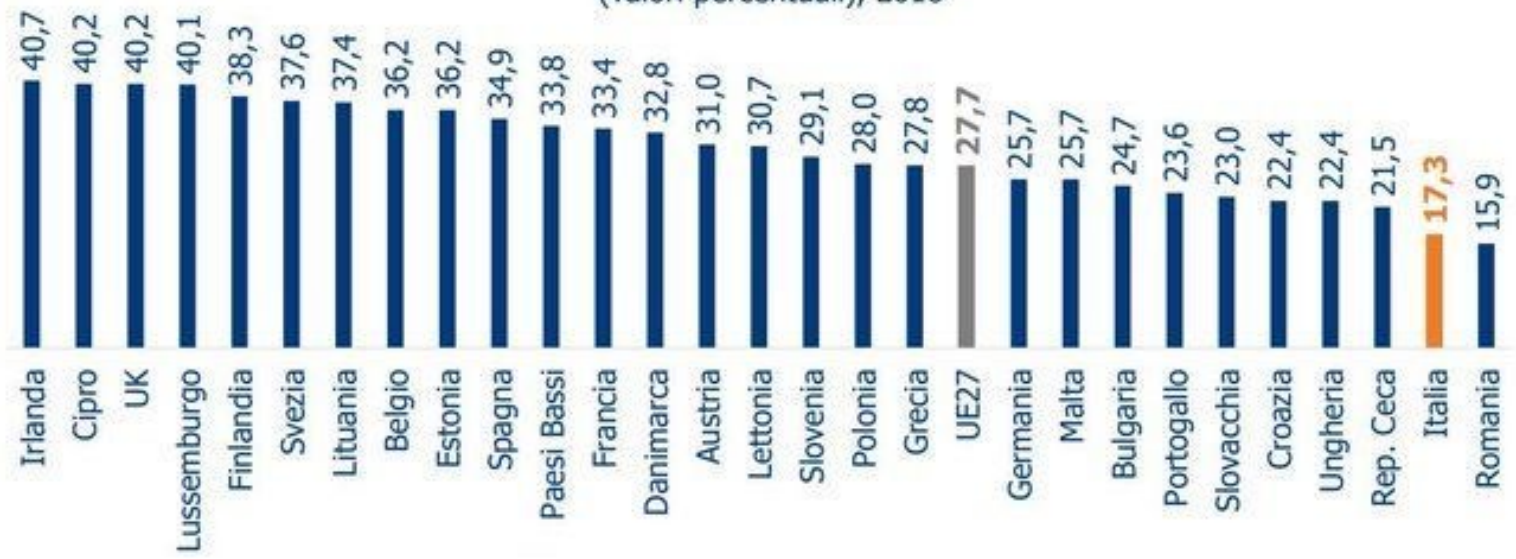
Quota di popolazione con titolo di studio terziario sul totale della popolazione under-64
(valori percentuali), 2018



Fonte: elaborazione The European House – Ambrosetti su dati Eurostat, 2020

Grazie per l’attenzione