

Migrant population access to vaccinations services

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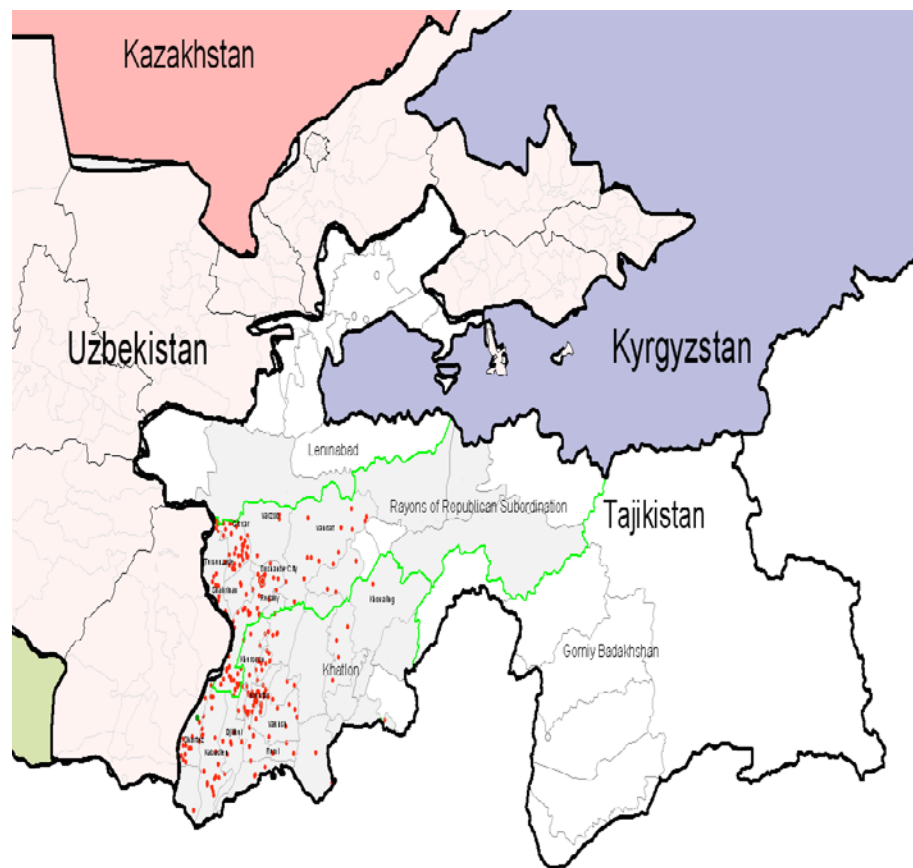
WHO Regional Office for Europe

Immunization & Migration



2010 The case of Tajikistan

- The WHO EURO experienced first importation of wild PV since certified polio free in 2002
- labour migrant from India
- 643 AFP cases 475 lab confirmed and 14 deaths among confirmed
- Strain PV1



Causes of PV outbreak in Tajikistan

- Health system failure
- Migration, 1/5 of the population are migrants

Why Migration & Health is an issue of public health attention

214 mil International migrants in 2010 (3% of global population)

740 mil. Internal migrants

About 10 % of the population of developed countries is comprised of international migrants

