



P R O M O V A X

Promote Vaccinations among Migrant Populations in Europe

Recommendations of the PROMOVAX Consortium on Migrant Immunizations





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Preamble

Having regard to the **European Commission's Green Paper** (COM2004 811 final) forecasting the rapidly increasing need for migrant workforce while explaining:

- In fact, even if the Lisbon employment targets are met by 2010, overall employment levels will fall due to demographic change.
- Between 2010 and 2030, at current immigration flows, the decline in the **EU-25's** working age population will entail a fall in the number of employed people of some 20 million.
- Such developments will have a huge impact on overall economic growth, the functioning of the internal market and the competitiveness of **EU** enterprises.

Noting the **European Union's** sound commitments on migrant health that

- **started with** the Portuguese Presidency conference on "Health and migration in the European Union – Better health for all in an inclusive society" (2007). The conclusions of the Conference were well reflected in the forthcoming EU strategic documents concluding that:
 - Migrants are an important resource for Europe and the EU needs them. They contribute to demographic and economic growth. The healthier they are the easiest the intercultural dialogue, more feasible the integration and also the larger their contribution to economic growth;
 - Migrants experience increased health risks, frequently similar to those of the disadvantaged groups. Both national and EU policies need to take that into consideration. This requires actions and practices that promote and protect health. Health services are in this respect a unique resource to attain those goals;
 - One of the main keys of the development is the investment in migrant health to reduce poverty and promote migrant integration in the host societies.
 - Another central and crosscutting issue for all migrants is the lack of access to quality care. Privileging equitable, culture sensitive access to health care to all migrants is one of the main recommendations of the Conference.
- **continued by** the European Commission Communication "Solidarity in health: Reducing health inequalities in the European Union" (2009),
- the Spanish Presidency document "Moving forward equity in health" (2010),
- the Employment, Social Policy, Health and Consumer Affairs Council conclusions on "Equity and health in all policies: Solidarity in health" (2010) and
- the European Parliament's resolution of 8 March 2011 on reducing health inequalities in the European Union;

Considering the **Council of Europe** achievements and statements on this field, notably

- **The Bratislava Declaration** on Health, Human Rights and Migration (2007) where it is stated:
We, the Ministers of Health of the forty-seven member states of the Council of Europe
 - *Recognize* that (among others):



Well-managed migrants' health measures, including public health, promote the well-being of all and can facilitate the integration and participation of migrants within the host countries by promoting inclusion and understanding, contributing to social cohesion and enhanced development;

and

- *Are resolved* to (among others):

Pay attention to the need for health measures, as appropriate and in accordance with the *International Health Regulations (2005)*, on the arrival of migrants from high health risk populations so that they can be better cared for and redirected to the appropriate services;

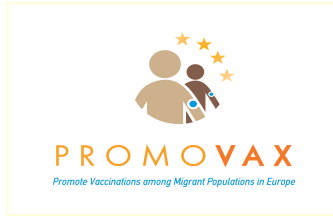
- **Recommendation of the Committee of Ministers to member states** on mobility, migration and access to health care (2011 November) highlighting *among others* that:
 - having regard to the organisation, general principles and financial capacities of the social security system of the member state concerned, provide migrants with adequate entitlements to use health services and ensure that these entitlements are known and respected;
 - promote knowledge among migrants about issues concerning health and the health system, and take measures to increase the accessibility of health services;
 - improve the adaptation of health service provisions to the needs, culture and social situation of migrants;
 - improve the integration of health care with other social services for migrants;
 - promote appropriate training and education programmes;
 - stimulate high-quality research on all aspects of health services for migrants;
 - harmonise efforts to promote the health of migrants at European level;
 - foster a closer relationship between migrants and health services, involving them in all activities concerned with their health;

Having regard to the **Amsterdam Declaration** (2004) of the Migrant Friendly Hospitals' Network: Towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe that underlines:

- Concerns, complaints and grievances related to service delivery should be tracked and appropriately addressed.
- Investment in capacity building with regard to staff's cultural and linguistic competence is needed (selection, training, evaluation).
- Migrant/minority community representatives can contribute not only by advocating but also by mediating. They should act as advocates for adequate access to and quality of services, and they should also become agents for the development of greater health literacy within their communities.
- By investing in improvements in their health literacy, all members of migrant/minority communities can contribute to their own better health and better use of health services.

