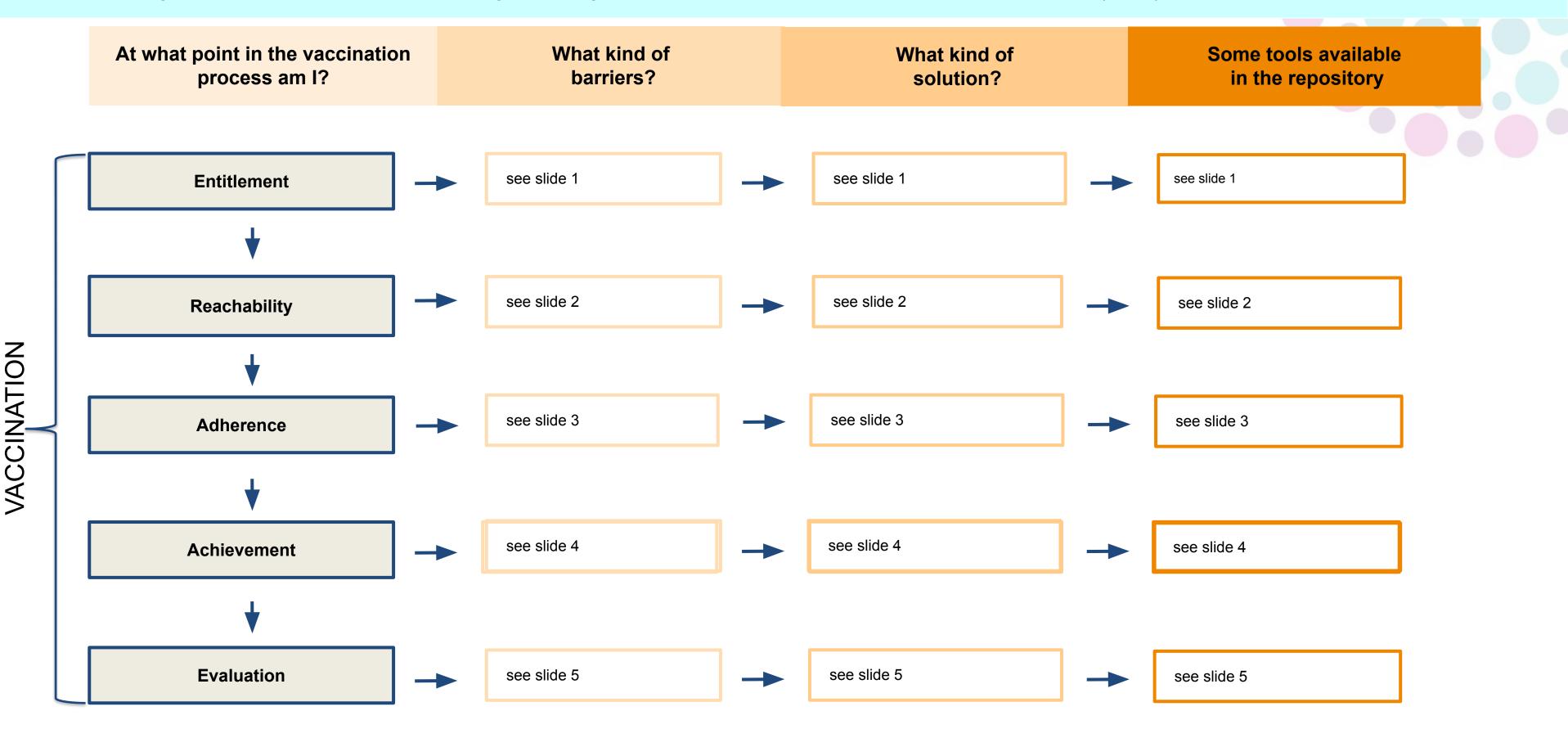
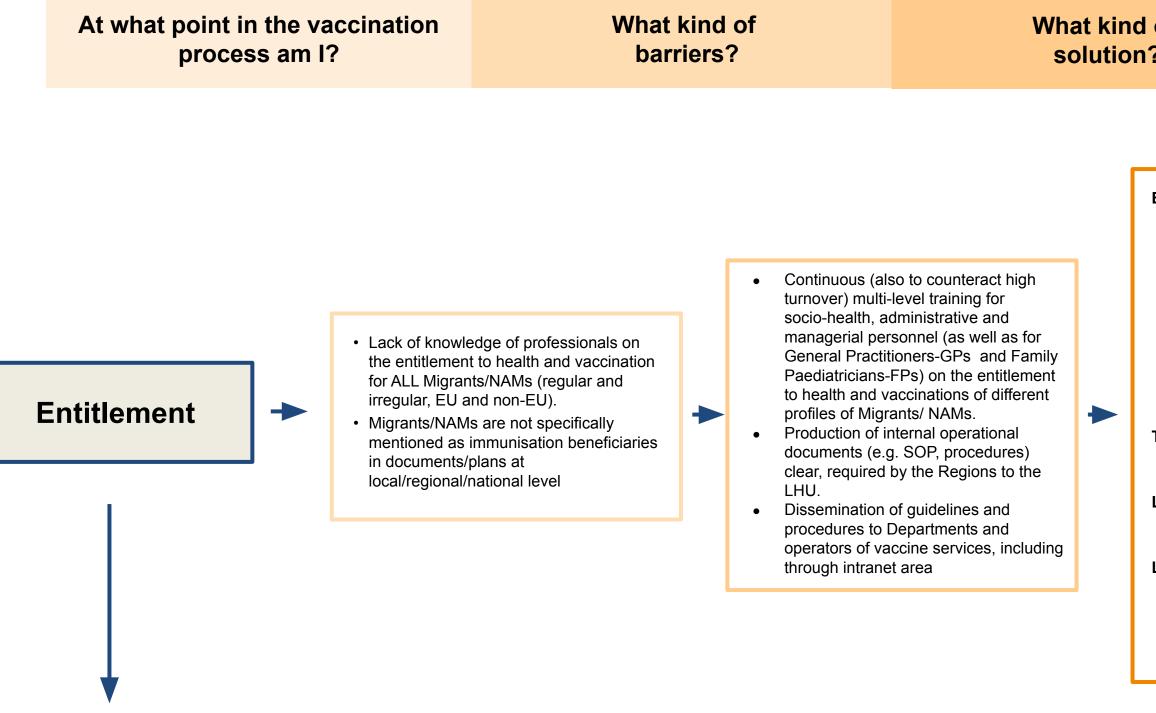
This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination. <u>The target</u>: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.



