



PROMOVAX

Promote Vaccinations among Migrant Populations in Europe



newsletter

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In this issue:

1. PROMOVAX's 1st year was recently completed and results of the **"Mapping of EU migrants' origin and access to immunizations"** are now available.

2. In April 2011, all associated partners and several project collaborators met in Pécs, Hungary. Among others, an evaluation tool was developed, based on which best practices are currently being identified in the field of migrant immunizations in the participating countries, as well as selected traditional migration countries, such as USA, Canada, Australia etc.

3. Finally, as part of our effort to present relevant projects and initiatives, you can learn more about the **'With Migrants for Migrants – Intercultural Health for All'** programme, which has been nominated by WHO as a best practice model for the inclusion of socially marginalised groups and was presented in the Pécs meeting.

1. Evaluating Migrants' Access to Primary Health Care and Immunizations in Europe – A short overview

During Work Package (WP) 4 PROMOVAX project **aimed to:**

- identify the origin and demographics of migrants in the participating countries,
- record the available migrant immunization policies, legislation, and practices in the eight EU countries participating in the project.

The applied **methodology** consisted of guided literature review, qualitative interviews and contacts with experts, as well as relevant authorities. Immunization opportunities were investigated through mapping of venues, where migrants (both documented and undocumented) can access immunizations.

Brief presentation of the findings:

- The **demographics of the migratory populations** that arrived in the countries participating in the project during the past five years vary greatly and include both EU and non-EU countries.
- Information on the number of **reported cases of Vaccine Preventable Diseases (VPD)** in the host countries for the last five years was available in all partner member states (MS). Since in all partner countries health data are not collected by ethnicity, it was not possible to distinguish between migrant and host country population cases. Migrant specific information was, however, identified in the published literature, mostly in the form of rapid communication, describing recent and ongoing outbreaks.
- Overall, in the list of European partner countries and in regards to the VPD under consideration, **varicella** is one of the diseases that seem to be affecting a number of countries and at a considerable increased number of cases reported over the years. Furthermore, despite WHO's elimination goal set for 2010 for **measles** and **congenital rubella**, as well as renewed commitment to eliminate these by 2015, recently there has been a number of measles outbreaks reported in Europe, further indicating that the goal of a measles free Europe by 2010 has been challenging. It should be noted that there appears to exist great variability in the national surveillance systems for VPD in European countries, thus making any comparison of data across member states complex (i.e. type of surveillance, population covered, source of data, reporting systems).
- **Immunization coverage data among migrants** in the partner MS for the last five years were very limited to non-existent, with only Germany having scarce data available for 2006 for some of the VPDs of interest.
- In regards to the available **migrant immunization policies, legislation and practices**, overall, none of the partner member states has a national body assigned with the responsibility of monitoring and administering immunizations to migrants, nor specific laws and regulations on migrant immunization.
- **Only limited availability of interpretation services** at the sites of immunization exists in the participating MS. In light of the well-known and significant problem of the language barrier between the host country officials and the migrant populations, several other means have been utilized to address this, while some immunization outreach programs exist in some of the partners.

In conclusion, differences were observed in regards to migrants' access to immunization among the partner countries and in most cases legislation on migrant immunizations is lacking. Legislation and sustainable policies which can be effectively put into practice are needed in order to guide migrant immunizations in Europe.

2. Migrant vaccination – best practices in the EU:

3rd meeting of the PROMOVAX project in Hungary

Between **28-29 April 2011**, the 3rd PROMOVAX meeting was held in **Pécs**, hosted by the University of Pécs Medical School. This EU-level workshop, as a corner stone of the 36-month project, provided a experts' forum where an overview of European best practices in migrant vaccination was presented, discussed and evaluated for further recommendations and harmonized actions. **This event – beside the PROMOVAX management of the Greek Prolepsis Institute - was fully coordinated by the Hungarian State Secretariat for Health, the Hungarian National Center of Epidemiology, WHO EURO and ECDC.**

The scientific event was considered as a first follow up of the Hungarian EU Presidency conference titled "For a Healthy Future of Our Children - Childhood Immunization" and recognized as an official scientific event of the EU Hungarian Presidency period. The **'Migrant vaccination – best practices in the EU'** workshop that was part of the project's meeting was also acknowledged as the leading Hungarian event joining the WHO European Vaccination Week programs. The meeting was chaired by the project manager **Dr. Eleni Patrozou (Prolepsis, Greece)** and by **Prof. István Szilárd (University of Pécs Medical School)**. Besides the representatives of the associated partners, keynote speakers from WHO EURO and ECDC highlighted the most crucial issues. Project's associated partners as well as invited experts from WHO EURO, ECDC, Brown University of USA, Ethno-Medizinisches Zentrum of Germany (Ethno-Medical Center Germany) and National Sanitary Inspectorate of Poland participated and significantly contributed to this successful event.