UNPD data



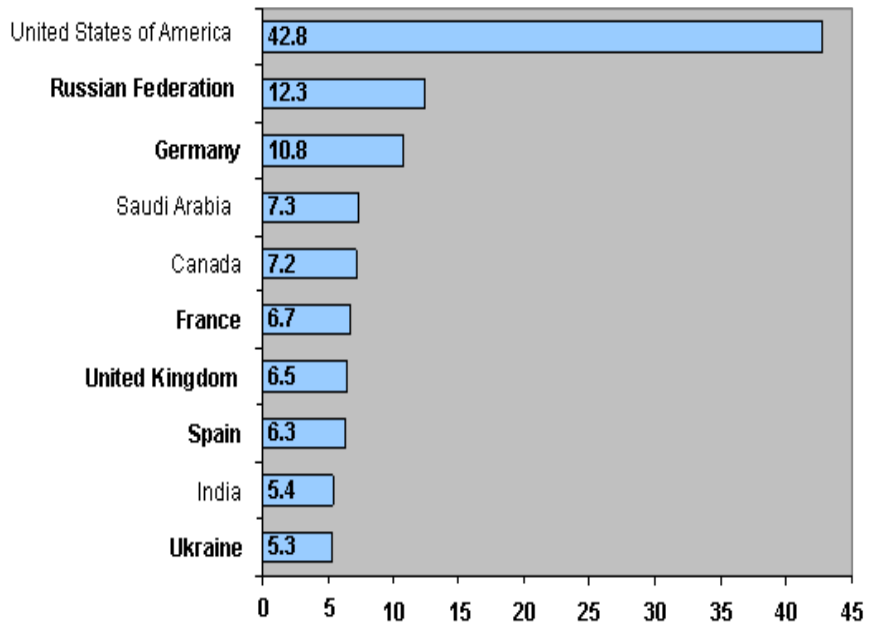
WHO European Region

53 Member States, 886 million people

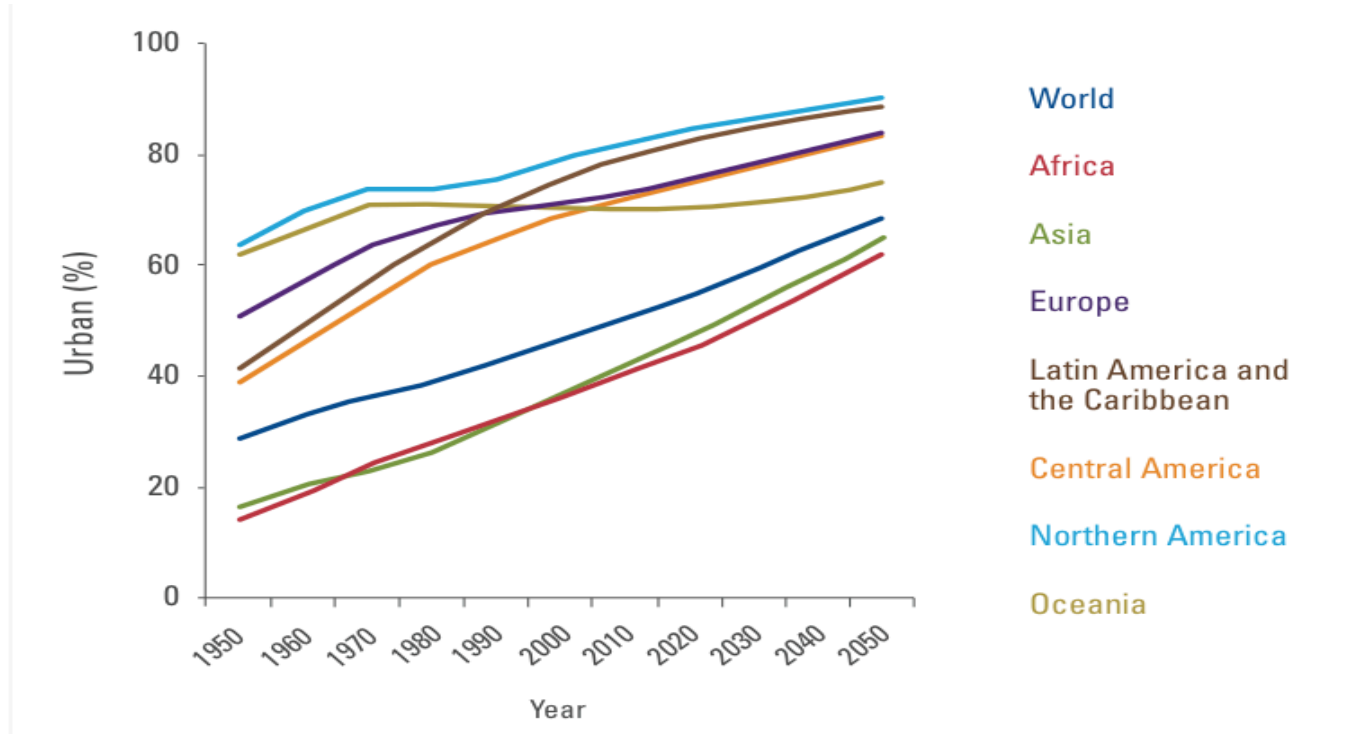


**77 million migrants (36%)
in WHO EURO Region**

- Variation in GDP/person/year (2009):
- - Tajikistan \$ 1,900 [rank192]
- - Luxembourg \$ 79,600 [rank 3]



Population movements



Source: United Nations Population Division. 2010. *World Urbanization Prospects: The 2009 Revision*. New York: UN Population Division.

Forced Migration, Conflict & Natural disasters

Conflicts and violence around the world continue to displace people, moving them into temporary displacement, refugee camps, or to urban slums where access to quality health services is limited



Migration associated with emergency situation in the WHO EURO Region

- Collapse of the state-socialist regimes in Eastern Europe after 1989
- Collapse of the pyramidal financial scheme in Albania
- 1991-95 War in Former Yugoslavia
- War in Kosovo in 1998-99
- Crises in Lebanon 2005-6
- 2011 Northern Africa Crises (Egypt, Tunisia, Libya, Syria)