Building on the **World Health Organization's** relevant resolutions, namely:

- International Migration, Health and Human Rights" (2003) and
- Resolution of the World Health Assembly (2008) entitled "Health of migrants", calling for the creation of Migrant Sensitive Health System in order to filling gaps in the health service delivery and train health workforce on migrant health issues;



Respecting the Social Commission on Social Determinants of Health's report (The Marmot Report, 2008): Closing the gap in a generation - Health equity through action on the social determinants of health, proposing – among others:

- National governments, with civil society and donors, build health-care services on the principle of universal coverage of quality services, focusing on Primary Health Care;
- National governments ensure public sector leadership in health-care systems financing, focusing on tax-/insurance based funding, ensuring universal coverage of health care regardless of ability to pay, and minimizing out-of-pocket health spending;

Learning the final conclusions of the **WHO EURO, ECDC and the Hungarian EU Presidency's** expert level conference in 2011: **"For a Healthy Future of Our Children – Childhood immunisation"** declaring that:

- The most effective and economical way of preventing many infectious diseases is through vaccination.
- Various immunisation programmes and schedules existing in Member States are valuable tools to serve the health of European citizens which should be preserved and further developed.

The final declaration expresses as well, that in the same time, while childhood immunisation programmes have been instrumental for controlling infectious diseases in Europe, many challenges still remain.

- Ensuring equitable access to vaccination is crucial. Reaching migrant populations within the EU is particularly challenging.
- Increasing mobility and migration raise a number of health security questions, which are also relevant for childhood immunisation.
- Proper systems and procedures should be in place in Member States to ensure that people changing their place of residence do not suffer from insufficient vaccine coverage. This will reduce the risk that vaccination coverage for some vaccine-preventable diseases is compromised when individuals move their place of residence from one Member State or region to another.

Using as instrumental element the conclusions of the **"Migrant Vaccination – best practices in the EU" Workshop as the 3rd Partners Meeting of the PROMOVAX Consortium (Pécs, 28-29 April 2011)** where the 'Evaluation Tool for Migrant Vaccination Best Practices' has been discussed and adopted;

Having regard these guidelines and high level declarations of European Migrant Health policy the PROMOVAX Consortium of eleven institutions of eight EU member states with the aim of promoting immunizations among migrant, has performed a stepwise evaluation procedure of ongoing European Migrant Vaccination Practices in order to conclude an overall and specific recommendation to EU and Member States' health policy makers, stakeholders and service providers.



Working method

The development of the 'Best Practice Evaluation Tool for Migrant Vaccination' (ETMC) and valuing/ scoring/ indexing migrant vaccination programs in the EU and the USA was performed via an integrated method, using the **'Delphi process' in combination with mathematical/ statistical analyzes**. Hereby we highlight the most significant milestones of the process.

Step 1.

PROMOVAX partners appointed experts/ members of the Delphi team for designing the evaluation tool¹.

Step 2.

The first draft was prepared by the University of Pécs Team (UP) and was distributed and discussed via Skype conference. Following that the first, structured draft of the ETMC, incorporating the experts' recommendations, was introduced for final discussion and approval to the broader experts' 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 were also introduced.

Step 3.

Considering the recommendations received during the April WS the final design of the ETMC² has been launched and distributed. This final form was focusing only on 7 aspects, namely:

- 1. Timing**
- 2. Mobilization/way of motivation**
- 3. Immunization profile**
- 4. Training for caregivers**
- 5. Financial coverage**

¹Members of the Delphi team:
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)

²<http://www.promovax.eu/index.php/promovax/vaccination/vac3>



6. Use of immunization informational system-record keeping

7. Program Evaluation and Research

Step 4.

The University of Pécs Team has received **33 item set of vaccination practices** from the partners. 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 could be reported. No adequate programs could be collected in Croatia, Cyprus, Greece, Hungary³, Poland and Sweden, either.

