

TECHNICAL MEETING
Viral Hepatitis Prevention Board
Migrant and Refugee Population
Antwerp, Belgium
26-27 March 2024



Session 1.5: PREVENTION
From AcToVax4NAM: General Conceptual Framework
for understanding how to improve vaccination coverage among newly arrived migrants

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Access to Vaccination
for Newly Arrived Migrants

General conceptual framework



Int J Public Health, 07 August 2023

Access to Vaccination for Newly Arrived Migrants: Developing a General Conceptual Framework for Understanding How to Improve Vaccination Coverage in European Countries

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DIPARTIMENTO DI SANITÀ
PUBBLICA E MALATTIE INFETTIVE



AcToVax4NAM: Access to Vaccination for newly arrived migrants (NAM)



Access to Vaccination
for Newly Arrived Migrants



The general objective of the AcToVax4NAM project is the improvement of Vaccination Literacy (VL) and access, thereby improving vaccination uptake for Newly Arrived Migrants (NAM) making access conditions more equitable and guaranteed.

The project targets Vaccine Preventable Diseases (VPDs), part of the National Immunization Plans and adopts a life-course approach, including COVID-19 vaccination.



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Newly Arrived Migrants (NAM)



Access to Vaccination
for Newly Arrived Migrants

*“A person (with a different citizenship from the hosting country, with either **EU/EEA*** or **third country citizenship**), who entered the country in the **last 12 months***

EITHER within the procedures prescribed by the governmental migration policies, excluding tourists and short visa/permit < 3 months,
OR outside the procedures recognized by the legislation (or overstay after visa expired)”.



The **Operational Definition of NAM** is based on Public Health considerations, **regardless of legal status or country of origin**



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Target Population: all “Professionals FOR Health”



Access to Vaccination
for Newly Arrived Migrants



Staff (health and non health) of Public Health Organizations at national and local level



Social Workers



Cultural mediators



Personnel working for NGOs in areas related to migrants' health



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General Conceptual Framework for understanding “How to improve the vaccination coverage for NAM”



Access to Vaccination
for Newly Arrived Migrants

Aim:

Understanding how to improve vaccination coverage for NAM

by

characterizing system barriers

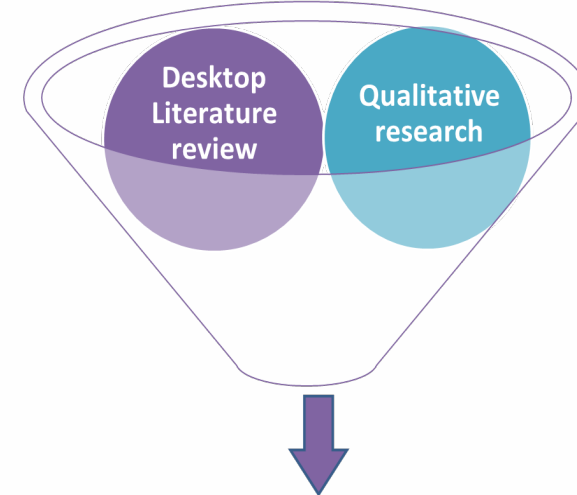
and

critically analyzing possible strategies to overcome barriers

STEP 1
Theoretical conceptualization of the GCF



STEP 2

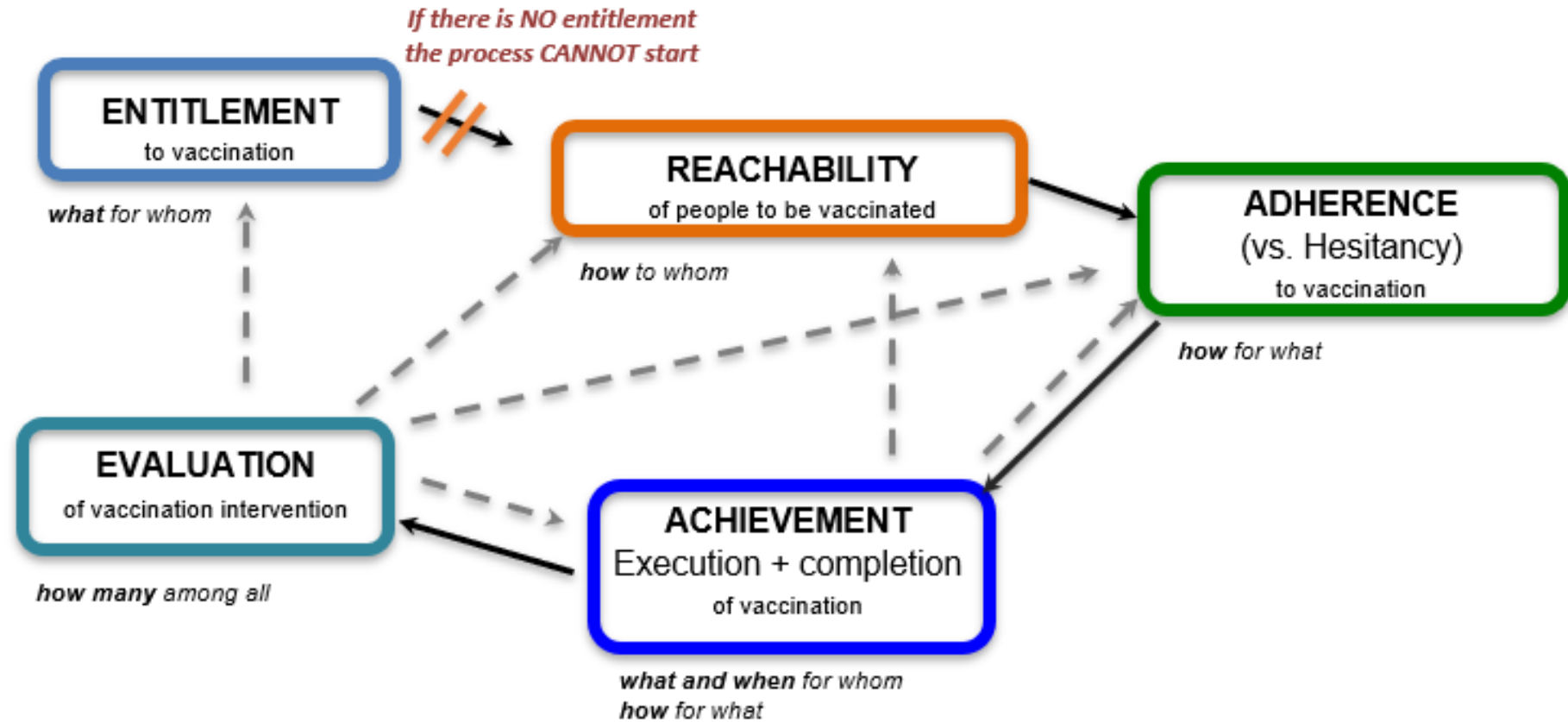


STEP 3
Integration and consolidation of the GCF

Final General Conceptual Framework



General Conceptual Framework Step 1 - Theoretical conceptualization of the GCF



- ❖ **Entitlement** to vaccination
- ❖ **Reachability** of people to be vaccinated
- ❖ **Adherence** (vs. Hesitancy) to vaccination
- ❖ **Achievement** execution + completion of vaccination
- ❖ **Evaluation** of vaccination intervention





