PROMOVAX

Promote Vaccinations among Migrant Populations in Europe

PROMOVAX: Promote vaccinations among migrant populations in Europe

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PARTNERS IN PROLEPSIS

Childhood Immunization, Progress, challenges & priorities for further action

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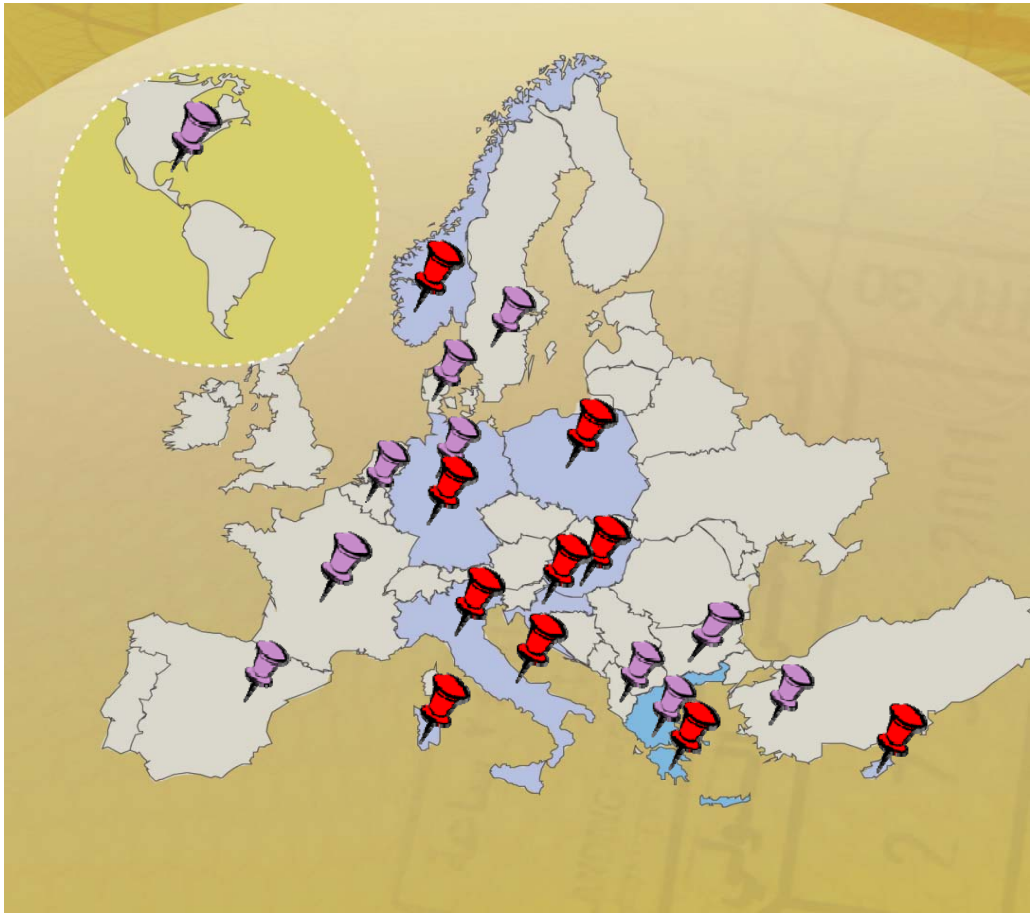
Funded by
the Health Programme
of the European Union

On behalf of the PROMOVAX Consortium

✓**11** associated partners from 8 countries

✓**12** collaborating partners from 11 countries



Associated Partners

Collaborating Partners

Project Coordinator: Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis

11 Associated Partners from 8 countries

- Technische Universitat Dresden, TUD, **Germany**
- The Foundation for Scientific and Industrial Research, SINTEF, **Norway**
- University of Zagreb, Medical School; Andrija Stampar School of Public Health, AS, **Croatia**
- University of Pécs, UP, **Hungary**
- Nofer Institute of Occupational Medicine, NIOM, **Poland**
- Istituto Superiore di Sanità, ISS, **Italy**
- The University of Milan, Department of Occupational Health, UNIMI, **Italy**
- Università degli Studi di Sassari, UNISS, **Italy**
- The Cyprus International Institute (CII) for the Environment and Public Health, CII – CUT, **Cyprus**
- Research Unit in Behavior and Social Issues, RUBSI, **Cyprus**

