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# European Joint Action on Vaccination

## JA2015 - GPSD [705038]

START DATE: 01/08/2018

END DATE: 31/03/2022

DURATION: 36 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Joint Actions 2017

TOPIC: Joint Action on vaccination

EC CONTRIBUTION: 3511177.02 EUR

KEYWORDS: Eu-Data Warehouse, Hesitancy, Preparedness, Shortages, Stockouts, Supply, Uptake, Vaccination

## Project abstract

Vaccination is a valuable investment in health with highly positive return for the sustained development of populations. It is a preventive tool involving much less cost than the cost of targeted diseases and their consequences. Vaccination is a truly complex cross sectoral issue, as pertaining to basic immunology discovery, benefit/safety evaluation and epidemiological surveillance, to public health policies and health system planning, to forecasting and financing, to health professionals' education and health literacy, to cultural identities and social norms. By involving a wide variety of stakeholders, the EU-JAV project aims at building concrete tools to improve vaccination coverage in EU and therefore improve population health. EU-JAV will also capitalise on the numerous existing initiatives and projects, to challenge and strengthen the European cooperation of Member states on vaccination while contributing to sustainably integrate EU-JAV achievements in health policies of European countries. The JA Vaccination proposes to address several important issues, common to many countries such as establishing a sustained cooperation of relevant Member State authorities, defining basic principles for vaccine demand forecasting, developing a concept and prototype for a data warehouse for EU-wide sharing of vaccine supply and demand data among dedicated stakeholders, defining common stages and criteria for priority-setting of vaccine research and development, developing a concept and prototype for a vaccine R&D priority setting framework, defining structural, technical and legal specifications as regards data requirements for electronic vaccine registries/databases/immunisation information systems and providing a framework to cooperate on confidence from research to best practices and implementation. To achieve this ambitious concrete actions, the project gathers 20 partners from 20 different countries as well as international organisations and relevant stakeholders.

# Work package

## Work Package 1: Coordination of the project

Start month: 1

End month: 36

Work Package Leader: INSERM

Task 1.1 : Strategic steering and support to governance

Leader: INSERM / Contributors: Governance bodies ; Start date: M1 End date: M36

Task description: The following governance structure will ensure the relevance of the EU-JAV activities in line with the workplan and national strategies. This task involves setting up and managing the relevant steering and management bodies introduced in section 9 and fully described in appendix.

General Assembly: Board with decision power related to the Joint Action Vaccination, composed of one representative per associated partner

- Executive Board: Board in charge of executive decisions and overseeing daily activities, composed of coordination and WP leaders
- Member States Committee: Board in charge of strategic orientations and composed of one representative (competent authority) from each Member State. The members will be nominated at the start of the project.
- Stakeholders forum: composed of stakeholders including DG SANTE, ECDC, WHO-Europe, EMA, OECD, health professionals, patients and civil society as well as industry representatives, and others as needed (see section 9 for details).
- A vaccine network will gather both the Member State Committee and the Stakeholders forum. More details can be found in WP4, task 4.1.

Task 1.2: Contractual and financial management

Leader: INSERM / Contributors: WP Leaders ; Start date: M1 End date: M36

Task description: The Joint Action Secretariat (JAS) will coordinate this task and will be responsible for the day-to-day management. It is composed of the project coordinator (INSERM) assisted by resources including a project manager based at INSERM. The JAS will be in charge of:

- Preparing the Consortium Agreement to be signed by all associated partners at the start of the project;
  - Evaluating and monitoring the project costs in order to oversee and check the overall costs incurred per Work package and per associated partners (beneficiaries);
  - Managing and distributing EC payments;
  - Assisting individual project partners on specific administrative and financial issues
- The JAS will meet monthly and will hold trimester teleconferences with the Executive Board to share updates on progress of the WPs.

Two annual meetings will be organised after the kick-off at M12 and M24 and a final meeting at M36, in order to allow all management boards and partners to meet. As much as possible, these annual meetings will be organized back to back to the European Immunization Week (April). A private space intended to allow EU-JAV partners to share documents will be created in the EU-JAV website (in accordance



with WP2 tools).

#### Task 1.3 : Periodic reporting

Leader: INSERM / Contributors: Executive Board (technical), All partners (financial reporting) ; Start date: M1 End date: M36

Task description: This task will:

- Monitor the progress of the project in terms of deliverables, milestones, etc., using dedicated project management tools;
- Identify and monitor risks and propose appropriate mitigation measures to the General Assembly
- Prepare one interim periodic and final reporting to ensure timely and efficient submission to the EC
- The project coordinator will act as the official representative towards the Chafea and DG SANTE. The project coordinator will provide them with two interim reports and a final report, assisted by the Project Manager at Inserm Bordeaux and with the support of a project manager at Inserm Transfert who will have an advisory role.

#### Task 1.4 : Communication

Leader : INSERM / Contributors: All partners ; Start date: M1 End date: M36

Task description: The following activities will be carried out:

- Use the project website to be set up in WP2. It will act as a platform to share all internal project documents;
- Support WP collaboration and interactions through regular web/audio conferences on demand and initiated by WP leaders;
- Act as liaison with coordinators or contact points of other ongoing or recent

## Work Package 2: Dissemination of the EU-JAV results

Start month: 1

End month: 36

Work Package Leader: HCDCP

### WP Methodology

Website platform created for internal and public information sharing. Regular quality checking of the website.

