

Barriers and facilitators for accessing HPV vaccination in migrant and refugee populations: global perspective

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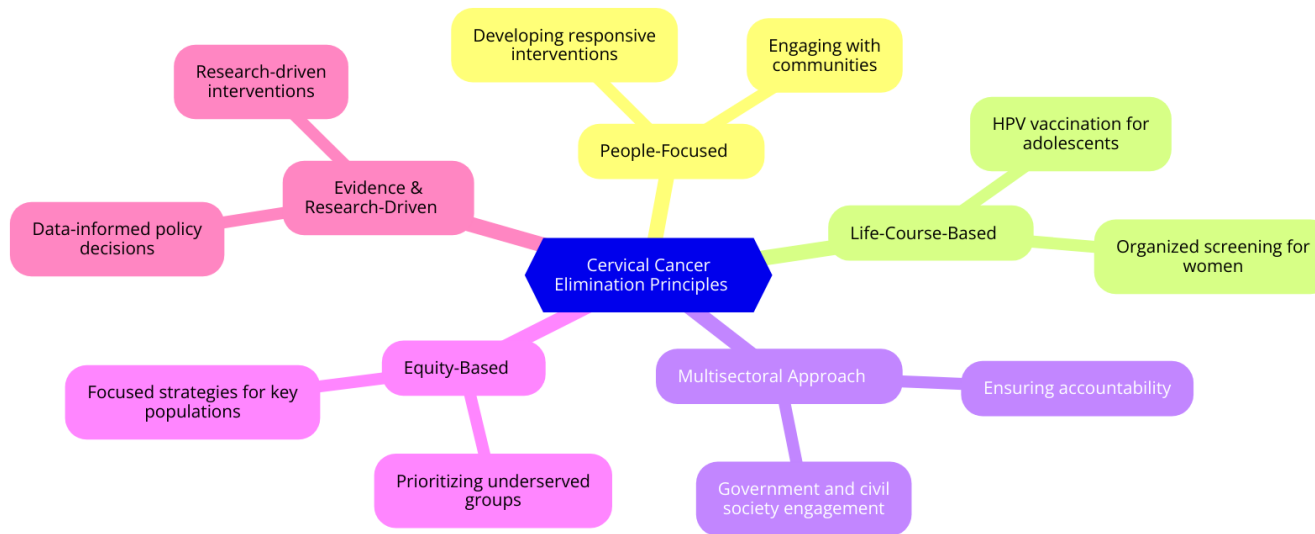
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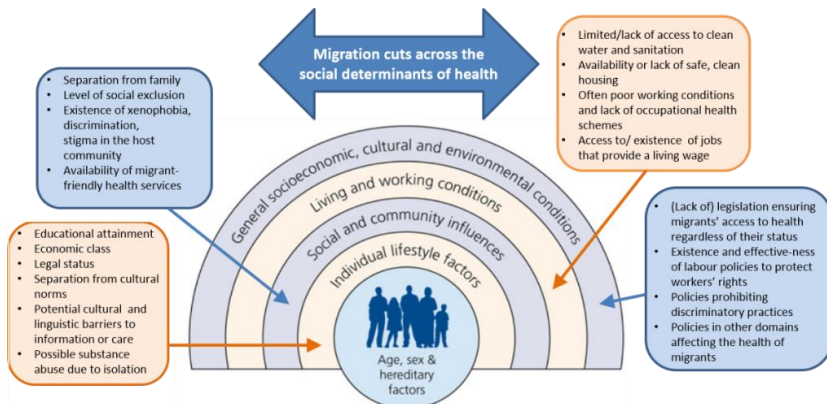
Introduction

- Cervical Cancer: a global health concern
- WHO's 90-70-90 Targets for Cervical Cancer Elimination
- Unequal distribution of HPV vaccines
- Unequal uptake in migrant and refugee populations



Global Context

- Migration itself is not a direct cause of poor health outcomes, but social determinants of health associated with migration can impact access to care.



Approximately 1 in 8 people globally are migrants or refugees.

Vaccine-preventable diseases and immunisation coverage among migrants and non-migrants worldwide: A scoping review of published literature, 2006 to 2016

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Systematic Review Barriers to and Facilitators for Accessing HPV Vaccination in Migrant and Refugee Populations: A Systematic Review

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Abstract: Human papillomavirus (HPV) is the most prevalent sexually transmitted virus globally and a primary cause of cervical cancer, which ranks fourth among tumors in both incidence and mortality. Despite the availability of effective vaccines worldwide, HPV vaccination rates vary,

against accessing vaccinations, among many other factors. The objective of this paper is to evaluate barriers to and facilitators for accessing HPV vaccination in migrant and refugee populations. A systematic review of the existing peer-reviewed academic literature was conducted according to the PRISMA 2020 guidelines in which we examined thirty-four studies to evaluate HPV vaccination rates among migrants and refugees. The studies included in this review were selected based on their relevance to the topic, including socio-economic status and health literacy. Communication barriers, including language and cultural factors, also impact access to information and trust in the health workforce. Understanding and considering these factors is crucial for developing proper and inclusive vaccination strategies to ensure that no population is overlooked.