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 number of 'aspects' for weighting, the relatively low set of items and low number of experts who have provided their individual ranking. This has excluded the usage of ordinary math/stat methods.

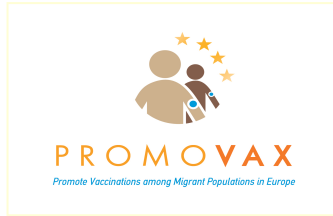
In spite of this problem, thanks to the PROMOVAX project's experts in Cyprus (Dr Costas Christophi and Martha Paisi) and Prof. Csébfalvi in Hungary, the possible way of ranking has been worked out. Although they were using different methods, the results were nearly the same⁴, underlining the validity of the ranking.

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**
- ▣ **{6, Pro}, => Program Evaluation and Research– score 2**
- ▣ **{7, Use}} => Use of Immunization Information system - record keeping– score 1**

³ 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.

⁴<http://www.promovax.eu/>

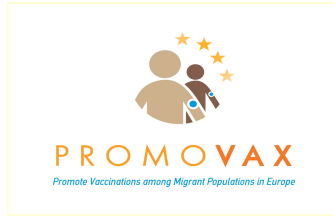


Step 5.

Overall and horizontal evaluation of the available 33 vaccination programs were performed in November 2011.

This way of the evaluation (a vertical one) serves for an ‘overall’ scoring, and for the preliminary ranking/ selection of the programs. (Its results are presented separately as ‘Indexed Migrant Vaccination Practices.’)

A second run of the selection was a horizontal one, when vaccination practices have been compared with each other regarding the ‘best’ individual practice in timing, mobilization, training etc., serving for the evidence based composition of the ‘Recommendations’.



Recommendations

General:

- Smooth and successful integration of migrants is a humanitarian obligation and at the same time an essential economic interest for the European Union and its Member States. Health services are in this respect a unique resource to attain those goals. Supporting at both EU and Member State level the development, harmonization, implementation and easy accessibility of migrant sensitive health care systems / health care services is the most adequate approach.
- Training of care givers on one hand and improvement of migrants' health literacy – including vaccination related challenges – on the other, serves not only to promote migrants' health but also supports conflict prevention, integration and cohesion within society. Appropriate training programs at all level are highly needed.
- Providing proper immunizations is an essential aspect of health assistance to migrant populations. Immunizations protect the health of individuals, increase public health safety within the host community and prevent outbreaks of vaccine preventable diseases. Last but not least, it is an important step towards a successful integration of the migrant workforce into the EU labour market.
- As a high priority Public Health demand, it is important to identify and address population groups at increased risk of vaccine-preventable diseases, particularly according to the immunization schedule of the host country.

Specific:

Based on the EU wide collection and analysis of on-going migrant immunization practices **the PROMOVAX Consortium** recommends designing and implementing at national and / or at local level migrant vaccination practices that fulfil the following criteria:



1) Timing

An effective migrant immunization program should be a continuous and sustainable one and it also should take into account the availability of the target group (e.g. clinic working hours or with flexible opening hours, or services that are available in the afternoon or in the evening).

In certain cases we can experience continuity and periodicity / seasonality in the same program, because of the character of the target group. For instance, seasonal workers are present during a certain season, but this phenomenon may also characterize students, whose medical examination should involve immunization at the beginning of their studies.

2) Mobilization / way of motivation

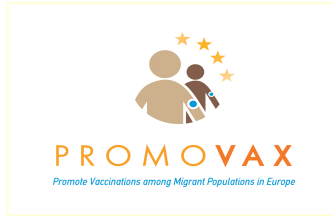
The availability of interpreters, cultural mediators and access to culturally competent health and/or social care, highly contributes to the success of the program.

Interpreters and mediators could be trained volunteers who also act as educators, health promoters, and health care system navigators for the migrant families. The mediator informs the migrants about confidentiality, the administrative procedures, their possibilities to access health care services, explains the need and indications of procedures/treatments. They also guide health providers in setting up the most appropriate treatment plan that incorporates cultural needs, unique to each family. Leaders from the migrant community may be contacted first and informed about the benefit of the vaccination in order to reach and motivate the migrant community. It may significantly improve the cooperation within the doctor-patient relation.