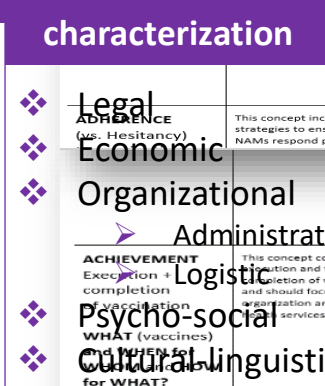
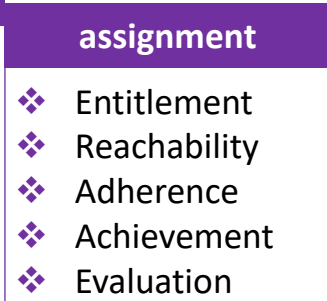
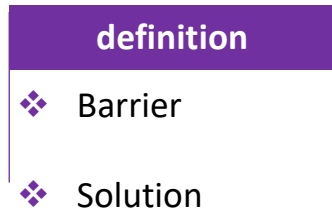
General Conceptual Framework

Step 1 - Theoretical conceptualization of the GCF

Question Groups

Useful tool to accurately guide personal interviews/focus groups and define, assign and characterize all records and quotes extracted from the **literature review** and the **qualitative research**.

Literature review
Qualitative research



Hub/concept	Description	Question Groups
ENTITLEMENT to vaccination WHAT rights for vaccination to WHOM?	This hub concerns the regulatory planning of the vaccination offer. If there is NO entitlement the process CANNOT start.	Legal barriers/solutions <ul style="list-style-type: none"> • Is there a national vaccination plan? <ul style="list-style-type: none"> - If so, does this plan consider NAMs? - If so, which categories of NAMs are covered? - If not, are there other documents considering NAM vaccination? • Are NAMs entitled to vaccinations? <ul style="list-style-type: none"> - What are the differences between the different categories of NAMs regarding vaccination entitlement? - Are there any differences with respect to the local population when it comes to entitlement to vaccination? Economic barriers / solutions <ul style="list-style-type: none"> • Does the Health System require the full payment of vaccinations by NAMs? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs regarding payment of vaccination? • Does the Health System require a co-payment fee for NAMs vaccinations? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs regarding vaccination co-payment fees?
REACHABILITY of people to be vaccinated HOW (the health	This concept regards all strategies, including the 'proximity approach', and abilities of the health service to get in contact with NAMs	Organizational barriers / solutions <ul style="list-style-type: none"> • Where are NAMs staying (centres, camps, community)? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs? • Are there any lists of NAMs who arrived in the country in the previous 12 months? Where is it possible to get this information? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs? • Through which channels are NAMs contacted? Are NAMs contacted at an individual / collective level (e.g. reception centres)? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs? • Is there a possibility for NAMs or NGOs working with NAMs to actively request vaccinations? <ul style="list-style-type: none"> - Are there any differences between the different categories of NAMs? • Are health, social and police workers adequately trained regarding NAMs vaccination rights?
ADHERENCE (vs. Hesitancy)	This concept includes strategies to ensure that NAMs respond positively to vaccination services	Legal barriers/solutions <ul style="list-style-type: none"> • Is there a reporting obligation / risk to non-sanitary bodies (and in particular to the Police) for undocumented NAMs? Economic barriers/solutions <ul style="list-style-type: none"> • Is adequate and culturally competent information provided about the importance and safety of vaccination to improve adherence? • Which communication channels are used (health professionals, community leaders, law enforcement agencies, etc.)? • Are interventions being implemented to combat fake news on vaccines? • Are health, social and police workers adequately trained to address the cultural barriers so as to ensure an adherence to vaccination?
ACHIEVEMENT Execution + completion of vaccination WHAT (vaccines) and WHEN for WHOM and WHEN for WHAT?	This concept concerns the execution and the completion of vaccination and should focus on organization and flexibility of vaccination services.	Organizational barriers/solutions <ul style="list-style-type: none"> • Is there an assessment of the previous vaccination status of individual NAM? How is this assessment done? • Are vaccination services flexible in terms of organization / time? • Do NAMs have easy physical access to vaccination services? • Is a vaccination certificate issued? • How are the vaccinations carried out recorded? • Are there any differences between the different categories of NAMs in the organization of the vaccine process? Cultural-linguistic barriers/solutions <ul style="list-style-type: none"> • Is informed consent understandable (simple and translated into a language known by the NAMs)? • Are health professionals properly trained to address linguistic and cultural barriers? Is there any specific training available for professionals? • Are cultural mediators available for the needs of the service?
EVALUATION of vaccination intervention HOW many and	This concept stresses the importance of the vaccination evaluation through every step of the vaccination process. It is linked to every other hub as	Organizational barriers/solutions <ul style="list-style-type: none"> • Does the Health System have an information flow dedicated to vaccinations at national level? • Does the flow allow the extraction of data for NAMs? • Is it possible to calculate the vaccination coverage for NAMs? <ul style="list-style-type: none"> - Is vaccination data available as a numerator of vaccination coverage?



General Conceptual Framework Step 2 - Non-systematic desktop review and qualitative research

The **GCF draft** was used as the basis both for:

Desktop literature review

to find scientific articles or documents concerning system barriers and possible solutions

- ✓ **Non-systematic desktop review** on PubMed with specific keywords and inclusion criteria (since 2014, newly/recently arrived migrants, EU/EEA Countries)
- ✓ **Search for materials in local languages** or contained in websites not taken under consideration, by Consortium Countries

Qualitative research (actual experience from PfH)

to achieve the characterization of system and identification of possible and sustainable solutions at country level

- ✓ **Personal interviews**
- ✓ **Focus groups**

Non-systematic review protocol of
system barriers (legal, linguistic, cultural, logistic) to immunization of NAMs
and solutions already implemented to overcome them

In addition to the barriers (legal, linguistic, cultural, logistical, etc.), the review will consider solutions to overcome these barriers and implementation challenges.

