Migrant's access to immunization in Mediterranean Countries and Immunization programmes in Roma population in Bulgaria

VHPB meeting

Highlight underserved groups for screening, prevention and treatment of viral hepatitis B and C in Europe

Ljubljana, Slovenia, 10-11 March 2016

Prof. Mira Kojouharova

EpiSouth project

Network for Communicable Disease Control in Southern Europe and Mediterranean Countries (Grand agreement No 2005206)
October 2006 - June 2010

- The project is composed by 8 Work Packages (WPs)
- Objectives of WP7: Vaccine preventable diseases and migrant populations:
  - To assess access to immunization of migrant populations and immigrants
  - To collect data and exchange information on cases/outbreaks of VPDs in this target group
  - to provide an overview of existing programmes for monitoring and improving migrant populations' immunisation coverage and formulate recommendations.

Assessment on vaccine preventable diseases and migrants

WP7 Steering team:

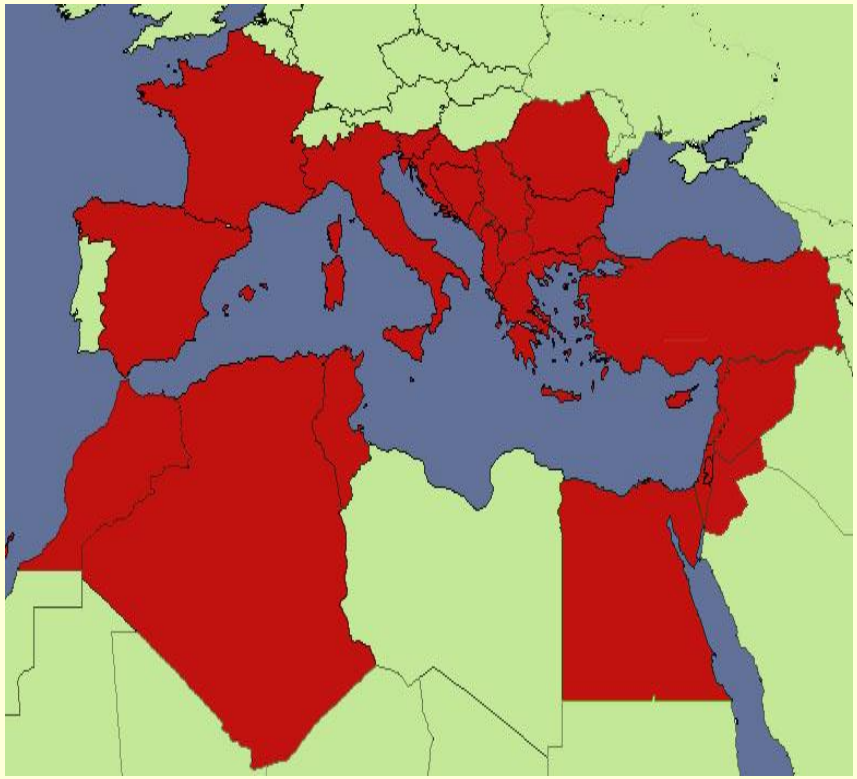
Bulgaria

Albania, Algeria, Bosnia & Herzegovina, Lebanon, Morocco, Palestine, Serbia, Slovenia, Tunisia

WP 7 Leader: M. Kojouharova

Access to vaccination among mobile populations in the Mediterranean region

- The countries of the Mediterranean region have common sea borders in the remarkable ecosystem of the Mediterranean Sea, and, as a result, they share common public health problems and threats;
- Episouth Network aims: to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries in the area of Mediterranean and Balkans.



Assessment of vaccine-preventable diseases and migrant populations in participating countries: Immunization status and access

Evidence of the problem addressed by WP7

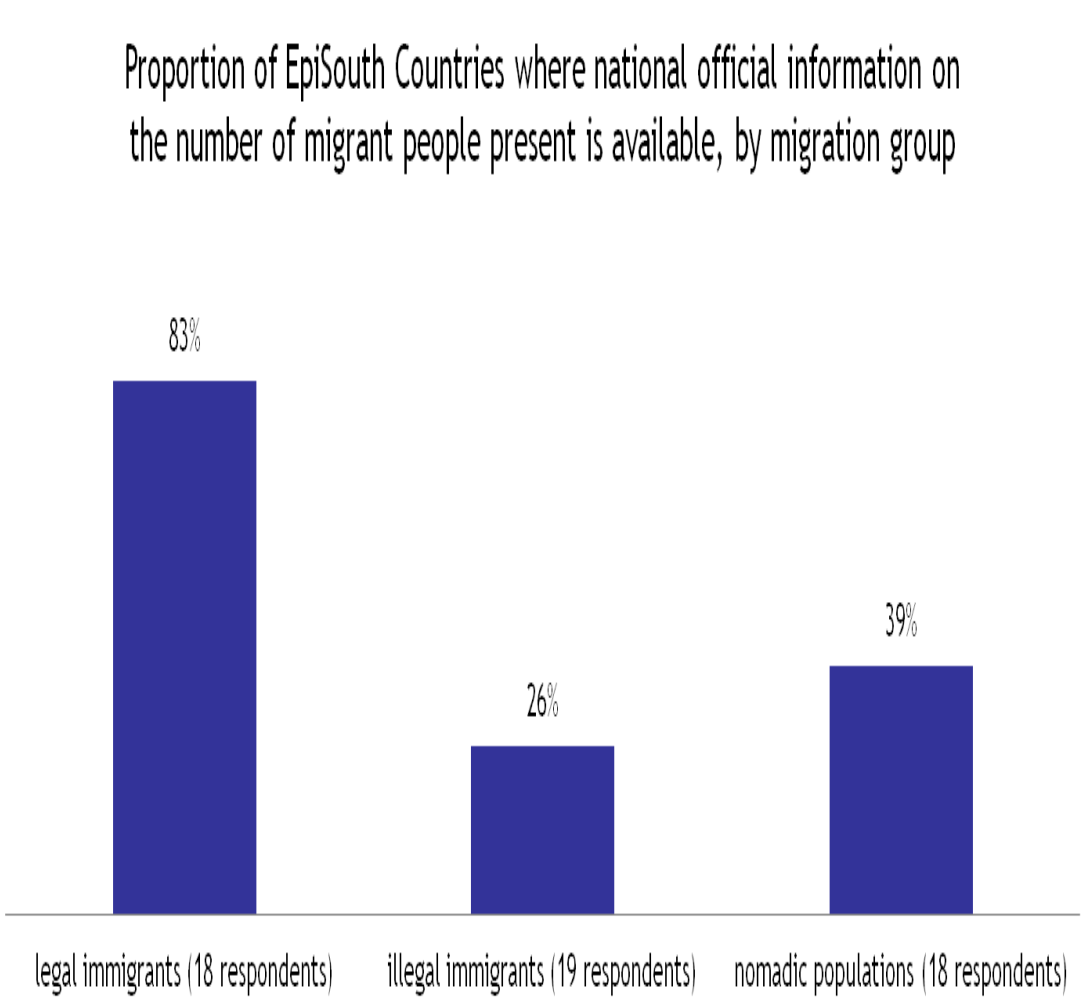
1. Communicable diseases – classic example of where cooperation across countries is essential
2. Vaccination - most effective health intervention
3. Migration - growing phenomenon
4. Migration presents challenges:
   - to the national public health care systems
   - to the human rights
5. Risks for vaccine preventable disease transmission, including a cross-border one

