EXCELLENCE IN PEDIATRICS INSTITUTE

Improving Child Health Globally

MEETING REPORT

REACHING EXCLUDED GROUPS AND POCKETS OF LOW COVERAGE

Policy Focus Group Meeting on Excluded Groups

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Initiative History, Purpose and Work Within the EU Coalition on Vaccination

Since 2015 the Excellence in Pediatrics Institute (EIP) has been working with European and Global partners to help overcome the many remaining barriers to vaccination uptake. By connecting working with colleagues across Adolescent Medicine, General Practice, Pharmacy and Nursing, and uniting behind the **EU Commission's Coalition on Vaccination**, EIP's goals is to promote a LifeCourse approach to vaccines.

Most notably, EIP believes that the following barriers remain: 1) **Policy discrepancies** - Heterogeneous national vaccination policies. Differences in approach, prioritisation and decision making processes. 2) **Overarching barriers** - Lack of policies to increase vaccines confidence, counteract misinformation, increase awareness and mobilise medical communities, and 3) **Failure**

to adopt a LifeCourse approach - Prevention Policies not adapted to demographic changes and an increasingly ageing population. Disease prevention in all stages of life is not yet a priority.

As part of EIP's work within the **EU Coalition on Vaccination**, 8 Stakeholder Working Groups, as well as a joint EU Commission and WHO plenary briefing, took place at 11th EIP Annual Conference in Copenhagen in December 2019. During the Working Groups, speakers were asked to share their opinions on ways to increase vaccination uptake in both general public and healthcare professionals, on the current state and progress made in increasing vaccination coverage rates in different countries and to mention the obstacles faced in the process of doing so. Four of the Working Groups looked at Vaccine-specific barriers, while the remaining four looked at policies focusing on overarching barriers to update.

One of the Policy Focus Group was tasked to look at Excluded Groups and specifically how we can identify pockets of low vaccine coverage and, once identified, increase uptake amongst these groups. During the Focus Group, several experts shared their thoughts on this crucial matter, mentioned the current situation with excluded groups. The Group looked at the latest barriers to access and explored support interventions to increase access to vaccination for disadvantaged and socially excluded groups, including by promoting health mediators and grassroots community networks, in line with national recommendations.

The following report summarises the invited expert's briefings, discussions, and proposed action plans that were debated during the proceedings of the **Excluded Groups Policy Focus Group.**

VACCINATION OF ROMA POPULATION

Working Group Briefing

Prof. Mihai Craiu *(Professor of Paediatrics, Carol Davila University of Medicine Bucharest, Romania)* opened the Focus Group by exploring the current vaccination issues of Roma population. Prof. Craiu started his briefing that in spite of many effective National immunization programs in Europe, some groups remain un-vaccinated and the Roma population is such a group. **It was pointed out that Roma population is very mobile across EU borders and the approach to increasing vaccination uptake needs a complex and integrated management plan in order to reduce outbreaks of vaccine preventable diseases.**

Prof. Craiu noted that Roma is not the only group in Europe that is under-vaccinated as five Under-Vaccinated groups were identified in the literature **(Orthodox Protestant communities, Anthroposophists, Roma, Irish Travelers, and Orthodox Jewish communities)** (Fournet et al., 2018) but due to their special characteristics - they constitute a transnational ethnic community with different languages, religion and lifestyles, they are the largest European minority group with approximately 6-12 mil. People (Muscat, 2011). In addition the Roma population have a high overall birth rate, a long history of persecution and child neglect and they need special treatment in order to achieve a desirable vaccination uptake.

More specifically, Prof. Craiu pointed out that in some Eastern European countries, such as Romania and Bulgaria, the Roma population forms up to 10% of the total population. Major determinants of health in Romanian Roma is that are the age of first marriage (35% before 16-y, 31% at 17-18-y) (Zamfir & Preda, 2002), education (33-45% of adults are completely illiterate), the perception of health status (75% claim not having health issues) and the low income (86% claim that they are barely surviving).