A specific section of the search will be dedicated to the analysis of specific policies and practices in place for vaccination against COVID-19 disease. As such, campaigns present different and specific characteristics and challenges it is of relevance to be able to document in the results what has emerged in terms of specific approaches proposed and/or implemented to ensure equity in terms of access to COVID-19 vaccines. In addition, it is thought that given the specific push to consider underserved populations in times of the pandemic, a number of very critical lessons could be learnt that can be transferred to other routine vaccinations as well, applying the same tools/methods that may have worked for vaccination against COVID-19. As the latter is high on the political agenda, suggestions could be made from the analysis as to how policy approaches could change and learn/be adapted from the recent experiences.

a) system barriers to immunization of NAMs and solutions implemented

Research strategy for Medline: (immunization OR vaccination OR vaccination plan OR vaccine) AND ((migrant OR newly arrived migrants OR undocumented migrants OR irregular migrants OR illegal migrants OR asylum seekers OR foreigners OR regular migrants OR documented migrants OR refugees)) AND (barriers OR access OR obstacles OR difficulties OR accessibility OR utilization OR delivery OR uptake OR supply OR hard-to-reach OR equity OR acceptance OR hesitancy OR facilitator OR solution OR effectiveness OR best practice)

Keywords for other websites: immunization, vaccination, vaccine, migrants, asylum seekers, refugees, foreigners, barriers, access, obstacles, difficulties, accessibility, utilization, delivery, uptake, supply, hard-to-reach, equity, hesitancy, solution, effectiveness, best practice

Guidelines for performing FGs discussion and Pis

Focus Group/Interview Guide



SUMMARY

This document defines the framework for implementing the qualitative research planned within WP4 of the "ActoVax4NAM" project and more specifically for organizing Focus Groups (FGs) and Personal Interviews (Pis).

The qualitative research is an added value to the project, which will ensure that final solutions and recommendations will be based not only on the description of the systems and the published materials (as per Task 4.1, 4.2 and 4.3) but also on experiences of the target group (here called "professionals FOR health"). The aim is to achieve the characterization of system barriers (legal, linguistic, cultural, and logistic, etc.) and identification of possible and sustainable solutions emerging through a participatory approach.

This guide sets the objectives, expected outcomes, and indicative guidelines for the local organizers and facilitators of FGs and Pis in all participating countries. More specifically, it intends to provide uniform guidance for the facilitators/moderators, in order to be able to conduct the FGs and Pis analyze the data and report the findings.

1. Focus groups and personal interviews

The aim of the FGs and Pis is to gain insight into the experiences of the participants – meaning here professionals FOR health who work with Newly Arrived Migrants (NAMs) or migrants in general in order to:

- identify and understand system barriers towards NAMs' immunization (legal, linguistic, cultural and logistic).
- explore possible and sustainable solutions at country level.

Emphasis will also be placed on the consequences of COVID-19 for the vaccination of NAMs and also on the opportunity COVID-19 has provided in the field of NAMs' immunization, if any.

During the FGs and Pis we want to deepen into (a) the experiences of professionals involved with NAMs'



General Conceptual Framework

Step 2 - Non-systematic desktop review and qualitative research

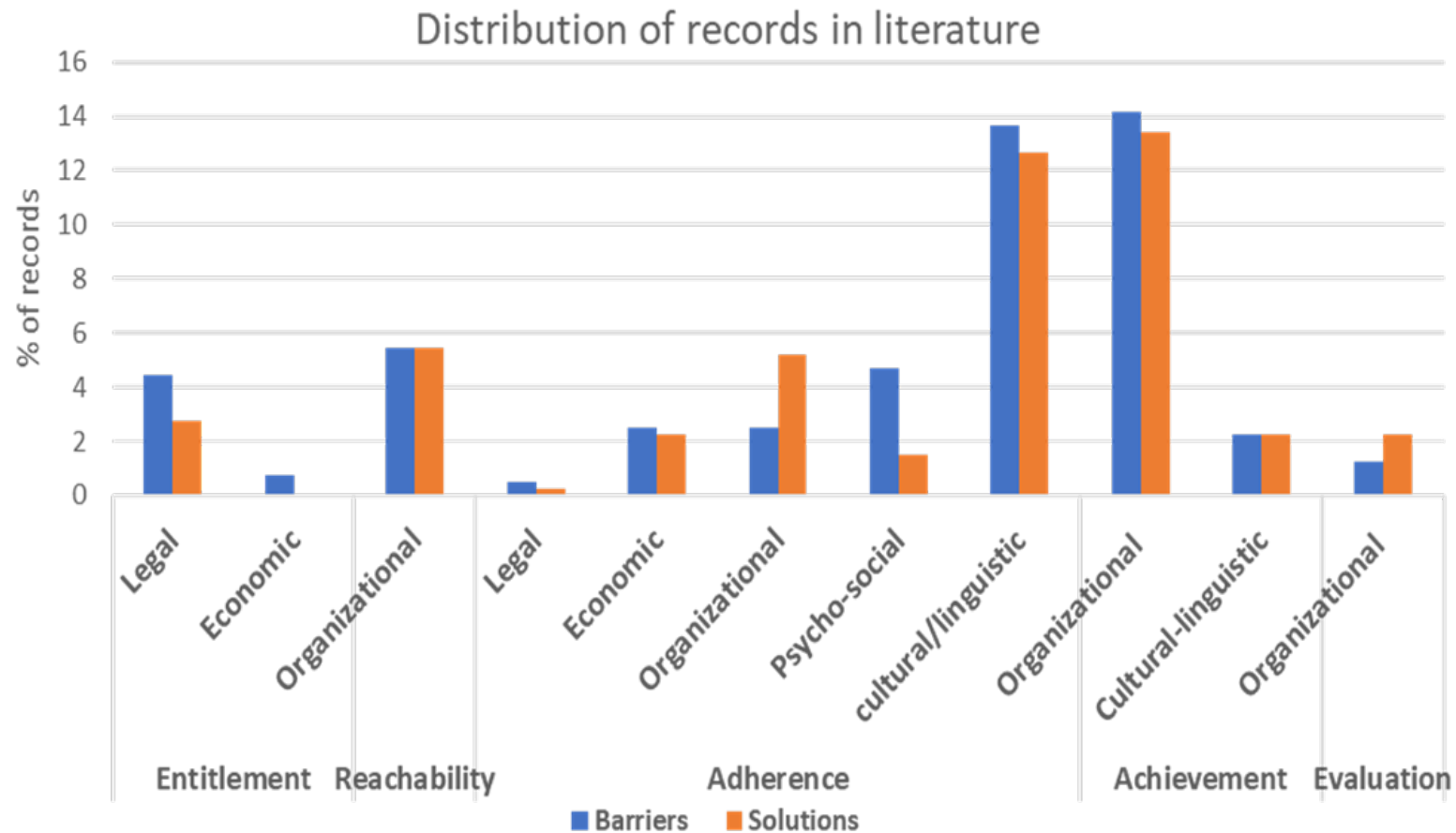
Document types	N°
Scientific literature	38
Report	16
Guideline	5
Policy document	4
Technical document	5
Other document type	17
Total	85



