



EUPHA Pre-conference on Migrant Health 5th November 2008, Lisbon, Portugal Programme

8:30 Registration
9:30 Opening Session



EUPHA - dr. Walter Devillé
Alta Comissária da Imigração e Diálogo Intercultural - dr. Rosário Farmhouse
Alta Comissária da Saúde - Prof. dr. Maria do Céu Machado
Director do Instituto de Medicina Preventiva - Prof. dr. Pereira Miguel
Director do Instituto de Higiene e Medicina Tropical - Prof. dr. Jorge Torgal

10:00 ***Iberian Plenary Session 1***
11:15 Coffee Break
11:45 ***Iberian Plenary Session 2***
13:00 Lunch & Exhibition visit
14:15 ***European Networks Plenary Session***
16:00 Coffee Break
16:30 ***European Networks Parallel Sessions 1 & 2***
18:00-18:15 Closing remarks

EUPHA - dr. Walter Devillé

20:00 Dinner party

Conference venue: Faculdade de Medicina de Lisboa - Edifício Egas Moniz - Anfiteatro nº 57 –
Av^a. Prof. Egas Moniz – 1649-028 Lisboa



Iberian plenary session 1 (10:00-11:15)

Dias S IHMT- Lisbon

Carreira M IMP – Lisbon

Abukumail N IMP – Lisbon

Terraza-Nunez R HPRU.CHC – Barcelona

Sousa-Ribeiro J CES – Coimbra

Chair : Rui Portugal co-chair: Walter Devillé

Best Practices in Promoting Health and Health Services Utilisation for Vulnerable Groups

Prevalence of Tobacco Consumption in African and Brazilian Immigrant Communities in Portugal

Evaluation of Oral Health and Access to Oral Health Care in African and Brazilian Immigrants in Portugal

Health Personnel Problems and Needs when Providing Health Care to Immigrant Populations in Catalonia

The Cultural Diversity in Health Care - How to Innovate the Users and Providers Interaction?

Iberian plenary session 2 (11:45-13:00)

Brak-Lamy G FCSH – Lisbon

Backstrom B CEMRI – Lisbon

Costa J APDP – Lisbon

Dias S IHMT – Lisbon

Carreira M IMP – Lisbon

Chair: Sónia Dias co-chair: Ana Fernandes

The Impact of the Socio-economic and Cultural Factors on the Vulnerability to AIDS of the Young African Girls (Cape Verdeans) Living in Lisbon slums: an Anthropological Perspective

The Health Office of the National Immigrant Support Centre (CNAI) as an Observatory for the Study of Migrant Health in Portugal

Perceptions and Control of Diabetes in Migrants and Non-Migrants in Portugal

Promoting Access and Appropriate Health Services for Immigrants: Assessing Immigrants and Health Providers' Perceptions.

Iron Deficiency and Anaemia in Child Between Six Months and Three Years Old from Immigrant African Community in Amadora, Portugal

European networks plenary session (14:15-16:00)

Vladimirova N National Centre of Infectious and Parasitic Diseases – Bulgaria

Kotsioni I National and Kapodistrian University of Athens – Greece

Peiro MJ IOM – Belgium

Ingleby D ERCOMER – the Netherlands

Chair: Paulo Ferrinho co-chair: Walter Devillé

EpiSouth Project: Assessing Migrants' Profile and Migrants Access to Immunisation Service in the Countries of the Mediterranean and the Balkans

Information Network on Good Practice in Health Care for Migrants and Minorities in Europe

Mapping Initiatives on Health and Migration in Europe - How to Best Work Together?