Contact person designated by each partner. Communication between the WP2 leader and each WP contact person via EU-JAV website, email and teleconference. English as primary language for main dissemination tools (website, leaflet, layman report...) and materials. Each partner free to translate the material in its own language. Systematic review for the mapping activities.

### Task descriptions

#### Task 2.1 : Stakeholder mapping

Leader HCDCP Contributors: Inserm, MoCA, ISS, CDPC, SAM, CPSU, RIVM, FHI, NIPH, IPHS, SK MoH, NIJZ, FMS, FOHM ; Start date: M01 End date: M04

Task description: This task aims at mapping the stakeholders involved in vaccination in all MS/partners involved in the JA including existing networks and EU-

funded or international projects. This task will take place at the beginning of the project. The objective is to identify through systematic review all categories of the population who could directly benefit from the project (professionals, population groups, patients, citizens), who could be the best advocates (policy makers, Member States governments, health managers, private sector) or who could develop resistance (anti-vaccination movement, health professionals). As a starting point, each country has been asked to provide a detailed list of key stakeholders before the beginning of the project at both the national and international levels (See Section 14 Collaborating Stakeholders). Further work will be done on 1) the potential involvement of stakeholders 2) the key messages to share with them throughout the project and 3) information to be provided by the stakeholders.

## Task 2.2 : Dissemination Plan

Leader HCDCP Contributors: Inserm, MoCA, ISS, CDPC, SAM, CPSU, RIVM, FHI, NIPH, IPHS, SK MoH, NIJZ, FMS, FOHM & all partners Start date: M01 End date: M04

Task description: The Dissemination Plan (DP) will be developed by a team of communication and health professionals at KEELPNO in collaboration with the coordinator and WP leaders. The DP will use results of task 2.1 to implement clear distribution of work needed to disseminate relevant information to stakeholders and the public. The DP will also include the development of the project logo and brand materials of the project (e.g. website, report, ppt templates, press release templates, communication kit, etc.).

### 2.2.1. An EU-JAV strategic Dissemination Plan

Leader: HCDCP

Start date: M01 End date: M04

Contributors: INSERM, NIPH, ISS, NIJZ, IPHS, FMS, CDPC, all partners

The leading partner will produce a "Dissemination Strategy" including:

1. Goals of the Dissemination
2. Information and Publicity requirements
3. Description of EU-JAV Target Groups
4. Description of EU-JAV Key Messages
5. Communication means and tools
6. National and European and Dissemination Plans
7. Dissemination guidelines
8. Monitoring of Dissemination activities.

The deliverable EU-JAV strategic Dissemination Plan will be prepared by M03 and it will be circulated within the EU-JAV contributors; local national dissemination plans will be prepared and adapted in English by each partner and will be included in this document, to be finished and submitted by M06.

### 2.2.2 EU-JAV Project Logo creation

Leader: HCDCP

Start date: M01 End date: M03

Contributors: INSERM, NIPH

The EU-JAV vision and mission will be determined and the project logo will be created. Project's leaflets will be designed at the beginning, by M03, and will be promoted and exchanged with other EC projects, health agencies, etc.

### 2.2.3 EU-JAV Press Communication Kit

Leader: HCDCP

Start date: M01 End date: M03

Contributors: INSERM, NIPH

Journalists will be targeted by a Press Communication Kit, available in English. Communicators, journalists and policy makers will receive regular press releases during the whole project life. It will establish a coordinated presence on social media: Facebook P

## Work Package 3: Evaluation

Start month: 1

End month: 36

Work Package Leader: FoHM

### WP Methodology

Set of indicators evaluating process, outcome/output, impact

Logical framework approach

Quantitative (questionnaires, surveys) and qualitative (in-depth interviews) evaluation methods.

Baseline and follow-up assessments to measure progress.

### Task 3.1 : Elaboration of the evaluation plan

Leader FOHM Contributors: All partners ; Start date: M01 End date: M06

Task description: The task will finalise the evaluation plan based on the plans available at M1 for all the other WPs. The evaluation plan will examine both the process and effect (outcome and impact) of the vertical and horizontal WPs of the project through a systematic appraisal in terms of results (if the objectives were met) and in terms of quality (whether the outcomes meet the needs of the target groups).

Evaluation will pay specific attention to the sustainability of activities, e.g. inclusion of activities at the national levels and if they are firmly embedding in organizations or policies. The evaluation will also include shared lessons learned for the future.

Baseline assessments will be prioritized aiming for M02-M04.

Major steps in the evaluation plan include i) a round table meeting at the beginning of the EU-JAV with all WP leaders for coordination and agreement on indicators and targets with the aim of applying a logical framework approach; ii) development of the evaluation design and methods; including the tools for evaluation; iii) formulate questionnaires and baseline assessments based on existing data and expectations of stakeholders. This initial assessment will include a mapping of already existing structures to avoid duplications and maximise incorporation of existing work and knowledge. If the information is not available elsewhere a questionnaire to partners and stakeholders on national vaccination programmes and vaccination coverage will be included in the baseline assessment in cooperation with WP8 (task 8.1 of the proposal- analysis on best practices and lessons learnt on vaccine coverage). Questions on social, cultural and behavioural aspects will be included in the assessment.

