

Global Meeting on Cervical Cancer Prevention and Control in Displaced Populations

HPV vaccination among vulnerable populations – Challenges and opportunities - Findings from RIVER EU and other related initiatives

Pania Karnaki, Prolepsis Institute 13 – 14 February 2025, Istanbul, Türkiye









PROLEPSIS INSTITUTE

Commitment to Public Health



Our Mission

Promoting the health of the population, especially of vulnerable groups.



Prolepsis Institute



- Civil Law Non Profit Organization
- 33 years active in the field of Public Health, since 1990















Physicians, Public Health and Health Promotion Specialists

Who We Are

Epidemiologists, Statisticians

Nutritionists, Food Technologists

Psychologists, Sociologists, Health Communication Specialists



Our Work

EU & National level

Research & Education

Humanitarian & Social Work

Reducing Inequalities in Vaccine uptake in the European Region – Engaging Underserved communities







> What is RIVER-EU?

https://river-eu.org/

- RIVER-EU (Reducing Inequalities in Vaccine Uptake in the European Region Engaging Underserved communities) is a Horizon2020 project (2021-2026)
- Remove **health system** barriers to vaccination with HPV and MMR vaccines in underserved communities across Europe.
- Identify key elements of successful transfer of 'good practice' from one setting to another to increase vaccine uptake.



FINLAND Relatively low vaccination coverage UNITED KINGDOM **Empowering examples** POLAND **ETHERLANDS** ISRAEL

Where is RIVER-EU working?

Empowering examples

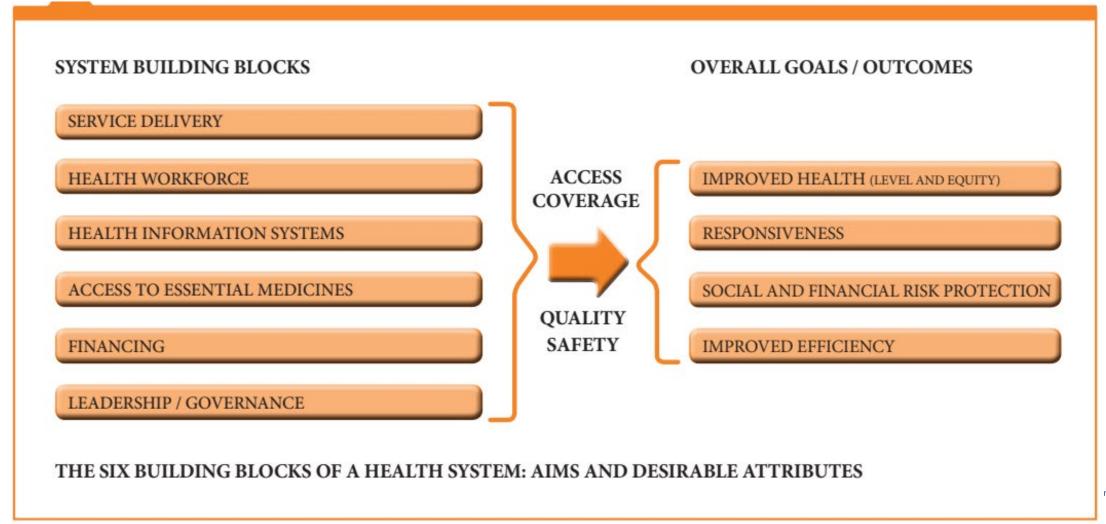
- 1. The Somali Community in Finland (MMR)
- 2. The Arab community in Israel (MMR and HPV)
- The Bangladeshi community in the United Kingdom (MMR)

Underserved minority populations

- 1. The Ukrainian migrant community in Poland (MMR& HPV)
- 2. The marginalized Roma community in Slovakia (HPV)
- 3. The migrant and refugee community in Greece (MMR & HPV)
- 4. Turkish adolescent females in the Netherlands (HPV)
- Moroccan adolescent females in the Netherlands (HPV)



The WHO Health Systems Framework: helping identify barriers & enablers to vaccine uptake in underserved communities



https://iris.who.int/bitstream/handle/10665/258734/9789241564052-eng.pdf



Collecting evidence

Description of underserved communities.

Health system barriers and enablers to vaccination.

- Systematic review of relevant literature
- Qualitative studies describing barriers and enablers to vaccination across all communities
- Realist review to identify interventions for transferability assessment



Participatory Action Research (PAR) methods used throughout RIVER-EU's activities

Methods



- Qualitative study with <u>semi-structured interviews</u> with members of underserved communities:
 - Migrant community in Greece
 - Turkish and Moroccan females in the Netherlands
 - Ukrainian community in Poland
 - Roma community in Slovakia
 - Somali community in Finland
 - Arab community in Israel
 - Bangladeshi community in the United Kingdom



Focus group discussions with healthcare professionals involved in childhood-vaccinations.

