

SUMMARY REPORT

Action proposed

Obtaining higher immunization coverage and increased awareness about the benefits of immunization among vulnerable groups on the territory of Bulgaria through carrying out meetings for continuing education on the topic of vaccination for all HMs working in the country and through exchange of experience between experienced HMs and their young colleagues leading to better collaboration between HMs and local health specialists and institutions, including GPs. Continuing and developing the conception of networking which lead to the launch of the National Meetings “Initiative for Health and Vaccination” for popularizing the good practices and results from vaccine prophylaxis among vulnerable groups and for sustaining the collaboration between all actors involved in the process. Throughout the years the Initiative developed and now it unites several different approaches to raise awareness about vaccine issues on national (political), regional, community and individual level.

Methodology

Our methodology consists of several steps that have proven their efficacy first as good practices, implemented as pilot activities tried out locally and then, in 2015 extrapolated in order to cover all HMs working in the country. Our approach is based on the understanding that in order to be effective and motivated in their work HMs need constant contact and exchange with their colleagues; continuing education for keeping in line with the newest changes in social and health policy, knowledge concerning public health and vaccination, new skills for organizing health awareness meetings and events in the communities; and finally – active contact with policy makers and with all institutions involved in decision making concerning the National Health Mediation Program and the health and social policies for vulnerable groups.

On national level the **organization of National Meetings ‘Initiative for Health and Vaccination’** is an important part of our approach for obtaining higher vaccination coverage – they gather all HMs working in the country and include training sessions focused on vaccine preventable diseases and the most up-to-date information on immunizations presented by national consultants of epidemiology and pediatrics and other leading medical specialists.

The first of these meetings happened in 2010 when urgent action was needed in order to stop the measles epidemic in Bulgaria which affected 24 000 people, more than 95% of them belonging to Roma community. The success of the collaboration between state and regional health authorities, HMs and business lead to the continuation of the practice for national gatherings once a year under the patronage of the National Council for Ethnic and Integration Issues and the Parliamentary Health Commission. These meetings became important forums for summarizing the results of the vaccination initiatives in the past year, for announcing new policies concerning vaccine prophylaxis and for sharing the experience of the HMs working in Roma communities. Throughout the years within the framework of these national meetings were announced important policy decisions like the adoption of the National Program for Cervical Cancer Prophylaxis (2012 at the VI National Meeting) when all 12 year old girls obtained the right for free of charge HPV vaccination; the adoption of the National Program for Control and Treatment of Rotavirus Gastroenteritis 2017-2021 (2016, at the X National Meeting) ensuring free of charge vaccination with Rotavirus vaccine.

Organization of regional gatherings of HMs once a year (2015 and 2016) covering all working HMs in the country. HMs gather on district principle for discussing their work – problems, difficulties, successes, approaches for work with local institutions and community. Major topic is vaccination and successful approaches for explaining the benefits of vaccination. HMs receive information about obligatory and recommended vaccines presented by leading pediatricians and epidemiologists.

Focus is placed on dealing with anti-vaccine tendencies and fears of the parents induced by media.

Exchanges of experience between skillful and newly trained HMs. Visits are ensured for all newly trained HMs – an experienced colleague working in different location goes and helps the new one to establish contact with local GPs. Once the contact with the GP is established the HM receives from him/her lists with the names of children who didn't come for obligatory vaccination. The HM finds the families and gives additional information about vaccination, discusses the problematic issues with parents and finds a solution if there is an obstacle for the parents to visit the family doctor.

During their initial training in Medical University-Sofia, HMs learn about National Immunization Calendar, recommended and obligatory vaccines, vaccine-preventable diseases. These topics are presented to them by the former National Consultant on Epidemiology Prof. Mira Kozhuharova. Since 2015 aiming to help HMs to learn easily the immunization schedule and to explain it better in their neighbourhoods we created an immunization schedule-sticker where they could see the names of the vaccines but also the popular names of the diseases. HMs use this calendar-sticker in the neighbourhoods – they visit parents in their homes and ask them to stick the calendar at a central place in the house so they could know when they have to take their child to the GP for immunization.

Results

NNHM is the only organization that tries to summarize results from the work of the HMs. Reports cover all HM's activities divided in several major areas – Health activities in the community (prophylaxis, immunizations, health awareness campaigns, reproductive health); Activities in the sphere of healthcare related to documentation, patronage and following specific procedures; Patronage of pregnant women and indigent people; Social services.

According to the report for 2015 the health activities and services concerning immunizations amount to 16% of all services provided by HMs (**20 906** services for supporting immunizations implemented by 142 HMs for one year; average of 148 single cases per HM). The report covers the work of 142 HMs working in 97 municipalities in 24 districts.