Keywords: HPV; prevention; vaccination; vaccine hesitancy; social determinants; vaccination strategies; public health; migrants; refugees

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ABSTRACT

Background: Studies of vaccine-preventable disease (VPD) burden and immunisation coverage among migrants compared to locally-born populations present a mixed picture on whether migrants experience disproportionate VPD rates and immunisation inequities, and what the associated factors are. We conducted a scoping review to explore differences in VPD burden and immunisation coverage between migrants and non-migrants worldwide.

Methods: We followed Arksey and O'Malley's five stage scoping review method. We searched for empirical, peer-reviewed literature published in English that compared VPD burden and/or immunisation coverage between migrant and non-migrant groups published between 2006 and 2016 using MEDLINE, EMBASE, CINAHL, Sociological Abstracts, and Web of Science databases. Relevant information from the studies were charted in Microsoft Excel and results were summarised using a descriptive analytical method.

Results: Forty-five studies met the inclusion criteria (n = 13 reporting on VPD burden; n = 27 reporting on immunisation rates; n = 5 reporting on both). Studies that met the criteria only reported findings from high income countries or high-midrange income countries. Accounting for results that were presented according to separate ethnic migrant sub-groups, almost all of the studies comparing VPD burden (n = 17, 89%) reported higher burden among migrants compared to non-migrants, while most studies measuring immunisation rates (n = 26, 70%) noted lower rates among migrants. Numerous factors contributed to these findings, including the influence of migrants' nativity, socio-economic status, migration background, generation status, residential duration, cultural/personal beliefs, language proficiency and healthcare utilisation.

Conclusions: Considerable variability of study reporting and conclusions and comparisons, but the literature indicates higher VPD burden and lower immunisation considerations for future research and immunisation explore factors that influence VPD burden and immunisation uptake among migrants.

ORIGINAL

Vaccination coverage among migrants: A systematic review and meta-analysis

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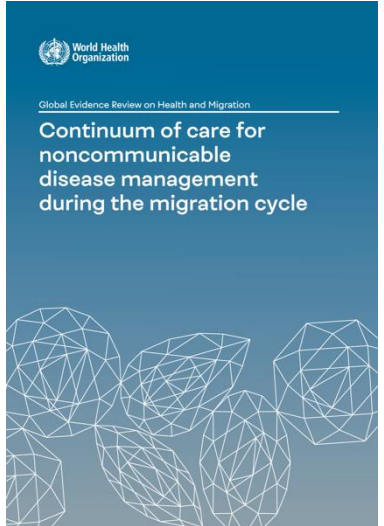
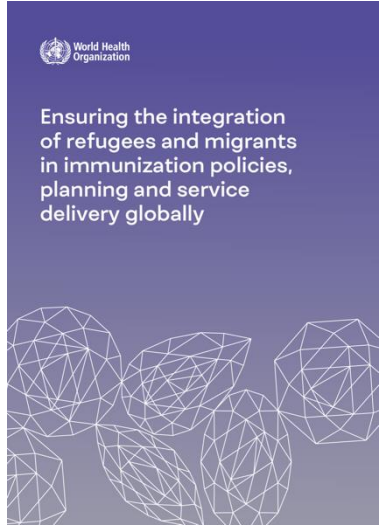
Abstract
Background: Migrants, a population vulnerable to communicable diseases, face multiple barriers in access to immunization programs. Individual studies suggest that they suffer immunization inequity compared to non-migrants, but the gap in vaccination has not been quantified. This systematic review assessed quantitatively the level of vaccination coverage among migrants, in comparison with non-migrants, collating the published literature.
Methods: Review protocol was prospectively registered (PROSPERO CRD42021228061). A literature search without language restrictions was conducted in PubMed, Scopus and Web of Science, from database inception to February 2021. This review included observational studies that provided the vaccination rates among migrant and non-migrant groups. Study quality was assessed using Newcastle-Ottawa scale. Data were synthesized pooling data from individual studies to generate summary odds ratio (OR) with 95% confidence interval (CI) using random effects model, assessing heterogeneity with I^2 statistic and publication bias with funnel asymmetry analysis.

in 13 (50%), moderate in 22 (50%) and high in 9 (20%) studies. Point estimates of individual ORs showed lower vaccination coverage among migrants in 36 of 39 meta-analyzable studies. Overall, the odds of vaccination coverage among migrants were lower compared to non-migrants (7,375,184 participants; summary OR 0.50; 95% CI 0.37–0.66; I^2 99.9%). There was no funnel

Interpretation: Migrants are half as often vaccinated compared to non-migrants. Public health prevention programs need to prioritize vaccination equity, not just to protect migrants but also to protect the host communities.