European Research Networks on Migration and Health

European networks parallel session 1 (16:30-18:00)

Rosano A Regional Public Health Agency – LazioSanità - Italy

Salman R Ethno-Medizinisches Zentrum – Germany

Rimarova K University of P.J. Safarik – Slovak Republic

Brentari C University of Kent – UK

Chair: Walter Devillé co-chair: Sónia Dias

Health Data Collection on Migrants and Ethnic Minorities in EU Countries

Social Inclusion and Transcultural (Health-) Education

Roma and non-Roma Health in EU- Main Priorities

Some Preliminary Indicators Emerging from the 'Race' Drugs and Criminal Justice Work of the Connections Programme

European networks parallel session 2 (16:30-18:00)

Kunst A Erasmus University – the Netherlands

Smith Nielsen S University of Copenhagen – Denmark

Akmatov MK University of Bielefeld – Germany

Rafnsson SB1 University of Edinburgh – UK

Chair: Marleen Foets co-chair: Rui Portugal

Mortality of Migrant Minority Groups: Comparisons between seven European Countries

Patterns of Migrants' Health Care Utilisation and Self-Perceived Health in Europe: the MEHO-project

Infectious Diseases reported in Surveillance Systems by Migrant Populations in Europe – Examples of Germany and the UK

Development of Cardiovascular and Diabetes Indicators



EpiSouth Project: assessing migrants' profile and migrants access to immunisation service in the countries of the Mediterranean and the Balkans
(www.episouth.org)

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Health and innovation in Europe, EUPHA section on Migrant Health,
5 November 2008, Lisbon, Portugal



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Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

THE PROJECT

- On the occasion of the Year of the Mediterranean (2005), a number of countries agreed to develop the project "**EpiSouth**", whose **aim is to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries of the Mediterranean and the Balkans.**
- The project started with **9 EU countries on 1 October 2006**
- In June 2008, the EpiSouth Network counts a total of **25 EU- and non-EU Countries, plus 5 representatives from International Organisations (EU DGSANCO, EU ECDC, and WHO-EURO, WHO-EMRO, WHO-Lyon)**
- **FUNDING**
The EpiSouth project is funded by the European Commission (DG SANCO) through the Grant Agreement
- **PROJECT DURATION**
3 years: from 1st October 2006 – to 30th September 2009



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PROJECT STRUCTURE

- The EpiSouth project is articulated in 8 WorkPackages (WP) led by Public Health Institutes. The main partner (ISS Italy) has developed a framework where all the managerial aspects are being included (WP1) and the information produced by the project are being disseminated (WP2)
- Three vertical WPs
 - “Cross-border epidemic intelligence-WP6” (InVS, France)
 - “**Vaccines and migrants-WP7**” (NCIPD, Bulgaria) and
 - “Cross-border emerging zoonoses-WP8” (HCDCP, Greece)constitute the technical basis
- The two horizontal Work Packages, “Network-WP4” (Padua, Italy) and “Training-WP5” (ISCIII, Spain) provide the skills, networking and capacity building in order to match the vertical Work Packages. The project is evaluated through a dedicated Work Package (WP3)
- The Project Steering Committee is composed by the 6 WP leaders Countries plus ECDC, EC-SANCO, WHO EURO, WHO EMRO and WHO LYO representatives as observers, in order to facilitate synergy and avoid overlapping





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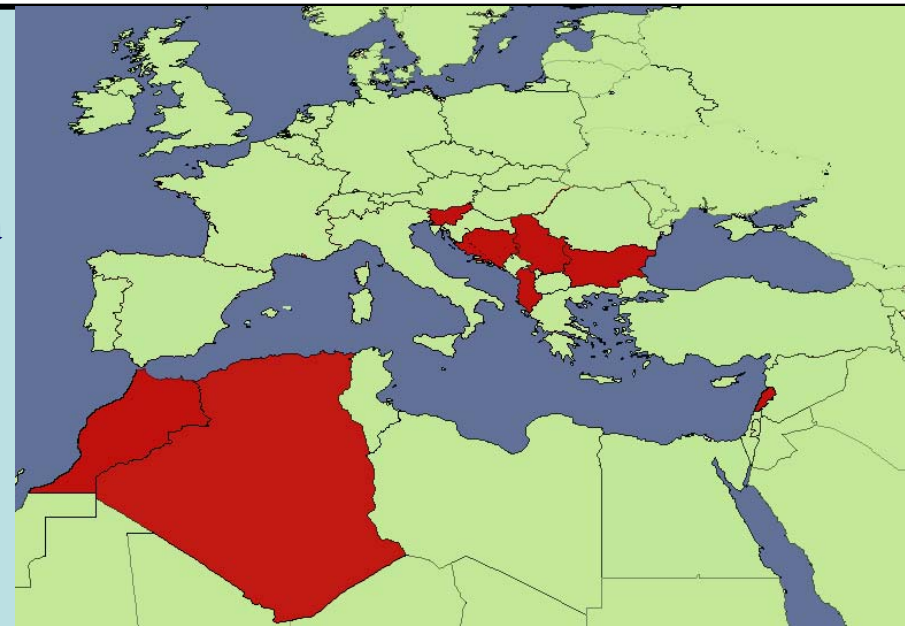
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**WP 7 - Vaccine-preventable diseases and migrant populations,
with the main SO of assessing the access to immunisation and exchanging
information on cases/outbreaks of vaccine-preventable diseases of migrant
populations**