The evaluation logical frameworks with objectives, indicators and sources of verification will be designed for all WPs. Each WP will have its own evaluation framework with activities, specific objectives and aims/results. It will also describe the specific data that will be collected, the means and methods that will be used for data collection, analysing procedures and reporting. The indicators should preferably abide by the SMART criteria. The evaluation frameworks will serve as a guide throughout the project. If necessary, due to circumstances, the frameworks can be adapted and further fine-tuned during the project. A preliminary list on examples of process and impact indicators with targets, as suggested by WP leads, is included in the proposal (Section 2.2 Specific objectives of the proposal).

NIPH will be involved in developing check lists, in cooperation with WP1, for process evaluation and monitoring of the WPs to be used by the individual WP leaders. NIPH will participate in the development and follow up of the baseline assessment tool/questionnaire targeting programme managers. NIPH will also contribute to the report on the baseline assessment and the follow-up assessment to be included in the midterm and final evaluation report.

Task 3.2 : Systematic assessment, monitoring and evaluation of EU-JAV  
 Leader FOHM / Contributors: Inserm, MoCA, HCDCP, ISS, CDPC, SAM, CPSU, RIVM, FHI, NIPH, IPHS, SK MoH, NIJZ, FMS, FOHM ; Start date: M01 End date: M36  
 Task description:

The evaluation process is ongoing throughout the project, assessing the implementation of planned actions so that timely interventions and necessary corrections can be made both regarding factors related to process as well as effect, thus improving the possibility to achieve the expected outcomes and impacts of the project. Coordination with the monitoring processes of WP1 is e

## Work Package 4: Integration in national policies and sustainability

Start month: 1

End month: 36

Work Package Leader: INSERM

### WP Methodology

The plan to build on deliverables and activities developed within the WPs 5 to 8. Integrative exercise of a review of common issues, priorities identified by MS and the outcomes of the whole EU-JAV. Pilot actions will explore the feasibility of joint public health actions in targeted areas.

A vaccine network to coordinate the progress of the sustainable development plan. In parallel, 3 pilot actions to explore the feasibility of joint and concrete Public Health actions.

Electronic survey targeting health care workers (needs for training, mapping unmet needs). Liaisons with relevant projects, specifically VENICE, or other Joint Actions, particularly the JA on antimicrobial resistance (EU-JAMRAI) and the JA in preparation on Health Technology Assessment, where appropriate, through the coordination team (WP1).

## Task descriptions

### Task 4.1: Establish a vaccine network

Leader: INSERM (MoH) / Contributors: all partners

Collaborating partners: ECDC, WHO Euro, EMA, EFPIA

Involvement of DG SANTE

Start date: M1 End date: M36

Task description: The vaccine network will play a pivotal role in ensuring the sustainability of actions at the EU level after the project ends. The intention is for the vaccine network to become an inclusive platform for the preparation of key decision-making. Throughout the project, the vaccine network will ensure that ways to leverage sustainability beyond the project are identified. For example, EU-JAV will ensure that both the vaccination priorities and target populations flagged by all countries as well as the tools needed to improve the context will be taken into consideration.

The vaccine network will include 2 governance bodies of the EU-JAV: the Member State Committee and the stakeholder forum (see Section 9 on EU-JAV governance structure). The MS representatives from the Member State Committee will have a decisive role with regard to strategic orientations of the vaccine network, particularly to sustain actions.

The Ministry of Health of all MSs will be invited to nominate a representative to establish the Member State Committee. Representatives of European institutions, namely, DG SANTE, EMA, ECDC, OECD, and organizations like WHO EURO will also be invited to participate in the Stakeholder Forum, as well as representatives from the civil society through representative bodies or community key opinion leaders, healthcare professionals, NGOs, industry (like EFPIA), scientific community and other stakeholders involved in vaccines. The purpose of the vaccine network will be to review the "national integration & sustainability" as it develops, as well as comment and input the pilot actions. Its main task under WP4 is to ensure sustainability and full coherence and convergence towards an EU action plan. The meetings of the vaccine network will be convened by the coordinator of the JA, in close cooperation with WP4 leader. Terms of reference for the vaccine network will be developed, including composition, mission, role, rules for information sharing and for governance of the information (D4.1).

### Task 4.2: Develop an "integration into national policies & sustainability" plan

Leader: INSERM (MoH)/ Contributors: NIPH, THL

Start date: M3 End date: M36

Task description: Common and feasible public health actions are crucial to implement so as to tackle the main current vaccination-related issues and foster cross country cooperation. The plan will hence strive towards a converging vaccine agenda for the most commonly used vaccines at EU level, with a priority for the population of children and adolescents. The social and cultural background will be

accounted for in the implementation guidelines. Outcomes from WP6 regarding the potential of the Joint Procurement Agreement will be carefully considered. The plan (D4.2) will be drafted and submitted for comments to the vaccine network (task 4.1). A yearly review will be organized with email consultations prior to technical meetings.

