



Access to Vaccination for Newly Arrived Migrants

Access to Vaccination for Newly Arrived Migrants (AcToVax4NAM) TASK 5.2 - TRAINING GUIDE



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REPORT AUTHORS

This document has been written by Maurizio Marceca, Maria Laura Russo, Chiara Bartolucci, Igor Aloise, Marise Sabato, Arianna Bellini, Chiara De Marchi, Caterina Ferrari, Angela Gatta, Giancosimo Mancini: **Department of Public Health and Infectious Diseases - Sapienza University of Rome (DSPMI Sapienza)** and Silvia Declich, Maria Elena Tosti, Salvatore Scarso, Giulia Marchetti, Franca D'Angelo: **Istituto Superiore di Sanità – Centro di Salute Globale (ISS), Italy.**

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ACTOVAX4NAM PROJECT WEBSITE

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

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Introduction to training activities

Within the AcToVAX4NAM project, to ease the implementation of the training activities, a guideline has been produced to the use of those who would like to carry out said activities. Hereafter we explain the structure of the training as well as its targets and the suggested trainer profile for each training session.

At the end of these pages the training material and tools divided per session can be found as follow: session summary table, training session tool(s), recommended extra external resources.

In these regards, the project proposal mentions the training session with reference to WP5, task 5.2 in these terms: *‘following the WP4 results [...] the consortium will focus on the development of the training activities material with the aim of strengthening vaccination literacy and appropriate cultural approach among health and social care workers and other professionals working with migrants, such as cultural mediators, related to the immunization among NAMs’* related to the specific objective 4: to strengthen the healthcare system vaccination literacy (VL) and responsiveness among “Professional FOR health”, in order to increase the capacity building skills and cultural sensitivity of the healthcare system in promoting active immunization of NAMs.

We present here the structure of the project's training activities constructed to achieve the stated objectives (Figure 1).

