Co-funded by
the Health Programme
of the European Union

SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

REPORT OF THE SH-CAPAC WORKSHOP ON IMPLEMENTING A TRAINING STRATEGY FOR THE DEVELOPMENT AND STRENGTHENING OF REFUGEE / MIGRANT SENSITIVE HEALTH SERVICES AND ADAPTING TRAINING MATERIALS TO NATIONAL, REGIONAL AND LOCAL CONTEXTS

Organised on behalf of the SH-CAPAC project by Escuela Andaluza de Salud Pública

Venue: Escuela Andaluza de Salud Pública, Campus Universitario de Cartuja, Cuesta del Observatorio 4, Granada, Spain

15th - 16th September 2016

This report is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this report represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

1 Introduction

The SH-CAPAC is a one-year project supporting EU Member States under particular migratory pressure in their response to health related challenges. It is implemented by a consortium of institutions with Escuela Andaluza de Salud Pública (EASP) in Spain as the lead. The project focuses on developing tools that national governments and other stakeholders can use to improve coordination, needs assessment, planning and response to identified needs of refugees, asylum seekers and other migrants. To share draft tools and solicit feedback from stakeholders in Member States, the project has organised meetings in Ghent (Belgium), Copenhagen (Denmark) and Reggio Emilia (Italy). The last of these meetings was held at the EASP in Granada (Spain), focusing on Work package 5 of the project. It was held 15-16 September 2016, and is the subject of this report.

Work package 5 consists of designing, field-testing and evaluating a pilot training course on intercultural competences. The course aims to (a) provide potential trainers in affected countries with a clear understanding of a migrant sensitive health care delivery model and (b) strengthen their capacity to adapt and implement similar training activities in their own setting. A preliminary draft of the training strategy was shared and valuable feedback received in the Reggio Emilia workshop in June 2016. Considerable work has since taken place to refine the training strategy and develop training content.

The Granada workshop had two overall aims. The first was to discuss possible approaches to the implementation of the training strategies at country level in order to develop and strengthen refugee/migrant sensitive health services. The second was to discuss the adaptation of the SH-CAPAC training materials to national, regional and/or local contexts.

The specific objectives of the Granada workshop were to:

1. Present the proposed SH-CAPAC training strategy to Member States,
2. Present the training contents and methods of the SH-CAPAC online training course,
3. Discuss training needs for different professional profiles and contexts,
4. Discuss strategies for adapting the training material at national, regional and/or local level, and
5. Engage national and subnational counterparts who may be interested in adapting the training content.

The 20 participants were a multidisciplinary group, which came from 11 Member States[1] and represented a wide variety of institutions. These included different level health authorities, NGOs, academic institutions, IOM, ECDC and the EUR-HUMAN project (funded under the same funding as SH-CAPAC). Representatives of the SH-CAPAC consortium came from Belgium, Denmark, Italy, Netherlands, Poland, Slovakia and Spain.

[1] Austria, Belgium, Bulgaria, Denmark, Greece, Hungary, Malta, Portugal, Slovenia, Spain and Sweden.

2 Day 1 (15th September 2016)

2.1 Welcoming remarks

Dr. Joan Carles March, Director of the EASP, and Dr. Natxo Oleaga, head of international health at EASP, welcomed the participants to Granada and to EASP. They stressed the importance of the discussions and recommendations of the participants for improving the design and content of the planned virtual course in order to make them as useful as possible for Member States.

The workshop programme was explained next. A round of introductions by the participants followed (see annex 1 for the list of participants).

2.2 Presentation by the SH-CAPAC project director

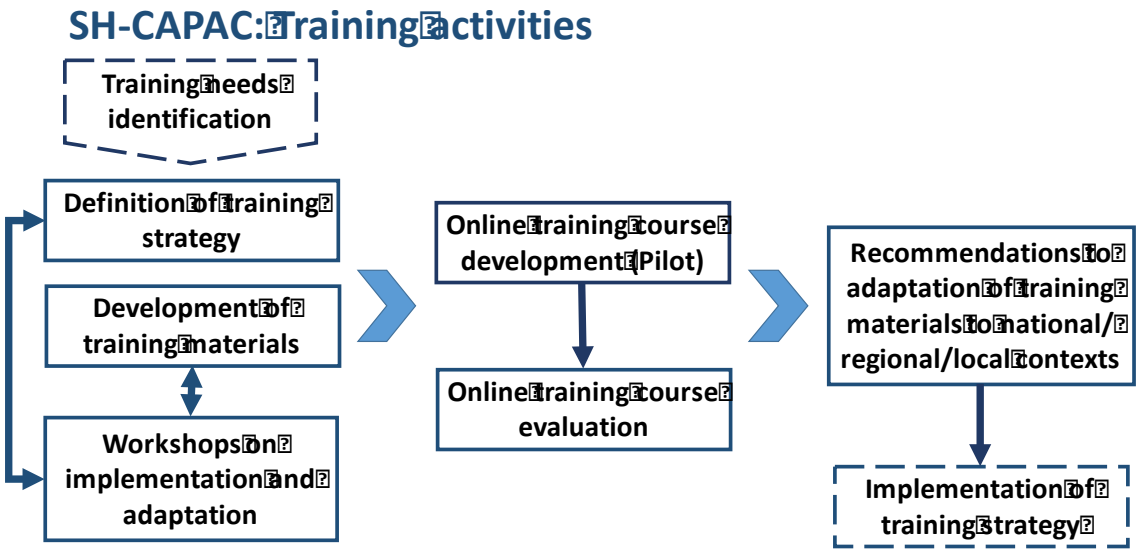
The title of the presentation by Dr. Lopez-Acuña, SH-CAPAC project director, was *Building institutional capacity and strengthening the competencies of the health workforce for improving the health response to refugees, asylum seekers and other migrants in EU countries*). He started by providing a quick overview of the project's general objectives, expected outcomes, milestones and upcoming activities. He pointed out that an important expected outcome of the project is to "have developed institutional capacity and workforce competence to provide migrant sensitive health services." Training is important, but is not enough alone. The health system itself must become more migrant sensitive. This is a systems issue which different actors must work together to address, requiring a public health approach, a health systems approach.