The fi

## Work Package 5: Immunization Information systems to strengthen surveillance and increase vaccination coverage

Start month: 1

End month: 36

Work Package Leader: SSI

Co-WP leader: CIPH (HR)

The assessment of interoperability and a vaccine reminder system will be conducted through a common survey of IIS holders in the EU area. The survey will be designed in collaboration with contributing partners of the JA, and external experts of relevant stakeholders (ECDC), who will also participate in technical meetings to design the survey, the functional specification of the pilot platform, and preliminary analysis of survey results. The development of the pilot platform will be subcontracted, but the implementation and governance will be the responsibility of the WP5 leaders and contributors. The feasibility study under task 5.4 will consider outputs and preliminary reports from the JA activities, as well as external sources in its implementation.

Link with existing projects, including ADVANCE (methods for vaccine coverage estimation), and electronic vaccine records (e.g. "mesvaccins.net")

Link with the forthcoming Joint Action on health information to ensure consistency between work done in this WP and the overall issue of health information system improvement.

Technical meetings will be organized to gather all partners and relevant expertise at M3, M9, M19 and M27. The meetings will be common for all and not divided on the specific tasks.

Task 5.1: Assess the Interoperability/harmonisation of European IIS

Leader: CIPH / Contributors: SSI, INSERM, VAZG, MoCA, MoH HPDPD, THL, HCDCP, ISS, CDPC, SAM, RIVM, FHI, NIJZ, FMS, FOHM

Collaborating partners: ECDC, PHE

Start date: M1 End date: M24

Task description:

- Conduct an assessment on the data quality, data collection processes, and interoperability of IIS's in Europe using survey and semi-structured interviews with relevant registry and database owners;
- Assess compliance of existing IIS's to the New European Interoperability Framework;

- Assess information on current methodology used to estimate MMR coverage and review other existing methodologies (to be used in the construction of an algorithm as part of task 5.2);
- Collect information from key stakeholders to identify challenges and needs related to information-sharing with regards to IIS implementation and prerequisites for implementation for a common platform, taking into account structural (e.g. ownership of data) and legal (e.g. data confidentiality, privacy protection) specifications;
- Develop a core minimum data model and specify core functionalities for use within a common platform for cross-border vaccine coverage assessment;
- Produce functional specifications for the pilot platform to be produced in Task 5.2.;
- Produce a report regarding current state of data collection and interoperability of IIS and vaccine data in the EU area.

#### Task 5.2. Pilot platform for cross-border vaccine coverage assessment

Leader: SSI / Contributors: CIPH, FOHM, THL, SK MoH, CDPC, RIVM, VAZG

Collaborating partners: ECDC, PHE

Start date: M18 End date: M30

Task description: European vaccination coverage data have been collected by WHO and within projects such as VENICE III. We will attempt to provide cross-Europe MMR vaccination coverage using a standardized approach with the following steps:

- Develop a protocol for harmonized estimations of vaccination coverage of MMR1 and MMR2 including definition of variables to be included in the core data model based on deliverables from Task 5.1.; the aim is for the protocol to be adopted by at least 2-3 countries with common borders.
- Distribute an open-source computer algorithm that can be shared and run by regions, countries with IIS or other similar data source, completed by data on doses of Measles Containing Vaccines (MVC);
- Deploy a common pilot platform where vaccine coverage estimations for cross-border vaccine coverage assessments can be shared publicly;
- Recruit key stakeholders to contribute content and participate in the pilot platform;
- Implement additional functionalities based on needs and gaps identified in t

## Work Package 6: Vaccine supply and preparedness

Start month: 1

End month: 36

Work Package Leader: ISS

Co-WP leader: FHI

Build on existing experience of MSs, collected through surveys and relevant documents (grey literature) gathered from key stakeholders identified at National level both within public health institutions (MoHs, PHIs, regulatory agencies, ECDC, WHO, EU and MS Joint Procurement Agreements and NITAGs) and industry (Vaccines Europe). The potential of the Joint Procurement Agreement mechanism

will be carefully analysed. Open dialogue to be initiated with industry on supply. A concept for an EU data warehouse will be developed, in preparation for a full database. Legal constraints and ethical challenges to the concept will be discussed. The affordability issue will be addressed and recommendations on how this can be managed beyond the project will be put forward. Links with existing projects, including VENICE (information-sharing on national vaccination programmes, ECDC).

#### Task descriptions

##### Task 6.1: Forecasting of vaccine needs and demand

Leader ISS / Contributors INSERM, MoCA, THL, FMS, FHI, RIVM, HCDCP, CDPC, SSI, SAM, CPSU, NIJZ

Collaborating partners: ECDC, WHO, EMA, Vaccine Europe

Start date: M1 End date: M36

Task description: This task will map vaccine demand at the European level to ensure adequate availability of high quality vaccines and estimate financial needs to conduct immunisation programmes. The mapping will be based on data gathered from the national regulatory agencies, public health institutes, ministries of health (MoH) and product manufacturers that can provide information on past vaccine supply, vaccination programmes and projections and can evaluate future needs. This data will be collected from the MSs through the collaboration with MS's country procurement and supply units and other relevant stakeholders as foreseen in WP4 (task 4.3). Rules established in WP4 (task 4.1) for information-sharing and governance of the information will apply also for this WP.

6.1.1 Review previous experiences on vaccine shortage and evaluate the response at national and at EU level as well as elaborate realistic procedures to share relevant information from industry about potential vaccine shortages.

6.1.2 Capitalise on existing initiatives, elaborate procedures and methods to estimate needs and procurement of vaccines in the different countries in the short and long-term (5-10 years) and share information among MSs. We will define the type of products and different actions to be undertaken depending on the level of risk (linked to Task 4.2).