The study period was between November 2021 and June 2022.

Members of the target populations and other stakeholders, such as healthcare professionals and researchers working with the target populations were involved in the design of the different study aspects.

Research findings:

Health system barriers:

- 1. Access to vaccination services is limited
- 2. Language difficulties
- 3. Insufficient coordination of health services
- 4. Health care professionals are insufficiently trained and skilled in providing tailored care and information
- 5. Vaccine hesitancy among healthcare professionals
- 6. Lack of healthcare resources
- 7. Lack of or insufficient delivery of information
- 8. Lack of awareness raising initiatives about vaccine preventable diseases

- 9. Lack of government intervention to address the influence of anti-vaccination movements
- 10. Vaccinations and/or additional costs are too expensive
- 11. Insufficient vaccination regulations
- 12. Insufficient leadership or governmental coordination in guaranteeing quality and availability of vaccination programs and promotion of these programs
- 13. Insufficient governmental regulations in registering migrants for health care services, including vaccinations

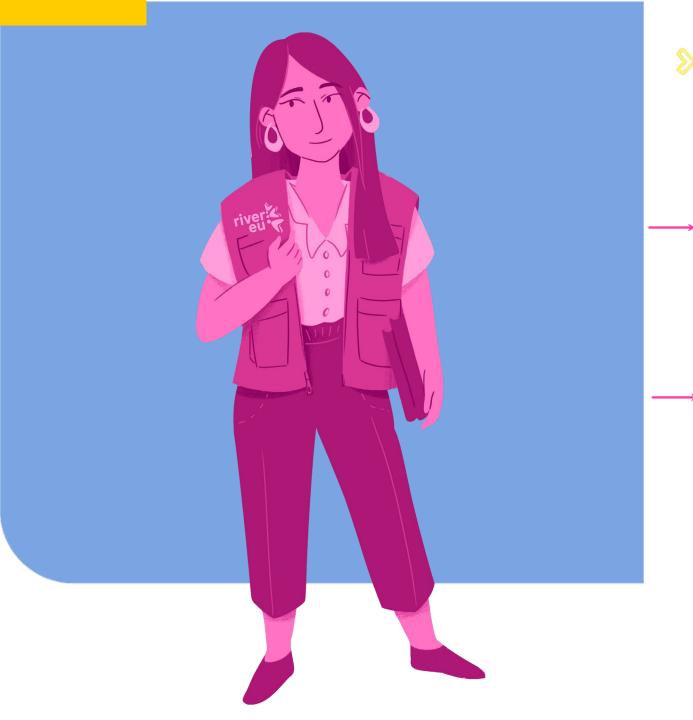
Research findings:

Health system enablers:

- 1. Access to vaccination services is highly available
- 2. Very high trust in health system and towards the healthcare professionals
- 3. Available translation services
- 4. Systematic approach to the introduction of vaccines
- 5. Vaccinations are given in schools
- 6. Health professionals are from same culture
- 7. Personable characteristics and patience of nurses







Assessing promising interventions and transferability

To what extent are available evidencebased interventions suitable to remove health system barriers to HPV and MMR uptake in underserved communities?

Are suitable evidence-based interventions potentially transferable as intended, with adaptations, or are new interventions needed based on the results? (Schloemer & Schröder-Bäck, 2018; Schloemer et al., 2021)



Selected interventions for transfer in RIVER-EU

Interventions per key content	Countries	Transferability
Health promoters to support vaccination service (Molukwu et al., 2019; Parra-Medina et al., 2015)	 Greece, The Netherlands, Poland, Slovakia 	With adaptation
School-based vaccination service (Kaul et al., 2019)	• Greece	Only education at school
Education of professionals to make strong vaccine recommendations (Perkins et al., 2020; McFadden et al., 2021)	The Netherlands	Only non-directive communication style
Multilevel intervention with videos for group educational sessions (Ma et al., 2021)	 Slovakia 	Only adapted video content



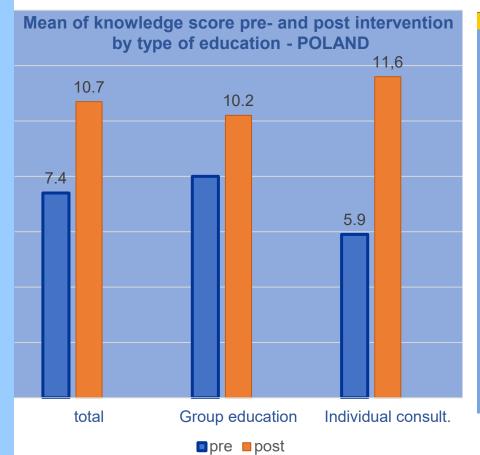
Tailoring interventions to the target context