Prof. Craiu also referred to a recent Roma study in eleven European countries and highlighted (https://fra.europa.eu/sites/default/files/fra_uploads/2109-FRA-Factsheet_ROMA-RO.pdf) several key facts about Roma, the first being that one in two preschool children are attending regular daycare, nine out of ten school children are going to elementary school, yet only 15% of the teenagers continue on to higher education. The statistics show that one in three adults of Roma origin (35-54 years old) have significant health issues or disabilities and that 45% of Roma houses lack elementary facilities like running water, electricity or heating systems.

Moreover, Prof. Craiu shared a number of case studies that show that even though the immunization coverage was very low for the Roma population, when specific actions were taken by Health Officials, they managed to raise the coverage significantly, emphasizing that Roma are not intrinsically against immunization. **One of these cases was in the middle of Moldova where the immunization coverage was 4% last year, but after the measles epidemic that generated more than 600 confirmed cases, the Health Minister went there and together with the local authorities they succeeded in reaching a 95% immunization coverage.**

They countered the immunization barriers of Roma population – poverty, lack of knowledge and access to

vaccinations – by organizing vaccination events in schools together with offering some incentives. Prof. Craiu referred to another two cases, where the coverage was raised from 11% to 60% and from 70% to 97% in a couple of days, by a door-to-door approach, using flyers or even implementing a blog where people of Roma origin describe their success stories and offer help.

Prof. Craiu then underlined that new approaches are needed to address the low immunization uptake of Roma population in general, citing the example of the so called cell phone evolution from Africa, where in the last 15 years the phone ownership raised from 20 to 90%, and WHO has provided educational programs via telephone. Prof. Craiu proposed that targeted TV and cell phone based campaigns can generate a certain degree of uptake, engagement and form behaviors (Roberts, Yaya & Manolis, 2014). Another reason to pursue such an approach is that the Roma population value their freedom very much, so when something looks compulsory and they feel they are forced to accept it, they won't do it.

Finally, Prof. Craiu noted the huge expansion of internet use in the last years, emphasizing that the high-school kids will be the future parents in ten years, so there is a very good chance to provide them with the appropriate knowledge now that they can use in the future (Andreassen, 2015). **In conclusion, Prof. Craiu pointed out that Roma population is an under-served minority with low vaccination coverage; a conventional vaccination approach in Roma has failed and new strategies are needed, such as behavioral issues related to the digital revolution that can be used to address this unsolved problem.**

On a question from Policy Focus Group Chair, Prof. David Salisbury regarding which HCPs can vaccinate in Romania, Prof. Craiu replied that both doctors and nurses can vaccinate, but according to current legislation, individuals should have a medical check-up before vaccination and that's a great obstacle in vaccination.

Prof Craiu's then commented on the example of the fake news with the so called Kazakhstan vaccine, where in a period of huge vaccine shortage in Romania, they brought in a hexavalent vaccine that was labelled in Russian and the Anti-vax movement criticized that the government is experimenting on Romanian children. Unfortunately no official source stepped up to announce that it is the same vaccine just labelled in different language, pointing out that is not just a legislation or healthcare issue but also a governance issue.

Furthermore, Prof. Craiu added that there is a group of people with various scientific backgrounds, from lawyers to physicians, from a lot of organizations that try to provide ideas and solutions to the Health Ministry, but unfortunately the politicians are not always open to discussion.

ORGANIZATIONS STATEMENTS

EU Commission

Dr Martine Ingvorsen *(Unit, Directorate-General for Health and Food Safety (SANTE), Unit for Crisis Management and Preparedness in Health, Belgium)* presented the EU Commission's work on the Coverage Pockets, also called Immunity Gaps, defining the term Coverage Pockets as a subpopulation or population group where the vaccination coverage rates are lower than the rest of the population.

Dr Martine Ingvorsen explained that **Countries can have high national vaccination coverage rates and still have Coverage Pockets and underlined that this is a serious problem because it can lead to large outbreaks of infectious diseases, eventually threatening the herd immunity within an country, and thus putting infants that are too young to be vaccinated or patients with chronic diseases that are too sick to be vaccinated in danger.** Such Coverage Pockets can lead to spreading diseases across borders in Europe and beyond.