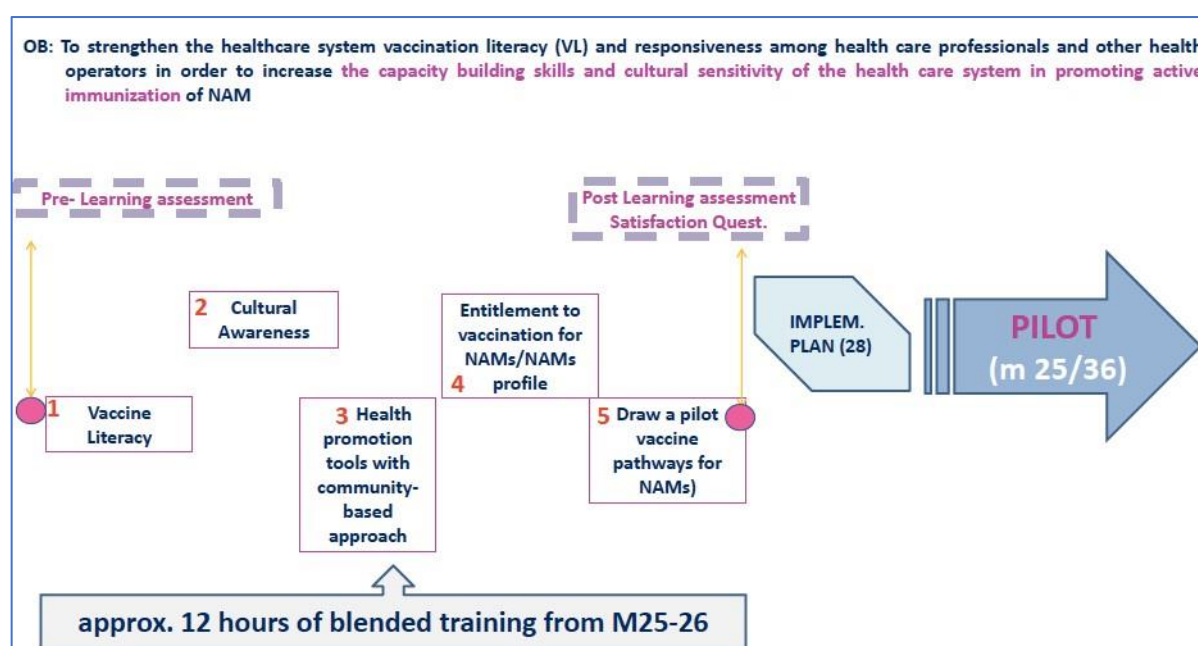


Figure 1 Training overview

The first step is, therefore, to create an **alliance** around the centrality and transformative power of the training, investing in training strategies that involve multiple actors and different sectors active in the issue of migrant immunization. Engagement is an essential aspect of getting to the point of concrete **commitment**, and thus co responsibility, by all the actors involved, strengthening collaboration and cooperation, in order to achieve the strategic objectives within the purview of immunization services.

Our proposal is a **blended training** that in the project is interwoven with the WP7 pilot. Face-to-face training sessions and web sessions should alternate that can create bridges, closer links between the reflective dimension of training and that of practices.

Training that focuses on the experience of professionals and related thought processes is much more impactful and allows for the recognition and questioning of the paradigms by which, habitually, the relationship between health and migration is read and collaborations are established among those involved in it.

The **targets** of the training activities, based on the evidence from the lines of research in WP4, will be: health professionals responsible for vaccination, professionals from other services that meet NAMs or promote vaccination (GPs, FPs...), professionals active in the target area (NGOs...).

A multiprofessional, multidisciplinary training context is an excellent resource for objectives such as those of the project. Trying to develop horizontal training -one learns from each other- trying to capture multiple points of view, can be an excellent strategy.

In relation to the figures of the **trainers**, the recommended profile is described in each session with respect to the specific objectives of the session. However, it is recommended to identify a **tutor** figure, internal to the research project who can follow the complete training and be a point of reference for both trainees and possible external trainers.

The WP Leader - Sapienza - remained available to organize **coordination meetings** with identified trainers and partners so as to align approaches and interventions and support each country in the development of the training activities.

Trainer's personal approach: the way of conducting the training on the part of the trainer was considered key in order to create a cooperative learning environment. For example, he/she should avoid taking sides and should step into the process only to offer feedback and perspectives, avoiding one-to-one discussions.

Timeframe: timeframes for the session were proposed as an indication. The project team and the trainer could adapt them to the needs of the context, as long as adaptation was functional to the achievement of the training objectives for each session.

Language and vocabulary: it was recommended to pay attention to the use of the correct terminology in relation to the contents of training: for example, it was suggested to avoid adjectives such as 'illegal' or 'clandestine' with reference to migrants.

Spaces: it was recommended to pay attention to physical space (chairs and desk arrangement, walls...). Physical space arrangements have an influence on teaching and on the training relation itself.

Certification: it should have been assessed locally if the certification of the training through the relevant professional organizations should be usefully sought, in order to support and facilitate the attendance of frontline professionals.

Here below the training material and tools divided by session will follow. This structure and the tools have been shaped in a way that could be easily adapted and tailored to a specific country context. Therefore they do not provide strict rules on how to be implemented, rather an idea of the topics that should be discussed and how to address them.

Training Session 1: Vaccine Literacy

		notes
Title	<i>What do we know about vaccine literacy?</i>	
Time	2 hours	
Objectives	<ul style="list-style-type: none"> -Increase awareness of the concept of vaccine literacy and acquire keys to read its interconnections with vaccination processes -Stimulate reflection regarding the presence of possible barriers to certain community in your organization 	
Topic	Vaccine literacy	
How it is conducted	Group discussion and sharing	We suggest audio recording the session for later evaluation
Resources	Tools to support the activity Papers	See tools and support activity below
Trainer profile	Personnel with skills in vaccination communication and vaccine literacy (public health expert)	
Class materials	Printed question Pc for sharing presentation & projector Recorder Pens and paper Flip chart to mark the take home messages	

Tools to support the activity

The focus of the activity will include personal knowledge and capability, engagement in social actions for health, participation in changing social norms and practices, as well as improving health and increasing opportunities for health and well-being. Furthermore, as mentioned above, to ensure that each training would remain firmly rooted in the same conceptual references, the Task Leader also produced an introductory power point (annex 2) containing the fundamentals of Vaccine Literacy concepts and practices, to be used as an introduction by the trainers to the trainee. This presentation has been therefore translated and used in every training conducted.