6.1.3 Analyse and evaluate the local financing mechanisms useful to identify original solutions to ensure sustainable purchase and stock of vaccines to the EU countries.

##### Task 6.2: Mechanisms of management of supply and stocks

Leader: FHI / Contributors INSERM, MoCA, THL, FMS, ISS, RIVM, HCDCP, CDPC, SSI, SAM, CPSU, NIJZ

Collaborating partners: ECDC, WHO, EMA, Vaccine Europe

Start date: M1 End date: M36

Task description: Based on existing experiences and platforms (e.g. EPIS) we will explore the feasibility and a concept to build a European system to prevent shortages. The final outcome of this Task will be to improve exchange of vaccine stocks between countries in cooperation with vaccine industry. A midterm meeting with the WP6 participants and relevant stakeholders will take place, preferably in connection to the General Assembly at M12 to obtain expert feedback and advice to build the concept.

6.2.1 Develop a plan with industry and other stakeholders to anticipate changes in



vaccine recommendations and, more accurately, gain critical information to ensure preparedness as well as improving the forecast of vaccine demand of specific priority vaccines in the routine immunization schedule and manufacturing planning (in cooperation with Task 6.1). In doing so, this would reduce risks for both the purchaser and manufacturer and decrease the risk of vaccine shortages and stock-outs. The plan will recommend mechanisms for defining the anticipated needs (i.e. geographical

## Work Package 7: Vaccine research and development priority-setting framework

Start month: 1

End month: 36

Work Package Leader: INSERM

Co-WP leader: FHI

Consultations, systematic review, consensus methods, quantitative and qualitative surveys of experts, institutions and companies in charge of gathering and setting priorities for vaccine research, mapping of disciplines needed and their scientific societies, sociological, economic and public methods ("payback") to build indicators and processes for setting priorities.

Mapping and critical assessment of existing and possible funding mechanisms for identified priorities along the value chain

Links with major tools used for R&D vaccine research and development, including WHO R&D Blueprint, CEPI (Coalition for Epidemic Preparedness Innovations), UK Vaccine Network, EC/IMI, BARDA, GHIT (Global Health Innovative Technology Fund), DG Research, NIH/NIAID

Links with other EU-funded initiatives related to vaccine R&D, including the Joint Action on AMR and Healthcare Associated Infection

Links with industry

### Task descriptions

Task 7.1. Priorities for vaccine research and development.

Leader INSERM / Contributors: THL, FMS, ISS, RIVM, HCDCP, FOHM, FHI, MoCA  
Collaboration needed with MS research bodies, MoH, NITAG, DG research, DG SANTE, ECDC, EMA, EFPIA, WHO, WHO EURO, NGOs, civil society, parents' associations, initiatives to develop new vaccines, etc.

Start date: M2 End date: M24

Objective: Establish a process involving all relevant stakeholders to develop a concept and prototype research priority setting framework to identify critical needs and priorities in terms of vaccine and vaccination research (over the whole value chain from basic, clinical and epidemiological to social and societal aspects of hesitancy) to increase vaccination coverage in EU MS.

Sub-Task 7.1.1: Identify a subset of 3-6 different vaccines for different stages of life to be used as pilots

Start date: M2 End date: M6

Task description: As vaccination issues are quite different depending on age, three pilot categories will be used to develop this task in an exhaustive way: this task aims at obtaining a list of vaccines based on unmet needs in EU, through the following steps :

- Identify all relevant stakeholders in research vaccination: researchers, funders, vaccination networks, industries, health authorities, and participants from civil society from appointed representatives or key opinion leaders, NGOs involved in vaccination to select a representative expert's group.
- Organize an expert consultation to define one or two vaccines for each pilot age category, for which current coverage in EU MS is suboptimal. This subset of vaccines will constitute a support to propose secondary potential prioritization criteria and develop the priority-setting framework. The pilots will feed into the establishment of an annual list of research priorities on vaccination (D7.2) and will provide input for D7.3.

Sub-Task 7.1.2: Define a concept framework for decision-making on research priorities for the agreed subset of vaccines

Start date: M6 End date: M18

Task description:

Several prioritization methods and tools exist, applied in different contexts and pursuing different objectives. This purpose of this task is to develop and propose a framework adapted to the European context in research, which will be developed through the following steps:

- Establish a list of research prioritization methods and tools from a review of literature and analyze their transferability in an European vaccination research context;
- Choose the most appropriate method;
- Define from literature, and a subset of vaccines identified in sub-task 7.1.1, objective prioritization criteria and method for scoring/rating each criterion;
- Propose a framework for decision-making on research priorities;
- Conduct a web-based consultation of relevant stakeholders to refine the proposed framework.

Sub-Task 7.1.3: Apply framework to define annual EU priorities

Start date: M18 End date: M34

Task description: The framework developed in sub-task 7.1.2 will be applied to define EU

## Work Package 8: Vaccine hesitancy and uptake. From research and practices to implementation

Start month: 1

End month: 36

Work Package Leader: THL

Co-WP leader: ISS (IT)

Quantitative and qualitative surveys and in depth interviews, targeting Member State representatives, key research and public health community informants, other stakeholders, where appropriate.