Language barriers could be addressed through interpreters, multilingual information and education materials (e.g. key documents, illustrated leaflets, brochures, records, vaccination cards, international vaccination certificates and informed consent forms etc.). The wide range of translated materials concerning several aspects of health care should be available also online.

Improved approach of the migrant community could also be obtained through the use of mobile health stations (outreach programmes), that visit different locations and provide services (on site immunization) at the living-place or workplace. This could result in higher participation rates as well as in improvements in migrants' attitudes towards health care issues (including immunizations). Of course, cost/ benefit ratio should be considered as well when setting up the form of the vaccination program.

Addressing simultaneously other migrant-specific needs as well, could also be a way of motivation. To this effect, anonymous, free psychosocial support and/or social services could be offered in addition to a wide range of medical checkups/ treatments (including immunization).



3) Financial coverage

Immunizations should be provided free-of-charge to migrants (both vaccines and their administration), particularly those included in the National Immunization Programme. A program may/ should be covered by more sources, e.g. state health insurance system, special governmental funds, EU/WHO co-funded project and NGOs. More financial resources may provide more opportunity for free of charge vaccination and sustainability.

4) Training for care givers

It is important that care givers participate in preparatory training programs in order to improve their migrant-sensitive attitude and enhance their competencies in migrant-specific health care needs. Training programmes should include the topic of communication in multicultural and multi-religious environments. Care givers/health care professionals (doctors and nurses) already working in the migrant community and migrant community-leaders should be involved in the training. Successfully integrated migrants (especially native language health care workers, GPs) can also be trained to become intercultural health pilots and mediators.

Migrant-sensitive aspects (e.g. intercultural communication) should be included in the curricula of the national training programmes of non health-professionals too, such as social workers.

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5) Immunization profile

A well-prepared program should provide vaccination matching individual needs. Therefore the age of the patient should be taken into account, as well as the occupational risk and the immunization profile of the country of origin.

Based on the results of recent studies, door-to-door immunization practice seems to be an effective approach. Therefore immunization activities offered by regular health care providers (clinics etc.) should be complemented by an offer at vaccination centers, or on site (visiting workplace and living place), etc.

Specific needs of target groups could be assessed through free serological investigations (free of charge provision of antibody tests is highly recommended) before vaccination. Immunization could then be offered on the basis of the immunologic profile of each individual. Of course, - here as well - cost/ benefit ratio should be considered when setting up the laboratory environment of the vaccination program. It may vary from country to country.



6) Program evaluation and research

Evaluating programmes is important for several reasons. It enables to identify successes and failures and to grasp lessons-learned (e.g. how to reach the target population, way of mobilization, increasing awareness, promoting access to health care and immunization)

Even the target group should be given an opportunity to evaluate the program. Their proposals, suggestions and comments should be taken into consideration in order to improve the migrant-sensitive character of immunization programmes and integrate actions to address gaps in access to health care.

The evaluation of the program's education materials (posters, leaflets, etc) is also a notable point.

Data collection and evaluation of migrants' health and socioeconomic status are essential to draw a more detailed and realistic picture of the needs of this target group. Continuous follow-up – even on local level - and evaluation of individual vaccination records and of reported data of the achievements are needed to elaborate reliable risk assessments for vaccine-preventable diseases. Program leaders should disseminate the results of the program (conferences, publications etc.) to help the work of experts in this field.

Finally, we would like to emphasize again that sharing best practices and cooperating is essential and that it is the best way to improve migrants' vaccination coverage in the EU.

7) Use of immunization information system, record keeping

The use of registries and immunization cards is recommended in order to facilitate the further evaluation of the results and are essential for creating a consistent migrant health data base on all: local, country and transnational level.

In order to achieve this goal the harmonization of immunization protocols at EU Member States level and establishment of trans-border referral mechanisms is essential and is highly recommended.