	Records		
Hubs	Barrier	Solutions	Total
Entitlement	21	11	32
Reachability	22	22	44
Adherence	96	88	184
Achievement	66	63	129
Evaluation	5	9	14
Total	210	193	403

General Conceptual Framework

Step 2 - Non-systematic desktop review and qualitative research



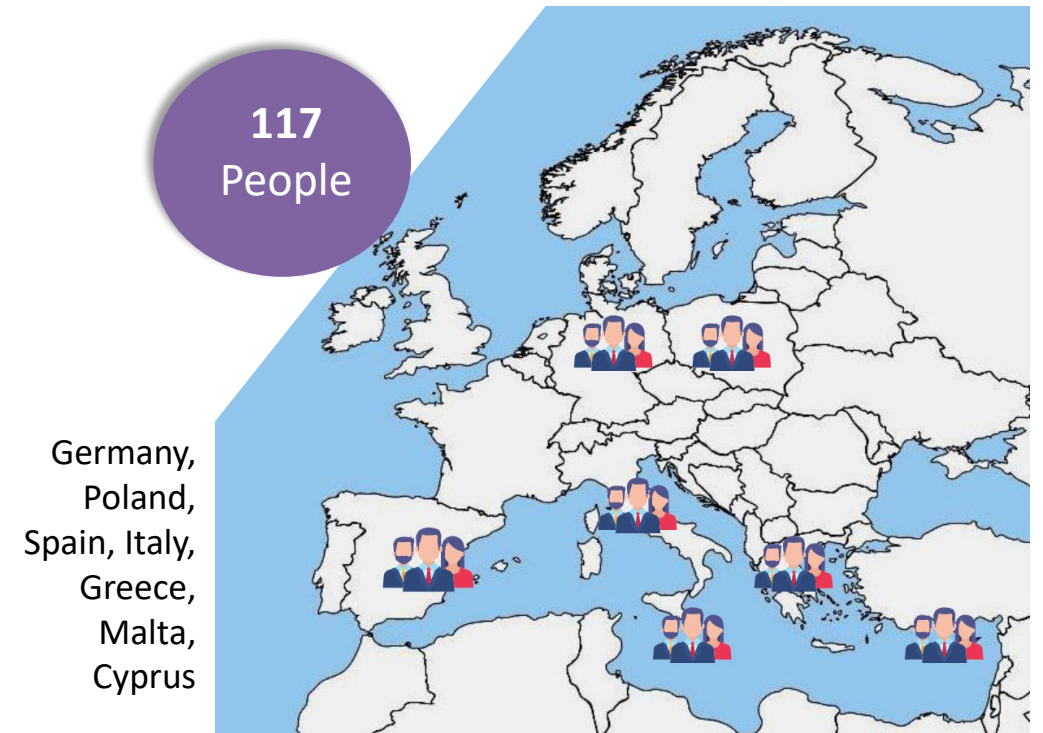


Access to Vaccination
for Newly Arrived Migrants

General Conceptual Framework

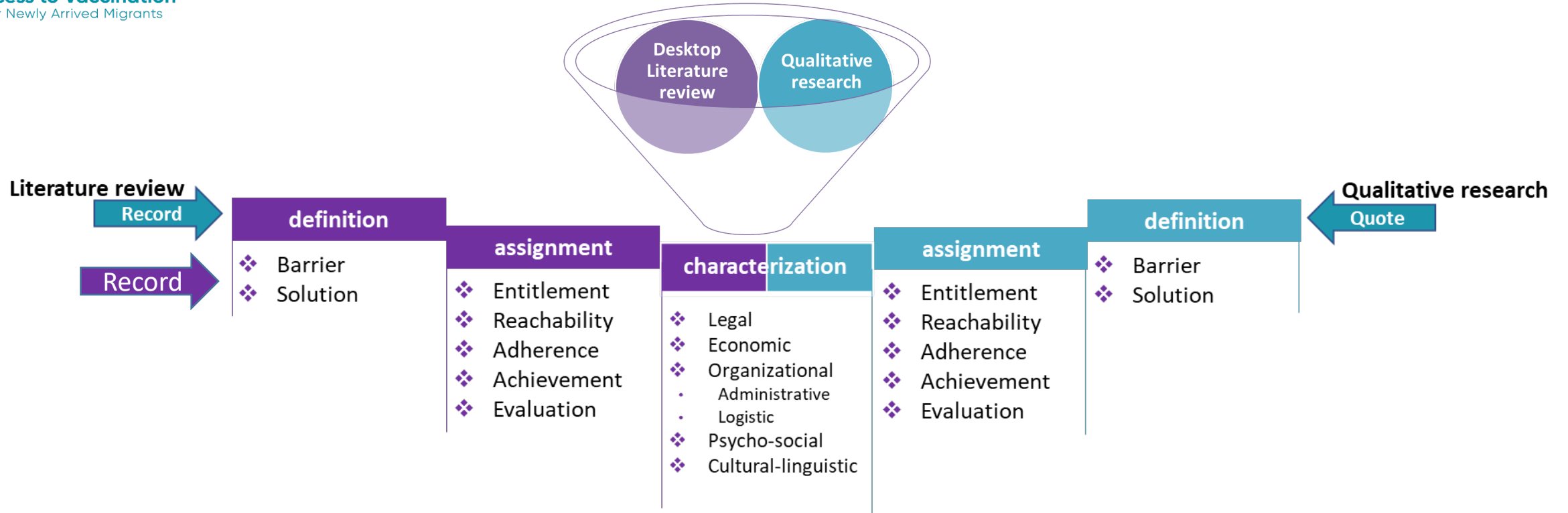
Step 2 - Non-systematic desktop review and qualitative research

- ✓ **Personal interviews**
Experts related to immunization planning n= 52
- ✓ **Focus groups**
 - **Focus group 1** - Health and social care professionals working in the implementation of vaccinations of minors and/or adult migrants n= 30
 - **Focus group 2** - Health and social care professionals working in the management/organization of immunization services for minors and/or adult migrants n = 35