12 Collaborating Partners from 11 countries

- WHO/Europe Occupation Health, Germany
- WHO/Europe Communicable Disease Unit, Denmark
- IOM-Migration & Health Division, Belgium
- European Center for Disease Prevention & Control, Sweden
- Alpert Medical School of Brown University, USA
- Public Health Institute, Albania
- Baskent University, Turkey
- Hospital de Sabadell. Universitat Autonoma de Barcelona, Spain
- Institute of Occupation Health, Serbia
- Institute of Epidemiology, Preventive Medicine & Public Health, Greece
- National School of Health, Spain
- National Center of Infectious & Parasitic Diseases, Bulgaria

Project Specifics

DG SANCO Public Health Program 2008- 2013

- Priority area: (3.2) Improve citizens' health security. Action: (3.2.1) Protect citizens against health threats

- Grant agreement number: 2009 11 09
- Duration: 36 months
  - Starting date 22/5/2010
  - Ending date 21/5/2013

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PROMOVAX background information

Why such a project?

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PROMOVAX Background

- ✓European health care services not equipped to respond to the influx of migrants - accessible, appropriate & good quality services for migrants
- ✓Migrant populations from countries with a high prevalence of infectious diseases are disproportionately affected by TB, HIV, hepatitis A and hepatitis B.
- ✓Lack of adequate resources and information about vaccination coverage in migrant populations is Europe

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PROMOVAX Background

- Most of the non-immunized groups belong to hard-to-reach groups that lack access to vaccines and information about the importance of immunization
    - Immunization of migrants is a high priority issue for the EU health program within the context of reaching hard to reach populations.

- Immunizations could serve as a vehicle to provide primary care, other primary and secondary prevention services, including education

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PROMOVAX: General Objective

- The general objective of the PROMOVAX project is to **promote immunizations** among migrant populations in Europe
  - contributing to the elimination of vaccine preventable diseases in the region
  - and reducing health inequalities

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PROMOVAX: Specific Objectives

- To evaluate **migrant access** to primary health care, through the examination of immunization status and to record **existing migrant immunization policies**, **legislation and practices** in the participating countries
- To **identify & exchange best practices** on migrant immunizations
- To **enhance health care professionals' knowledge** on immunization of migrants
- To **improve migrants knowledge** on immunizations

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PROMOVAX Target Groups

PROMOVAX project targets **3** groups:

1. **Documented working migrant population in the countries of the European Union.**

2. **Health care workers** and **other care givers** providing for **migrants** in the European countries.

3. **Policy makers** & **stakeholders**

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PROMOVAX: Methodology

- Recorded **migrants' access to primary Health Care – and immunization policies, legislation & practices** in consortium countries
- **Identified & evaluated best practices**
- Developed **recommendations**
- Developed practical toolkits for the promotion of immunizations for **migrants &** for **health care workers** working with migrant populations

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1st Step: Identification of migrant groups in consortium countries and report on existing situation

- Each partner country reviewed:
  - **Country of origin** & **demographic data** of dominant migrant populations
  - **Legislative context & existing policies on** migrant immunizations

Methodology for selection of migrant groups

1. **Number of migrant workers**

2. **Incidence rate for VPD** in country of origin

3. **Outbreaks of VPD** in country of origin

4. **Expert's opinion**: based on criteria 1-3, a list of 52 countries was compiled. Experts from IOM ranked the selected countries in an ascending order of risk according to the challenge these countries may pose in the host country in terms of VPD.

10 Selected Migrant Ethnicities

PARTNER COUNTRY	ALLOCATED MIGRANT ETHNICITY
Greece	Bulgaria
Cyprus	Romania, Nepal*, Somalia*
Norway	Iraq
Germany	Poland
Italy	Albania
Croatia	Bosnia and Herzegovina
Poland	Ukraine
Hungary	China

Reviewed this 10 majority migrant groups in terms of:

- **Culture** & **attitudes towards immunizations**
- **Vaccination coverage** in respective countries of migrant origin
- **Incidence** of **vaccine preventable diseases** in respective countries of migrant origin

Host Country Information

- **The demographic characteristics of the migratory populations (both EU and non EU) that arrived** in the consortium countries in the past five years vary greatly

- The burden of VPDs in migrant populations in the EU is unclear due to **lack of surveillance systems**

http://www.promovax.eu/index.php/promovax/vaccination/vac1

Host Country Information

- Most of the partner countries have **no specific legislation and regulations concerning migrant immunizations nor specific immunization requirements for working migrants based on field of occupation**

- There is no national body assigned with the responsibility of monitoring and administering immunizations to migrants in particular