Dr Ingvorsen then explained the relation of Coverage Pockets to measles, as it is a highly contagious virus and the coverage needed to sustain herd immunity by reaching a target of 95% for both doses. In addition, Dr Ingvorsen highlighted a risk assessment that was published this year by the Centre for Disease Control (CDC), with the title "Risk assessment: Who is at risk of measles in the EU/EEA?" (https://www.ecdc.europa.eu/en/publications-data/risk-assessment-measles-eu-eea-2019), which was focused on Coverage Pockets in populations, but actually has a stronger focus on Coverage Pockets in certain age groups in the EU and EEA because of either current vaccination coverage or low historic health data.

This publication proposes a large number of strategies to eliminate Coverage Pockets, including: 1) routine vaccination programmes, 2) ample opportunities for check-up of vaccination stages and catch-up vaccination, as well as 3) improved outreach services for too hard to reach groups, as for instance the Roma population, and particularly 4) calls on HealthCare Professionals to make every encounter with the health system an opportunity to suggest measles vaccination.

Moreover, Dr Ingvorsen mentioned the 2018 Council Recommendation, that also focuses on how to eliminate Coverage Pockets, which includes, for instance, calls on the EU countries to work towards reduced Immunity Gaps across all age groups and to facilitate access to regional or national vaccination services in order to ensure targeted outreach to the most vulnerable groups, including socially excluded groups. As a direct result of this 2018 Council Recommendation, Dr Ingvorsen noted, the Commission has recently set up a coalition for vaccination that brings together HCPs and Student Associations to advocate for vaccination in their daily work with patients.

Furthermore, Dr Ingvorsen described two more relevant actions in the Council's recommendations that concern directly the vulnerable groups. The first one is to identify barriers to access and support interventions in order to increase access to vaccination for disadvantaged and socially excluded groups and the second one is to consider investing in behavioural and social science to determine vaccine hesitancy across different sub-groups of the public and the healthcare workers.

In conclusion, Dr Ingvorsen underlined that Coverage Pockets are not only about certain groups from a social-economic point-of-view, but also about certain age groups. In addition, the EU Commission would like to look at population groups like Roma's, but they need firstly to collect enough data.

Prof. David Salisbury commented that the underlying frustration is that we know a lot about where and who the pockets concern, but we are arguably lacking on the appropriate strategies that will actually address the problem of effective vaccination access.

Standing Committee of European Doctors CPME

Dr Jacques de Haller (Past-President of the Standing Committee of European Doctors CPME, Belgium) commented on two points, the first one being that we must be aware of prejudice and the need of data and real facts in order to understand Coverage Pockets, and the second, that the HCPs are aware of the problem but support is needed in order to have the desirable results.

More Specifically, he described that in Switzerland they had a lot of measles cases, mostly in certain religious schools by Anthroposophist Movement and while their first reaction was to think that the issue lies on them being against vaccination, they then realized – after contacting them – that they are not all opposed to vaccination but the ones that oppose are the upper-middle class parents.

On the second point, he underlined that physicians try to be active in health politics as much as they can and they have already policies concerning Coverage Pockets like the one adopted last on Childhood Immunization in 2013 saying that stakeholders and particularly doctors and representatives of hard-to-reach population groups should be involved in the development of campaigns, and good practices about these hard-to-reach population groups should be exchanged between Member-States, but they need the means provided by governments and administrations to support HCPs goodwill.

Prof. David Salisbury commented that there are many other communities that are disadvantaged, without access to vaccination and we need to recognize all the groups who for whatever reason have got vulnerable and unprotected children and added that we shouldn't just focus our thoughts on Roma communities but think more widely wherever there are communities which have a lack of vaccination access.

European Pharmaceutical Students' Association (EPSA)

Dr Tilen Kozole (Vice President of European Affairs, European Pharmaceutical Students' Association, Belgium) highlighted the increased accessibility of pharmacies both in urban and rural areas and pointed out the importance of connecting pharmacists with vaccination, serving as recommendation but also as vaccination points, in order to achieve better vaccination coverage to the population. He also described, as an example, the numbers on Flu vaccination in Ireland, where before the introduction of pharmaceutical vaccination the doctors delivered around 500.000 vaccines, while later on when both were able to vaccinate the number for the doctors reached 750.000 and for the pharmacists 150.000, emphasizing on the added value of this collaboration.