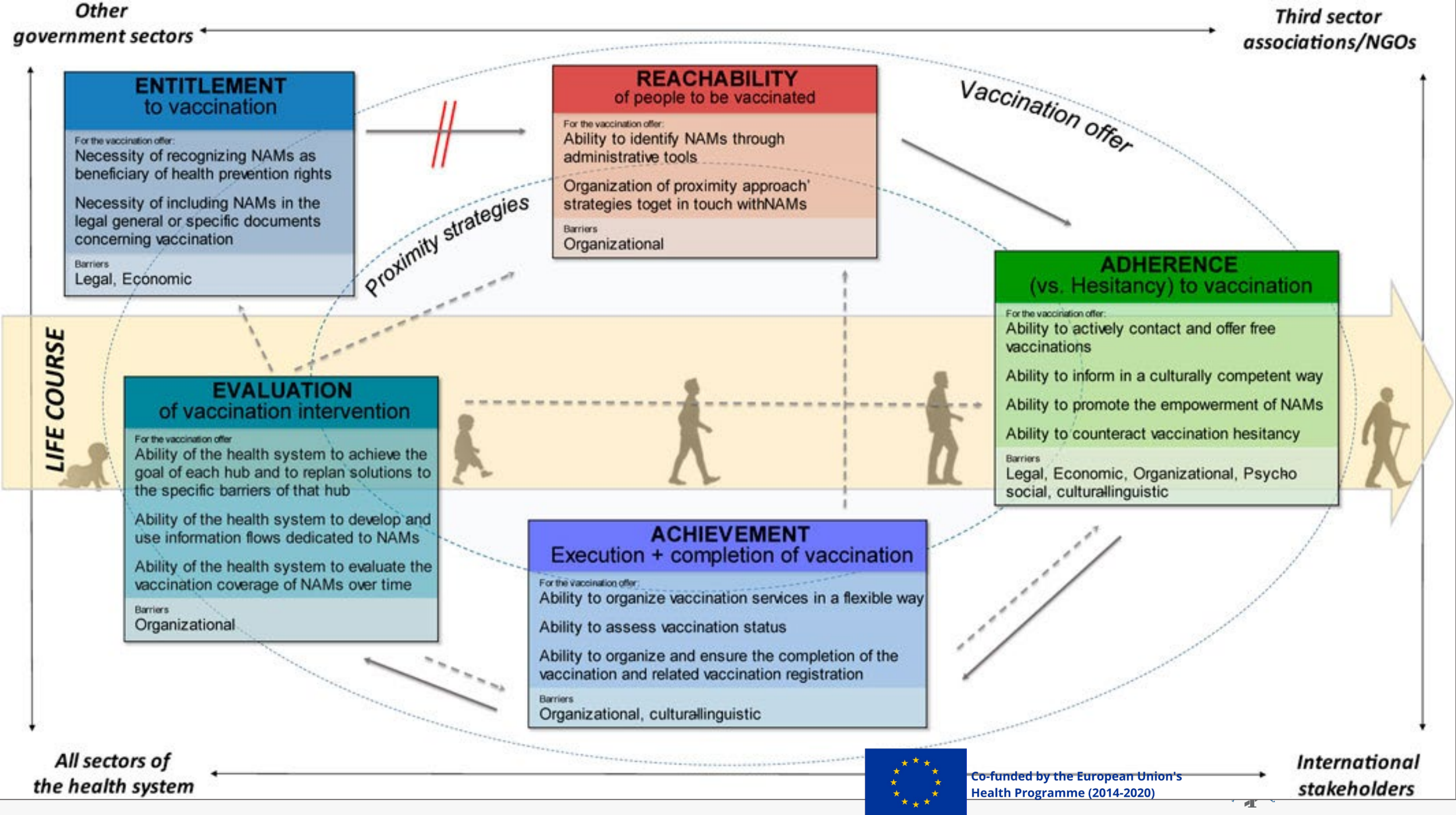


General Conceptual Framework

Step 3 - Integration and consolidation of the General Conceptual Framework



After the GCF has been filled in with lit review and PfH experience, it is no longer just a logical framework, but becomes a pathway that can actually strengthen health system and make vaccination more guaranteed and equitable



ENTITLEMENT to vaccination

For the vaccination offer:

Necessity of recognizing NAMs as
beneficiary of health prevention rights

Necessity of including NAMs in the
legal general or specific documents
concerning vaccination

Barriers

Legal, Economic



REACHABILITY

of people to be vaccinated

For the vaccination offer:

Ability to identify NAMs through administrative tools

Organization of proximity approach' strategies to get in touch with NAMs

Barriers

Organizational

ADHERENCE (vs. Hesitancy) to vaccination

For the vaccination offer:

Ability to actively contact and offer free vaccinations

Ability to inform in a culturally competent way

Ability to promote the empowerment of NAMs

Ability to counteract vaccination hesitancy

Barriers

Legal, Economic, Organizational, Psycho social, culturallinguistic

ACHIEVEMENT

Execution + completion of vaccination

For the vaccination offer:

Ability to organize vaccination services in a flexible way

Ability to assess vaccination status

Ability to organize and ensure the completion of the vaccination and related vaccination registration

Barriers

Organizational, cultural/linguistic

EVALUATION of vaccination intervention

For the vaccination offer

Ability of the health system to achieve the goal of each hub and to replan solutions to the specific barriers of that hub

Ability of the health system to develop and use information flows dedicated to NAMs

Ability of the health system to evaluate the vaccination coverage of NAMs over time