1- Reflection Activity

The reflection activity conducted over approximately 60–90 min, encourages reflection and discussion about vaccine literacy concepts, the specific vaccine literacy needs of patients and communities, and

the organization's role in responding to them. The reflection tool provided a set of questions for guiding reflection and group discussion about vaccine literacy concepts and the specific vaccine literacy needs of the organization's patients and communities. The proposed questions were:

- i) How well do we currently understand the concepts of vaccine literacy and vaccine literacy responsiveness?
- ii) How well do we currently understand the relationship between vaccine literacy, vaccine literacy responsiveness and patient experiences and vaccine coverage?
- iii) How well do we currently understand and promote equity, diversity and patient-centred care?
- iv) To what extent do we understand and acknowledge our role in making it easy for consumers and the broader community to access the information, programs and services we provide?
- v) To what extent do we respond effectively to the needs of community members that experience barriers (for example due to financial circumstances, disability, mobility constraints, culture, language, low literacy, distance) to accessing support?

These questions were presented as a guide and partner are encouraged to adapt the questions to their context

[Source: Trezona, A., Dodson, S. & Osborne, R.H. Development of the Organisational Health Literacy Responsiveness (Org-HLR) self-assessment tool and process. *BMC Health Serv Res* **18**, 694 (2018). <https://doi.org/10.1186/s12913-018-3499-6>]

Extra external resources

- Badua, A. R., Caraquel, K. J., Cruz, M., & Narvaez, R. A. (2022). Vaccine literacy: A concept analysis. *International journal of mental health nursing*, 31(4), 857–867. <https://doi.org/10.1111/inm.12988>
- Lorini, C., Santomauro, F., Donzellini, M., Capecchi, L., Bechini, A., Boccalini, S., Bonanni, P., & Bonaccorsi, G. (2018). Health literacy and vaccination: A systematic review. *Human vaccines & immunotherapeutics*, 14(2), 478–488. <https://doi.org/10.1080/21645515.2017.1392423>
- Ratzan S. C. (2011). Vaccine literacy: a new shot for advancing health. *Journal of health communication*, 16(3), 227–229. <https://doi.org/10.1080/10810730.2011.561726>
- Ratzan, S. C., & Parker, R. M. (2020). Vaccine Literacy-helping Everyone Decide to Accept Vaccination. *Journal of health communication*, 25(10), 750–752. <https://doi.org/10.1080/10810730.2021.1875083>
- Sørensen, K., Van den Broucke, S., Fullam, J. et al. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health* 12(80) <https://doi.org/10.1186/1471-2458-12-80>

Training Session 2: Cultural awareness/ migrant sensitivity

		notes
Title	<i>How to be culturally aware</i>	
Time	2 hours	
Objectives	<p>To understand the concepts of culture, ethnic groups and minorities, migrants and their background</p> <p>To get familiar with the concept of intersectionality and its application in the field of health care for migrants and ethnic minorities</p> <p>To learn about the concepts of stereotypes and generalizations, prejudices and discrimination</p> <p>To understand the concepts of multiculturalism, interculturalism, cultural competence, intercultural competence and diversity sensitivity, and the shifts in their use</p> <p>To learn about key elements for understanding the influence of cultural backgrounds on the perceptions and behaviors of health professionals and patients</p>	
Topic	<ul style="list-style-type: none"> - What the transcultural approach is - Discussion of the concept of cultural competence - Intersectionality paradigm 	
How it is conducted	Face to face lesson	We suggest to start the session with an interactive activity (see Annex II)
Resources	<p>Papers</p> <p>Online resources</p> <p>Ppt about culture concept in the health care practice</p> <p>Tools to support activities</p>	See tools and support activity below
Trainer profile	Anthropologist, psychologist, expert in cultural competence	
Class materials	<p>Pc for sharing presentation & projector</p> <p>Pens and paper</p> <p>Printed activity sheets</p> <p>Flip chart to mark the take home messages</p>	

Tools to support the activities

Suggested activities (choose the activities based on the knowledge of the trainer and the trainees:

□ Spaceship Activity:

The earth is dying: the only chance of salvation, a spaceship with seven seats that is about to leave for another planet. Eleven people around the spaceship aspire to leave. You are in the position of having to choose the seven who will leave and build the first nucleus of a new civilization. We know very little of them, almost nothing, and yet on this basis you have also to choose quickly, otherwise no one will remain alive. On departure, for each candidate, you must decide whether he will leave.