Dr Tilen Kozole mentioned that currently the European countries which allow pharmacists to vaccinate without the need of a doctor being around are Portugal, Ireland, United Kingdom, France, Denmark, Malta, and Switzerland, when asked by Prof. David Salisbury. On the question from the audience, if the pharmacists are able to give data to the Register when they vaccinate the National Program Vaccines, Dr Tilen Kozole answered that it depends on the country because not all have implemented E-health records, but at the ones that have done already, the pharmacist can get into E-health and record the vaccination so it's accessible by the GP. In addition, Prof. Mihai Craiu noted that in Romania, they may have an electronically based National Registry but not an

E-health platform. Prof. David Salisbury then described the steps that could be taken concerning pharmacists vaccination in order to have an impact on Coverage Pockets, like Roma population, that include the pharmacists to be allowed to vaccinate, to have wide range of vaccine availability and to be trusted from the Roma Community as a good place to vaccinate their children. Finally, Dr Tilen Kozole underlined that Pharmacy coverage is much better than GP coverage in the areas where Roma groups are living, and Prof. David Salisbury added that we have to come up with creative solutions to solve the problems that we identify because shouting at them will never make the problem go away.

European Association of Hospital Pharmacist (EAHP)

Mr Steffen Amann *(Director of Professional Development - European Association of Hospital Pharmacist, Belgium)* started the EAHP update by underlining the importance of dealing with Coverage Pockets, stating that Hospital Pharmacists are trying to support this effort and agreed that preventing pre-judgement is a very important step towards this direction. Mr Amann added that for example in Germany there are a lot of beggars and refugees that can also be considered as part of Coverage Pockets, while not previously covered. Finally, he pointed out that there are services in his hospital which are outsourced and that these people are not covered by any of our official activities.

Prof. David Salisbury pointed out that we need to be creative in our ability to think about where Pockets of Low Coverage are and not just view them as traditional refusers or traditional groups that we've worried about before.

COUNTRY UPDATES

Croatia

Prof Irena Bralic *(Associate Professor of Pediatrics, University of Split, School of Medicine, Croatia)* briefed the Group on vaccinations in Croatia. During the update, Prof Bralic mentioned that vaccination against various diseases has been mandatory for pre-school and school children for many years. In 2007, vaccination against Haemophilus influenza and Hepatitis has also been mandatory and, last year they started vaccinations against the pneumococcal disease and HPV in 8th grade boys and girls.

Additionally, Prof Bralic mentioned that influenza vaccinations are free for medical staff, children, and adults of over 65 age and all these measures lead to a high vaccination coverage. Nonetheless, after 2008, they observed a level of vaccine hesitancy and low coverage of the MMR vaccine and therefore, they started organizing conferences and catch-up vaccination programs in order to reverse this outcome.

Indeed, in 2018 they did manage to increase vaccination coverage in almost all diseases, except for the HPV vaccine, for which they organized special educational campaigns.
Regarding the Roma community, Prof Bralic reported that in Croatia this community is very limited and therefore, there are not big problems in vaccination coverage.

Netherlands

Prof Patricia Bruijning-Verhagen (*Associate Professor, Department of Epidemiology, Julius Center Research Program Infectious Diseases, University Medical Center Utrecht, Netherlands)* updated the Group regarding pockets of low coverage in the Netherlands.

Prof Bruijning-Verhagen commented that there is a group of reformed protestants that do not vaccinate for religious reasons and although it is a small community, it is also a strong one. Fortunately, things are starting to change, as people have moved from the more traditional conservative protestant churches to the more liberal progressive forms of the religion, increasing at the same time their vaccination coverage. Specifically, within one generation there is about a 50% increase in the vaccination coverage, reaching up to 65% nowadays, when previously it was only around 40%. **Therefore, peer pressure seems to be very important in determining whether you're going to vaccinate or not.**
Nonetheless, Prof Bruijning-Verhagen mentioned that they also have groups of people where vaccine hesitancy is increasing and again, peer pressure might be the key in fighting this situation and promoting a healthy lifestyle.