Barriers

Organizational

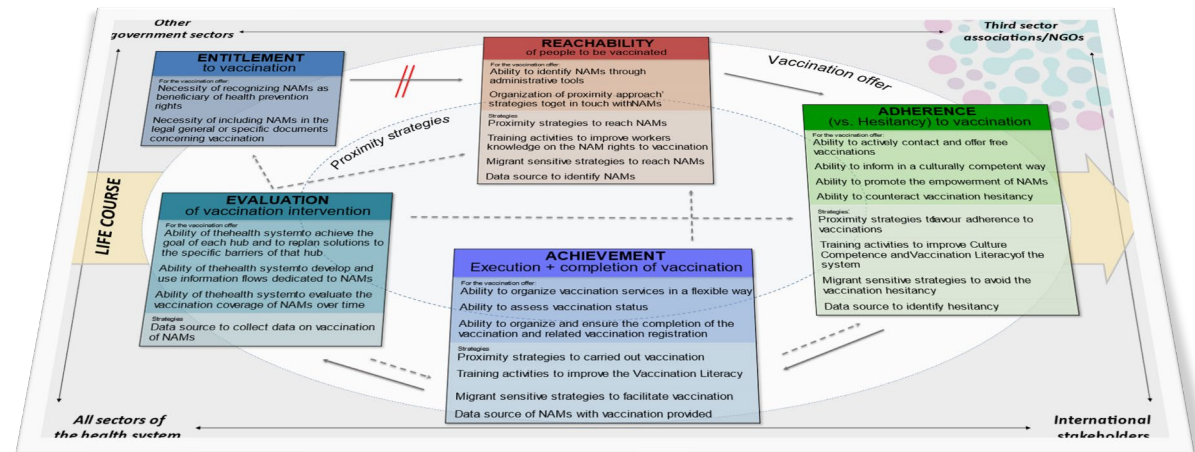




Access to Vaccination
for Newly Arrived Migrants

General Conceptual Framework Strategies common to more than one hub

- ❖ Proximity strategies
- ❖ Training courses for providers
- ❖ Migrant sensitive approach
- ❖ Data source



From GCF to Country-specific action-oriented flow chart

FLOW CHART FOR EFFECTIVE VACCINATION OF MIGRANTS/NAMs (newly arrived migrants)- Italy

This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination.

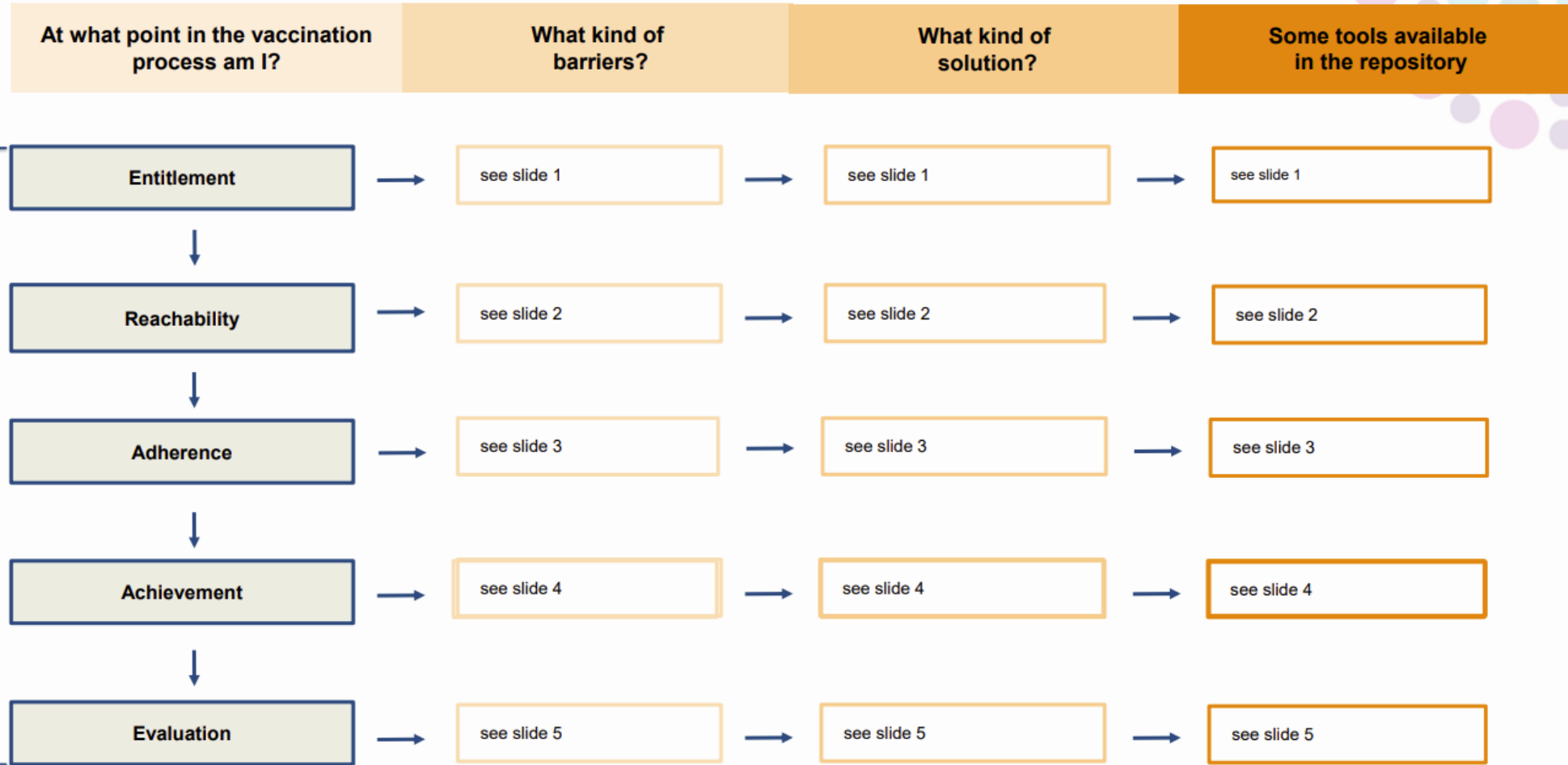
The target: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level