This is the information we have:

1. Political activist
2. Armed policeman
3. Athlete
4. Architect
5. Woman cook
6. Blind carpenter
7. Woman physician
8. Prostitute
9. Pregnant 16-year-old girl
10. Gay musician

You cannot ask questions; we do not have the time... in 10 minutes we will have to express our opinion. Who do we choose to leave with?

	YES/NO	WHY?
POLITICAL ACTIVIST		
ARMED POLICEMAN		
ATHLETE		
ARCHITECT		
WOMAN COOK		
BLIND CARPENTER		
WOMAN PHYSICIAN		
PROSTITUTE		
PREGNANT 16-YEAR-OLD GIRL		
GAY MUSICIAN		
PRIEST		

Give time to listen to the choices and reasons of the classroom. As soon as the space craft is launched... more details come:

- the political militant is a pacifist, an expert in non-violence and creative conflict management
- the armed policeman is a young man, leader of the Boy Scouts, he would only use weapons to get food by hunting
- the athlete is a 70-year-old woman who won the Gray Panthers Olympics
- the architect only eats red turnips, a plant that does not seem to live on the new planet
- the woman cook has only worked in San Vittore prison, and has only learnt to cook that kind of food
- the prostitute is a good cook, young, cheerful and in good health
- 16-year-old girl has AIDS
- the gay musician: after losing the use of one hand in an accident, he whistles and accompanies his nephew's band
- the blind carpenter is a famous master of wooden constructions and would be able to teach these skills to anyone
- the woman doctor is a law graduate, manager of a Police Headquarters
- the priest is the leader of a New Age fundamentalist sect

Debriefing: Reasoning: reflecting about the mechanisms that led to the choices made and how things changed after the details came in.

We operated from indeterminate abstractions, i.e. on the basis of insufficient information to guide the production of concrete images (role of context/relationship elements), but we then produced the images 'automatically', otherwise we could not select the crew.

The 'trick' was to come up with images divergent and opposite to those on which the majority of us relied to make the choice. The game demanded not only that we produce stereotypes, but that we rely on these for subsequent choices.

This trust is then shattered, displacing us.

[Source: Marinella Sclavi, 2003, Arte di ascoltare e mondi possibili. Come si esce dalle cornici di cui siamo parte, Bruno Mondadori]

□ Intersectionality Activity:

Individual task. Please answer the following questions individually:

1. Remember a migrant or member of an ethnic minority community you have provided health care to recently and identify elements of intersectionality in his/her situation.
2. Describe your own personal and professional position, considering several dimensions of intersectionality, and identify its potential influence in the communication with health care users.
3. Identify potential strategies for addressing intersectionality in the process of providing

health care to migrants or members of ethnic minority communities.

Small Group Discussion

Please assign a rapporteur in charge of writing down a summary of the group discussion, and discuss the following aspects in the small group:

1. Exchange the most relevant dimensions of intersectionality identified in the individual task.
2. Exchange your reflections regarding your own position, taking into account dimensions of intersectionality, and its influence in the communication with health care users.
3. Share potential strategies for addressing intersectionality in the process of providing health care to migrants or members of ethnic minority communities.

[Source: MEMP-TP Project- European Union]

□ Health diversity crucial incident:

Does culture really influence the daily work of health professionals?

Or are we just misusing cultural and identity references to hide the real causes of problems such as imbalances of power or economic resources and systematically discriminatory behaviour against certain sections of the population?

Approaches based on the study of differences have always tried to stress the impact of cultural differences, sometimes running the risk of reifying and essentialising culture and strengthening differences. Other approaches, on the other hand, aim to demolish the very concept of culture, limiting themselves to take into account the personal, environmental and economic factors that determine people's behaviour, running the risk - this time - of denying the very importance of culture.

How to reflect on cultural differences?