WP Leader: Bulgaria (NCIPD)

STEERING TEAM MEMBERS

- » Albania
- » Bosnia & Herzegovina
- » Bulgaria
- » Lebanon
- » Morocco
- » Serbia
- » Slovenia
- » Palestine
- » Algeria



SPECIFIC OBJECTIVES OF THE WP 7

- 1. To assess the access to immunization of migrant population and immigrants in Mediterranean and Balkan countries by comparing the national immunization coverage with data for migrant population and immigrants;**
- 2. To collect data and to establish a regular exchange of information on cases/outbreaks of vaccine preventable diseases (VPD) among migrant population and immigrants in Mediterranean and Balkan countries;**
- 3. To provide an overview of existing programmes for monitoring and improving migrant population immunization coverage and to formulate recommendations, facilitating the improvement and evaluation of immunization activities among migrant population and immigrants in the region.**



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DELIVERABLES

All results obtained will be published on the EpiSouth Web-site and actively disseminated

- **Report with all data from the assessment survey for vaccine preventable diseases and migrant populations;**
- **Recommendations for improving the access of migrant population to immunization services and for exchanging information on vaccine preventable diseases among migrant populations in the region;**
- **Final strategic document on VPD and migrant population**

Primary targets will be the national public health authorities, Ministries of public health in the EU and non EU countries, the European Commission and WHO



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DESCRIPTION OF THE WP7 WORK

1st year

- **Preparatory work:**

- Collecting information related to the process of migration;*

- Collecting information related to the definitions for migrant population;*

- Overview of sources of information related to the VPD Surveillance in all EpiSouth participating countries;*

- Overview of sources of information related to the immunization schedules in all EpiSouth participating countries*

- Integration of the Questionnaire data with the data available from European networks (i.e. VENICE, ESEN2) and WHO;*

- **Questionnaire(Draft) preparing and discussing within the Steering Team and through the web-based working area;**

- **Questionnaire distribution to countries (associated and collaborating)**

- **As a pilot survey, WP7 ST countries (Albania, Bosnia & Herzegovina, Bulgaria, Lebanon, Morocco, Serbia and Slovenia) complete the Draft questionnaire; A total of 7 questionnaires were completed**

Preliminary assessment of the results from the pilot survey within the WP7 ST countries was performed, aiming at an optimization of the final version of the questionnaire



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METHODS

- Questionnaire “**Vaccine preventable Diseases and migrant population**” developed
- Questionnaire distributed to the WP7 ST participating countries
- Pre-test of the Questionnaire for the following set of information:
 1. Type and size of migrants
 2. *Immunization programs*
 3. *Assessment of vaccination coverage*
 4. *Availability of programs ensuring high vaccination coverage of migrants*
 5. *Surveillance of VPD in migrants*
- Information collected, elaborated and analyzed
- Analysis of the results from the provisional assessment survey based on the first draft Questionnaire completed by WP7 ST COUNTRIES presented at the 2nd Project Meeting and upload at Project web area



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DRAFT QUESTIONNAIRE

“VACCINE PREVENTABLE DISEASES AND MIGRANT POPULATION”

Scope and purpose – to explore the migrant profile of participating countries, to collect information about their immunization services and VPD surveillance systems and their readiness to cover different migrant population living or passing through the country.