Access to Vaccination
for Newly Arrived Migrants

Co-creation of
tools with and
for Professional
FOR Health

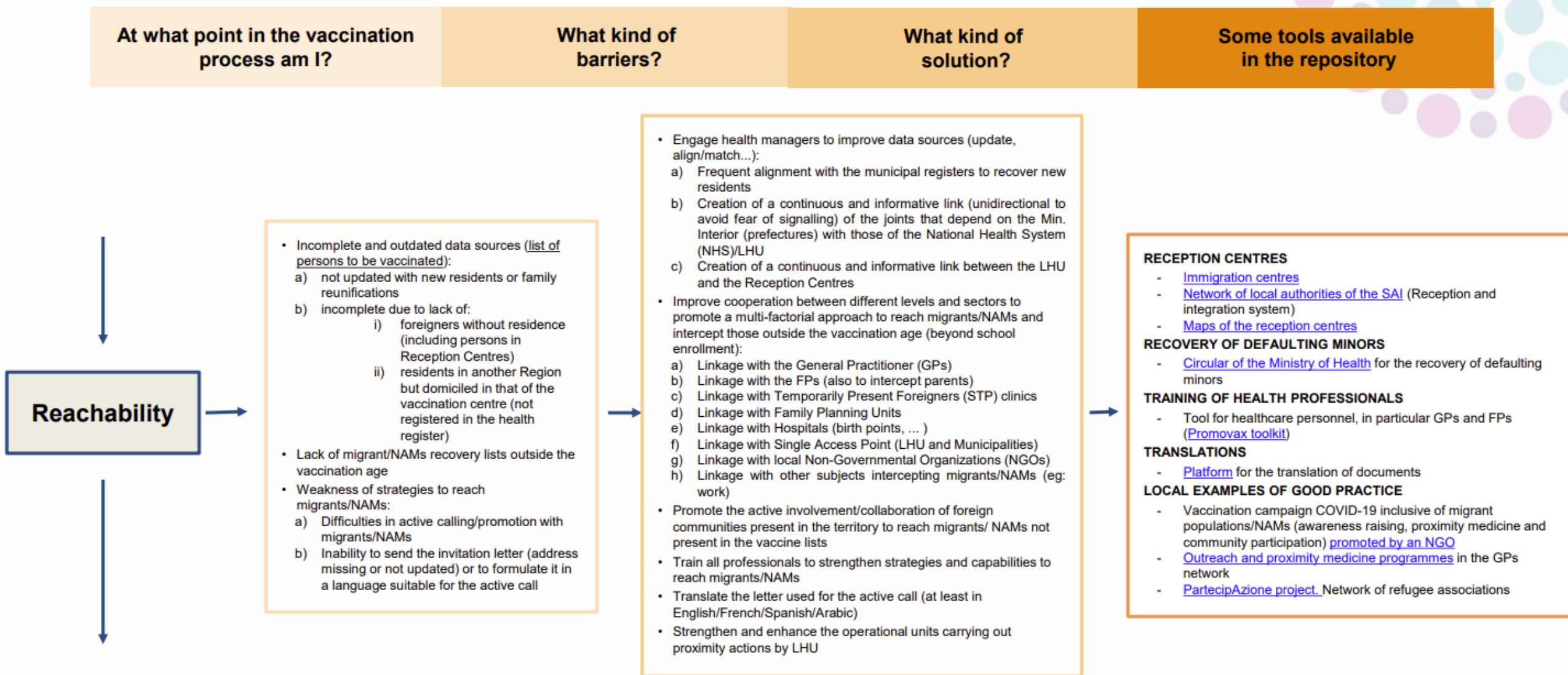
VACCINATION



FLOW CHART FOR EFFECTIVE VACCINATION OF MIGRANTS/NAMs (newly arrived migrants)- Italy

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FLOW CHART PER UNA VACCINAZIONE EFFICACE DEI migranti/NAMs (migranti di recente arrivo) – Italia

Questo è un diagramma di flusso orientato all'azione specifico per paese per superare le **barriere di sistema ad una vaccinazione efficace dei migranti/NAMs**.

Il target: professionisti PER la sa

What kind of
barriers?

- Incomplete and outdated data sources (list of persons to be vaccinated):
 - a) not updated with new residents or family reunifications
 - b) incomplete due to lack of:
 - i) foreigners without residence (including persons in Reception Centres)
 - ii) residents in another Region but domiciled in that of the vaccination centre (not registered in the health register)
- Lack of migrant/NAMs recovery lists outside the vaccination age
- Weakness of strategies to reach migrants/NAMs:
 - a) Difficulties in active calling/promotion with migrants/NAMs
 - b) Inability to send the invitation letter (address missing or not updated) or to formulate it in a language suitable for the active call

FLOW CHART PER UNA VACCINAZIONE EFFICACE DEI migranti/NAMs (migranti di recente arrivo) – Italia

Questo è un diagramma di flusso orientato all'azione specifico per paese per superare le **barriere di sistema ad una vaccinazione efficace dei migranti/NAMs**.

Il target: professionisti PER la salute che lavorano con i migranti/NAMs nel contesto ASL/Servizio Vaccinale.

What kind of solution?

- Engage health managers to improve data sources (update, align/match...):
 - a) Frequent alignment with the municipal registers to recover new residents
 - b) Creation of a continuous and informative link (unidirectional to avoid fear of signalling) of the joints that depend on the Min. Interior (prefectures) with those of the National Health System (NHS)/LHU
 - c) Creation of a continuous and informative link between the LHU and the Reception Centres
- Improve cooperation between different levels and sectors to promote a multi-factorial approach to reach migrants/NAMs and intercept those outside the vaccination age (beyond school enrollment):
 - a) Linkage with the General Practitioner (GPs)
 - b) Linkage with the FPs (also to intercept parents)
 - c) Linkage with Temporarily Present Foreigners (STP) clinics
 - d) Linkage with Family Planning Units
 - e) Linkage with Hospitals (birth points, ...)
 - f) Linkage with Single Access Point (LHU and Municipalities)
 - g) Linkage with local Non-Governmental Organizations (NGOs)
 - h) Linkage with other subjects intercepting migrants/NAMs (eg: work)
- Promote the active involvement/collaboration of foreign communities present in the territory to reach migrants/ NAMs not present in the vaccine lists
- Train all professionals to strengthen strategies and capabilities to reach migrants/NAMs
- Translate the letter used for the active call (at least in English/French/Spanish/Arabic)
- Strengthen and enhance the operational units carrying out proximity actions by LHU

FLOW CHART PER UNA VACCINAZIONE EFFICACE DEI migranti/NAMs (migranti di recente arrivo) – Italia

Questo è un diagramma di flusso orientato all'azione specifico per paese per superare le **barriere di sistema ad una vaccinazione efficace dei migranti/NAMs**.

Il target: professionisti PER la salute che lavorano con i migranti/NAMs nel contesto ASL/Servizio Vaccinale.

Some tools available
in the repository

RECEPTION CENTRES

- [Immigration centres](#)
- [Network of local authorities of the SAI](#) (Reception and integration system)
- [Maps of the reception centres](#)

RECOVERY OF DEFAULTING MINORS

- [Circular of the Ministry of Health](#) for the recovery of defaulting minors

TRAINING OF HEALTH PROFESSIONALS

- Tool for healthcare personnel, in particular GPs and FPs ([Promovax toolkit](#))

TRANSLATIONS

- [Platform](#) for the translation of documents

LOCAL EXAMPLES OF GOOD PRACTICE

- Vaccination campaign COVID-19 inclusive of migrant populations/NAMs (awareness raising, proximity medicine and community participation) [promoted by an NGO](#)
- [Outreach and proximity medicine programmes](#) in the GPs network
- [PartecipAzione project](#). Network of refugee associations

From GCF to the REPOSITORY OF TOOLS to provide PfH with tools that can help to successfully address the barriers they face



Access to Vaccination
for Newly Arrived Migrants

**Co-creation of
tools with and
for
Professional
FOR Health**

Barrier Hub

Barrier to address

Solution

Language

Country



In which hub do you observe barriers?