Dr. Lopez-Acuña explained that the SH-CAPAC project has developed a set of frameworks and tools, which are now available and can be consulted. They focus on migrant health coordination, conducting health assessments, formulating appropriate strategies and action plans, and mobilising necessary resources. Upcoming project activities include piloting and evaluating the online training course and continuing country support missions. He explained that the online course is aimed at improving public health and health system responsiveness so that health services become more culturally-sensitive. The training materials will be a public good. Finally, he asked for the participants support in nominating participants for the pilot course.

2.3 SH-CAPAC training strategy

Olga Leralta Piñan and Ainhoa Ruiz Azarola from the EASP presented the SH-CAPAC training strategy (graph 1 below describes the project's training activities from design to piloting and evaluation.

Graph 1. SH-CAPAC training strategy, approach and pilot implementation



They explained that training needs were identified on the basis of previous EU funded projects, such as MEM-TP, C2ME and EQUI-HEALTH, and the other SH-CAPAC work packages. The course contents thus relate closely to the expected outcomes of SH-CAPAC work packages 1 to 4, as shown in Graph 2 on the next page.

A holistic and systematic approach was used to define the specific training objectives. Teaching and learning methods were selected based on a clear rationale and pedagogical approach. Participatory and experiential methods will be used in delivering the training content.

The aim now is to *pilot* the training contents and pedagogical approach and to *evaluate* both. The current draft of the pilot course consists of a total of 25 training units, grouped into five modules. To ensure consistency, developers of training content have followed same guidelines regarding expected training content and format. The basic content of each training unit contains the following:

1. Presentation in PowerPoint,
2. Learning activities,
3. Recommended readings and/or additional content (e.g. links, files or videos),
4. Three to five questions for the evaluation of a knowledge questionnaire, and
5. Guidelines for trainees.

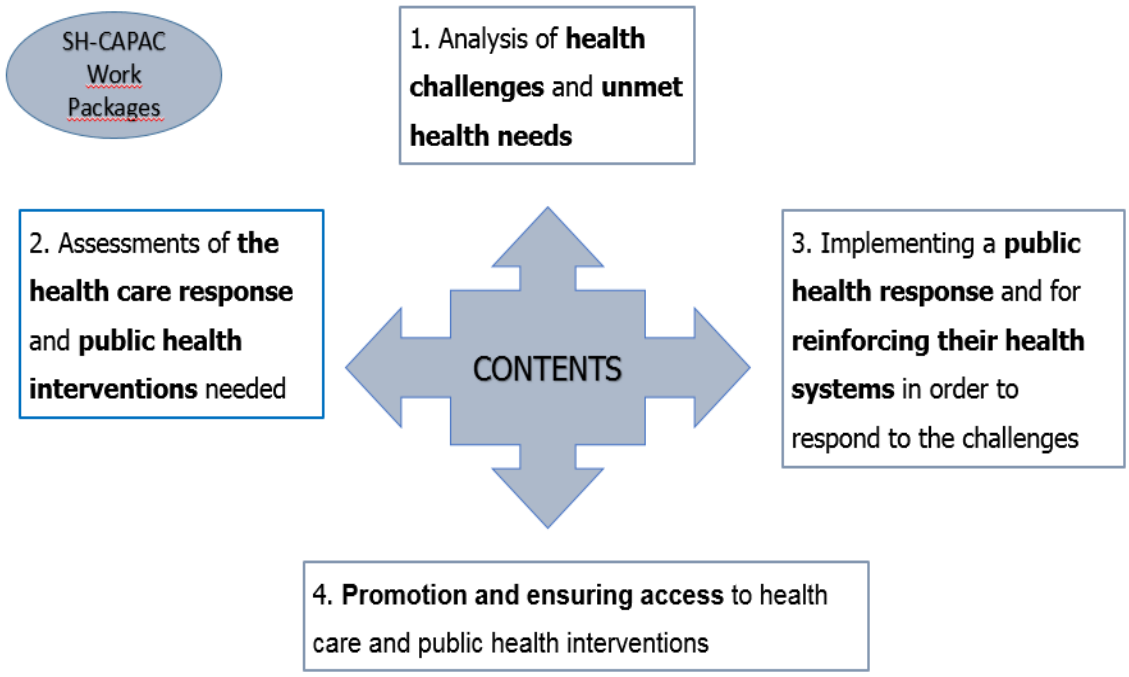
The trainees' guidelines include objectives of the Unit, a brief description of activities (compulsory/optional), suggested timeline and estimated time commitment, and recommended readings.

The evaluation will be done online. There are five main evaluation dimensions:

- Training materials quality and usability,
- Knowledge learning,
- Engagement and participation,
- Satisfaction regarding learning activities, and
- Adaptation requirements for usage in other contexts.

A variety of data sources will be used. These include pre/post questionnaires, navigation and log data, and written feedback.