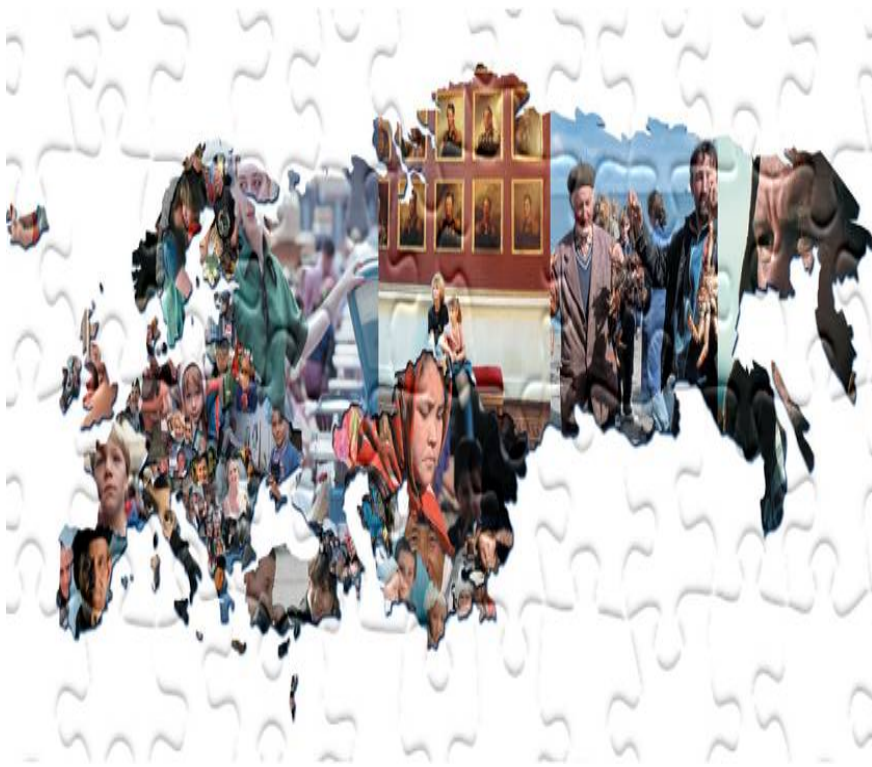
The image is a screenshot of a BBC News Europe article. At the top, the BBC logo is on the left, and 'Mobile' is in the center. On the right, there are links for 'News', 'Sport', 'Weather', 'Travel', and 'TV'. Below this is a red banner with 'NEWS EUROPE' in white. Underneath the banner is a navigation bar with links for 'Home', 'UK', 'Africa', 'Asia-Pac', 'Europe', 'Latin America', 'Mid-East', 'South Asia', 'US & Canada', 'Business', and 'Health'. The main headline reads 'Migrants fleeing North Africa turmoil land on Lampedusa'. Below the headline is a photograph of a crowded boat on the water, with a BBC logo in the top left corner of the image. Underneath the photo, the word 'ADVERTISEMENT' is written in small letters. At the bottom of the screenshot, it says '7 March 2011 Last updated at 17:08 GMT' and 'About 1,000 North African migrants, on a dozen boats, have reached the Italian island of Lampedusa'. There is a small square icon with the number '2' in the bottom right corner of the screenshot.