click each hub to see the definition

ENTITLEMENT

REACHABILITY

ADHERENCE

ACHIEVEMENT

EVALUATION

<https://tools.accesstovaccination4nam.eu/vaccination-pathway/>



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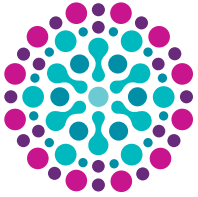


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From GCF to the REPOSITORY OF TOOLS to provide PfH with tools that can help to successfully address the barriers they face



Access to Vaccination
for Newly Arrived Migrants



What is the barrier you would like to address?

choose the barrier that better describes the problematic situation in your setting of interest

Reduced development of proximity strategies for vaccination offer (awareness and network approach)

NAM's inadequate knowledge/awareness about vaccination - low vaccination literacy

Lack of cultural mediators

Lack of culturally/linguistically appropriate information & material

Lack or insufficient delivery of information

Exclusion/Non inclusive policies

From GCF to the REPOSITORY OF TOOLS to provide PfH with tools that can help to successfully address the barriers they face



Access to Vaccination
for Newly Arrived Migrants

Barrier Hub

Barrier to address

Solution

Language

Country



Adherence

Lack of
culturally/linguistically...

Delivering vaccination
information/promotion of...

[Click here to view 12 available tools!](#)

or [Start Over](#)

From GCF to the REPOSITORY OF TOOLS to provide PfH with tools that can help to successfully address the barriers they face



Access to Vaccination
for Newly Arrived Migrants

1a. Barrier Hub

Adherence

1b. Barrier to address

Lack of culturally/linguistical...

1c. Solution

Delivering vaccination infor...

2. Language

Select ...

3. Country

Select ...

+ More Filters

Clear Filters

TOOLS: 12

Sort by: **Select ...**

SARS-CoV-2 e COVID-19: some translations for the foreign population →

Vaccination: what is it →

Handbook Germany- Vaccination Schedule in Germany →

Mobile Health Consultancy →

Restrictions related to accessibility for young people studying →

Cultural Mediators in Primary Health Care →

New tool: Glossary of essential terms on vaccination



Access to Vaccination
for Newly Arrived Migrants

Co-creation of
tools with and
for
Professional
FOR Health

GRE

ENG

Γλωσσάριο
Βασικών Όρων για
τον Εμβολιασμό

Glossary
of essential terms
on vaccination

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ΜΕΡΟΣ 1 | SECTION 1

Έγγραφα Εμβολιασμού (επίσης Βιβλιάριο Υγείας ή Πιστοποιητικό Εμβολια- σμού)

Vaccination Documentation
(also called Vaccine or
Immunisation Records)

είναι προσωπικά έγγραφα που δείχνουν ποιους εμβολιασμούς έχετε κάνει, μαζί με τον αριθμό των δόσεων και την ημερομηνία χορήγησης, συμπεριλαμβανομένων αυτών που πραγματοποιήθηκαν σε άλλες χώρες. Είναι πολύ σημαντικό να διατηρείτε πάντα ένα ενημερωμένο αρχείο που θα αναφέρει τους προηγούμενους εμβολιασμούς σας.

they are personal documents showing which vaccinations, together with number of doses and date of administration, you have previously received, including those received in other countries. It is very important that, if you had any type of vaccinations in your life, you always keep an up-to-date record to show your previous vaccination.

Κύκλος Εμβολιασμού

**Vaccine Course
/ Vaccine Cycle**

αναφέρει πόσες δόσεις και σε ποια διαστήματα χρόνου θα πρέπει να λάβετε ένα συγκεκριμένο εμβόλιο. Εξασφαλίζει την καλύτερη προστασία ενάντια στη νόσο για την οποία το εμβόλιο δρα προληπτικά. Τα περισσότερα εμβόλια, για να λειτουργήσουν καλύτερα, χρειάζονται πολλαπλές δόσεις ή πρέπει να δοθούν

it is an indication of how many doses, and at what intervals of time, you should be given a specific vaccine. This is important to have the best protection against the disease for which the vaccine is preventive. Most vaccines, in order to work best, need multiple doses or need



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New tool Glossary of essential terms on vaccination

Cyprus	Germany	Greece	Italy	Malta	Spain	Romania	Poland
English - Arabic	German - Arabic	Greek - Albanian	Italian - Arabic	English - Arabic	Catalan - Arabic	Romanian - Albanian	Polish - Albanian
English - French	German - English	Greek - Arabic	Italian - Chinese	English - French	Catalan - Chinese	Romanian - Arabic	Polish - Bulgarian
English - Greek	German - Farsi	Greek - Bengali	Italian - English	English - German	Catalan - English	Romanian - English	Polish - English
	German - Russian	Greek - Chinese	Italian - French	English - Italian	Catalan - French	Romanian - Farsi	Polish - Russian
	German - Turkish	Greek - English	Italian - Romanian	English - Spanish	Catalan - Spanish	Romanian - Turkish	Polish - Ukrainian
	German - Ukrainian	Greek - French	Italian - Somali	English - Ukrainian	Catalan - Ukrainian	Romanian - Ukrainian	Polish - Urdu
		Greek - Somali	Italian - Spanish		Catalan - Urdu	Romanian - Urdu	
		Greek - Turkish	Italian - Ukrainian				
		Greek - Ukrainian	Italian - Urdu				
		Greek - Urdu					

<https://www.accesstovaccination4nam.eu/glossary/>



www.iss.it/centro-nazionale-per-la-salute-globale



Co-funded by the European Union's Health Programme (2014-2020)



Training sessions for healthcare professionals

To enhance Vaccination Literacy and healthcare responsiveness for migrants



Access to Vaccination
for Newly Arrived Migrants

**Co-creation of
tools with and
for
Professional
FOR Health**



<https://www.accesstovaccination4nam.eu/training-material/>



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Health Programme (2014-2020)



CENTRO NAZIONALE
SALUTE GLOBALE

Vaccination literacy and cultural competency training sessions



Access to Vaccination
for Newly Arrived Migrants



Access to Vaccination for Newly Arrived Migrants (AcToVax4NAM)
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Future goals and initiatives to improve vaccination in this group

Addressing vaccination barriers for migrants requires a comprehensive approach:

- enhancing professionals' knowledge about **migrants' rights to healthcare and prevention** (entitlement)
- improving reachability through updated data sources and collaboration
- promoting adherence through **culturally sensitive health campaigns and strategies**
- achieving **vaccination coverage through flexible services and better documentation**
- evaluating **interventions** to measure effectiveness



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