This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination. <u>The target</u>: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.



of	Some tools available in the repository

#### ENTITLEMENT TO HEALTH AND PREVENTION FOR ALL MIGRANTS/NAMS

- Main normative indications for NHS access (cfr. schema p.28)
- Manual for health protection entitlement by type of non-Italian citizens (<u>cfr. health</u> <u>section</u>)
- Type of immigrant and related health protection with LEA indication (essential levels of assistance) (<u>Simplified Schema</u>)
- Definition and updating of LEAs (Decree of the President of the Council of Ministers 12 January 2017) (<u>cfr art.63 p.22; annex 1 p. 23 e 25</u>)
- National Vaccination Prevention Plan <u>PNPV 2017-2019</u>
- Guidelines. Border controls, the border of controls. (cfr. pag. 97 vaccination)
- WHO report for integration of refugees and migrants in vaccination policies and service planning (cfr § 2.1. e 3.1 on existing policies)

## TRAINING ON THE ENTITLEMENT TO HEALTH

- Methodological guidance on the training of social and health workers in the field of health and assistance to immigrants (signed by 13 Regions)

## LOCAL PROCEDURES EXAMPLES

- Indications and procedures for the reception and health protection of seekers and holders international protection - Lazio Region (2018) (cfr § 1.4.1. and annex 8)

## LOCAL EXAMPLES OF GUIDANCE ON ACCESS TO SERVICES

- <u>Health services guide</u> Veneto Region (in 6 languages)
- <u>Video on the right to care</u> Piedmont Region
- Practical guide for foreign citizens and operators Piedmont Region

This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination. <u>The target</u>: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.