Climate changes

- The impacts of climate change are likely to have an even greater influence on migration
- 200 million people could be displaced by flooding, droughts, changing weather patterns and other impacts of climate change



WHO EURO overview and data



Immunization contributed health improvements in the WHO European Region 99% reduction in polio cases and a 78% reduction in measles mortality between 2000 and 2008

WHO EURO overview and data

- EURO is on the threshold of eliminating measles and rubella from the Region by 2015
- increase awareness on achieving and maintaining high childhood immunization coverage
- sharing experience with special efforts to improve immunization in general and in undervaccinated population groups
- reviewing cross-border issues, including increasing mobility and migration, which raise a number of health security questions

Regional immunization profile European Region

Population data in thousands

| | 2011 | 2010 | 2009 | 2008 | 2007 |
|------------------------|---------|---------|---------|---------|---------|
| Tot Popul. | 899.442 | 896.480 | 893.232 | 889.761 | 886.217 |
| Live births | 11'135 | 11'116 | 11'066 | 10'982 | 10'871 |
| Surv. infan | 10'991 | 10'970 | 10'916 | 10'831 | 10'717 |
| Pop. less than 5 y.o. | 55'377 | 54'491 | 53'842 | 52'994 | 52'058 |
| Pop. less than 15 y.o. | 157'010 | 156'204 | 156'134 | 156'193 | 156'542 |
| Female 15-49 y.o. | 222'180 | 223'491 | 224'362 | 225'017 | 225'453 |

Percentage of target population vaccinated, by antigen

| Type | 2011 | 2010 | 2009 | 2008 | 2007 |
|------------------|------|------|------|------|------|
| BCG | 94 | 94 | 94 | 94 | 92 |
| DTP1 | 97 | 98 | 97 | 98 | 98 |
| DTP3 | 94 | 94 | 95 | 96 | 96 |
| HepB3 | 77 | 78 | 78 | 78 | 78 |
| Hib3 | 76 | 74 | 72 | 65 | 58 |
| MCV | 94 | 93 | 94 | 95 | 95 |
| pab | 90 | 90 | 71 | 71 | 71 |
| PCV3 | 30 | 28 | 4 | 2 | - |
| Pol3 | 94 | 95 | 95 | 96 | 96 |
| Rota_last | 0 | 0 | 0 | 0 | - |
| TT2plus | 81 | 81 | 82 | 56 | 55 |

NUMBER OF REPORTED CASES

| | 2011 | 2010 | 2009 | 2008 | 2007 |
|---------------------------|--------|--------|--------|--------|--------|
| Diphtheria | 32 | 39 | 41 | 184 | 228 |
| Hib meningitis | 87 | 150 | - | - | - |
| Measles | 26'721 | 30'625 | 7'499 | 8'879 | 6'936 |
| Mumps | 20'240 | 26'313 | 41'448 | 71'139 | 71'154 |
| Pertussis | 25'739 | 28'212 | 29'229 | 25'270 | 28'798 |
| Polio | 0 | 475 | 0 | 0 | 0 |
| Rubella | 7'761 | 10'551 | 11'623 | 23'912 | 67'927 |
| Rubella (CRS) | 6 | 2 | 17 | 8 | 31 |
| Tetanus (neonatal) | 0 | 2 | 1 | 7 | 5 |
| Tetanus (total) | 94 | 206 | 181 | 129 | 205 |
| Yellow fever | 0 | 0 | 1 | 0 | 0 |