Since in Bulgaria it is prohibited by law to collect statistical information showing ethnicity it is not possible to present concrete official data showing vaccination coverage among children belonging to Roma communities and to prove increase or decrease in the coverage¹. Very often GPs also refuse to give data on vaccination based on the ethnicity of their patients or they do it only unofficially.

Another obstacle we face when trying to put together data from different years is that in the recent years the number of Roma children (and of Roma in general) in many neighbourhoods actually decreases because of the migration to other EU countries. Many children are left to live with grandparents or relatives while the parents are abroad and who are not able to take good care of them. In addition in the recent years Roma families started to travel together with their children. This is very problematic with regard to vaccination but also with regard to child protection in general since the state doesn't have mechanisms for keeping track of the movement of children – when families move from one village to another within the country but also when families move abroad².

In order to have an idea how immunization activities are implemented we count mainly on the personal contact with GPs and HMs. This was the reason why in 2015 we decided to upgrade our current vaccination activities with the possibility for HMs to meet with each other and meet NNHM managing team in a discussion on the

¹ By official data provided by the census in 2011 Roma population amounts to about 5% of the population and according to unofficial data – to about 10%.

² According to the Law on Education the school directors have to strike off the children that didn't show up in school for more than 2 months – when it's done there is no institution that tracks the movement of the child; the vaccinations, enrollment in new school, etc.

practice of each one, of his/ hers successes and difficulties in working on the topic of vaccination.

Valuable source of information is the feedback from the GPs – in many places they report increase of vaccination coverage after HMs were trained to explain the benefits from HPV and Rotavirus vaccine. The experience of two GPs working with HMs in two very different Roma neighbourhoods is presented in case studies.

Case study 1: HPV vaccination in Dolni Tsibar

Dolni Tsibar is a small village at the Danube, in north-western Bulgaria with 99% Roma population – 1600 Roma and 20 Bulgarians. The children are about 500. In the village there is only one GP.

Most of the Roma in Dolni Tsibar are well educated – they speak good Bulgarian, most of them have secondary education, there are many university students. In terms of immunization coverage such profile of the population suggests two possibilities – since local Roma are more educated than the average for the community we could expect that for them it would be easier to keep track of the vaccinations of their children and it will be easier to explain them why it is important to take children to the doctor. On the other hand, since most of the parents have access to different sources of information (they are literate which is not always the case in Roma community) there are many parents that read misleading articles or watch anti-vaccine videos in Internet and end up with fears with regard to vaccine safety.

Before 2005 the GP had problems with child vaccinations – many parents didn't bring their children – because "they are ill", because they have some fears or just because they don't have the habit for prophylactic check-ups.

The HM Dimitrina Dimitrova works in Dolni Tsibar since 2005. On her first working day she contacted the GP and explained him how she could be helpful with vaccinations and prophylactic check-ups. It was decided that on regular basis the GP will prepare a list with the children who didn't show up for vaccination and then Dimitrina will go

and find their parents. She explains to parents why it is important for children to be vaccinated, what are the specifics and risks of the different vaccine-preventable diseases and that vaccines are safe. She shares that little by little parents started to trust her and now, in 2017, in the village there are only 2-3 mothers that still miss the vaccinations of their children.

As NNHM member Dimitrina is one of the 120 HMs that participated in Regional meetings organized throughout the country in 2015 and 2016. At the meetings she learned more about the recommended by the state HPV vaccination – why is HPV a problem and how young girls could prevent cervical cancer (HPV vaccine is covered by the state since 2012, for 12 year old girls; since 2015 the vaccine is free for 13 year old girls as well). HPV vaccine is subject of many controversies in Bulgarian society mainly due to rumors and media taking advantage of the fears of parents. In this situation HPV coverage is far from satisfactory numbers.

When Dimitrina undertook the engagement to ensure HPV vaccination for the girls in the village (which are about 15) firstly she organized a meeting in the community – she invited parents and explained them all she acquainted for HPV and its prevention at the Regional meeting. Then she made several visits to see the parents of young girls in their homes and set the date for vaccination.

As a result from the collaboration between GP and HM in Dolni Tsibar it turned out that 100% of the girls at age of 12-13 years were vaccinated.

Dr Lyubomir Kirov, Dolni Tsibar – *There is definitely a benefit from the work of the HM – we can see the result from the prophylaxis. I give her lists and things are going well. Her help leads to 100% implementation of the prophylactic programme. The HM helps me with preparing the people for the visit of medical specialists, she accompanies the patients; calls emergency aid when I am not around.*

Case study 2: Rotavirus vaccination in Straldzha

Straldzha is a municipal center in South Eastern Bulgaria. Its inhabitants are about 6000 people – half of them are Roma, some living marginalized and in very bad conditions. Straldzha was one of the last places in Bulgaria where in 2001 there were cases of poliomyelitis.