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Barriers to HPV Vaccination

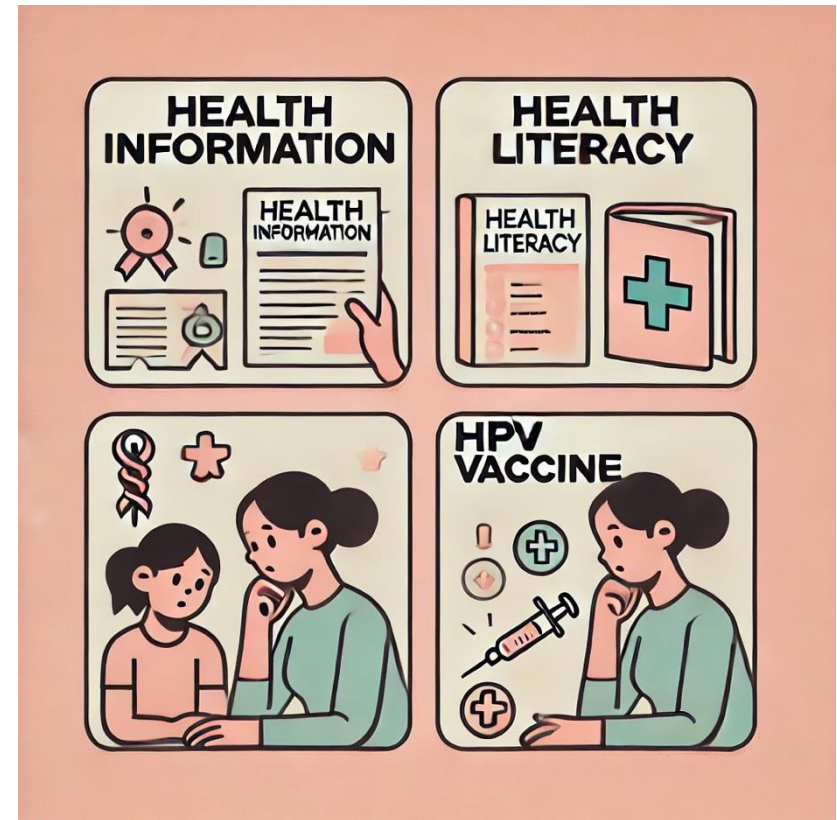
- Lack of Knowledge/Health Literacy
- Lack of trust in the health systems
- Low socioeconomic level
- Lack of family or social support
- Logistic barriers
- Language and cultural barriers
- Perception of vaccine-related risks

Knowledge and Health Literacy

Lack of health information

Impact of low health literacy

Fear of potential side effects, etc



Trust and Communication with Healthcare Providers



Mistrust in the healthcare system



Healthcare Providers lacking knowledge on vaccinations guidelines or entitlements



Lack of community engagement

Socioeconomic Influences

- Socioeconomic status
- Competing settlement priorities
- Out-of-pocket payments



Family, community and logistic barriers

Lack of family support

Work-related barriers

Scheduling difficulties

Long waiting times

Vaccine unavailability

Geographic distance

Facilitators for HPV Vaccination

- Increasing Awareness and Health Literacy
- Adequate Communication
- Regular Access to Health Services
- Community and Family Support
- Cultural Mediation and Language Support

How?

Examples of successful Interventions

- Building Health Workforce Capacity
- Strengthening Communication and Counseling Competence
- Engaging Community Networks and Leaders
- Improving Access to Vaccination Services

A quick note on the role of Technology and Media



DIGITAL HEALTH TOOLS



SOCIAL MEDIA CAMPAIGNS



ONLINE MULTILINGUAL EDUCATION PLATFORMS



EU4Health project in partnership with the EU and IOM - <https://www.who.int/europe/activities/partnering-with-iom-and-eu-for-better-health-of-refugees-and-displaced-people-from-ukraine>

Recommendations and way forward

- **Inclusive** health policies
- **Multi-sectoral** collaboration for equitable health access
- **Qualitative research** to gather behavioural insights
- Design and implement **tailored interventions**
- Improve **systematic monitoring of vaccine coverage** in displaced population to improve timely interventions in cases of low coverage
- **Strengthen HIS** to be updated on when refugees move or leave for another country to help health facilities operate on accurate information



THANK YOU.



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