Survey of social media data sources. Big data analytic methods. Methods from Network Science. Use of multi-language Big Data sources.

Links with European projects: IMI-ADVANCE, VENICE and the Vaccine confidence project (monitor public confidence in immunization programmes, LSHTM), reminder systems

#### Task descriptions

Task 8.1: Barriers and enablers behind suboptimal vaccination coverage

Leader: THL Contributors: INSERM, VAZG, MoCA, MoH HDPDP, SSI, HCDCP, ISS, CDPC, SAM, RIVM, FHI, NIPH, IPHS, SK MoH, NIJZ, FMS, FOHM

Collaborating partners: ECDC, WHO, London School of Hygiene and Tropical Medicine (LSHTM).

Start date: M1 End date: M22

Task description This task aims at mapping and creating sustainable mechanisms for reviewing research-based knowledge, including analyses of cultural, social and behavioural determinants (barriers and enablers) behind high or low vaccination coverage and best practices. This review will encompass specific actions and interventions aimed to reduce vaccine hesitancy and increase vaccine uptake, such as tools for HCWs to encounter vaccine hesitant parents, specific campaigns, including health care workers or similar staff; lessons learned in all Member States regardless of their participation in the EU-JAV; among the stakeholders and partners, in the research community, and among policy makers, such as government technical advisors and individuals working with legislation and regulations, including in-depth mapping of knowledge and experiences from existing networks and other projects and programmes, such as VENICE III, Advance, The Vaccine Confidence Project (LSHTM). Added value of surveillance activities will be given specific attention (link with WP5). Results of this task will specifically be linked to WP3 (Evaluation) for assisting with the baseline assessment and to WP5 (Information systems) for improving surveillance and analysis of determinants of lower vaccine coverage.

In this task, survey tools together with qualitative interview methods are applied to determine:

- 1) what kind of research-based determinants behind high and low vaccination coverage have been identified in the European region including social, cultural and behavioural aspects
- 2) what kind of practices are known to maintain good vaccination coverage;
- 3) how have these practices been implemented in the public health work;
- 4) what lessons have been learned from implementing these practices and what scientific evidence has been produced about the impact of these practices (or interventions).
- 5) identify cases that can be presented as constructive examples of both successful and unsuccessful actions, practices and decisions.

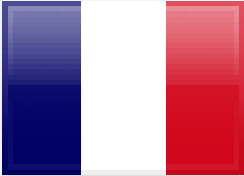
The following separate work activities will be developed and will feed into activities of task 8.2:

- To map the best practices and lessons learned (from a social, cultural and behavioural point of view) in vaccine hesitancy-related work in the MS and their regions and among stakeholders and partners, research community and existing and ongoing projects and programmes using a web-based survey tool with both close-ended questions and open-ended questions.
- To conduct in-depth interviews complementing the surveys (can be done via skype or similar). A preparatory debrief will be provided to those conducting this task to secure reliability of the results.
- To produce 'country reports' on the research-based determinants behind high and low vaccination coverage identified in the region. A template will be provided for the country report, which will be written in English.
- To produce a final report based on the separate country (stakeholder) reports

Task 8.2: Support for effective programme implementation

Leader: THL Contributors: INSERM, VAZG, HCDCP, ISS, SAM, RIVM, FHI, DGS,

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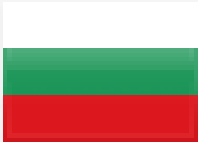
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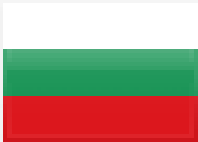
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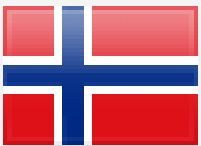
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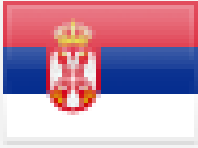
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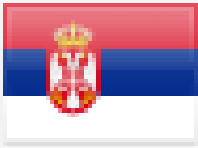
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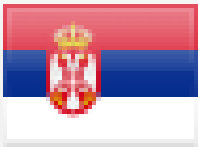
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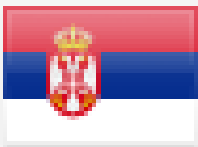
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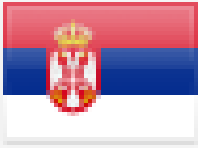
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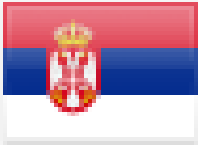
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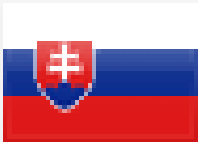
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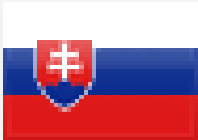
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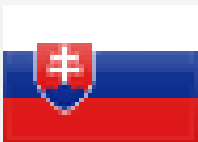
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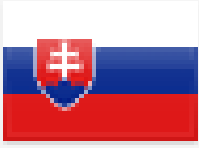
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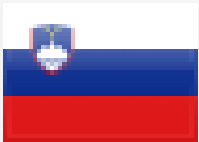
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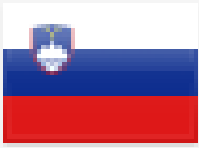
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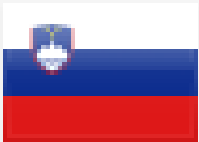
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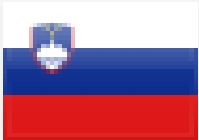
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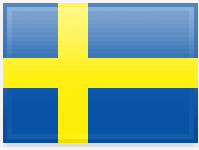
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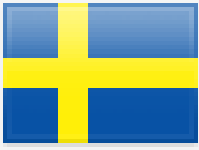
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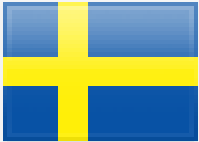
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## Layman version of the final report