Online survey: 22 participating EpiSouth Countries

A total of 39 questions, 5 main sections :

1. Immunisation programme implementation – general population
2. Immunisation programme implementation – mobile population
3. Mobile groups & access to immunisation programmes
4. CD surveillance – VPD and outbreaks
5. Mobile population figures

Migration in the EpiSouth Region

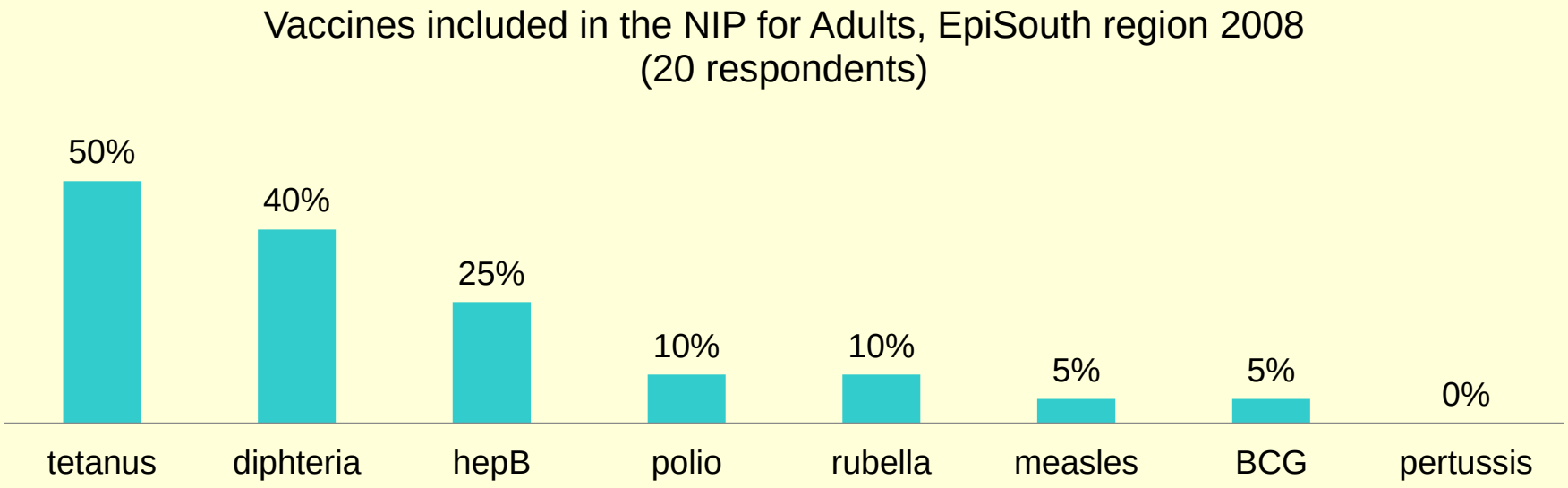


- Presence of **legal migrants** (21), 11 of those countries indicated the most of them are tourists and short term visitors; students and worker immigrants constitute a negligible quota.
- Presence of **illegal migrants** reported by 14 countries.
- Presence of **nomadic populations**, traditionally found in Europe (Roma/Sinti) - 12 countries and other country specific nomadic populations – 10 countries.
- **Official figures** for legal, illegal immigrants and nomadic populations available in 15, 5 and 7 countries, respectively.

What kind of immunization is offered to the general population in EpiSouth Countries?