Graph 2: Relation between SH-CAPAC work packages 1 to 4 and the training course content



2.4 Working group session 1: Inputs to improving the SH-CAPAC training strategy and for segmenting the possible audiences' needs

Objective and methodology of the session

The *objective* of the session was to identify the key elements to improve the SH-CAPAC training strategy and the most important training needs of health professionals, health managers and administrative staff.

Methodology: The participants worked in four groups. Each person first wrote one idea on how to improve the SH-CAPAC training strategy on a card. The ideas were classified by the moderators and then discussed as a group. Next, the participants wrote down one idea on the main role of each of the three training target groups (on one of three cards) regarding what they considered to be each group's main training needs. These cards were again classified and discussed as a group.

Comments and suggestions of the working groups

Working group 1 - Moderator: Antonio Chiarenza; Rapporteurs: Ainhoa Rodríguez; Participants: Marika Poda Connor (Malta), Amalia Tzikou (Greece), Ana Carriazo (Spain), Tona Lizana (SP), Apostolos Veizis (GR), Panagiota Manti (GR), and Iain Aitken (Consortium Member)

Training strategy improvement. The group stressed that country adaptation is the key step in the training strategy. The training needs must, therefore, be defined at the national level. This definition should be based on identifying the priority target groups of workers who care for refugees and their different profiles. The

training needs assessment should be linked to the national migrant health strategy, national health system and national training strategy. The following questions need to be answered: Who is in charge at the national level? Who should do the needs assessment? Who should do the adaptation of the training materials?

The groups stated that training of health professionals must take place during working hours. It needs to be accredited for CME credits, and thus has to comply with CME format requirements. The training should preferably be done face-to-face.

Marketing approach is central to the success of the training course. The group pointed out that many training products on cultural competence and similar topics have been produced over the past 20 years. Most, however, have seen very little use due to lack of financial support for implementation. The group asked what the role of the EC is either in promotion or financial support for this course. Other questions of relevance to marketing the course are: Who are the stakeholders? Which agencies can take the lead on promotion?

Roles and training needs of staff categories

Health managers. The proposed range of topics was considered appropriate by the group. It was suggested that the intersectoral component of a manager's work be included. Managers must see that the training effort brings a potential reward either in greater effectiveness or improved efficiency of health programmes. An example is consequences of failure to provide adequate primary care services for migrants. Such a failure overloads hospital emergency departments. It also increases the frequency of more severe conditions that are much more expensive to manage.

Health professionals/providers. Cultural competence, the background of the refugees and the organisation of the country's health system are important training needs of this target group. In many countries, social workers should be included in the group of health providers.

Administrative staff. Interpretation and implementation of laws and regulations regarding entitlements, how a patient moves through a health system, and ethical behaviour and confidentiality were considered essential topics. These and other specific relevant topics should be considered for inclusion in job-induction training. Training needs assessment and training design for this target group might be better done as part of developing strategies to address problems of access and quality of care for migrants, rather than for a general course.

Working group 2 - Moderator: Ines Keyganaert; Rapporteur: Julia Bolivar; Participants: Pelagia Soultatou (Greece), Manuel Garcia Ramirez (Spain), Filipa Pereira (Portugal), Nuria Casamitjana (Spain), Clémence Malet (MdM), David Ingleby (Consortium Member) and Alberto Infante (Consortium Member)

Training strategy improvement. The group suggested that in "selling" the course, the provision of certification to trainees would make it more attractive. Flexibility in scheduling the modules would also facilitate trainee participation. The group recommended using such training methodologies as interactive approaches, forum discussions and interviews as much as possible. Adaptation to local context is essential. Consideration should be given to involving other sectors in the training, e.g. the social and justice sectors. Ways to continue the course after the initial training effort should be explored, including training of trainers. Evaluation should include the impact of training both on individual trainees and on the organisation they work in.

Roles and training needs of staff categories

Health managers. How to develop culturally and linguistically competent organisations, and how the health system links with other relevant sectors/ministries in the way refugees and migrants transit through these systems were considered important training needs for managers. Additional topics mentioned were democratic/ cooperative leadership, how to influence local organisations and communities, and how to avoid unjustified differences/discrimination between migrants and locals.

Health professionals/providers. Communication and advocacy skills, as well as empathy were seen as important for this target group. Stress management and how to guarantee continuity of care and an effective referral system were other identified training needs.

Administrative staff. The group emphasised that training for this group should be oriented toward problem solving. Practical information on how to orient and guide refugees and migrants through the system of care should be included. This requires knowledge about the rights to care by these groups, as well as how to navigate the care system. The training should be based on the human rights perspective. It should strengthen communication skills, as well as competence in dealing with diversity.

Additional comments and suggestions

The group suggested offering a "toolbox" of the training material, and building a glossary of the terms that are used in the course. They also pointed out that there appeared to be duplication between the following modules and units:

- M4U3 (Gender Issues) and M4U4 (regarding LGBTI persecution), and
- M1U3 (Socio-cultural Context) and M3U1 (Diversity sensitive health care principles.

Working group 3 - Moderator: Daniella Kállayová; Rapporteur: Ainhoa Ruiz; (one one of three cards) Participants: Angel Kunchev (Bulgaria), Mariana Stoyanova (Bulgaria), Erika Marek (Hungary), Evita Leskovsek (Slovenia), Milagros Garcia Barbero (Spain), Carina Ferreira-Borges (Portugal), Isabelle Beauclercq (OIM),Barbara Niedzwiedzka (Consortium Member) and Andrej Kallay (Consortium Member)

Training strategy improvement. This group also raised the importance of certification of credits for national recognition of the training programme and for making it attractive to participants. Networking for synergies between different governmental and non-governmental stakeholders was considered very important. Translation of the training material will be necessary in many countries, and case studies should be written at country level so as to improve the functioning of the target groups of managers, professionals and administrative staff in their specific roles.