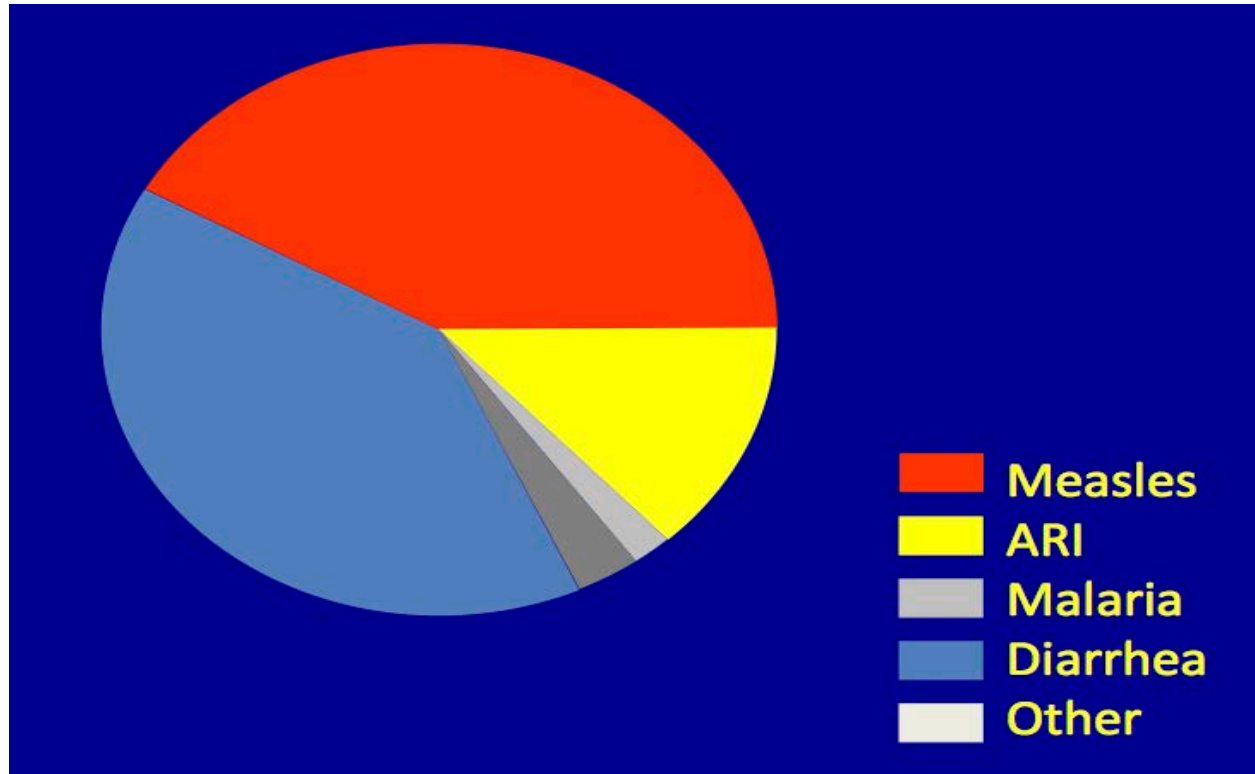
Immunization & Migration why a concern

- 40% of children had not been reached by vaccination in some developing countries
- Children born to immigrant mothers are less adequately vaccinated and settled in areas of low coverage
- Vaccination coverage of migrants associated with their level of integration in the new society, but also reflect the coverage of the area of origin

Immunization & Migration why a concern

- high levels of population movement, about 4% migrant population in Europe and another 4% undocumented.
- existence of unimmunized groups because of limited access to health care services
- continuing decline in vaccine acceptance among populations
- questionable data on actual coverage in some of the developing countries

Major Causes of Death in Refugee Populations



Source: Centers for Disease Control and Prevention, Famine-Affected, Refugee, and Displaced Populations: Recommendations for Public Health Issues. MMWR, 1992;41(No. RR-13):8.