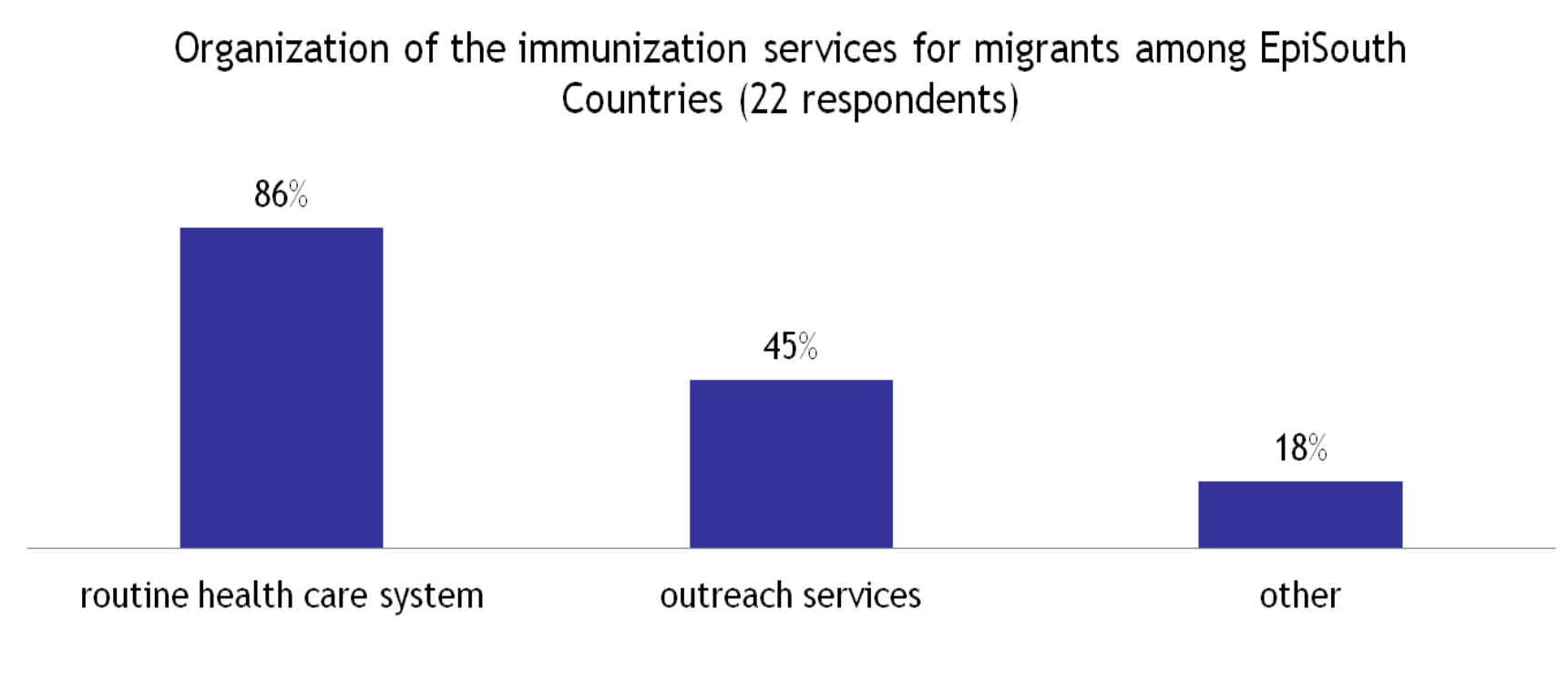
- 73% of respondents indicated that NIP for children includes poliomyelitis, diphtheria, tetanus, pertussis, measles, hepatitis B, TB vaccine (BCG).
- Immunizations take place mostly at the GP level or in vaccination centres.
- 90% of respondents indicated that NIP immunizations are free of charge for children.

- NIP offer for adults varies among countries.
- Most respondents (87%) indicated it is free of charge for adults



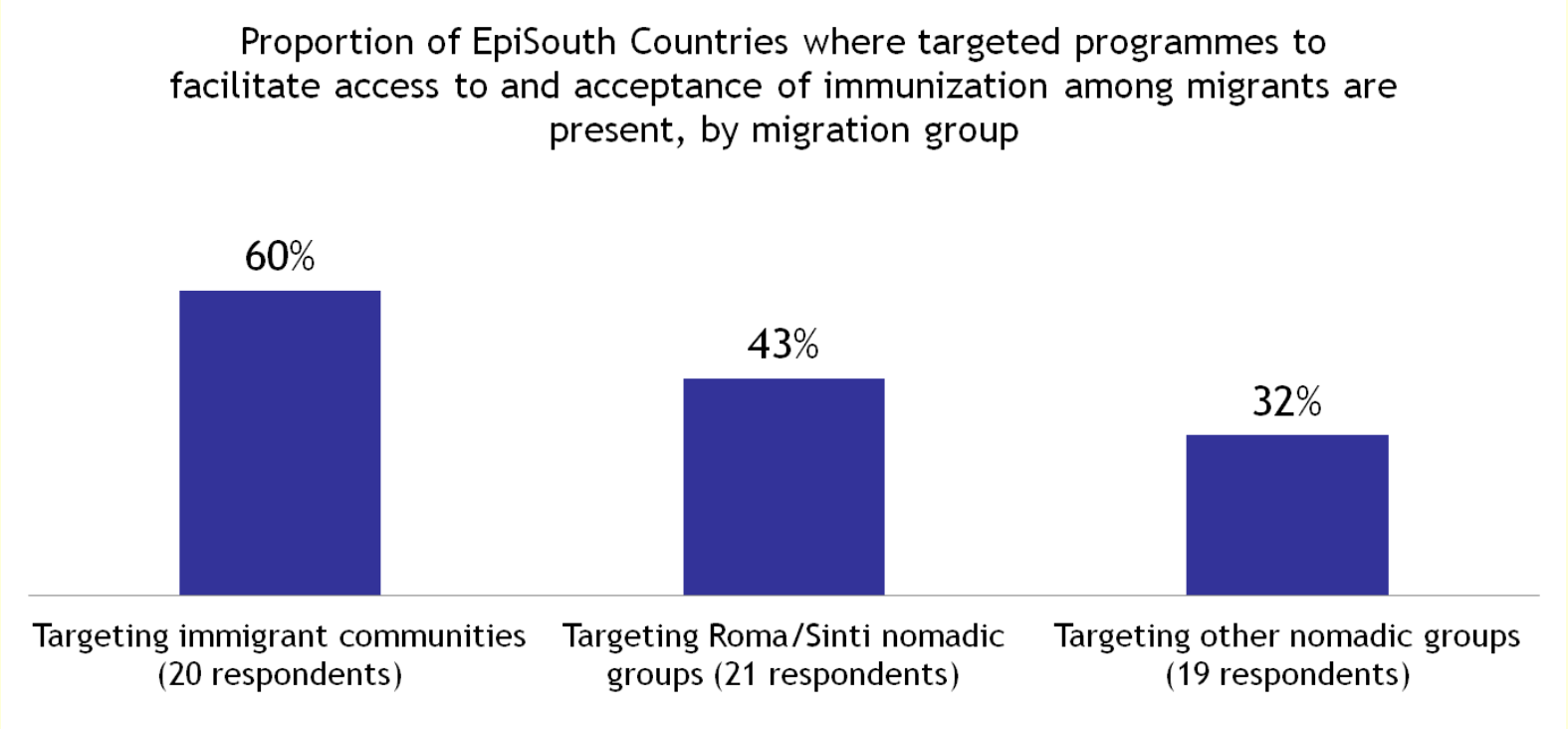
Access of migrants to immunization services

- Immunization services that are offered to migrants are delivered mostly through the routine health care services (86%), using the same channels as the general population.