Roles and training needs of staff categories

Health managers. The group suggested that the term "health managers" be changed into "managers." This will then include all those managers whose decisions impact on the health of refugees and migrants.

Skills in working in partnership and planning and coordinating with relevant stakeholders (staff, institutions, organisations and sectors) were identified as important training needs of this target group. Basic information

on international organisations and the entitlements of refugees and migrants to health services under international and national legislation were also considered important.

Health professionals/providers. Intercultural competence (including cultural mediation), sociocultural awareness, ethics and negotiation skills were considered the main training needs.

Administrative staff. The main training needs identified were entitlement to health care by various categories of migrants, how to help them navigate the health system, and how to solve problems. The group also mentioned the human rights dimension, as well training in communication skills, ethics and social and cultural mediation.

Additional comments and suggestions

- The amount of the current training content is huge with some units likely requiring more than the planned one hour. Rather than cut content, tailor it better to the three target groups.
- Make some units optional, e.g. M2U4 (Knowledge and information base).
- Avoid general information in the units, and provide only core content that is directly related to the topic.
- Developing case studies is important, particularly at national level.
- Online format and language can limit participation.
- The training content could eventually be delivered as a handbook.

The group also wondered whether it would be possible to have all modules open at the same time online, and allow the students to choose the units they wish to study.

Working group 4 - Moderator: Mette Torlev; Rapporteur: Olga Leralta; Participants: Annemarie Hoogewys (Belgium), Martine Hendrickx (Belgium), Hans Olof Olson (Sweden), Charlotte Solver Rehling (Denmark), Mariella Hudetz (Austria), Elena Jirovsky (Austria), Teymour Noori (ECDC) and Janne Sorensen (Consortium Member).

Training strategy improvement. The group stressed the importance of identifying possible stakeholders at different levels, making information digestible for policy makers, and ensuring complementarity with other training. Translation will be required, and "one size does not fit all" either geographically or regarding different audiences.

Roles and training needs of staff categories

Health managers. Modules 1, 2, 3 and 5 were seen as particularly relevant. The group pointed out, however, that managers at different levels and different settings (hospitals, regional, national, etc.) have different needs. They must understand the importance of implementing better strategies to care for refugees and migrants. They also need to appreciate that this requires special skills by the staff they manage, even if the managers themselves do not need training in these skills. Caring for the caregivers should also be including in the training for managers.

Health professionals/providers. There was considerable agreement with previous working groups in identifying the training needs of health professionals/providers. Legislation regarding access to care, patient rights, social structures where patients can be referred for services and access to mediation services were all mentioned by

the group. Social and health determinants, the health concerns included in M5, intercultural competence and communication skills were also considered important.

Administrative staff. As with the previous target group, there was considerable agreement with the other working groups regarding administrative staff. Legal entitlements to care, how to navigate the local or regional health system, available resources (particularly for individuals without insurance), cultural competence and communication skills were all identified by the group.

Additional comments and suggestions

- Use a modular approach and find networks to adopt the training at local level.
- Some content may already be in available curricula at country level, but inserting additional content could still be possible.

2.5 Contents and methods of the SH-CAPAC online course

After lunch, the participants reconvened for a presentation by Jaime Jimenez Pernett of EASP on the contents and methods of the online course. As stated before, the aim of the online course is to pilot the contents and pedagogical approach of the course and to evaluate them. The course will run from October 20 to November 30, 2016. It is open to a maximum 60 participants (20 trainees per track), to be nominated by relevant authorities at country level.

The specific learning objectives have been defined as follows:

At the end of the training participants will be able to:

1. Carry out comprehensive public health and health systems assessments of the impact of the migratory pressures and identify the response needed by the national health systems,
2. Implement tools for addressing the health needs of refugees, asylum seekers and other migrants,
3. Recognise available resources to improve access to health care and public health interventions for refugees, asylum seekers and other migrants in their territories and health systems, and
4. Increase competences to provide migrant sensitive health care.

The course targets three groups: health managers, health professionals / providers, and administrative staff. Separate training tracks are provided for each group. The five training modules consist of a total of 25 teaching units. Each unit requires approximately one hour of study. The modules are:

Module 1. Context
Module 2. Strengthening institutional capacity to organise the response
Module 3. Capacity building for migrant sensitive health systems
Module 4. Vulnerabilities
Module 5. Specific health concerns

The total time requirement of the current training content is 25 hours for health managers, 28 hours for health professionals / providers and 21 hours for administrative staff. An additional three hours are needed to familiarise students on using the virtual classroom and another two hours for them to evaluate the course.

The training approach is "*learner-determined, task-specific*." The *trainers* specify learning task and goals, but the trainees themselves have control over how they work and achieve the planned goals and tasks.

The presentation concluded with a quick look at the course website and sample training activities.
To conclude the session, Elena Jirovsky of the EUR-HUMAN project provided a quick summary of the training modules that are being developed by that project.

2.6 Working group session 2: Inputs for the SH-CAPAC online training course contents and methods

Objective and methodology of the session

The *objective* of the session was to identify the key elements missing in contents and methods of the SH-CAPAC on-line training.

Methodology: Working In four groups, the participants shared ideas regarding the following two questions: Is any training content missing or not needed? Are there other alternative methodologies for this training? These ideas were then debated as a group.

Comments and suggestions of the working groups

Working group 1 - Same composition as in Session 1.