	the vaccination s am I?	What kin barrier		What kind solution?
Reachability	<ul> <li>Incomplete and outdated data so <u>persons to be vaccinated</u>): <ul> <li>a) not updated with new resider reunifications</li> <li>b) incomplete due to lack of: <ul> <li>i) foreigners with (including person Reception Cen</li> <li>ii) residents in any but domiciled ir vaccination cer registered in th register)</li> </ul> </li> <li>Lack of migrant/NAMs recovery I vaccination age</li> <li>Weakness of strategies to reach migrants/NAMs: <ul> <li>a) Difficulties in active calling/pr migrants/NAMs</li> <li>b) Inability to send the invitatior missing or not updated) or to a language suitable for the a</li> </ul> </li> </ul></li></ul>	nts or family out residence ons in tres) other Region in that of the ntre (not e health ists outside the romotion with n letter (address formulate it in	<ul> <li>align/match):</li> <li>a) Frequent alignr residents</li> <li>b) Creation of a c avoid fear of s Interior (prefect (NHS)/LHU</li> <li>c) Creation of a ca and the Recept</li> <li>Improve cooperatio promote a multi-fact intercept those outs enrollment):</li> <li>a) Linkage with the b) Linkage with the c) Linkage with the d) Linkage with Face e) Linkage with Face b) Linkage with Face c) Linkage wi</li></ul>	n between different levels and sectors torial approach to reach migrants/NAM side the vaccination age (beyond scho e General Practitioner (GPs) e FPs (also to intercept parents) emporarily Present Foreigners (STP) of amily Planning Units ospitals (birth points, ) ngle Access Point (LHU and Municipal cal Non-Governmental Organizations other subjects intercepting migrants/N involvement/collaboration of foreign nt in the territory to reach migrants/ NA ne lists als to strengthen strategies and capab As used for the active call (at least in mish/Arabic) nance the operational units carrying ou

d of n?		Some tools available in the repository
date, o recover new idirectional to d on the Min. ealth System		
veen the LHU fors to IAMs and chool		<ul> <li>RECEPTION CENTRES         <ul> <li>Immigration centres</li> <li>Network of local authorities of the SAI (Reception and integration system)</li> <li>Maps of the reception centres</li> </ul> </li> <li>RECOVERY OF DEFAULTING MINORS         <ul> <li>Circular of the Ministry of Health for the recovery of defaulting minors</li> </ul> </li> </ul>
P) clinics ipalities) ns (NGOs) ts/NAMs (eg: n NAMs not pabilities to	•	<ul> <li>TRAINING OF HEALTH PROFESSIONALS         <ul> <li>Tool for healthcare personnel, in particular GPs and FPs (Promovax toolkit)</li> </ul> </li> <li>TRANSLATIONS         <ul> <li>Platform for the translation of documents</li> </ul> </li> <li>DCCAL EXAMPLES OF GOOD PRACTICE         <ul> <li>Vaccination campaign COVID-19 inclusive of migrant populations/NAMs (awareness raising, proximity medicine and community participation) promoted by an NGO             <ul> <li>Outreach and proximity medicine programmes in the GPs network</li> </ul> </li> </ul></li></ul>
9 out		<ul> <li>PartecipAzione project. Network of refugee associations</li> </ul>

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.

	t in the vaccination cess am I?		What kind of barriers?	V	Vhat kind solution
Adherence	<ul> <li>Weakness of health promotion strategies towards migrants//</li> <li>Weakness in delivering vaccomigrants/NAMs in a culturally sensitive way: <ul> <li>a) Lack of a competent apped</li> <li>b) Lack of translated materials/websites</li> <li>c) Lack of cultural mediation</li> </ul> </li> <li>Weakness of communication relational skills of professional offering vaccinations (correct adequate information to courres misinformation, beliefs, fears perception of the importance vaccines)</li> <li>Poor availability and circulati information for migrants/NAM rights and access to vaccination offer and access and network apperties and network apperties and network apperties.</li> </ul>	NAMs ines to y roach n and als in t and als in t and nter s, low of on of As on tion. oximity er	<ul> <li>Planning of the health promotion of the basis of the migrant/NAMs porthe territory, including cultural-ling mediation services and multilingu</li> <li>Training for practitioners, including language mediators, on:         <ul> <li>profile, health needs ar migrants/NAMs services territory</li> <li>cultural awareness</li> <li>vaccination hesitation</li> <li>risk communication</li> <li>health promotion and cengadgement</li> </ul> </li> <li>Include migrant communities to p vaccinations and vaccination offer</li> <li>Improve the link with GPs and FP promotion of vaccination througher household (children, parents and grandparents).</li> <li>Make all services (in contact with NAMs) able to provide correct infervaccination paths (addresses, new documents, reservation).</li> <li>Health promotion campaign at collevel (school, market, etc.) and in with other areas (adult schools, It language courses, cultural and recentres, associations of farm word</li> <li>Promoting the empowerment of migrants/NAMs on their rights</li> </ul>	pulation on guistic al materials g cultural and access to es on the community romote r 's for the but the in migrants/ ormation on cessary mmunity cooperation alian ligious	INFORMA - AcT - SAF - Info subj cons - Boo - Boo TRAINING - Tool prof - AcT - Tool prof - AcT - EDU - COU - Edu cons - EDU - COU - WH (cf § - "Mo - * - WH (cf § - "Mo - * - * - * - * - * - * - * - *