The HM Milio Dobrev works in Straldzha since 2005. He remembers his first working days – local institutions hostile towards him as Roma, GPs that didn't want to let him explain what his work is and how he could be helpful. Milio was well accepted only by one of the GPs – Dr Tania Georgieva with whom he is working in great collaboration since then.

Milio is a member of NNHM and since 2005 he had participated in many trainings and meetings. He is one of the HMs that regularly leads exchanges of experience as trainer of new HMs. In this role Milio helps his young colleagues from the country to establish good working collaboration with the GPs and to work better on immunization issues. Milio and the GP Dr Tania Georgieva have carried out together several presentations during National meetings showing how the collaboration between GP and HM reduces the incidence of vaccine preventable diseases, calms down the fears of parents and makes the whole community more informed on health issues.

Milio shares that when he started his work in 2005 it was very difficult to convince parents to vaccinate their children – there was no information on vaccines and the doctors didn't have the habit to explain as well (they didn't explain even the normal side effects of vaccination). The fears of the 'old' generation (represented by the grandmothers ruling the house) were too strong – because they weren't vaccinated themselves as children and the number of vaccines was not that big back then. In his work with Dr Georgieva in 2005 Milio started to organize community meetings on the topics of vaccination – in the local church using a multimedia; he invites for lecturers the GP and/ or a representative from the Regional Health Inspection. Now, in 2017,

Milio is working with parents that were children in 2005 and met him on occasion of their own vaccination.

With all this experience behind him, it was easy for Milio to start the new initiative in April 2017 – the campaign for Rotavirus vaccination in Straldzha. After the National Program was approved at the end of 2016 and the vaccines were already available, Dr Georgieva prepared lists with the names of the babies that have to be vaccinated pointing the date and time when their parents have to bring them. Then Milio goes to the parents and explains them about the vaccine.

Dr. Georgieva, GP, asked if she finds it needful to have a HM in Straldzha and why –
'It makes a lot of sense! He convinces them better than us – they are more sceptical towards us. The language barrier is a factor. The immunizations, the prophylactic check-ups – we have an established system. I give him a list and a note that he gives to the patient and the patient comes to me with this note. As strange as it is, this works – I don't know how Milio does it. He convinces the pregnant women to get health insured; he always succeeds to find the patients on different occasions. He organizes the people and they come to health information lectures which I carry out.'

The work of the successful team GP-HM in Straldzha shows it is possible to explain the need of vaccinations even to the most marginalized members of the community and to change the perspective of the community on vaccinations – what is needed is persistence and years of work. Based on 12 years of experience in Straldzha now it is much easier for Dr Georgieva and for Milio to carry out vaccine prophylaxis and to follow not only the obligatory vaccination schedule but also the recommended one.

Results and impact from HM's work:

- Overcoming of negative attitudes and fears towards vaccines because of the approach of the HM – the HM belongs to the local Roma community and people trust him/ her.

- It is impossible to achieve high immunization coverage in Roma community without the cooperation between GPs and HMs.
- Successful immunization campaigns in Roma community include the following steps:
 - o Well prepared HM who is thoroughly acquainted with the National vaccination schedule – via trainings for continuing education of HMs;
 - o Collaboration between GP and HM – the GP prepares lists of children;
 - o Good contact of the HM with local community – the trust in the HM is crucial;
 - o Health-information meetings in the community and adequate information materials;

Visits door-to-door for discussing the fears of the parents and finding the best approach for convincing them to visit the GP.

Conclusion

The good collaboration between HM and GP on immunization prophylaxis and health promotion could change profoundly the health service in a village – Stradzha, presented in Case study 2, is an example for this.

In the same time we see how the lack of willingness on behalf of some municipalities and GPs to work with HMs and to be helped by HMs leads to problems deepened as time goes. Such example is Pazardhik municipality where there was measles in 2010 and now, in 2017 – there is measles again.

NNHM team is convinced that HM's work in collaboration with local authorities and health specialists is the key to successful implementation of vaccine prophylaxis programs and for improving the health of people belonging to vulnerable communities through providing adequate health information and support for

inclusion in the health system. Our methodology on immunizations is our way to achieve maximum effectiveness and motivation in the work of the HMs – human resource that is priceless.

More information and publications:

[Profession Health mediator](#) – short video

[Manual and Flipbook “Let’s talk about protection”](#)

Publications and [case studies](#) about NNHM activities for increasing vaccination coverage in Roma communities published in [2013](#) and [2016](#) at VaccinesToday website

[Immunization calendar-sticker](#)