Here are some practical recommendations for dealing with differences in a positive way:

- 1) Refer to the anthropological concept of 'culture', which encompasses all nuances of human action and thought. Cultural groups are often related to nationality or ethnicity, but can also be defined by other characteristics: social class, gender, sexual orientation, sports subculture, music, profession.
- 2) Be aware that there are no homogeneous or static cultures, but that they are all constantly evolving. There has always been an exchange between cultures, just think of traditional dishes with ingredients from other countries or continents; or, try to juxtapose the image of one's city today with that one of two centuries ago. You will notice radical changes that have influenced people's subjective experience and value system, creating a totally different universe in the same place.
- 3) Recognise that each individual brings with him different cultures that he integrates and acquires during the course of his life.

- 4) Remember that culture is not the only factor that determines behaviour: it is only one of the elements that interacts with environmental conditions (e.g. being in a crowded place; having little time) and personal ones (e.g. tending to be kind or aggressive)

[Source: *Healthy Diversity project* www.healthydiversity.eu]

Suggested Resources

- Chiarenza A. (2012) Developments in the concept of 'cultural competence'. In book: *Inequalities in health care for migrants and ethnic minorities* (pp.66-81).Chapter: Developments in the concept of 'cultural competence'. Publisher: Antwerp: Garant Editors: David Ingleby, Antonio Chiarenza, Walter Devillé, Ioanna Kotsioni
https://www.researchgate.net/publication/255179734_Developments_in_the_concept_of_%27cultural_competence%27
- Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., Guesnet, F., Horne, R., Jacyna, S., Jadhav, S., Macdonald, A., Neuendorf, U., Parkhurst, A., Reynolds, R., Scambler, G., Shamdasani, S., Smith, S. Z., Stougaard-Nielsen, J., Thomson, L., Tyler, N., Woolf, K. (2014). Culture and health. *Lancet (London, England)*, 384(9954), 1607–1639.
[https://doi.org/10.1016/S0140-6736\(14\)61603-2](https://doi.org/10.1016/S0140-6736(14)61603-2)
- Simon, C., & Mosavel, M. (2008). Key conceptual issues in the forging of "culturally competent" community health initiatives: a South African example. *Cambridge quarterly of healthcare ethics : CQ : the international journal of healthcare ethics committees*, 17(2), 195–205.
<https://doi.org/10.1017/S0963180108080225>
- Ppt about culture concept in the health care practice
https://drive.google.com/file/d/1akA8nEjsOVGtmXfbeiT0TqSdRW8w8t2R/view?usp=share_link
- Health Diversity <https://healthydiversity.eu/#>

Training Session 3: Health promotion tools with community-based approach

		notes
Title	<i>Health promotion strategies with community-based approach</i>	
Time	2 h	
Objectives	<p>To get familiar with the concepts of “health promotion”, “health education” and relate them with cultural diversity and interculturality</p> <p>Know how to work in a multidisciplinary team and network</p> <p>Know how to design vaccination promotion interventions in the local area, with communities</p>	
Topic	<p>- Social Determinants of Health and Public Health strategies</p> <p>- Experience and exchange of best practices about:</p> <ul style="list-style-type: none"> • Proximity care: a culturally competent system of care • Intervention/campaign in favor of fragile groups or those in a condition of socio-economic marginality • Participatory research • Bridge figure between communities and health services • Peer education • Empowerment for health 	
How it is conducted	This session could be a web session	It is suggested to have an introductory lecture of 30 maximum 45 minutes. Use the remaining time to listen testimonies from private or public organizations on experimental and innovative health promotion or immunization programmes to migrants
Resources	<p>Papers</p> <p>Online Databases</p>	Introduce and suggest the use of the country-specific Glossary of Essential Terms on Vaccination developed in WP5

	Online resources	
Trainer profile	An expert in Public Health, preferably internal to the project unit (they are familiar with the objectives and methodological choices)	