Module 1: The SH-CAPAC and other training initiatives arose as a response to a perceived emergency situation concerning refugees and migrants. Therefore, there is an expectation that the response is appropriate to an emergency. The rapid influx of many migrants, however, has revealed existing inadequacies of the many countries' health systems. These inadequacies need to be acknowledged and appropriate actions taken to address them. Economic arguments are very relevant in this context.

Module 2 Unit 4 (*Knowledge and Information Base):* Rather than forming an actual teaching unit, M2U4 might more appropriately be included as annotated reference material. Some of these sources are already referenced in other units or resource material.

Module 3 Units 2 and 3 (Mapping Gaps and Identifying Solutions) are part of the same integrated health planning process that was designed in Work packages 1 to 4. The group wondered why they are therefore not included in Module 2 that focuses on strengthening institutional capacity to organise a response.

Module 4 Unit 1 (Human Trafficking): The group wondered whether all countries have a system and procedures in place to address the issue of human trafficking, e.g. in cooperation with the police. It raised the question of whether this unit will help providers know what to do both with and without such a system in place.

Unit 2 (Child Health): Age assessment is one of the most important and difficult issues, particularly with unaccompanied minors. Emphasising best practices is very important, because both accurate and inaccurate approaches are in use currently.

Module 5 (Specific health concerns): This module seems to imply that these health problems are "special problems," brought in by refugees and migrants. In fact, where they arise, they are usually a consequence of

the current living conditions of these individuals or a failure of appropriate management of their health conditions because of restrictions on access to care. The module should be modified to help participants be aware of and recognise the relevant risk factors that poor living conditions and inadequate management bring. The latter can be due to limitations on entitlements and/or inadequacies of the national health system. This material was considered highly relevant to managers, if the topics would be addressed in this manner.

Unit 3 (Sexual and Gender-based Violence): The group queried whether the unit addresses domestic violence that is neither sexual nor gender-based. They pointed out that this type of violence is highly prevalent.

Unit 5 (Mental Health): This unit needs to cover the important culture-based aspects of mental health. They include the failure to recognise or acknowledge the mental health origins of many psychosomatic symptoms. The impact of shame and stigma on failing to acknowledge mental health problems or wanting to hide them are also important issues.

Additional comments and suggestions

- The training material should provide a good source of information about best practices.
- Many of the current training units intended for administrative staff seem too technical or detailed for this target group.
- Consideration should be given to developing a set of simpler, shorter summary units that highlight the most relevant information for their roles.

Working group 2 - Same composition as in Session 1.

Module 1 (Context): Gender issues should be placed in this module, and not in M4 (Vulnerabilities). Links with ministries and sectors outside health should be mentioned in Unit 1.

Module 2 (Strengthening institutional capacity): The order of M2U3 (Planning and implementing a response) and M2U4 (Knowledge and information base) should be changed.

Module 3 Unit 4 (Disease prevention and health promotion): The sources of this unit should be put in the relevant places of other units, too. Health promotion is missing in the content, and should be highlighted also in modules 4 (Vulnerabilities) and 5 (Specific health concerns).

Module 5 Unit 4 (Violence): The unit covers more issues related to violence than SBGV only. The outline should reflect this fact.

Additional comments and suggestions

- Harmonise wording on migrants throughout the training material.
- The titles do not always reflect the content adequately.
- Use the term "non-communicable" diseases, rather than "chronic" diseases.
- Add links to in-depth courses or materials in the recommended readings, wherever possible.
- Either compact the course or make clear that it requires more than the stated hours.
- Forum management is key, so make clear to the students from the beginning what they should expect (e.g. what can be posted and who answers the posts).

- Consider adding or expanding the following topics: Intersectionality and equity, adolescent health, disabilities as vulnerability [using the bulleted topic in M4U5 (Elderly)], spirituality / religion, and physical trauma.

Working group 3 - Moderator: Daniella Kállayová; Rapporteur: Ainhoa Ruiz; Participants: Angel Kunchev (Bulgaria), Mariana Stoyanova (Bulgaria), Erika Marek (Hungary), Evita Leskovsek (Slovenia), Milagros Garcia Barbero (Spain), Carina Ferreira-Borges (Portugal), Isabelle Beauclercq (OIM) and Barbara Niedzwiedzka (Consortium Member)

Module 4 (Vulnerabilities) is not needed by health managers.

Additional comments and suggestions:

- The amount of content currently is too much, particularly given the lack of English language skills in some countries.
- Lack of access to the online platform is a potential limitation.
- Clear selection criteria for nominated trainees would be helpful.
- Identifying missing content by only seeing the topic headings is difficult. 'Ethics' is, however not visible currently in the content.

Working group 4 - Moderator: Mette Torlev; Rapporteurs: Olga Leralta and Janne Sorensen; Participants: Annemarie Hoogewys (Belgium), Hans Olof Olson (Sweden), Charlotte Solver Rehling (Denmark), Mariella Hudetz (Austria), Elena Jirovsky (AU),Teymour Noori (ECDC), Andrej Kallay (Consortium Member), and Jeanine Suurmond (Consortium Member).

Module 1 (Context):

- *Unit 1 (Introduction)* may include too much content for health professionals and administrative staff,
- *Unit 2 (Health policies)* is very relevant for health managers.
- *Unit 3 (Socio-cultural context)* is relevant for both health professionals and administrative staff, but too much for health managers.
- *Unit 4 (Health determinants)* is relevant for both health professionals and administrative staff, but policy measures in this unit would also be relevant for health managers.