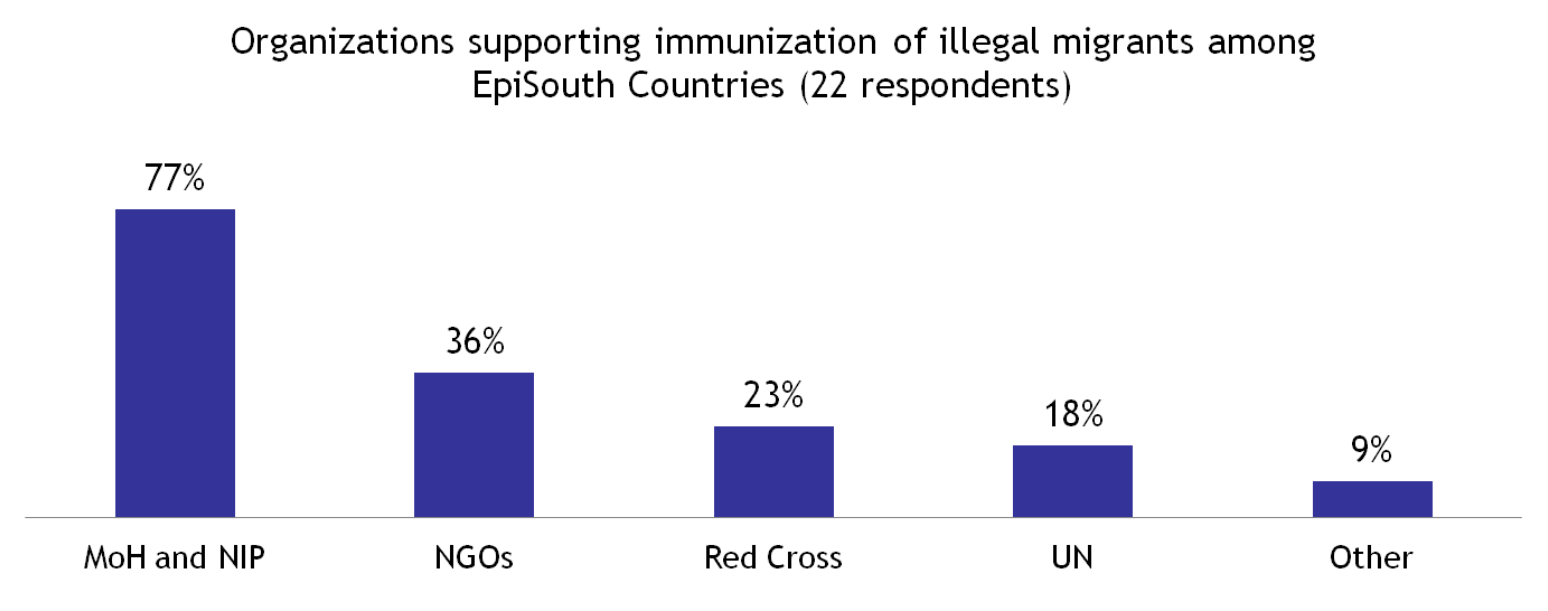
Immunisation programme implementation and mobile population

- Presence of specific regulation supporting immunizations: Immigrant population (11/22); Nomadic population (2/22)
- Presence of specific program/approach facilitating access to immunizations: Roma people (9/22); Other country specific nomadic population (6/22)