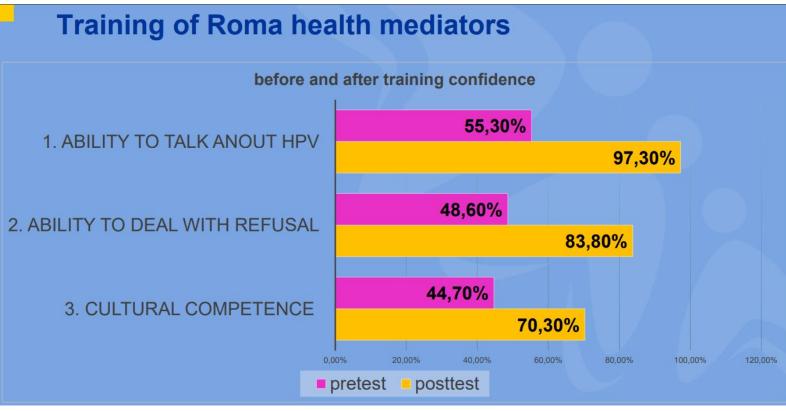
information

Intervention components	Greece	The Netherlands	Poland	Slovakia
1. Trusted educator: Trained community member (health promoter)	Medical doctor (and translators from the community)	Trained community members TOGETHER with a medical doctor	Trained Ukrainian healthcare staff (GP's, Ukrainian background)	Roma health mediator (as health promoter), doctor for special questions
2. Education	Several languages, several cultures, several groups, MMR, HPV	Specific for Muslim culture, small and bigger groups, HPV	Material accessible to Polish and Ukrainian parents, education meetings with GPs, MMR, HPV	culture, small groups, HPV
3. Navigation and access	Navigation to the doctor, digital reminders	Help with appointments at municipal health service, explanation, reminders by post and navigator	Navigation to dedicated FMP vaccination point, digital reminders, 12-13 years (since 09/23 9-18 years)	Navigation to own paediatrician by Roma health mediator, personal reminders, 12 to 14 years and 364 days
4. Internet and social media	No trust in social media – official website and channels for	Shared content, Whats-App groups, FAQs, Short videos with personal stories	Two short bilingual videos, official content, FAQs	Videos with personal stories and FAQs

Preliminary results

Early results are indicating that health promoters (e.g., Roma health mediators) and community members (e.g., Ukrainian mothers in Poland) are increasing their knowledge and confidence to talk about HPV vaccination, which is enhancing intention to vaccinate.







Coming soon...formal evaluation of interventions and cost-effectiveness analysis!



Skúsenosti pani Anny s HPV a rakovinou krčka maternice

Various videos, short version for subtopics, longer version for comprehensive information





Pani Mária posiela odkaz rodičom



Dr. Urbančíková o HPV











Záleží Vám na detoch?



Nezmeškajte príležitosť ochrániť svoje deti pred rakovinou!

> Pozývame Vás na stretnutie s odborníkmi. Dozviete sa:

- čo je to HPV,
- čo všetko môže spôsobiť v našom tele,
- ako sa môžeme ochrániť.

Dátum:



Čas:

Miesto:



Ako nám môže pomôct očkovanie

od roku 2006 bolo po celom svete podaných vyše 205 miliónov dávok

v Anglicku, Švédsku alebo Austrálii sa očkuje už veľmi dlho

Ako funguje očkovanje

očkovaním nášmu telu ukážeme, ako vyzerá obal vírusu

naše telo začne tvoriť špeciálne protilátky, ktoré dokážu zlikvidovať ozajstné živé vírusy, keď sa s nimi neskôr stretnú

Kto sa môže dať zaočkovať

dievčatá aj chlapci, muži aj ženy na očkovanie by sme mali prísť zdraví bez teploty, zápalu hrdla a podobných príznakov

Kto má nárok na bezplatné očkovanie

dievčatá a chlapci vo veku 12, 13 a 14 rokov u svojho detského lekára

prvá dávku do 15-tich narodenín druhá dávka 5 -13 mesiacov po prvej

Prečo by sa ľudia nemali báť očkovania

očkovanie nemôže spôsobiť ochorenie neobsahuje živý vírus

neplodnosť ani iné ochorenie







HPV očkovanie

Ochráňme sa pred rakovinou







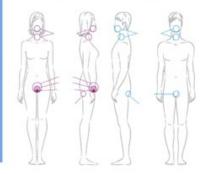


Čo spôsobuje HPV

- bradavice na pohlavných orgánoch
- rakovina krčka maternice
- nádory v oblasti konečníka
- nádory hlavy a krku

Zdravé regióny

· nádory na pohlavných orgánoch





Ako funguje očkovanie

- · očkovaním nášmu telu ukážeme, ako vyzerá obal vírusu
- naše telo začne tvoriť špeciálne protilátky, ktoré dokážu zlikvidovať ozajstné živé vírusy, keď sa s nimi neskôr stretnú







Čo je to HPV

- · ľudské papilomavírusy (HPV) sú úplne bežné vírusy
- počas svojho života sa s ním opakovane stretne až 80 % ľudí, teda osem ľudí z desiatich
- niektoré HPV vírusy sú veľmi nebezpečné
- u časti ľudí, ktorí sa nimi nakazia môžu spôsobiť vážne ochorenia





Aké vážne to je s rakovinou krčka maternice?