Module 2 (Strengthening institutional capacity):

- *Unit 1 (Framework for coordination and collaboration)*: Consider including a look at mapping our own competencies (e.g. language barriers).
- *Unit 2 (Assessment of needs and resources)*: Health managers need to know how to collect data for assessment.
- *Unit 3 (Planning and implementing)*: The topic 'relationships among the 4 units of the module' comes across as an introduction.
- *Unit 4 (Knowledge and information base)*: Make this a toolbox, not a unit, to reduce the amount of content.

Module 3 (Capacity building):

- *Unit 1 (Health care principles)*: Make sure this does not overlap with other contents.
- *Unit 5 (Communication skills)*: Include tips and best practices on working effectively with interpretation and translation services, and how to avoid stereotypes.

Module 4 (Vulnerabilities):

- The unit contains too much specific information on vulnerabilities.
- *Unit 3 (Gender issues)* should be transversal.
- *Unit 4 (Sexual orientation and gender identity)* should provide practical tips on transgender persons in accommodation situations.

Module 5 (Specific health concerns):

- Make sure this module does not overlap with the content prepared by the EURO-HUMAN project.
- *Unit 1 (Chronic diseases)*: Retain only the content on patterns of multimorbidity and interventions.
- *Unit 4 (Violence)*: Include torture victims.

Additional comments and suggestions:

- There is too much content for one hour, particularly given the activities included in the unit.
- Consider adding dental health.

2.7 Wrap up reflections by the SH-CAPAC project director

Dr. Lopez-Acuña assured the participants that their recommendations have been heard and will be considered in the final revision of the pilot course. He concluded the day with the following reflections.

First, we should not be talking about a single course of X number hours that is completed in five weeks. Instead, it is important to recognise that we are developing training material on 25 different topics, all of which will be piloted. In the future, we can use these materials to produce many courses to fit local training needs and context.

Second, some recommendations made in the workshop are quite general or unrealistic. The participants will have the opportunity in Session 3 of Day 2 to consider what would be required in their own context in order to adapt the training material and implement the training. Dr. Lopez-Acuña encouraged the participants to go deeper, crystallise their recommendations and make them realistic.

Third, many comments were made in Session 2 about the current course being "too ambitious." The EASP will review the content after the workshop and adjust it. It is important to recognise, however, that there will be a trade-off between limiting the content and important topics that should to be covered. We need to think very carefully what the core content for the three streams should be and what can be made optional.

Finally, Dr. Lopez-Acuña again reminded the participants that the goals of the SH-CAPAC training effort are piloting and then polishing the training strategy, content and methods and making them available for a wide use in different contents.

3 Day 2 (16th September 2016)

3.1 Kick-off

At the request of participants, the second day started with a short presentation of the Escuela Andaluza de Salud Pública. It was made by Dr. Natxo Oleaga, head of international health at EASP.

Brief comments by the SH-CAPAC project director to "warm up" the follow-on discussion on adapting the training locally followed the EASP presentation. Dr. Lopez-Acuña emphasised that this debate should take place in a larger perspective. The planned training should be seen as a means to improve institutional and systems capacity in responding to the needs of refugees and migrants. Hence, adapting the training is a question of systems adaptation, not only of translation. He encouraged the participants to move away from generic answers and instead, to ask "How would I do this in my own reality?" Convincing the most critical actors to activate the training strategy is essential, but it is not enough. The improved workforce competence should be applied to implementing an appropriate health response to migrant health.

3.2 Working group session 3: Adapting the SH-CAPAC training strategy and materials to national/regional/local training programmes and activities

Objective and methodology of the session

The *objective* of the session was to identify and discuss key elements of adapting the SH-CAPAC strategy and training materials to a local context.

Methodology: In four working groups, the participants debated the following key issues that are related to the adaptation of the training strategy:

- In reference to decision makers: Who are the key decision makers in your country who can promote this training?
- In reference to programme implementation:
    - Is there a continuing professional training programme through which this training programme can be taught at national/regional/ ocal level?
    - If not, which would be the best organisation or institution to implement it?
- In reference to adaptation of the materials:
    - Which formats (face-to-face, online, etc.) are most appropriate in your country?
    - Which institutions/organisations will adapt and translate the materials?

The following questions were then discussed:

- Which questions were most difficult to answer? Why?
- Which steps in this process do you think would be the most difficult to implement in your country? Why?

Comments and suggestions of the working groups

Working group 1 - Moderator: Antonio Chiarenza; Rapporteurs: Ainhoa Rodríguez and Amets Suess; Participants: Marika Poda Connor (Malta), Apostolos Veizis (Greece), Panagiota Manti (Greece), Amalia Tzikou (Greece), Erika Marek (Hungary), Isabelle Beauclercq (OIM) and Iain Aitken (Consortium Member).

In reference to programme implementation, the group highlighted the need for a political decision to adapt and implement the course, the availability of a budget for translation, updating and implementation, as well as an appropriate election of the institutions that would lead the implementation process. Lack of accreditation was also an issue.

Advantages and disadvantages of the online format were discussed. Concern was raised about the capacity to maintain online accessibility in many settings.

The group pointed out that other similar projects exist at the European level, but collaboration between them is often lacking. Several country-specific difficulties were mentioned that potentially would affect the adaptation and implementation of a course, such as the SH-CAPAC one. They include poor cooperation between stakeholders, difficulties in approaching national institutions, possibility of conflict with existing training or ongoing health programmes, and the need to involve the same people several times.

The group recognised that the online format, using existing channels for promotion and dissemination and not having to translate the material for English-speaking countries are factors that facilitate implementation. The importance of accreditation and using knowledge from the local context were stressed.