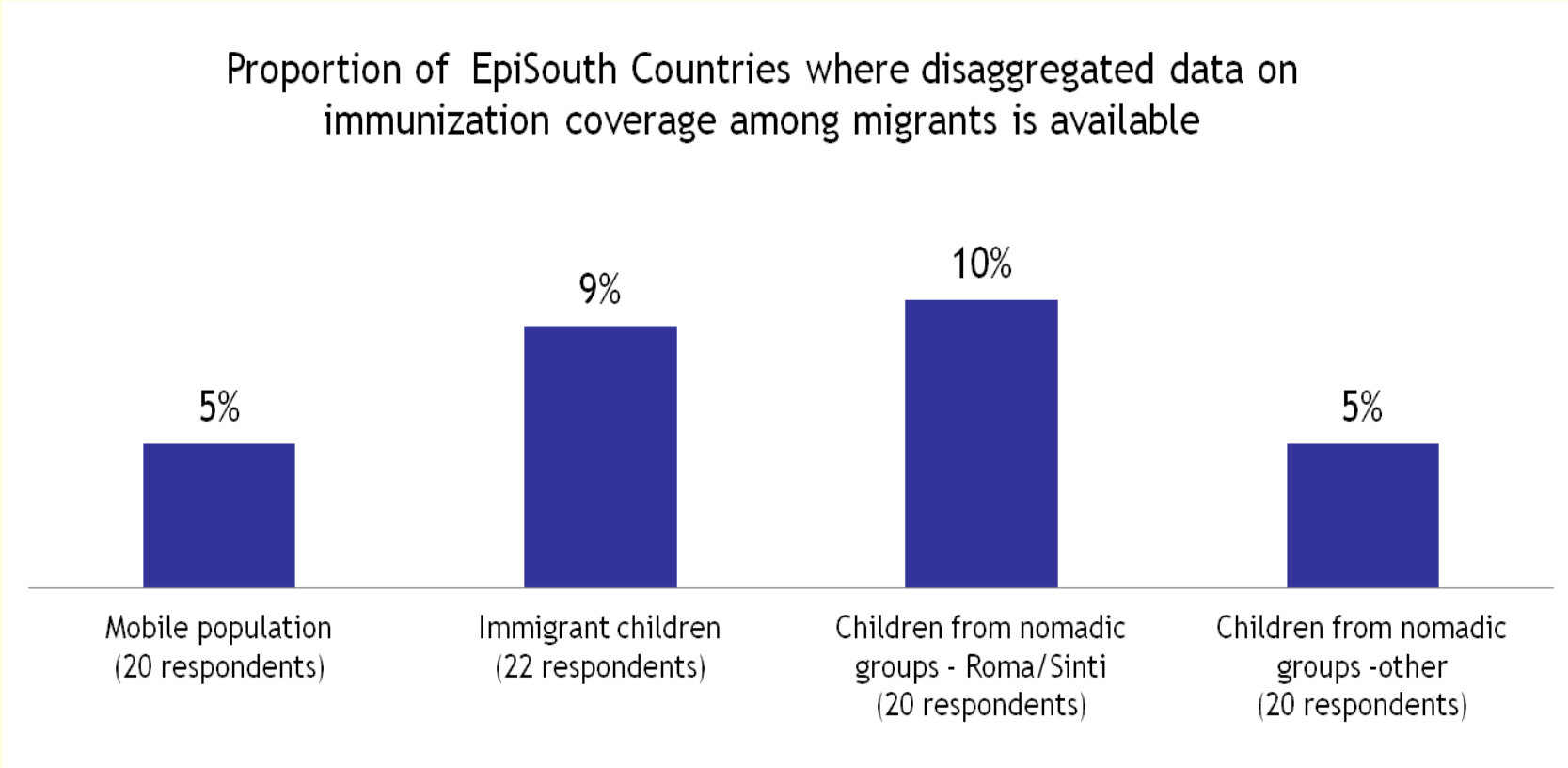
Organizations supporting immunization of illegal immigrant groups

- It is well known that access to Immunization among illegal immigrant groups is more difficult
- This is an issue mostly tackled by local governments in the EpiSouth region.



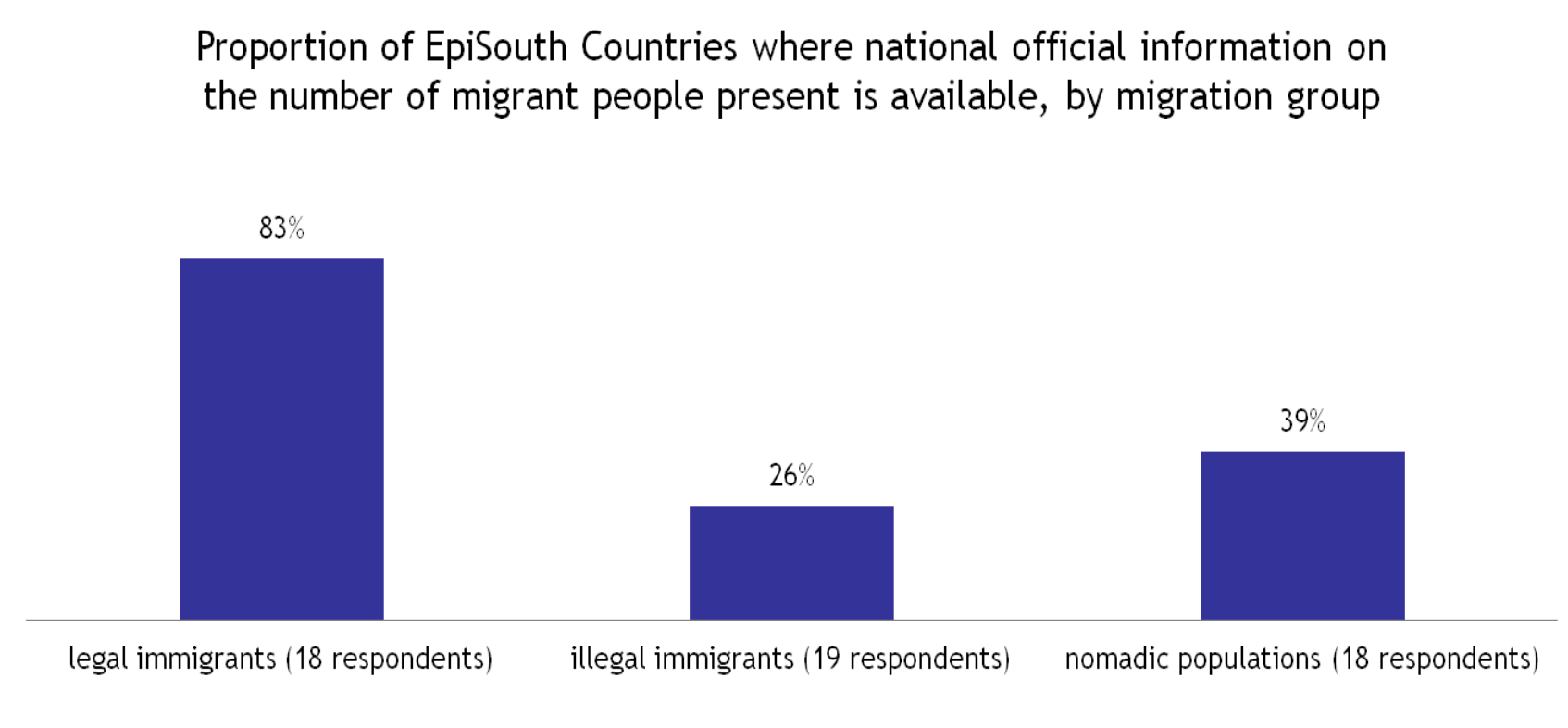
Monitoring immunization coverage among migrants and mobile populations