Regarding immigrant groups, Prof Bruijning-Verhagen said that vaccination coverage is not a significant problem but that they should try and reach out to them more. On this subject, it was commented that the **true problems of possible low vaccination coverage are the budget, the health policies of each country, the lack of proper vaccination registration cards and of course, lack of communication due to different languages.**

Spain

Dr Francisco Gimenez-Sanchez *(Hispalense Institute of Pediatrics. Balmis Institute of Vaccines, Spain)* updated the Group regarding pockets of low coverage and vaccination issues in Spain. Regarding measles, Dr Gimenez-Sanchez said that in 2019 they had 300 cases and all them were related to imported ones. Many of the cases came from Romania, some of them from the Roma population and therefore, a targeted vaccination campaign started in specific neighborhoods.

Regarding HPV vaccinations, Dr Gimenez-Sanchez mentioned that its vaccination coverage reaches about 72% in girls and in order to protect unvaccinated girls, healthcare professionals should also promote HPV vaccination in boys too. Finally, Dr Gimenez-Sanchez suggested that the European Parliament should push countries to take actions regarding measles circulations, but as it was commented from the audience, the European Parliament is only able to make suggestions and recommendations on the subject. Nonetheless, the European Center & Disease Control (ECDC) shares a portal where different country experiences are been put in written, video or other format so other countries can see, and through this portal alleviate the issue.

Bulgaria

Dr Mira Kojouharova *(Consultant Epidemiologist, National Centre of Infectious and Parasitic Diseases, Bulgaria)* mentioned the situation in Bulgaria regarding vaccination coverage in ethnicity minorities. Stating that there is **insufficient vaccination coverage in the Roma population and this has caused several outbreaks of measles. Specifically, there was a measles outbreak during 2009 to 2011, with more than 24.000 cases and 24 deaths and 90% of the infected people were Roma.** Again, in 2017, another measles outbreak happened with 90% of infected people to be Roma and half of their communities proved to be still unvaccinated. Today, there is again an ongoing measles outbreak in Bulgaria, affecting mostly Roma communities.

In an effort to fight all these measles outbreaks in the Roma communities, Bulgarian Health Authorities organized the Roma Health Mediators in the beginning of 2000. This organization consists of Roma people able to speak their local language and they are trained for two months on health care subjects, such as infectious diseases and vaccine prophylaxis. Thus, Roma Health Mediators serve as the connection between General Practitioners (GP) and the Roma Community and one of the positive results from this program is the fact that HPV immunization in Roma girls has been better than the rest of the Bulgarian female population.

Finally, regarding **HPV vaccinations, it was commented once again that boys should also be vaccinated because of two essential reasons; first, girls could be infected from other boys that might be HPV carriers and second, children at such young age have not matured sexually yet and might not realize their sexual preferences.** Nonetheless, WHO advises not to start vaccinating boys because there is a shortage of HPV vaccine, and that shortage will not go away in the very near future.

Finland

Dr Hanna Nohynek *(Chief Physician, Infectious Disease Control and Vaccinations Unit Department of Health Security, National Institute for Health and Welfare THL Helsinki, Finland)* represented Finland and reported the current situation of vaccinations.

Dr Nohynek commented that although there are very few Roma people in Finland, they do have Pockets of low coverage and these people are mainly Vietnamese, Russian and Somali. **Most of the immigrants have come to Finland in need of asylum and among these, Russians seem to have the worst vaccine coverage**. **Nonetheless, the interesting part is the fact that Vietnamese and Somali people appear to have better vaccine coverage, even from native Fins. The main reason for this observation is the long distance and the difficulty of access that Fins are facing. One might need to travel even 200km in order to take their vaccination shots and thus, they are not likely to keep up with their vaccination calendar.** Dr Hanna Nohynek pointed out that their healthcare system is thus failing due to centralization and lack of funds, leaving out those people who live in remote places.

Finally, Dr Nohynek mentioned that another Pocket with low vaccine coverage might be the Immigrant Occupational Health Groups. The problem with these groups is the fact that Finish healthcare authorities are unaware of their vaccination coverage because they are subcontracted and come from other countries but work in Finland.