Working group 2 - Moderator: Milagros Garcia Barbero; Rapporteur: Julia Bolivar; Participants: Manuel Garcia Ramirez (Spain), Ana Carriazo (Spain), Tona Lizana (Spain), Nuria Casamitjana (Spain), Clémence Malet (MdM) and Alberto Infante (Consortium Member).

The group identified several groups of stakeholders who might be interested in promoting and implementing the course. They come from both the health sector and from other sectors. In the health sector, they include health authorities, NGOs, Red Cross, professional association and training institutions. In the non-health sector, social sector entities, police or municipal governments might also be interested.

The training could be run by universities, professional colleges, institutes of public health or dedicated personnel trained for the purpose. Adaptation of the content could be done by a multiprofessional team from these same groups. Translation should, however, be done by professional translators. The format of training should be a mixture of face-to-face and online, and include multiprofessional case studies and study groups, complementary readings and webinars.

Incentives for implementing and/or participating in training vary by group. Institutions could be motivated by saving money or diminishing social unrest. CME credits, job promotion and reduced stress are potential motivators for professionals.

Working group 3 - Moderator: Daniella Kállayová; Rapporteur: Ainhoa Ruiz; Participants: Angel Kunchev (Bulgaria), Mariana Stoyanova (Bulgaria), Evita Leskovsek (Slovenia), Carina Ferreira-Borges (Portugal), Filipa Pereira (Portugal),Barbara Niedzwiedzka (Consortium Member) and Andrej Kallay (Consortium Member).
The following key decision makers who could promote the training were identified by the group:

- Ministry of Health,
- Ministry of Interior,
- Schools of Public Health,
- Medical schools,
- Faculties of Medicine and Anthropology in universities,
- Relevant national agencies, and
- NGOs.

Government ministries were considered the best organization to implement the training. Continuing medical education and pre-graduate education institutions do exist and could be used to teach the content. The High Commission for Migration, medical faculties or National Institutes of Public Health could be asked to do the adaptation and translation. The group stressed, however, that only one entity should be responsible for adaptation. Face-to-face was considered the most appropriate format, with online training as complementary.

Budget for implementation, tutor training and rules regarding authorship and use of training materials were considered challenges that need to be taken into account.

Working group 4 - Moderator: Janne Sorensen; Rapporteurs: Olga Leralta and Jeanine Suurmond (Consortium Member); Participants: Annemarie Hoogewys (Belgium), Hans Olof Olson (Sweden), Mariella Hudetz (Austria), Elena Jirovsky (Austria) and Ines Keyganaert (Consortium Member).

Group 4 raised many of the same issues as the previous groups. It pointed out that several stakeholders had to be involved implementation, but that no ONE organisation is in charge. Different institutions run preservice, graduate or continuing education programmes currently. It may difficult to include the contents into graduate or university level programmes. Accreditation is essential for fitting the content into current training programmes, but working with the institutions responsible for the accreditation process can be a long process in some countries.

Mixture of face-to-face and online work was considered the best format. The group noted that case studies and discussion work better face-to-face. English language is a barrier for some countries and translation to the local language can be expensive. The issue of funding is a general concern both for adaptation and implementation. There is a need for continuity in the training efforts, and the group suggested asking for EU support for these purposes. Another identified challenge is responsibility for updating the training content.

The underlining big questions are (a) how to place training on the political agenda as a priority, and (b) how to motivate the involvement of the key stakeholders who should implement and fund the training at the national and/or local level. The group pointed out that national decision makers are a different groups than those who will implement the training. Implementation is often at local or regional level or it engages professional associations with their training programmes, while coordination can involve the national level.

3.3 Plenary discussion

Several participants raised the sustainability of training as a key issue. They pointed out that EU, for example, has funded the development of many training programmes and materials, but not their implementation. Therefore, such programmes and materials have either stayed on the shelf or been applied inadequately. In a recent meeting in Copenhagen, WHO approved an action plan and strategy for migration, but again, no

money was allocated to implementation. Dr. Lopez-Acuña informed the participants that CHAFEA is planning a very large "town hall" conference in March 2017 to disseminate the outputs of all the projects, funded under the same call as SH-CAPAC. No further information is currently available on this event.

Other participants pointed out that Members States are in the driving seat in policy formulation for both EU and WHO. National authorities can and should push to get migration on the agenda, e.g. in the EU Health Security and Programme Committees, and to get funding for programme implementation. Two possible avenues would be an EU joint action on migration, and including migration in bilateral agreements between countries and WHO. Disappointingly, however, only Greece and Bulgaria reportedly raised migration as an issue in a recent ministerial lunch at WHO/EURO. A much greater effort is required, therefore, to lobby and convince relevant authorities at country level.

Country engagement is also essential for implementing the frameworks, tools, guidelines and other materials that have been developed by SH-CAPAC and other similar projects. Dr. Lopez-Acuña emphasised that refugee and migration health should be in the centre of public health policies of all European countries in the globalising world. The avenue of capacity building can be used as a catalytic action to improve cooperation and synergy of current efforts to respond to the health needs of refugees and migrants. Capacity building can also foster dialogue between governmental and non-governmental organisations, and, non-governmental organisations, such as MSF, MdM or Red Cross, should be encouraged to use the training materials which they find useful.

Dr. Lopez-Acuña concluded the plenary session by outlining the next steps of the SH-CAPAC initiative. They are to:

- Prepare a report of the current meeting and share it with all the participants,
- Adapt the training course and materials taking into consideration the recommendations of this workshop, and
- Conduct additional country support missions before the end of the project.