- Immunization coverage is poorly monitored in the EpiSouth region



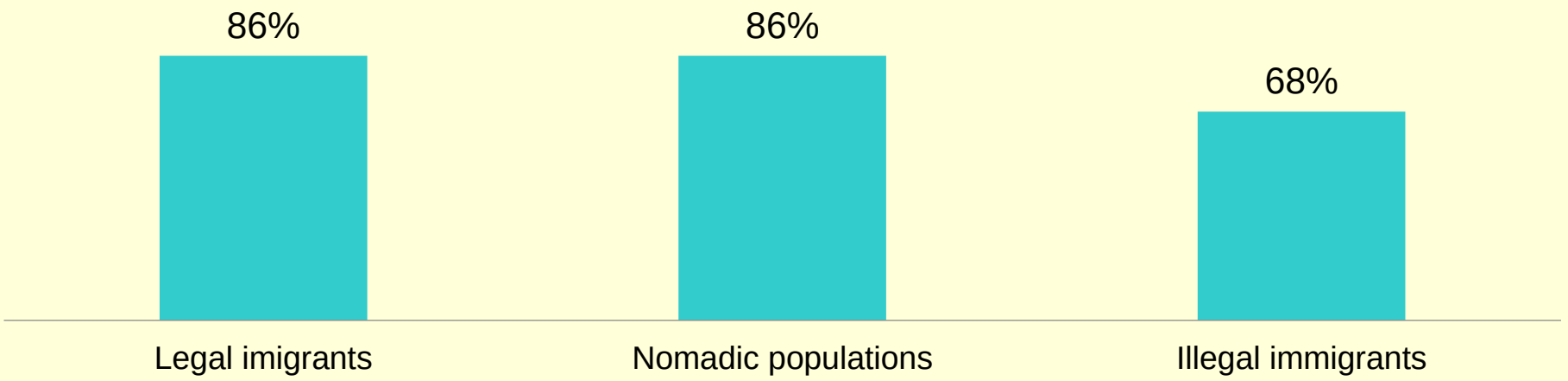
Availability of denominators

- Availability of information on disaggregated population denominators is an issue



Mobile group's access to immunization programmes

Proportion of EpiSouth Countries where vaccines included in the NIP are free of charge for migrant children, by migrant group (22 respondents)



- Presence of information on access of mobile groups to NIP reported 10/22 countries
- Equal access for people of native origin and for migrants reported 18 countries but the same countries indicated Roma people (9), illegal immigrants (5) and nomadic population as less covered by immunizations, compared with general populations
- The main reasons for lower immunization coverage are lack of information about immunizations (13) and lack of trust in authorities (8)

EpiSouth WP7 Conclusions

- **Diversity** in the context of immigration and in the level of integration of migrants in EpiSouth region.
- **Strengths**:

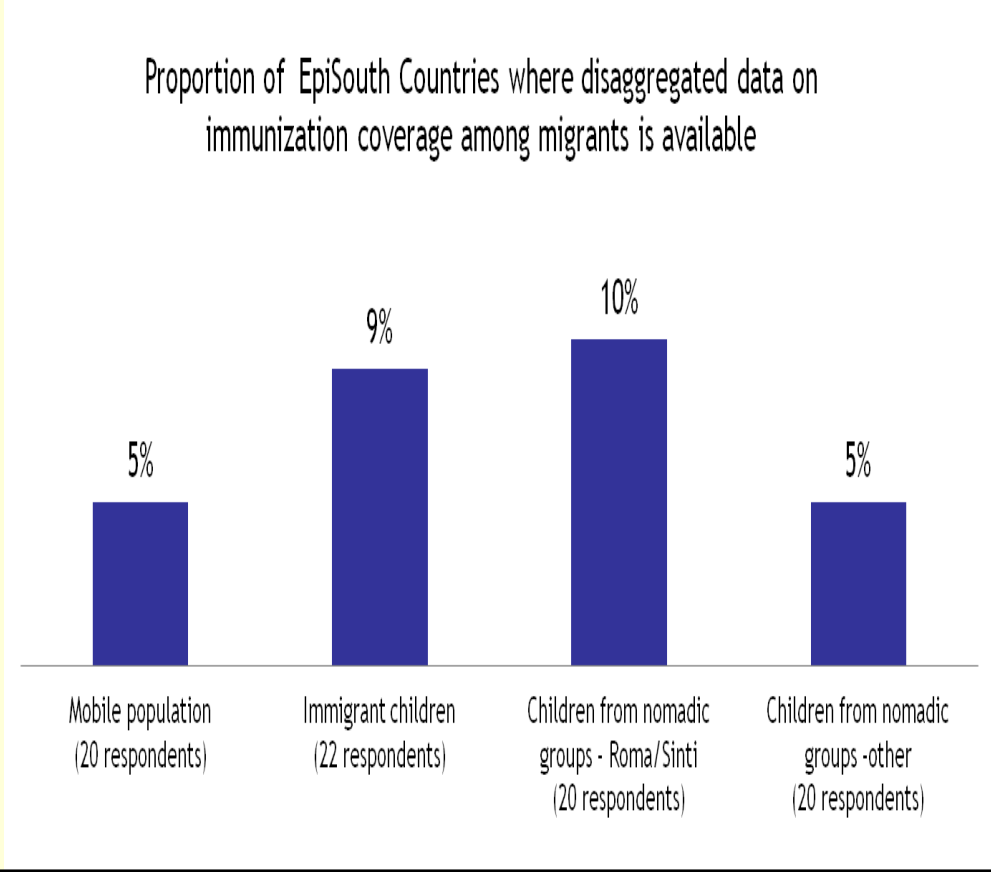
Well structured public health services with established NIPs; vaccines and immunizations are free of charge for children.

- **Weaknesses:**

1) No specific regulations regarding VPD and immigrant and nomadic populations, lack of experience and specifically trained public health/social workers staff.

2) Although in almost all EU and non-EU countries in the Balkan peninsula special approaches are introduced in order to reach the Roma/Sinti communities to guarantee the access to immunization – poor acceptance of immunization by the Roma/Sinti communities because of different social, behavioral and traditional reasons.