S.A.G.E. Working Group on Vaccination during Emergencies

- making the management of vaccination services responsive to the needs of migrants could increase vaccination coverage.
- Vaccination in Acute Emergencies: A Framework for Decision-Making

Framework approach

- The Framework addresses an exceptionally thorny problem, one that requires a multifactorial approach
- The Framework attempts to fill an existing gap in vaccination policy and it should be endorsed and promoted by SAGE; however, it needs a reality check
- The target audience is not frontline health workers, but rather expert analysts at the coordination/policy level

Guiding Principles

- Framework does not supersede existing WHO guidelines for vaccine use
- Applies only when routine services are disrupted
- Objective is to reduce risk of mortality during a relatively short period of extreme vulnerability
- Decisions should be based on “duty of care” to protect those in need

Definition of Acute Emergency

- Sudden, unplanned displacement
- New or exacerbated conflict
- Rapid deterioration of nutritional status
- Natural or industrial disaster
- Acute breakdown of critical administrative and management functions

Beneficiary Populations

- All populations directly affected by emergency conditions – there may be several and they may change over time
- Populations indirectly exposed to higher risk of disease due to proximity to emergency-affected population

Vaccine-Preventable Diseases

- Measles
- Poliomyelitis
- Pneumococcal disease
- H. influenzae, type b
- Diphtheria
- Pertussis
- Tetanus
- Rotavirus
- Yellow fever
- Tuberculosis
- Mumps
- Rubella
- Influenza
- Meningococcal disease (polysaccharide and conjugate vaccine)
- Hepatitis A
- Typhoid fever
- Hepatitis B
- Cholera
- HPV
- Varicella
- Japanese encephalitis

The Framework: Three Steps

1. An assessment of the **epidemiological risk** posed by each potentially important vaccine-preventable disease
2. Consideration of the properties of each vaccine to be **considered for intervention** and the **feasibility of a mass vaccination campaign**
3. **Prioritization** of the importance of vaccination in relation to other urgent public health

1. Epidemiological Risk Assessment

- Assess risk from **general risk factors**
- Assess risk from **specific risk factors**
- Decide go/no go for further consideration

1. Epidemiological Risk Assessment

General Risk Factors

- Prevalence of malnutrition
- Demographic characteristics of population
- HIV/AIDS burden
- Access to curative health services
- Population density
- Water, sanitation, hygiene



I.

1. Epidemiological Risk Assessment Specific Risk Factors

- Population immunity
- Burden of disease
- Geography, climate, season
- Sexual violence
- Injuries

2. Vaccine-Specific Factors Mass Campaign Considerations

- Target population (size and age composition)
- Determination and prioritization of high risk groups or areas
- Implementation: site planning, logistics, communications, security, injection safety, monitoring, informed consent