Migrant Country of Origin Information: example

Somalia

Factor	Details
Socioeconomic position	Due to widespread and deep poverty (45% of its population in urban areas currently lives in extreme poverty), recurrent famines, and civil war that has been taking place in the last 15 years, Somalia has reportedly the worst health standards in Sub-Saharan Africa. In addition, employment opportunities are extremely limited while health care is very expensive for the population (by local standards), as this is basically being offered by the private sector. Thus, only few of its citizens can afford the medical fees and most are these who receive assistance from the relatives abroad.
Geographic regions	It appears that there is a bias towards urban areas. It has been estimated that only 15% of rural people have access to health services, as compared to 50% of urban people. Additionally, no nurses or midwives (except traditional ones) are reported to be available in the rural and nomadic areas.
Limited access and movement the humanitarian community	Due to the fluctuating security situation, there is limited access for NGOs and IGOs and consequently cannot always operate within Somalia. As a result, there is no sustainable healthcare provision. In addition, the limited access and movement of the humanitarian community particularly to the security unstable areas, render it difficult to supervise and monitor the efficacy and efficiency of the existing interventions.
No functional central government	Coordination of the health care system is complicated by the fact that there is no functional central government while there are 3 different health authorities with different levels of development in different areas of Somalia. As a result of the lack of a central coordination mechanism, there is no equal coverage of health care provision throughout the country.
Quality of healthcare provision	The quality of healthcare provision is difficult to monitor, due to limited access and security constraints while the lack of skilled personnel and limited capacity of local agencies lessens the quality of services provided to the population.
Insecurity and gaps in the infrastructure	These also lead the humanitarian community to increased operational costs (i.e. security measures).

http://www.promovax.eu/index.php/promovax/vaccination/vac2

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2nd Step: Identification & evaluation of best practices and development of recommendations

- Reviewed **best practices** & **missed opportunities** of providing immunizations in the participating European countries as well as traditional migrant receiving countries (USA, Canada, Australia etc)

Information Library: Index of good practices and recommendations.

Best Practice Evaluation Tool

1. Timing
2. Mobilization/way of motivation
3. Immunization profile
4. Training for caregivers
5. Financial coverage
6. Use of immunization informational system-record keeping
7. Program Evaluation and Research

Final form of 'Best Practice Evaluation Tool for Migrant Vaccination'

EVALUATION TOOL FOR MIGRANT VACCINATION PROGRAMS

Program Description (not weighted=not used for evaluation)

-Target group (has to include documented migrant workers)
-Service Provider
-Setting

Project Name:_____ Date____/____/____

Project Site: _____

A. Timing

	Yes	No
Is this practice a continuous one?		
Was the practice sustainable?		
What was the duration of the intervention?		
< 6 months / >6months-12 months / > 12 months		
Was the practice seasonal?		
Was the practice periodic?		
Did the practice take into account the time availability of the target group (i.e. clinic working hours?)		

B. Mobilization/ way of motivation

	Yes	No
Was the cultural diversity barrier addressed?		
Was training for the care givers provided in order to improve cultural competency?		
Was the language barrier addressed?		
Were interpreters available during the doctor-patient encounter?		
Was health education material for migrants (leaflets, posters, promotional activities) available?		
Were special migrant tailored on site health programs available?		
Were leaders in the migrant community used in order to reach migrants?		
Were the needs of the target migrant group assessed? (or has there a needs assessment been conducted?)		

C. Training for the care givers

	Yes	No
Was any preparatory training for the care givers consistent part of the program?		
If yes:		
Was its content approaching communication in multicultural, multi-religious environment?		
Who were primarily addressed by the training?		
those professional providers, who work in health care, like doctor or nurse / those people, who are already in the migrant community and by training they could learn how to handle the 'hard to reach population' / leaders in the migrant community how to assist for the care givers		

D. Financial coverage

D/1.	Yes	No
Were immunizations provided for free?		
Was there a co-pay that the migrants had to cover?		

D/2. What was the core budget of the program?	Yes	No
State health insurance system		
Special governmental fund for migrants' health care		
EU/ WHO co-funded project		
NGO action financed by government		
NGO action financed from other resources		

E. Immunization Profile

	Yes	No
Were immunizations provided based on the age of the migrant?		
Were immunization provided based on migrant's occupational risks?		
Was the immunization profile of the country of origin taken into account?		
Did the immunization practice involve individual vaccines?		
Was the vaccination program an outreach initiative?		
Did the vaccination program take place at the workspace?		

F. Program Evaluation and Research

	Yes	No
Was the program evaluated for its effectiveness (reaching to target population, increasing awareness, promoting access to health care and immunizations etc)?		
Did the target population (migrants) get the opportunity to evaluate the program?		
Were target populations comments and suggestions used in order to improve the immunization program?		
Were programs' outputs evaluated (i.e. educational material produced during the project)?		
Were data on migrants; health status and socio-demographic status collected?		
Were the results of the program disseminated (published, presented in scientific conferences etc?)		