3) Lack of specific monitoring of vaccine coverage among migrant groups leads to rough estimations of immunization coverage among migrants based on the general coverage. This prevents evaluation of needs and assessment of the risk of VPD transmission and outbreaks.



EpiSouth WP7 recommendations

- VPD outbreaks recently occurred in the EU – rationale for purposeful actions to achieve and maintain high vaccination level through routine immunization in the general population, and to ensure an equal access to immunizations for the underserved population and immigrant communities.
- Guidelines on vaccine preventable diseases and migrant populations needed (general recommendations for improving the access to immunizations and easy VPD data exchange), produced in collaboration with WHO, ECDC and IMO.
- National programmes for immunization and surveillance of VPDs in migrants and other underserved population groups, adapted to the specific country's characteristics, conditions and needs.

Further information:

- EpiSouth Assessment of Countries Migration Status Profile and Vaccination Access of Mobile Population
  http://www.episouth.org/outputs/wp7/WP7_9_Report_Assessment_Countries_Migration.pdf
- EpiSouth Strategic Document on Vaccine Preventable Diseases and Migrant Population
  http://www.episouth.org/outputs/wp7/4_EpiSouth_Strategic_document_on_Vaccine.pdf
- EpiSouth website relevant document section on Vaccinations and Vaccine Preventable Diseases
  http://www.episouth.org/relevant_links_docs.html

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Immunization of Roma population in Bulgaria

Roma population in Bulgaria

The number of Roma in Bulgaria is uncertain.

⇨ Data from the **2011 population census**:

- the Roma ethnicity was declared by 325 343 persons (**4.9% from the total population**)
- the Roma ethnic group is distributed in all districts. The biggest share of Roma ethnicity is in districts Montana - 12.7% and Sliven - 11.8%, followed by Dobrich - 8.8% and Yambol - 8.5%, compared to the total for the country - 4.9%.
- Romani people in Bulgaria speak Bulgarian, Turkish or Romani, depending on the region and their religious affiliations
- the total population of Bulgaria as of 1.02.2011 was 7 364 570 persons

National statistical institute http://www.nsi.bg/bg

⇨ According to the EC data, the estimated number of Roma people in Bulgaria is around 750,000

NUMBER OF ROMA POPULATION

EU State	Number of Roma			Roma as % of total population		
	Minimum	Maximum	Average Estimate	Average Estimate	Minimum	Maximum
Bulgaria	**700,000**	**800,000**	**750,000**	**10.33%**	**9.6%**	**11%**
Romania	1,200,000	2,500,000	1,850,000	8.32%	5.4%	11.24%
Czech Republic	150,000	250,000	200,000	1.96%	1.5%	2.44%
Slovakia	400,000	600,000	500,000	9.17%	7.33%	11%
Hungary	400,000	1,000,000	700,000	7.05%	4%	10.6%
Estonia	1,000	1,500	1,250	0.10%	0.076%	0.11%
Latvia	13,000	16,000	14,500	0.65%	0.58%	0.71%
Lithuania	2,000	4,000	3,000	0.08%	0.56%	0.11%
Poland	15,000	60,000	37,500	0.10%	0.049%	0.156%
Slovenia	7,000	10,000	8,500	0.42%		

http://www.migrationwatchuk.org/briefing-paper/312

Access to immunizations for Roma community in Bulgaria

Ensuring access for Roma community members to the health system and particularly to immunizations has been recognized as a problem for Bulgaria. Low living standard, insufficient education, frequent migration, limited access to adequate sanitation and water and high unemployment are contributing to the disparity in access to health for the Roma population.

- ⇨ There is no specific routine monitoring of vaccine coverage among Roma population
- ⇨ There is no specific regulations regarding immunizations of Roma population
- ⇨ For all children <18 years the health insurance is covered by the state, however vaccination coverage among Roma children is not optimal
- ⇨ Different approaches are implemented to reach the Roma community in Bulgaria, but the acceptance of immunization is still poor.

As a result, Roma communities are particularly susceptible to communicable diseases. In Bulgaria, there were outbreaks of hepatitis A, tuberculosis, poliomyelitis and measles, disproportionally affecting the Roma ethnic group:

1. *Kojouharova M, Zuber PL, Gyurova S, et al. Importation and circulation of poliovirus in Bulgaria in 2001. Bull World Health Organ 2003;81:476–81.*
2. *Kojouharova M. Current outbreak of hepatitis A in Bulgaria, 2006. Euro Surveill, 2006;11:E061005.1.*
3. *Marinova L, Muscat M, Mihneva Z, Kojouharova M. An update on an ongoing measles outbreak in Bulgaria, April-November 2009. Euro Surveill. 2009;14(50):pii=19442.*
4. *Muscat M, Marinova L, Mankertz A, Gatcheva N, Mihneva Z, Santibanez S, Kunchev A, Filipova R, Kojouharova M. The measles outbreak in Bulgaria, 2009–2011: An epidemiological assessment and lessons learnt. Euro Surveill. 2016;21(9):pii=30152. DOI: http://dx.doi.org/10.2807/1560-7917.ES.2016.21.9.30152*

Access to immunizations for Roma community in Bulgaria

1) Polio outbreak in Bulgaria, 2001

In Bulgaria, an imported poliovirus was able to circulate for two to five months among Roma minority population. The three cases of polio occurred in Roma children, they had not been vaccinated and lived in socioeconomically deprived areas of two cities. Four Roma children from the Bourgas district had antibody titres to serotype 1 poliovirus only, and wild type 1 virus was isolated from two asymptomatic Roma children in the Bourgas and Sofia districts.

In 2001, serological surveys among minority children aged 6–83 months who were hospitalized in district hospitals showed that only 56% of children from Bourgas; 27% from Sofia; and 82% from Dobrich, Pazardjik, and Plovdiv had antibodies against all three poliovirus serotypes.