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3. The MiMi Programme – Presentation of a best practice model in the field of Migrant Immunizations



By Ramazan Salman (Director Ethno-Medical Center Germany)

"With Migrants for Migrants – Intercultural Health for All" programme (MiMi) **aims to make the German health system more accessible to immigrants, to increase their health literacy and to empower them through a participatory process.** MiMi does this by recruiting, training and supporting intercultural mediators, to enable them to teach the German health system and related health topics to their migrant communities. It also builds the capacity of all partners involved in this process to improve migrant health.

In 2008, World Health Organization (Venice Office, Social Determinants of Health) identified MiMi© through a case study as a **best practice model for the inclusion of socially marginalised groups.**

Implementation and Mechanism: Originally developed at the **Ethno-Medical Centre (Ethno-Medizinisches Zentrum e.V.)**, with financial support from the BKK Bundesverband (health assurance), the governments of Lower Saxony, Hessen, North Rhine-Westphalia, Bavaria, Hamburg, Schleswig-Holstein and the companies Johnson&Johnson and Sanofi Pasteur, MiMi was initially implemented in **Hannover.**

Implementation entails the use of the following **core mechanisms:**

- standardized training of intercultural health mediators from immigrant communities;
- community group sessions – delivered by the trained mediators – to inform immigrants about health issues and health system access;
- a health guide to explain the health system (available in 15 languages), in addition to educational materials on specific health-related topics;
- a network of intersectoral partners and activities to increase the partners' capacity to meet the needs of immigrant communities, including project conferences and the training of health professionals;
- a monitoring and evaluation system, to ensure sustainability and effectiveness.

Results: The identified and trained mediators are well-integrated immigrants with a sense of civic commitment, 20–60 years of age, and with legal residence in Germany or Europe. The majority of them (75%) are women. Programme participants in the community group sessions organized by mediators are usually immigrants with lower levels of social integration. During these events, information on health and health system access is delivered in diverse languages within a culturally specific context. Sessions are held in easy-to-reach local arenas, such as municipal health service points, community centers, sports clubs, religious institutions, educational institutions (such as language schools) and private company offices. While developing the programme methodology and curricula, MiMi determined that **immigrants should be provided with language and culturally appropriate information in accessible locations.**

Since the programme's inception, MiMi has **expanded to 56 cities in 10 federal states.** MiMi now cooperates with **more than 200 partners across Germany and more than 50 partners in Europe.** Municipal health services, social service providers and Universities are key partners. The programme has facilitated important links between immigrant communities and the health system, enabling increased comprehension of their respective needs. As of December, 60.000 immigrants attendees have attended more than 4.000 community group sessions (reporting high satisfaction rates for usefulness of activities), and helped to diffuse health knowledge to more than 400.000 family members, according to a centralized data-pool at the Ethno-Medical Centre. The health system itself has also benefited from the programme.

For more information please visit:

http://citiesofmigration.ca/good_idea/mimi-with-migrants-for-migrants-intercultural-health-in-germany/



MiMi Training for Mediators with Programme Director Ramazan Salman

PROMOVAX Meetings

Forthcoming meetings

4th partners meeting
Athens, Greece
(scheduled date: March 5th 2012)

4th Joint European Public Health Conference 2011
Copenhagen, 10 - 12 November 2011
Poster presentation of Promovax Project preliminary results

PROMOVAX News

Pan-European Conference on the Integration of Immigrants "Good practices in the sectors of Health, Welfare and Social Security",
27–28/06/2011, Athens, Greece

PROMOVAX as well as its first results were presented during the conference.

PROMOVAX Partnership

The PROMOVAX partnership comprises of **11 Associated Partners from 8 countries** and **12 Collaborating Partners from 11 countries.**

Main Partner:

- Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis – Greece

Associated Partners:

- Technische Universität Dresden – Germany
- Università degli Studi di Sassari – Italy
- The SINTEF Foundation – Norway
- Nofer Institute of Occupational Medicine – Poland
- University of Zagreb, Medical School – Croatia
- RUBSI – Research Unit in Behaviour and Social Issues – Cyprus
- University of Pécs – Hungary
- Università degli Studi di Milano – Italy
- Istituto Superiore di Sanità – Italy
- Cyprus University of Technology – Cyprus

Collaborating Partners:

- Public Health Institute – Albania
- Baskent University – Turkey
- Hospital de Sabadell, Consorci Hospitalarai Parc Tauli, Universitat Autònoma de Barcelona – Spain
- Institute of Occupational Health – Serbia
- WHO/Europe Occupational Health – Germany
- WHO/Europe Communicable Disease Units – Denmark
- Alpert Medical School of Brown University – USA
- International Organization for Migration (IOM), Migration Health Division (MHD) – Belgium
- Institute of Epidemiology, Preventive Medicine and Public Health – Greece
- National School of Health, Instituto de Salud Carlos III, Ministry of Science and Innovation – Spain
- European Center for Disease Prevention and Control (ECDC) – Sweden
- National Centre of Infectious and Parasitic Diseases (NCIPD) – Bulgaria



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