He finished by again requesting the countries to nominate suitable candidates for the pilot training course, emphasising the crucial role of these individuals in piloting the training material.

3.4 Closure of the workshop

Dr. Natxo Oleaga officially closed the workshop on behalf of the EASP. He thanked the participants for their active engagement and the organisers for their hard work in planning and organising the workshop.

Annex 1

List of participants

Member States

Austria

Amber Med

- Hudetz, Mariella - Mariella.hudetz@ambermed.at

University of Wien (EUR-HUMAN)

- Jirovsky, Elena elena.jirovsky@meduniwien.ac.at

Belgium

Fedasil

- Hendrickx, Martine Martine.Hendrickx@fedasil.be;
- Hoogewys, Annemarie annemarie.hoogewys@fedasil.be

Bulgaria

MOH

- Kunchev, Angel akunchev@mh.government.bg

Red Cross

- Stoyanova, Mariana m.stoyanova@redcross.bg

Denmark

Migrant Health Clinic, Department of Infectious Diseases

- Solver Rehling, Charlotte Charlotte.rehling@rsyd.dk

Greece

MOH

- Manti, Panagiota Ekepy.sec@moh.gov.gr

South Aegean Regional Authority

- Tzikou, Amalia a.tzikou@rho.pnai.gov.gr

MSF

- Veizis, Apostolos
  Apostolos.veizis@athens.msf.org

Hungary

PTE ÁOK, Műveleti Medicina Tanszék (University of Pecs)

- Marek, Erika -
  erika.marek@aok.pte.hu

Malta

Migrant Health Liaison Office, Primary Health Care

- Poda Connor, Marika
  Marika.poddaconnor@gov.mt

Portugal

Independent Consultant

- Ferreira-Borges, Carina
  carinabigot@hotmail.com

Directorate-General of Health | Directorate of International Relations

- Pereira, Filipa
  filipapereira@dgs.pt

Slovenia

Institute of Public Health

- Leskovsek, Evita
  Evita.leskovsek@nijz.si

Spain

Consejería de Salud de la Junta de Andalucia

- Carriazo, Ana -
  Ana.carriazo@juntadeandalucia.es

Universidad Miguel Hernandez (Alicante)

- Garcia Barbero, Milagros
  mila@umh.es

Universidad de Sevilla

- Garcia Ramirez, Manuel
  magarcia@us.es

Health Promotion Unit, Catalonian Public Health Agency

- Lizana, Tona - tlizana@catsalut.cat

Sweden

Swedish Association of Local Authorities and Regions - Health and Social Care Division

- Olsson, Hans Olof Olle.olsson@skl.se

Consortium

Belgium

U.of Ghent

- Keyganaert, Ines Ines.Keygnaert@ugent.be

Denmark

U. of Copenhagen

- Ingleby, David J.D.Ingleby@uu.nl
- Sorenson, Janne jans@sund.ku.dk
- Torlev, Mette mekt@sund.ku.dk

Italy

AU Sanitaria Reggio Emilia

- Chiarenza, Antonio Antonio.Chiarenza@ausl.re.it

Netherlands

University of Amsterdam

- Suurmond, Jeanine j.suurmond@amc.uva.nl

Poland

Jageloinian University

- Niedzwiedzka, Barbara - Barbara.niedzwiezka@uj.edu.pl

Slovakia

Trnava university

- Kallayova, Daniela
  daniela.kallayova@truni.sk
- Kallay, Andrej
  Anderj.kallay@truni.sk

Spain

Escuela Andaluza de Salud Pública

- Aitken, Iain
  iainwaitken@gmail.com
- Bolivar, Julia
  julia.bolivar.easp@juntadeandalucia.es
- Canton, Maria Angeles
  angeles.canton.easp@juntadeandalucia.es
- Cuellar, Jose
  jose.cuellar.easp@juntadeandalucia.es
- Infante, Alberto
  ainfante@externos.isciii.es
- Jimenez Pernett, Jaime
  jaime.jimenez.easp@juntadeandalucia.es
- Kolehmainen-Atken. Riitta-Lisa
  riittal.kolehmainen.ext@juntadeandalucia.es
- Leralta, Olga
  olga.leralta.easp@juntadeandalucia.es
- Lopez Acuna, Daniel
  daniel.lopez.acuna.ext@juntadeandalucia.es
- Maria Idilio, Elisabeth
  elisabeth.mariailidio.easp@juntadeandalucia.es
- March, Joan Carles
  joancarles.march.easp@juntadeandalucia.es
- Oleaga, Natxo
  joseignacio.oleaga.easp@juntadeandalucia.es
- Ruiz, Ainhoa
  ainhoa.ruiz.easp@juntadeandalucia.es
- Rodriguez, Ainhoa
  ainhoa.rodriguez.easp@juntadeandalucia.es
- Suess, Amets
  amets.suess.easp@juntadeandalucia.es

Other Institutions Invited

IOM (Brussels,Belgium)

- BEAUCLERCQ Isabelle
  IBEAUCLERCQ@IOM.INT

ECDC (Stockholm,Sweden)

- Noori, Teymour
  Teymur.noori@ecdc.europa.eu

Spain

ISGlobal (Barcelona, Catalonia, Spain)

- Casamitjana, Nuria
  Nuria.casamitjana@isglobal.org

Other EC funded projects invited

Medecins du Monde (8NGOs in 11 countries Project)

- Malet, Clémence
  clemence.malet@medecinsdumonde.net

Reporter

Hélio Adelino Manhica