Suggested Resources

- American University of Beirut. Evidence Based Public Health (EBPH) <https://aub.edu.lb/libguides.com/EBPH/Databases>
- Banca dati di progetti e interventi di prevenzione e promozione della salute https://www.retepromozionesalute.it/bd2_ipertesto.php
- Community Tool Box. Section 2. PRECEDE/PROCEED <https://ctb.ku.edu/en/table-contents/overview/other-models-promoting-community-health-and-development/preceder-proceder/main>
- International Organization for Migration (2006). Migration: A Social Determinant of the Health of Migrants, Background paper, Geneva https://ec.europa.eu/migrant-integration/sites/default/files/2009-10/doc1_9914_392596992.pdf
- Scott C. M. (2001). Health Promotion Planning: An Educational and Ecological Approach (3rd ed): L.W. Green, M.W. Kreuter (Eds.) Mountain View, CA: Mayfield Publishing Company, 1999; 621 pp. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 92(5), 384. <https://doi.org/10.1007/BF03404986>
- Rhodes, T., & Lancaster, K. (2019). Evidence-making interventions in health: A conceptual framing. *Social science & medicine* (1982), 238, 112488. <https://doi.org/10.1016/j.socscimed.2019.112488>
- Kahan, B., Goodstad, M. (2001). The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion, *Health Promotion Practice* 2(1):43-67 <http://dx.doi.org/10.1177/152483990100200110>
- Kim, J., Jang, J., Kim, B. et al. (2022). Effect of the PRECEDE-PROCEED model on health programs: a systematic review and meta-analysis. *Syst Rev* 11, 213 <https://doi.org/10.1186/s13643-022-02092-2>

Training Session 4: Entitlement to vaccination for NAMs/NAMs profile

		notes
Title	<i>Who are the NAMs and their entitlement to vaccination</i>	
Time	2 hours	
Objectives	<ul style="list-style-type: none"> -Be able to identify and use sources to assess the presence of NAMs -Be familiar with the pathways and modalities of access for different NAMs profiles. -Acquire tools to develop strategic health planning that can take into account the needs of the community 	
Topic	<ul style="list-style-type: none"> - Who NAMs are (e.g.: nationality, age, sex, migration status) - The National Immunization Plans in each Country and the inclusion of NAMs in them - Different kind of pathways for NAMs immunization in each Country - Health equity 	<p>(Take in account Covid-19/Ukraine, Life-course approach)</p> <p>For the pathways: take in account the training setting</p>
How it is conducted	<p>Face to face lesson</p> <p>Case study activity</p>	
Resources	<p>Papers</p> <p>Online Database</p> <p>Tools to support the activity</p> <p>Deliverables of AcToVax4NAM project</p>	See tools and support activity below
Trainer profile	Demographer, epidemiologist, public health expert with competence in the area of migrant health. A member of the research team is preferred, they are familiar with the objectives and methodological choices.	
Class materials	<p>Pc for sharing presentation & projector</p> <p>Pens and papers</p> <p>Printed activity sheet</p> <p>Flip chart to mark the take home messages</p>	

Tools to support the activity

Case study related to access to immunisation for NAMs:

For the activity the class must be organised in 4 groups. Each group write a story of a critical experience regarding the access to vaccinations of NAMs (migrant profile, critical experience, access

barriers). Then, the cases are exchanged between groups and each group must discuss and solve the received case with particular attention to:

- ✓ Which difficulties can you identify?
- ✓ Which professional was missing or would you contact?
- ✓ Which tools was missing (SOP, legislative instrument)?
- ✓ Which possible solutions or tools can you identify?
- ✓ Which can you learn from the experience?