DISCUSSION POINT 1

Migration, Immigration and Childhood Vaccinations

During the first part of the discussion, each Focus Group Member shared the vaccine coverage situation in their countries. Dr Zsofia Meszner (*Director of Methodology, Paediatrician and Specialist in Infectious Diseases, National Institute of Paediatrics Heim Pal, Hungary)* represented Hungary. Dr Zsofia Meszner said that although there are a lot of Syrian refugees, the Hungarian government does have a

budget reserved for not only immunization, but also for housing and schooling for children. She also mentioned that there are a lot of Chinese and Vietnamese people but they do not cause any immunization problems, as they accept vaccinations and sometimes, they appear to have an even better coverage than Hungarians. As Dr Zsofia Meszner mentioned, **there is a law in Hungary stating that every child, who is less than 6-years old and is going to stay over 3 months in Hungary, can get all National Immunization Program vaccines for free.**

Regarding the Roma people, Dr Zsofia Meszner said that they consist of about 6% of the total population, live in less populated areas and appear to have serious immunization problems. For starters, the average age of GPs and primary care pediatricians is around 60-years old and no young doctor wants to go to Roma communities. **The Hungarian healthcare authorities then started a program, during which young Roma girls were taken from their communities in order to be educated and become nurses, but the program's outcome was very poor due to the fact that Roma girls later refused to go back to their communities.** As a last resort, the Hungarian healthcare authorities organized small clinics in the Roma communities and even though this measure seemed to help increase vaccination coverage, it was later abandoned due to funding shortage.

Prof Paolo Bonanni *(Full Professor of Hygiene in the Faculty of Medicine and the Director of the Specialization School for MDs in Hygiene and Preventive Medicine at the University of Florence, Italy)* then presented the current situation of Pockets in Italy. Stating that there is a lower number of Roma population compared to other countries, their coverage is not the same as in the general population and during the past years, there have been a few outbreaks of measles.

Nonetheless, in the last measles outbreak in 2017, healthcare professionals were one of the risk groups to be infected, as for the 5,400 measles cases, 320 of them were healthcare professionals. The disappointing fact was that 85% of them were not vaccinated at all and 89% of them only received one dose of the vaccine.

DISCUSSION POINT 2

Overcoming Socioeconomic Factors to Increase Uptake

Dr Daphne Holt (Chair, Coalition for Life-Course Immunisation (CLCI), France) and Dr Dace Zavadska (Paediatric Infectious Diseases Specialist, Head of Children Vaccination Centre under Children Clinical University Hospital, Riga, Latvia) shared their opinions on overcoming socioeconomic factors to increase uptake.

First, Dr Daphne Holt pointed out that **there should be special funds, at the European level, reserved for vaccinations and countries should be able to apply for these funds in cases of emergency. It was then commented that although countries can indeed apply for funding regarding health care issues, the idea of a special vaccination funding would be promising and should be looked into.** It was also said that the ECDC can provide Technical Assistance to countries and advise them on vaccination and healthcare issues.

Next, Dr Dace Zavadska spoke about the Pockets situation in Latvia. **One of their Pockets groups is homeless people**, and although they have GPs stationed overnight in clinics attending homeless people, their performance is not so good. **Another at risk group are the drug users**. Dr Dace Zavadska mentioned that these people are hard to reach, they usually suffer from influenza and Hepatitis B and although there is a government budget reserved for their vaccinations,. Social workers have a crucial role in helping vaccination coverage and should be more active in their part.

Finally, it was commented that **another Pocket group that was left unmentioned is the paperless people. In Helsinki, they have established a clinic for paperless people where they can come there and be vaccinated incognito.** Although, there has been a lot of political dispute whether that clinic should exist or not, the Helsinki city has made the decision to provide anybody coming to that clinic with the national program vaccines, simply because they do not want to increase the number of people who are at risk to themselves, and pose a risk to people living close by.

CONCLUSIONS

The Policy Focus Group was dedicated to looking at pockets of excluded groups across Europe and how these can be combated to increase vaccination coverage. In conclusion, although this session was first focused on Roma, many other different Pockets of low coverage emerged and were discussed.