G. Use of Immunization Information system? Record keeping

	Yes	No
Were the activities performed and immunizations provided recorded?		
Were immunization cards used?		
Was a registry used?		

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Executive Agency for Health and Consumers

UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

Promovax group recommendations for the immunization of migrants

1. An effective migrant immunization program should be **continuous** & **sustainable** & should take into account **accessibility** to the target group

2. **Language barriers** can be addressed through interpreters

3. Immunization programs should take **cultural diversity** into account & use cultural mediators.
   - ✓ Successful migrant immunization practices have trained cultural mediators to act as educators, health promoters, and health care system navigators for the migrant families

Promovax group recommendations for the immunization of migrants

4. **Cost:** Access to immunizations & vaccines should be **free** for migrants. Successful immunization initiatives have secured funding from multiple resources

5. A well-prepared program should adopt a **personalized approach** when dealing with individual migrants

6. Successful immunization practices are **monitored & evaluated** in terms of the quality of activities and outcomes

Promovax group recommendations for the immunization of migrants

7. **Data collection** and research concerning migrants' health and socioeconomic status are essential to create a more detailed and realistic feedback on the situation of the target group

8. **Use of a registry and immunization record card** recommended to facilitate monitoring and further evaluation of results, essential for creating a consistent migrant health data base.

Implementation Steps

Develop (WP6):

- **Health Worker Toolkit:** including step by step ***guidance*** and ***tools*** to be used when assessing & addressing immunization needs of migrant populations

- **Educational Material for Migrants:** providing general lay immunization information & addressing misconceptions in order to dispel common anti-vaccination myths

Development of tool-kits for health providers & migrants

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3rd Step: Development of Toolkits and Educational Material

Reviewed and Identified:

1. Common misconceptions and barriers among migrant populations

   - Methodology: literature review and WP4 report analysis

2. Barriers among health professionals in providing migrant health care & immunizations in particular

   - Methodology: literature review, focus groups conducted in Greece and Hungary

Immunization Barriers among Migrant Populations – Migrant Level

1. **Socio-cultural issues** (marginalization, low level of integration into new community, difficulties in adaptation to new environment, acculturation, impact of family traditions, cultural & language differences)

2. **Education related issues** (low level of education of parents, especially mother, low level of health literacy, particularly in the field of vaccinations)

Immunization Barriers among Migrant Populations – Migrant Level

3. **Socioeconomic issues** (low income, low-status occupations, necessity to work making appointing vaccinations difficult or impossible)

4. **Health care utilization issues** (geographical and financial access, limited access due to the shortage of personnel, lack of trust in health care personnel)

5. **Migration-related issues** (continued migration, staying for short time in one place, fear of arrest)

Immunization Barriers among Migrant Populations – Health Provider Level

1. **Limitations of the host country's health-care system,** such as lack of funding for undocumented migrants' immunizations, limited availability of interpreters, inconvenient clinic hours, complicated process of obtaining appointments

2. **Health care personnel are frequently unaware of the health rights** of immigrants (i.e. free medical care when they are in the process of getting residence permit or available immunization referral sites).

Immunization Barriers among Migrant Populations – Health Provider Level

3. **Lack of training of health care providers on cultural diversity issues. Non appropriate behavior during visits** and stereotypical attitudes towards ethnic minority patients can act as a barrier and have a detrimental effect.

4. **Physicians are often ill-equipped to diagnose and treat diseases that appear in different geographic regions** (i.e malaria, dengue fever)

5. **The lack of appropriate translated information and educative materials** particularly where information and education is critical to the needs of adequate patient management.

Health Worker Toolkit

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The Health Provider Toolkit **AIMS TO:**

- provide step-by-step **guidance & tools** for physicians/ other primary care health professionals to use in assessing & addressing migrant immunization needs
- provide a compilation of **resources** for healthcare personnel who provide immunization services
- assist in more efficient and expeditious **care** for migrant patients

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Toolkit 1- Binding Detail

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Appendix (Pocket)

- Migrants' Risk of Exposure to Vaccine Preventable Diseases and Immunization Needs Assessment Form
- Immunization Record (for Adults)
- Immunization Record (for Children)

Educational Material for Migrants

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The Educational Material for Migrants **AIMS TO:**

- Provide general immunization information
- Address misconceptions in order to dispel common vaccination myths, e.g. you will not get the flu from the shot-it contains *inactivated* virus etc

✓Health promotion material in a handbook format!


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You need vaccination too
Ask your doctor
Educational Material on Vaccinations with answers to:
What is a vaccine?
Are vaccines safe?
Do I need to get vaccinated?
Where and how can I get vaccinated?
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Appendix

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Thank you for your attention!

For more information please contact:
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