At the end, all the groups present the results in the plenary

Suggested Resources

- National reception system/pathways of NAMs and vaccination policies. 13 December 2021. Deliverable 4.1 of the Project AcToVax4NAM https://drive.google.com/file/d/137UrnQvjF8bvlL7-sWKcfvERdpG2BP9ls/view?usp=share_link
- General conceptual framework for understanding “How to improve the vaccination coverage for NAMs. 30 June 2022. Deliverable 4.2 of the Project AcToVax4NAM https://drive.google.com/file/d/17cGRFVaNnMAoW9LzgxYrLWv4VX1T6EJx/view?usp=share_link
- AcToVax4NAM Operational definition of NAMs. See Annex 1 of the Deliverable 4.1 https://drive.google.com/file/d/137UrnQvjF8bvlL7-sWKcfvERdpG2BP9ls/view?usp=share_link
- Chiappero-Martinetti, E., Venkatapuram, S. (2014) The Capability Approach: A Framework for Population Studies. *African Population Studies* 28(2) <http://www.bioline.org.br/pdf?ep14023>
- Labonté R, Laverack G (2001). Capacity building in health promotion Part 1: For whom? and for what purpose? *Critical Public Health*, 11:2,111-27 <https://doi.org/10.1080/09581590110039838>
- World Health Organization Europe (2002). Community participation in local health and sustainable development. Approaches and techniques. WHO Regional Office for Europe, Copenhagen. Disponibile in <https://apps.who.int/iris/bitstream/handle/10665/107341/E78652.pdf?sequence=1&isAllowed=y>
- World Health Organization Europe (2016). Strategy and action plan for refugee and migrant health in the WHO European Region. World Health Organization, Geneva. Disponibile in https://www.euro.who.int/data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf
- Platform for International Cooperation on Undocumented Migrants (PICUM) <https://picum.org/>
- The International Union for Health Promotion and Education <https://www.iuhpe.org/index.php/en/>
- European Centre for Disease Prevention and Control (ECDC). Vaccine schedules in all countries in the EU/EEA <https://vaccine-schedule.ecdc.europa.eu/>

Statistic Database

- European Commission (EC). Atlas of migration
https://knowledge4policy.ec.europa.eu/atlas-migration_en#overview
- European Commission (EC). Statistics on migration to Europe
https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/statistics-migration-europe_en#short-stay-visas
- Eurostat. (2022). [Data file]. Immigration
<https://ec.europa.eu/eurostat/databrowser/view/tps00176/default/table?lang=en>
- Eurostat. (2022). [Data file]. Immigration by age group, sex and citizenship
https://ec.europa.eu/eurostat/databrowser/view/MIGR_IMM1CTZ/default/table?lang=en
- Eurostat. (2022). [Data file]. Resettled persons - annual data
<https://ec.europa.eu/eurostat/databrowser/view/tps00195/default/table?lang=en>
- Eurostat. (2022). [Data file]. Asylum and first time asylum applicants - annual aggregated data (rounded)
<https://ec.europa.eu/eurostat/databrowser/view/tps00191/default/table?lang=en>
- International Organization for Migration (2022). [Data file]. Flow monitoring- Arrivals in Europe
<https://migration.iom.int/europe?type=arrivals>

Training Session 5: Draw a pilot vaccine pathway for NAMs

		notes
Title	<i>How to develop a guaranteed and equitable pathway for NAMs vaccination</i>	
Time	4 hours	
Objectives	<ul style="list-style-type: none"> - Identify resources and critical issues in the setting area to develop effective and inclusive vaccination pathways - Identify the actors and expertise - Needed to develop effective and inclusive vaccination pathways 	
How it is conducted	Face to face Group activity	
Resources	Tools to support the activity	it is important to use the country-specific flow chart developed in WP6 as a basis
Trainer profile	Tutor with competence in the area of Public Health	
Classroom materials	Pc for sharing presentation & projector Pens and papers Printed activity sheets Posters for the activity Flip chart to mark the take home messages	

Tools to support the activity

- Draw a guaranteed and equitable pathway for NAM's vaccination (use the table in the below):
- Divide the class into smaller groups, preferably mixed the terms of profession and service affiliation. Exercise:
- Structure a vaccine pathways intervention that includes one or more of the strategies and approaches presented, starting with suggestions, filling in the other fields:
- Share in plenary the designed paths, compare the differences and merge them into one that represents the best solution for all participants.

DOMAINS	DESCRIPTION
Target	Select: specific profile of migrant status, specific profile of migrant (age, sex, work...),all migrant, all users.
Setting	What kind of context?
Issue	
Goals	Improving the accessibility and the quality of vaccine services
How to know the context (what are the tools I can use to get a good picture of the context)?	
Actions	
Stakeholders	
Tools	
Sectors, departments, organizations involved	

AcToVax4NAM: Country specific, action oriented flow chart

https://drive.google.com/drive/u/0/folders/1Ug_Z8v994YWgF6HDzqUGwmC8olwapmEw