2) A retrospective analysis of childhood immunization coverage in children born in 2006 in the Sofia region documented a 10% discrepancy in immunization rates between Bulgarian and Roma ethnic groups. A total of 34.6% Roma children 2 yrs of age were unvaccinated with MMR vaccine; 21.91% did not receive the 3th dose HBV.

Parmakova K, Kojouharova M, Borisova M, Kurchatova A.[Cross-sectional survey of vaccination coverage with routine immunisations in children born in 2006 in Sofia region].Bulgarian. Pediatria 2010;3(3):23-8.

3) Measles outbreak in Bulgaria, 2009-2011

The outbreak started in April 2009 following an importation of measles virus and affected 24,364 persons, predominantly Roma (21,821 cases - 89.6% of the total). Most cases (73%) were among children < 15 years old. Measles-related deaths were recorded in 24 patients (22 of them Roma). Almost 95% of patients had not received the full course of MMR vaccination, 69.6% were unvaccinated.

Measles outbreak control measures

- The 2009-2011 measles outbreak has served to further develop national and local activities in collaboration with Roma organizations with the aim of integrating better the Roma community into the health system.
- Special outreach teams composed of local epidemiologists and health inspectors in collaboration with Roma health mediators (RHM) were deployed to vaccinate Roma communities. RHM assisted vaccination teams by improving communication between the team members, and leaders and members of the Roma community and by facilitating the transport of children to immunization centres.
- Bulgaria was one of the first countries in the WHO European Region to test the Guide to Tailoring Immunization.
- Bulgaria participated in a European collaborative project ”Let’s Talk About Protection”, aiming to communicate effectively and to address patients’ concerns on vaccine topics. This has resulted in the publication of a practical guide to vaccination adapted to the context in Bulgaria, and intended for use by healthcare workers and RHM.

Marinova L, Parmakova K, Kojouharova M. Striving for better communication with underserved communities in Bulgaria – A step towards improving immunisation coverage. In: Problems of Infectious and Parasitic Diseases. (42), 2. Sofia, National center of infectious and parasitic diseases; 2014. p. 35-8.

Ensuring minorities access to health care in Bulgaria and Roma health mediators

- Bulgarian Health Strategy concerning people, belonging to Ethnic Minorities is an integrated part of the National Health Strategy, directed towards securing of a better health to Bulgarian population.
- The Health Strategy for disadvantaged persons belonging to ethnic minorities was adopted in September 2005 and for the first time was defined the role of health mediators as coordinating figures between health institutions in Bulgaria and members of minority groups and communities.
- Health mediation has been successfully introduces and has proven its efficiency in many European countries for the improved access of Roma to health and social services and for overcoming of discriminative attitudes towards them (Spain and France, Finland, The Netherlands, Romania and Moldova, Slovakia, Serbia)
- In Bulgaria, the health mediator model was launched in 2001 by the Minorities Health Problems Foundation by a pilot project “Introduction of a system of Roma mediators – an efficient model for the improvement of the access of Roma to health and social services” in the town of Kyustendil and the first five health mediators were trained.

Roma health mediators in Bulgaria

- During 2002/2003, “Open Society” Foundation supported the projects of various Roma non-government organizations and RHM were trained, and the Mediator program was developed. One of the main objective of the program was to optimize the implementation of prevention programs among the Roma population.
- In 2005, when the Government adopted Health strategy for disadvantaged persons belonging to ethnic minorities, the new profession ***health mediator*** finds significant place in the Strategy; one of the indicators for its successful implementation was the number of health mediators employed by the government.
- In 2006/2007, forty-five health mediators have been trained under the program PHARE 2003 of the MoH “Educational and medical integration of vulnerable minority groups with special focus on the Roma”.
- In 2007, the National Network of Health Mediators was founded within the framework of the project *“Preparation for introduction into the profession Health Mediator: Health mediators’ capacity building and network building”* The Network’s members are health mediators, GPs and nurses, health mediator trainers, experts on ethnic and demographic issues, experts in the field of public health.
- During 2008-2015 the number health mediators is gradually increasing. In 2015, a total of 170 health mediators are appointed in 99 municipalities through delegated budgets to the municipalities.

Selection of Health mediators and requirements

- Mediator selection committees – preliminary selection based on applications and supporting documents; interviews with applicants.
- General requirements:
- Education: Secondary school education
- Qualification: Completed specialized training course for a health mediator, approved by the Ministry of Health or Diploma (Certificate) from a Medical College
- Languages: Knowledge of Romany/Turkish language is commendable
- Additional requirements: knowledge about the health and social legislation of the Republic of Bulgaria
- **Major responsibilities** in the process of ensuring access to health services of representatives of vulnerable minority groups:
- Assistance for the contacts between the GP and/or other medical experts and the patient; patronage services to families at risk, pregnant women and young mothers;
- Assistance in the communications with the Health Insurance Fund, information about the patient's rights and responsibilities;
- Assistance with the communications with the Department for Social Assistance,
- Health education and prevention care: consultations for the target group on issues related to family planning and reproductive health; benefits of vaccinations and immunizations; advices about principles of general hygiene and essential health issues; information and materials on healthful life; work together with RHI and assistance for the implementation of their programs.

Roma health mediators activities

- Program for improvement of the prevention, diagnostics and treatment of TB in vulnerable groups belonging to ethnic minorities;
- Program for prevention and control of AIDS and sexually transmitted infections (STI);
- Program for improving the prophylaxis, diagnostics and treatment of socially significant diseases among vulnerable groups belonging to ethnic minorities;
- Program for optimizing the pediatric care among disadvantaged minorities groups: informational and promotional materials about nutrition and breastfeeding; discussions; trainings and individual consultations for families, women and young people. Immunizations are one of the main topics in the information provided (only in 2009 with the assistance of RHM 15 252 vaccinations were conducted);
- Participation in prophylactic activities for other infections - RHM in Plovdiv took active part in the fight against the epidemic of viral hepatitis A in Stolipinovo and the RHM in various locations helped the prevention activities for reducing the measles risk.

Roma health mediators in Bulgaria

www.zdravenmediator.net