# of

## Some tools available in the repository

## ATION ON VACCINATIONS TRANSLATED INTO LANGUAGES

cToVax4NAM Glossary of Essential Terms on Vaccination (will be inserted shortly) ARS-CoV-2 and COVID-19: some translations for the foreign population

- formation "Vaccination: what it is and what it is used for" in 8 languages, with translation bjected to cultural and linguistic validation in order to ensure effective information aimed at a onscious adherence to the prevention proposal
- ooklet on vaccinations during childhood translated into 8 languages "It's never too early"
- poklet on vaccination translated into 12 languages "Promovax toolkit for migrants"

## IG FOR THE PERSONNEL

- ol for healthcare personnel, in particular GPs and FPs "Promovax toolkit for health ofessionals"
- cToVax4NAM Training(will be inserted shortly)
- potprints National Format for the elaboration of Regional Coordination Plans on the Health of e Immigrant Population
- DUVAC Course for the vaccine skills (module on migrants)
- ourse and multimedia game "All about vaccines in simple words"
- ducational resource to link vaccine opposition to underlying psychological processes, religious ncerns, distrust and moral concerns
- actical guide for programmers and communicators in public health to increase confidence in ccination
- HO Report on Integrating Refugees and Migrants into Vaccination Policies and Service Planning § 2.2. - 2.3. - 3.2 - 3.3. on existing barriers and good policy practice)
- lotivational-interviewing approach" based on evidence and culturally sensitive:
- https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html
- https://psychwire.com/motivational-interviewing
- https://www.canvax.ca/canvax-webinar-series

ow to Tailor COVID-19 Vaccine Information to Your Specific Audience"

## CT INFORMATION TO PROMOTE VACCINATIONS AND COUNTERACT MISINFORMATION

tp://www.riv.life/

ww.iovaccino.it/download/Non-esitare-parla-agli-amici-dubbiosi.pdf

ps://www.voicesforvaccines.org/resources/ (in inglese)

ps://www.epicentro.iss.it/vaccini/pdf/Carta ita promo vaccinazioni highres.pdf

tps://www.vaccinarsi.org/

## EXAMPLES OF GOOD PRACTICE

apping of services for Refugees and Asylum Seekers: <u>JumaMap</u> (with translations in 22) nguages) (see Health Section - Salute – JumaMap)

OVID-19 vaccine campaign including migrant populations: awareness-raising, local medicine d community participation

This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination. <u>The target</u>: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.

=	in the vaccination ess am I?	What ki barrie		What kind solution
chievement	<ul> <li>The vaccination service organized in strict an (hours and days of rece access to reservations)</li> <li>Difficulty in checking the due to lack or difficulty documentation or beca made in the countries recognized</li> <li>Weakness in the ability the need to repeat va doses and to inform adverse events</li> <li>Difficulty in registering doses for migrants/NAM NHS (e.g. STP, Europ Registered with the Service - ENI, Owner o Security Number - CF)</li> <li>Difficulties in securing doses for migrants/NAMs a) moving between Reg b) moving between course</li> </ul>	d inflexible ways ption to the public, vaccination status in interpreting the use the vaccines of origin are not v to communicate accinations/booster about possible additional/booster As not enrolled in bean Person not National Health f temporary Social additional/booster s: ions/PP.AA	<ul> <li>dissemination to operatintranet area</li> <li>Improving access to v <ul> <li>Extending days at</li> <li>facilitate reservati</li> <li>Set up a multiditic social workers for</li> <li>Set up local clinitic vaccination centre</li> <li>Allow the provision</li> <li>Organise vaccination centre</li> <li>Organise vaccination centre</li> <li>Organise vaccination centre</li> <li>Organise vaccination centre</li> <li>For the phase of vaccomiservices</li> <li>Training professionalise and blace available and blace available in</li> <li>Training professionalise relational skills in the value of the flow of information and the flow of in</li></ul></li></ul>	nd time slots on systems (also for migrants/NAMs sciplinary team in vaccination cer the Social Secretariat) ics, temporary hubs, mobile clinics es on of STP code at the vaccine servic tion programmes with the support of third sector organisations paniment from the reception centres ination history and consent collection verification of vaccination status, vac rigin, linguistic difficulties): I staff (including linguistic-cultural me database with names of vaccines in formation sheet and consent in lang s with respect to specific communical vaccine field r recording additional/booster doses nolled in NHS (e.g. STP, ENI, tempo tion of the National Register of Vacco between Regions/ PP.AA. Doses between countries through: tool for comparison between vaccine cination certificate also in other lang

