

Development Methodology of the Evaluation Tool for Migrant Immunization Practices

The way for developing the ‘Best Practice Evaluation Tool for Migrant Vaccination’ (ETMC) and valuing/ scoring/ indexing migrant vaccination programs in the EU and the USA.

Step 1.

PROMOVAX partners have appointed experts for designing the evaluation tool.

Members:

Chiarenza, Antonio (Italy)

Carol, Lewis (US)

Paisi , Martha (Cyprus)

Patrozou, Eleni (Greece) – overall project coordinator

Szkoda, Tomasz (Poland)

Szilard, Istvan (Hungary)- coordinator for developing ETMC

Watts, Delma-Jean (US)

Step 2.

The first draft prepared by the University of Pécs team (UP) has been distributed and discussed via Skype conference (14 April 2011)

Step 3.

The first structured draft of the ETMC that was designed incorporating the experts Skype conference recommendations was introduced for final discussion and approval to the broader forum of the **‘Migrant vaccination – best practices in the EU’ workshop in Pécs, 28 – 29 April 2011**. WHO EURO and ECDC experts have also been engaged in this phase of the development.

During the conference the first set of European migrant vaccination programs have been introduced. The deadline for a second effort in collecting practices has been extended

Step 4.

Considering the recommendations received during the April WS and a second round of consultation with the experts, the final formatted design of the ETMC has been launched and distributed. (See annex 1) This final form was focusing only on 7 items, namely:

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

Step 5.

Following a second extension (20th August) we have received the second more in depth set of vaccination practices (**33 altogether**). It became clear that in spite of some clearly migrant sensitive legislative issues in regard the availability of health services (including vaccination) of some EU member states (e.g.: Norway, Portugal, The Netherlands) no migrant specific vaccination programs are available in Croatia, Cyprus, Greece, Hungary¹, Poland and Sweden.

Step 6.

Ranking/ weighting the individual items of the tool necessary for the overall evaluation and comparison of the programs was a specially challenging issue because of the low set of items and the low number of experts providing their individual ranking excluded the usage of ordinary math/stat methods.

Following a second – two run - Skype conference on 08 -09 Sept. with the kind assistance of the colleagues in Cyprus (Costas Christophi and Martha Pais) and Prof. Csébfalvi in Hungary have worked out the possible way of ranking. Although they were using different methods, the result was nearly the same. (See annexes 2-3) The only different was the rank of financial coverage and training for caregivers. That's why as a compromise we gave the same score to each.

According to the applied notation, the optimal (balanced) order is the following:

- ▣ {{1,Tim}, => Timing – score 7
- ▣ {2,Mob}, => Mobilization/way of motivation– score 6
- ▣ {3,Fin}, => Financial coverage– score 5
- ▣ {4,Tra}, => Training for the caregivers– score 5
- ▣ {5,Imm}, => Immunization Profile– score 3

¹ As the result of two country level roundtable discussion only one relevant program could be reported focusing on foreign students. In Hungary they are residing with similar status than migrant workers.

▣ {6,Pro}, => Program Evaluation and Research– score 2

▣ {7,Use}} => Use of Immunization Information system - record keeping– score 1

Those programs where any of the items could not be evaluated positively from the submitted report, the items score was '0', as well as when no information was available.

This way of the evaluation (a vertical one) serves an 'overall' scoring, and preliminary ranking/ selection of the programs. A second run of the selection should be a horizontal one, when vaccination practices will be compared with each other regarding the individual practice in timing, mobilization, training etc. etc.

Step 7.

Overall evaluation of the until now available 33 vaccination programs. (See annex 4!)

Step 8.

Horizontal evaluation.