HCDCP

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

This is a short (e.g. 10 pages) version of the final report, written for the interested public as a target group

## Annual meeting & meeting reports

INSERM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Meeting minutes and list of attendees

## (MD) Final report

INSERM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

This report describes the project implementation and the results achieved. The deliverables are annexed

## Final Dissemination Report

HCDCP

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Dissemination activities in the first 18 months of project lifetime

## Final evaluation report

FoHM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Final evaluation report including the comprehensive assessment if all aims and objectives were met. The final report will include a tool that can be used to evaluate the project impact beyond its duration

## Final report: Integration into national policies & sustainability" plan

INSERM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Draft 1: Outline of the report including topics as vaccine hesitancy (WP8), harmonization of vaccine schedules and vaccine surveillance tools (WP5), vaccine supply and preparedness (WP6) and vaccine R&D priority setting framework (WP7) Draft 2: Preliminary draft, including overview of the priorities identified by the MS and to the outcomes and the deliverables of the WPs5-8 that need to be promoted at the national level (M30) Final & validated recommendations (Final Version) – M36

## Report on In-service vaccinology trainings-module

VAZG

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/07/2021

Test in one pilot country the developed in-service trainings-module

## Report on cooperation between NITAGs

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Report on the possibility to establish a strengthened cooperation structure between NITAGs

## Functional specifications for pilot platform

CIPH

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/12/2019

Outline of core functionalities for information sharing and vaccine coverage assessment pilot platform, based on input from stakeholders

## Final report evidence-base of National immunization programmes: analysis and

## recommendations

INSERM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Report on the information collected from the countries involved in both the pilot and extended studies. The report will include analysis and recommendations

## Report on interoperability of IIS's in the EU area

CIPH

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/06/2020

Report on data collection procedures, datasets used and interoperability assessment of IIS's in EU area, based on the survey and interview process to be conducted as part of Task 5.1

## Report on interoperability of IIS's in the EU area

SSI

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/01/2022

Report on data collection procedures, datasets used and interoperability assessment of IIS's in EU area, based on the survey and interview process to be conducted as part of Task 5.1

## Report on previous experience about vaccine shortages and responses of EU countries

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/06/2019

Review previous experiences on vaccines shortage and to evaluate the response at EU level

## Guidelines on procedures to estimate vaccine needs and procurement in EU

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/12/2020

Elaborate procedures and methods to estimate demand and procurement of vaccines in the different countries in the short and long term (5-10 years) and share information among MSs collecting information from relevant Stakeholders (e.g. National public health authorities, ECDC, WHO, EMA, Industries).

## Cross-border measles vaccination campaign report

FoHM

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Report that describes the feasibility of conducting coordinated cross-border measles vaccination campaigns

## Guidelines on procedures to estimate vaccine needs and procurement in EU

FHI

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/01/2022

Elaborate procedures and methods to estimate demand and procurement of vaccines in the different countries in the short and long term (5-10 years) and share information among MSs collecting information from relevant Stakeholders (e.g. National public health authorities, ECDC, WHO, EMA, Industries).

## Report Guidelines/Best practices to establish priorities for vaccine and vaccination research to increase vaccination coverage

FHI

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/12/2019

Guidelines/Best practices to establish priorities for vaccine and vaccination research to increase vaccination coverage

## Annual list of research priorities on

## vaccination

INSERM

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/06/2021

Summarize and disseminate annual list of R&D priorities

## Final report and recommendation of Task 6.2 Mechanisms of management of forecasting, supply and stocks

FHI

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Final report and recommendation on a European plan, feasibility and a concept to build a European system to prevent shortages and secure supply

## Best practices and lessons learnt report

THL

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/06/2020

A final report on the mapping on best practices and lessons learned in MS and among stakeholders and partners

## Appraisal report on dissemination tools and activities

THL

European Joint Action on Vaccination (EU-JAV)

Expected on: 01/03/2021

Critical appraisal report of the functionality of the dissemination tools and the platform developed and used in 8.2

## Appraisal report on dissemination tools and activities

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

Critical appraisal report of the functionality of the dissemination tools and the platform developed and used in 8.2



## Report on collective attention data analysis and on the Immunization Opinion and Sentiment Analysis Framework and Methods

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

This report will present the collection of data from the web sources available, relevant for surveillance of vaccine confidence analysis of social media content and users (information needs, sentiment towards vaccinations gaps to be addressed, influential players, tools and analysis methods), and will include guidelines, based on collected data, to advice and inform communication campaigns.)