d of n?	Some tools available in the repository
tion cycle and g through	
Ms without CF) entres (including	ACCESS PROCEDURES
cs, decentralized ice t of local migrant	<ul> <li>Indications to facilitate COVID-19 vaccination in migrant populations (<u>cfr. pag 15-21</u>)</li> <li>HISTORY OF VACCINATION</li> </ul>
res to the vaccine	<ul> <li>WHO Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine (<u>see annexes</u> with model cards and pp.32-34 translation vaccines into</li> </ul>
ion for accines carried	Ukrainian) - Translation of vaccine-preventable diseases into 17 languages
mediators) in the world nguages	<ul> <li><u>Vaccine information sheets translated into 47 languages</u></li> <li><u>Example of translated informed consent (English)</u></li> <li><b>TRAINING FOR PROFESSIONALS</b></li> </ul>
cation and es for	<ul> <li>National Vaccination Prevention Plan PNPV 2017-2019 (cfr. page 42-46 on vaccination offer; page 47 on actions for groups hard to reach; page 78-80 on National Register of</li> </ul>
porary CF) ccines (ANV) for	<u>Vaccines</u> )     Mandatory vaccination for minors 0-16 years, including <u>unaccompanied foreign minors</u> <b>CROSS-BORDER VACCINATIONS</b>
cine calendars of	- <u>Comparison of vaccine calendars of all EU countries</u>
nguages (on the	

This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination. <u>The target</u>: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.

-	nt in the vaccination ocess am I?	What kind barriers		What kind solution
tvaluation	<ul> <li>migrants/NAMs (e.g. a benefit from vaccination</li> <li>(Reachability) Lack of ability of the system to</li> <li>(Adherence to the or vaccine hesitation a determinants) among m</li> <li>(Achievement of vaca assessment of vaca assessment of vaca migrants/NAMs:</li> <li>a) Lack of a local/reging migrants/NAMs</li> <li>b) Lack of linkage be (to overcome inter-to overcome inter-tovercome inter-to overcome inter-to ove</li></ul>	monitoring of the mode and reach migrants/NAMs. offer) Lack of estimates of and refusal (and related migrants/NAMs. ccination) Difficulties in the ccination coverage among ional/national denominator for tween regional denominators regional mobility), migrant/NAMs identification numerator and denominator rsus country of birth); the identification variables of cs/NAMs reported in the ANV zenship" for vaccinated with s it was only 45% complete, gn "country of birth" by the CF Italians born abroad and ENI and temporary CF); on in the registration of doses for migrants/NAMs not S in possession of temporary	<ul> <li>groups to know vaccination, investor vaccination, investor vaccination, investor vaccination (Reachability) qualitative types reach the migrate of the migrants of the migrants of the data transmission of the data</li></ul>	Carrying out exploratory surveys/fo v the groups that do not benefit fror cluding obstacles and determinants Activation of a monitoring, also of a e, of the modality and ability of the s ants/NAMs, inclusive of the obstacl the offer) Activation of a study / mo vaccine hesitation and refusal amo s, including obstacles and determin of vaccination) Routinely conduct a verage for migrants/NAMs local cooperation (e.g. municipal m s) to improve the quality and comple collected for the denominator and to on at regional and national level of local databases with regional and ormat, paper deletion) with the Ministry of Health to define to filing of variables identifying migrar esent in the ANV (ad. es citizenship n of the other variables of migration ded by the WHO (country of birth, o ents, years of stay in Italy) odalities and possibilities for record pooster doses for migrants/NAMs n NHS (e.g. STP, ENI, temporary CF

nd of n?	Some tools available in the repository
focus om ts a system to cles and onitoring / nong inants analysis of registry; leteness I their nd national the ants/NAMs p) and the	<ul> <li>D HOC INVESTIGATIONS</li> <li>Survey on the readiness to vaccinate against COVID-19 by persons housed in reception centres/facilities in Italy</li> <li>WHO Guide for surveys with collection and use of behavioural data and social determinants of vaccinations</li> <li>OUTINE DATA COLLECTION</li> <li>WHO report for integration of refugees and migrants in vaccination policies and service planning (see page 58 on data collection for monitoring)</li> <li>Establishment of the National Register of Vaccines</li> <li>Data transmission specifications and manuals of the National</li> </ul>
n status country of rding not F)	<ul> <li><u>Register of Vaccines (ANV)</u></li> <li><u>WHO Collection and integration of data on the health of refugees and migrants in national information systems</u></li> </ul>
	Other tools at:

https://tools.accesstovaccination4nam.eu/