3. Contextual Factors

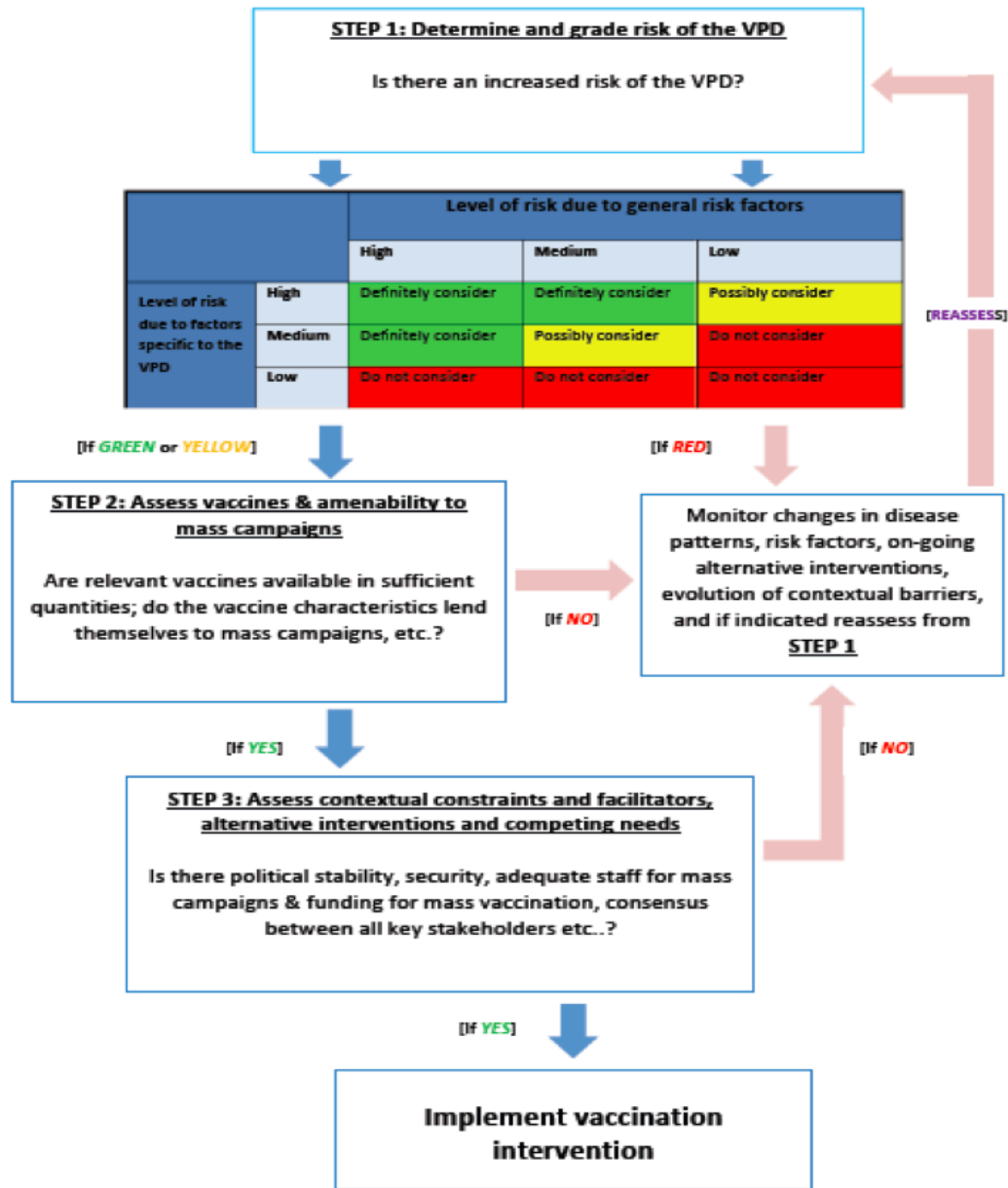
- Politics
- Security
- Human resources
- Finances
- Alternative interventions
- Add-ons
- Research