## Design and development of visualization tools

ISS

European Joint Action on Vaccination (EU-JAV)

Expected on: 31/03/2022

A vaccine confidence monitoring platform freely accessible will be delivered

## Report on reminder systems

SSI

European Joint Action on Vaccination (EU-JAV)

Published on: 14/06/2022

Report that describes existing reminder systems and provide recommendations for future systems

## Report on a proposal for shared funding mechanism

FHI

European Joint Action on Vaccination (EU-JAV)

Published on: 17/12/2021

Analysis of funding gaps and hurdles for cooperation among funders. Propose possibilities to mitigate these, and develop a roadmap of initiatives to ensure sustainable mechanisms for shared funding on common priorities for unmet populations in need.

## Report on the communication pilot launched

INSERM

European Joint Action on Vaccination (EU-JAV)

Published on: 16/12/2021

Description of common actions of the Youth ambassadors & school contest

## Interim Dissemination Report

HCDCP

European Joint Action on Vaccination (EU-JAV)

Published on: 05/11/2021

Dissemination activities in the first 35 months of project lifetime

## Dissemination Plan

HCDCP

European Joint Action on Vaccination (EU-JAV)

Published on: 06/09/2021

Plan outlining dissemination practices and timelines

## Methodology and plan for pilot study and draft plan for extended study

INSERM

European Joint Action on Vaccination (EU-JAV)

Published on: 06/09/2021

Methodology on how the pilot study will be conducted (tools, roles, timelines, resources) and a proposal for how the extended study could be conducted

## Report on the financial mechanism for centralized procurement

FHI

European Joint Action on Vaccination (EU-JAV)

Published on: 06/09/2021

Analyse and evaluate the financing mechanisms to ensure sustainable supply of the different countries for the purchase of vaccines

## Annual list of research priorities on

## vaccination

INSERM

European Joint Action on Vaccination (EU-JAV)

Published on: 06/09/2021

Summarize and disseminate annual list of R&D priorities

## Best practices and lessons learnt report

ISS

European Joint Action on Vaccination (EU-JAV)

Published on: 30/07/2021

A final report on the mapping on best practices and lessons learned in MS and among stakeholders and partners

## Stakeholder Analysis Report

HCDCP

European Joint Action on Vaccination (EU-JAV)

Published on: 28/06/2021

Report of the mapping of national and international stakeholders & networks involved in vaccinations

## (MD) Interim report

INSERM

European Joint Action on Vaccination (EU-JAV)

Published on: 24/06/2021

This report describes the activities carried out, milestones and results achieved in the first half of the project. Deliverables can be attached as annexes.

## Report on Standardized estimations of vaccination coverage

FoHM

European Joint Action on Vaccination (EU-JAV)

Published on: 21/06/2021

Report that describes the experience from providing MMR European Vaccination coverage estimates on a common platform (task 5.2)

## Midterm evaluation report

FoHM

European Joint Action on Vaccination (EU-JAV)

Published on: 09/03/2021

Interim report serving to fine tune and adjust activities and priorities in the second half of the JA

## Functional specifications for pilot platform

SSI

European Joint Action on Vaccination (EU-JAV)

Published on: 06/11/2020

Outline of core functionalities for information sharing and vaccine coverage assessment pilot platform, based on input from stakeholders

## Report Guidelines/Best practices to establish priorities for vaccine and vaccination research to increase vaccination coverage

FHI

European Joint Action on Vaccination (EU-JAV)

Published on: 06/11/2020

Guidelines/Best practices to establish priorities for vaccine and vaccination research to increase vaccination coverage

## Report on possibilities, gaps and options for building a "concept type" for regional or European virtual stockpiles on vaccine management needs and stocks

FHI

European Joint Action on Vaccination (EU-JAV)

Published on: 21/08/2020

Explore the possibilities, gaps and options for building a "concept and prototype" for a regional or European data warehouse for virtual stockpiling and vaccine management needs and stocks, including challenges or hurdles in the legal framework within the MS, their responsibilities and mandates

## Terms of reference of vaccine network

INSERM

European Joint Action on Vaccination (EU-JAV)  
Published on: 29/10/2019  
List of members, code of practice and work agenda

## Project Leaflet

HCDCP

European Joint Action on Vaccination (EU-JAV)

Published on: 02/09/2019

A leaflet to promote the project must be produced at the beginning

## Report on previous experience about vaccine shortages and responses of EU countries

ISS

European Joint Action on Vaccination (EU-JAV)

Published on: 07/08/2019

Review previous experiences on vaccines shortage and to evaluate the response at EU level

## Report on the anticipated needs to ensure sufficient size of supply and stockpiles, including their sustainability

FHI

European Joint Action on Vaccination (EU-JAV)

Published on: 31/07/2019

Recommended mechanisms for a) defining the anticipated needs (i.e. geographical issues), ensuring sufficient size of supply and stockpiles and b) harmonization of packages including their sustainability

## Evaluation plan

FoHM

European Joint Action on Vaccination (EU-JAV)

Published on: 12/02/2019

A developed and approved evaluation plan including objectives, methodology, indicators and time plan. The evaluation plan will be based on a baseline assessment

## Kick-off Meeting and minutes

INSERM

European Joint Action on Vaccination (EU-JAV)

Published on: 15/01/2019

Meeting minutes and list of attendees

## Web-site

HCDCP

European Joint Action on Vaccination (EU-JAV)

Published on: 15/01/2019

A dedicated web-site / web-pages. This can have a public part and another one accessible only to the applicants.