- väčšinou ženy vo veku 40-55 rokov
- aj mladšie ženy 20-30 ročné
- majú rodiny a deti

Zdravé regióny

Zdravé regióny

- liečba rakoviny je ťažká
- nemusí sa to dobre skončiť



každý deň sa rakovina krčka maternice diagnostikuje až 2 ženám



Kto sa môže dať zaočkovať

- · dievčatá aj chlapci, muži aj ženy
- pred prvým pohlavným stykom
- ale ai neskôr

Zdravé regióny

 na očkovanie by sme mali prísť zdraví - bez teploty, zápalu hrdla a podobných príznakov













Ako sa môžem nakaziť

- veľmi blízkym kontaktom
- najmä sexom

Zdravé regióny

- je možné nakaziť sa aj inak
- · v domácnosti
- uterákom
- na záchode na kúpalisku

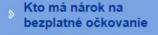


Ako nám môže pomôcť očkovanie

- v roku 2006 bola predstavená prvá vakcína proti HPV
- odvtedy bolo po celom svete podaných vyše 205 miliónov dávok
- v Anglicku, Švédsku alebo Austrálii sa očkuje už veľmi dlho
- · očkovaním na Slovensku by sme ochránili stovky žien, ale aj mužov







- dievčatá a chlapci
- vo veku 12, 13 a14 rokov
- · u svojho detského lekára
- prvú dávku do 15-tich narodenín
- druhá dávka 5 -13 mesiacov po prvej











Roma health mediators serve also as a role models in health behaviours

























Ένα πρόγραμμα ισότητας, προαγωγής υγείας και πρόληψης

THE "HEALTHY AND STRONG ROMA WOMEN IN GREECE" PROJECT

People with a Roma background

- Official statistics mention that there are around 265.000 Roma people in Greece, approximately 2.47% of the country's general population
- Half of the Roma population lives in shacks without access to electricity, sanitation, or water.
- The most serious problems Roma communities face are bad housing conditions, high unemployment rates and difficult working conditions, persecution, illiteracy, and health problems, poor or non-existent relations with wider society, extreme poverty, drug and alcohol abuse.



People with a Roma background

 The most common problems reported are pregnancy problems and maternal complications, chronic conditions and mental health issues.





Improving the Health of Roma Women in Greece: A Comprehensive Health Promotion and Disease Prevention Program

A comprehensive health promotion program is being delivered comprising training through culturally sensitive education sessions on health issues of concern to women, including women's sexual and reproductive health, cervical and breast cancer prevention, smoking, dietary behaviors and vaccination issues, with an emphasis on HPV.





Improving the Health of Roma Women in Greece: A Comprehensive Health Promotion and Disease Prevention Program

The project also delivers cervical and breast cancer screening, as well as HPV vaccinations either on site through Mobile Units (MUs) or in collaboration with local health care services.













THE PROJECT PROGRESS AT A GLANCE	Presymptomatic screening		Vaccination	Education
	Pap test	Mammograph	HPV Vaccination	Educational sessions
Target group	Roma Women	Roma Women	Roma children	Roma Women
Number of beneficiaries per provided service	338	118	31	177
Regions	 Attica Korinthos Thessaloniki Tripoli Volos 	 Attica Korinthos Thessaloniki Tripoli Volos 	 Thessaloniki 	AtticaKorinthosThessalonikiTripoli





Challenges in terms of HPV

O Only 2.0% of respondents reported having been vaccinated against HPV.

Recruitment

- O Informal discussions as well as questions received during the educational sessions have shown that the Roma community faces a high level of distrust towards HPV vaccination.
- O Distrust towards the COVID-19 vaccine seems to affect their attitudes towards less known vaccines such as the HPV one. This increase in vaccine hesitancy has been observed post Covid especially among vulnerable groups (Ezeamii et al., 2024).





Activities to address challenges

- O Organizing on site HPV vaccination as well as a cervical cancer screening unit A significant system level barrier
- O Collaboration with Roma mediators <u>Increasing trust</u>
- O Increased trust towards HCPs who engage in direct communication with Roma mothers <u>Understanding who Roma people trust</u>
- O Extending activities beyond the initial 2,5 months of implementation in each area as there are periods during which access to Roma communities is difficult (Summer period) <u>Gaining trust</u>































Thank you!