Epidemiological Risk Assessment

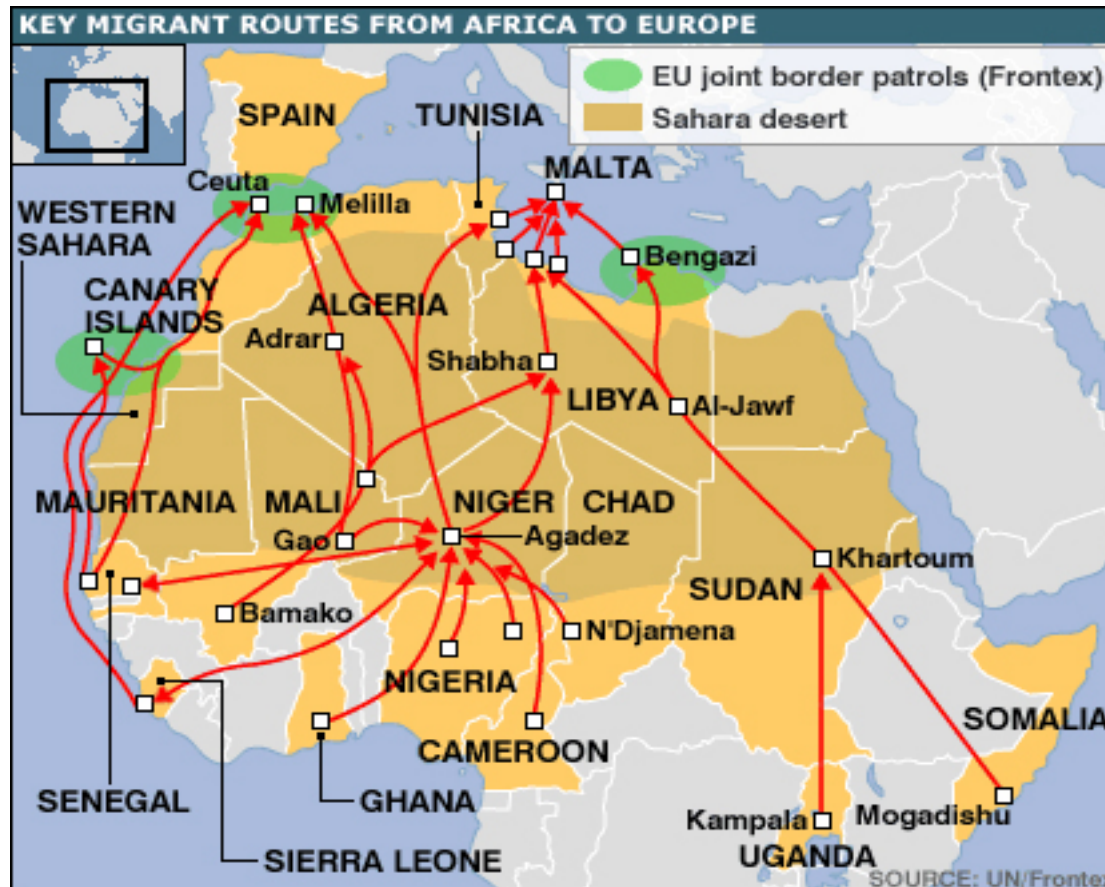
Assess Overall Risk

Level of Risk Due to General Risk Factors

| | | High | Medium | Low |
|---|--------|---------------------|-------------------|-----------------|
| Level of Risk Due to Disease-Specific Factors | High | Definitely Consider | | |
| | Medium | | Possibly Consider | |
| | Low | | | Do not Consider |



Strengthening health systems preparedness and public health capacity to better address emergency-related migration



Short Term Deliverables

| Phase | Action | Product | Time (months) |
|-------|--|---|---------------|
| 1 | Implementation of the WHO EURO Action Plan for sudden influx of migrants | <ul style="list-style-type: none">•Strengthened emergency/respo nse contingency plan in place•Data Base on Public Health and Migration | 0-12 |

Medium & Long Term Deliverables

| Phase | Action | Product | Time (months) |
|-------|---|--|---------------|
| 2A | <ul style="list-style-type: none"> •Evaluation of existing practices/case study/health system & policies •Workshop with relevant EURO countries | <ul style="list-style-type: none"> •Guidelines for Health and Migration response to sudden migration influx •Establishment of an Observatory on Health and Migration | 9-30 |
| 2B | <ul style="list-style-type: none"> •Collection of data/evidence on Health and Migration •Evidence based information knowledge on Health and Migration | Production of articles, audiovisual and capacity building package | 9-36 |
| 3 | <ul style="list-style-type: none"> •Summing up/review of experience results •International pan-European workshop for the launch of a broader program | <ul style="list-style-type: none"> •Bases for a EURO long term programme on Health and Migration •Bases for the implementation of the WHA Resolution 61.17, 2008 | 9-36 |

WHO EURO GUIDELINES

Preparing for the Health Implications of Sudden Mass Influxes of Refugees and Migrants