The Draft Questionnaire consisted of **20 questions** aiming to obtain information on country's specificity related to:

- **The migrant population: type & size**
- **Information about the immunization program and it's implementation**
- **Methods for monitoring and assessment of vaccination coverage**
- **Availability of specific programs, aiming to ensure high vaccination coverage of migrant population**
- **Monitoring and surveillance of VPD in general and migrant population in particular**

It was distributed to the WP7 ST countries only

Questions about migrant population- type & size

All 7 countries confirmed the presence of migrant population:

Type of migration	Nº of participating countries	Nº of countries confirmed the presence of migrant population
Legal migration	7	5
Illegal migration	7	6
Common migrant groups	7	6
Refugees	7	3
Asylum	7	1
Cross-bordering	7	4
Roma population	7	5

Questions about the immunization program and it's implementation in migrant population groups

1. **Official Document for vaccination status of migrants is required by health authorities in 1 of the 7 interviewed participants;**
2. **Vaccines and immunizations are mostly free of charge for refugees and asylum and illegal workers;**
3. **Immunization coverage of migrants is not monitored separately from the national immunization coverage (6/7)**

4.

Institution Responsible for immunizations of migrants	Nº of participating countries	Nº of countries positive answers
Ministry of Health/	7	6
National Immunization Programme	7	7
Red Cross	7	1
United Nations	7	2



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ASSESSMENT OF THE PILOT SURVEY RESULTS

Availability of specific programs, aiming to ensure high vaccination coverage of migrant population & migrants' access to vaccinations

	№ of countries with positive answers/ total No of countries
Immunizations are organized as a part of routine health care	7/7
Immunizations are organized supplementary as an outreach system	4/7
No specific regulation related to migrants' immunizations	6/7
Equal access to the immunizations	6/7
No specific surveys and publications related to the migrants perception of immunizations	7/7

Surveillance of vaccinepreventable diseases (VPD) among migrant populations

Specific information about surveillance of VPD /outbreaks among migrant population within the period 2006-2007& source of data	№ of countries with positive answers/ total No of countries
Information about VPD outbreaks in migrants or related to migrants in 2006-2007	3/7
Information reported through National surveillance system	3/7



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Conclusions to the Assessment of access of migrant population to immunization service

1. Negative answers were predominant

- No information regarding the immunization coverage among migrants exists
- No official/ published information about VPD outbreaks among migrants' groups in participating countries exists
- No specific surveys and publications related to the migrants perception of immunizations
- No specific legislation for immunizations of migrants was reported

2. **In general**, this survey reflects the status of the immunization process and VPD surveillance among migrant populations in a very small number of countries. These countries belong to different geographic regions in the Mediterranean basin, **and could not be representative** of the current increased number of the countries participating in the Project.

3. Despite that most respondent countries reported **equal access of different migrant groups to the immunizations**, the established lack of specific regulations for immunization in such groups, as well as the absence of information regarding the immunization coverage, **creates the necessity to collect more detailed information in this area.**



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General Conclusions

1. Pilot survey using the Draft questionnaire for assessment of the access of migrant population to immunizations was organized and performed among WP7 ST countries. A total of 7 questionnaires (ST WP7 members) were completed
2. Lack of sufficient, exhaustive information which would enable a valid analysis of migrant profile and migrants' access to vaccination in the countries involved was found
3. The preliminary analysis of this provisional assessment survey (pre-testing) helped to improve the questionnaire and to identify the critical issues: legal framework, access to health care, high risk migrants identification



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General Conclusions

4. A decision was taken to have the Questionnaire completed by all countries participating in the Project, including the newly integrated countries.



5. Additional studies for better defining migrants with higher risk for VPD will be of practical benefit



Acknowledgements

- **The project “Network for Communicable Disease Control in Southern Europe and Mediterranean Countries (EpiSouth)” is funded under the DGSANCO Grant Agreement 2005206**
- **TAIEX and the Italian Ministry of Health (*EpiMed Project*) are also acknowledged for their contribution to the Project**