Regarding the Roma population, it was stated that it is a community that when provided with healthcare services, they avail themselves from them and their main issue is the incomplete access to vaccinations. In other vulnerable Pockets, the circumstances behind low coverage rates might be social, economic and/or immigrantion based factors.

Nonetheless, if we want to maintain the integrity of our immunization programs and absence of disease, we must make sure that we provide appropriate service for Pockets of low immunization wherever they are, and for whatever reasons they occur. Getting from 30% to 70% coverage in a National Program is relatively easy but getting from 70% to 90% is more difficult, but nevertheless it's achievable.
It is essential that we find strategies that suit our circumstances so we can make sure nobody is disadvantaged through lack of access. If people choose not to be vaccinated, they make that choice, but it should not be due to failure of access to the service. There is a moral obligation on healthcare professionals and whatever the reason for that lack of access, they should do their best to overcome it.

In addition to the concluding points above, the following areas were raised that need to be explored in more detail with necessary actions taken to achieve improved vaccination coverage for currently excluded groups, they include:

- **Countries can have high national vaccination coverage rates and still have Coverage Pockets.** This is a serious problem because it can lead to large outbreaks of infectious diseases, eventually threatening the herd immunity within an country, and thus putting infants that are too young to be vaccinated or patients with chronic diseases that are too sick to be vaccinated in danger.

- **Barriers that currently create low vaccination coverage include: budget, the health policies of each country, the lack of proper vaccination registration cards and lack of communication due to different languages.**

- **A dedicated fund should be created at the European level, reserved for Excluded Group vaccination programmes. Countries should be able to apply for these funds in cases of emergency.**

- **The Roma population is very mobile across EU borders and the approach to increasing vaccination uptake needs a complex and integrated management plan in order** to reduce outbreaks of vaccine preventable diseases across Europe

- **Health Authorities must counter the immunization barriers of the Roma population – poverty, lack of knowledge and access to vaccinations** – by organizing vaccination events in schools together with offering some incentives. A door-to-door approach, using flyers or even implementing a blog where people of Roma origin describe their success stories should be explored. New strategies are needed, such as behavioural issues related to the digital revolution that can be used to address this unsolved problem.

- **Health Authorities should work with Roma Health Mediators** - Roma people able to speak their local language and they are trained for two months on health care subjects, such as infectious diseases and vaccine prophylaxis. Peer pressure seems to be very important in determining whether members of excluded groups are going to vaccinate or not.
- **Other low vaccine uptake pockets** include, Orthodox Protestant communities, Anthroposophists, Irish Travelers, and Orthodox Jewish communities. In addition, the homeless, drug users and these without official papers are additional excluded groups to target in terms of vaccination programs.

SUGGESTED ACTION PLAN FOR 2020/2021

Target 1
To Help HCPs to Gain the Trust of Excluded Groups to Increase Uptake Across Europe

Need: Pockets of low vaccination coverage are spread across Europe. Cultural characteristics and religious beliefs are playing a significant role in coverage rates among the Roma Communities and certain religious/ideological groups. There's a need for HCPs at a local level to can establish a relationship of mutual respect and understanding, communicating the benefits of vaccination.

Proposed Action - HCP Campaign and webinar series covering: 1) Understanding the excluded group community and their specific needs. 2) How to work with community leaders and mothers who are sensitive about the health of their children. Train HCPs on what is important for each group, how they should be approached regarding vaccinations 4) Create specific information materials for the excluded groups based on their needs.

Target 2
Aligning National Policies to Target Excluded Groups Across Borders and Creating a Dedicated Central Fund Reserved for Excluded Group Vaccination Programmes and Initiative

Need: We must help to align national policies and guidelines to vaccination excluded groups, wherever they are identified, across Europe. If we would want to maintain the integrity of

our immunisation programs and absence of disease, we should make sure that we provide appropriate service for Pockets of low immunisation. In addition we have to motivate health workers to partner with communities and improve access from a central European level, providing leadership support.

Proposed Action - A dedicated policy meeting on creating a central European fund to support excluded group vaccinations across borders