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**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**

Deliverable 5.2

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



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Annex 8 Background document: Information for national/regional health and education authorities, other non-governmental stakeholders and trainees.

User's guide

- The present document corresponding to Deliverable 5.2 of the SH-CAPAC Project presents the proceedings of the deliberations held in Granada on September 15th and 16th 2018 in a workshop devoted to discuss how to implement at country level the training strategy developed by the Project aimed at developing migrant's and refugee's sensitive health services and how to adapt the training materials developed as part of the SH-CAPAC action to local, regional and national contexts.
- Section 1 provides the background on the salient aspects of Work Package 5 concerning developing institutional capacities in EU countries for improving the health response to refugees, asylum seekers and other migrants.
- Sections 2 and 3 summarize the presentations made, deliberations held and conclusions reached during day 1 and day 2 of the workshop respectively, including the salient recommendations formulated by the working groups assembled during the workshop with the participants from various Member States.
- Throughout the two days of the workshops the following aspects were covered:
 - Present the proposed SH-CAPAC training strategy to Member States,
 - Present the training contents and methods of the SH-CAPAC online training course,
 - Discuss training needs for different professional profiles and contexts,
 - Discuss strategies for adapting the training material at national, regional and/or local level, and
 - Engage national and subnational counterparts who may be interested in adapting the training content.
- A number of Annexes are also included in this report as background documents which supplement the main content of the report and provide the necessary background.
- As a result of this workshop the final version of the online training course on how to improve the health response to refugee's, asylum seekers and other migrants was developed and its content and evaluation is reported in the document summarizing deliverable 5.3.

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 States¹ 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 (see annex 1). A round of introductions by the participants followed (see annex 2 for the list of participants).

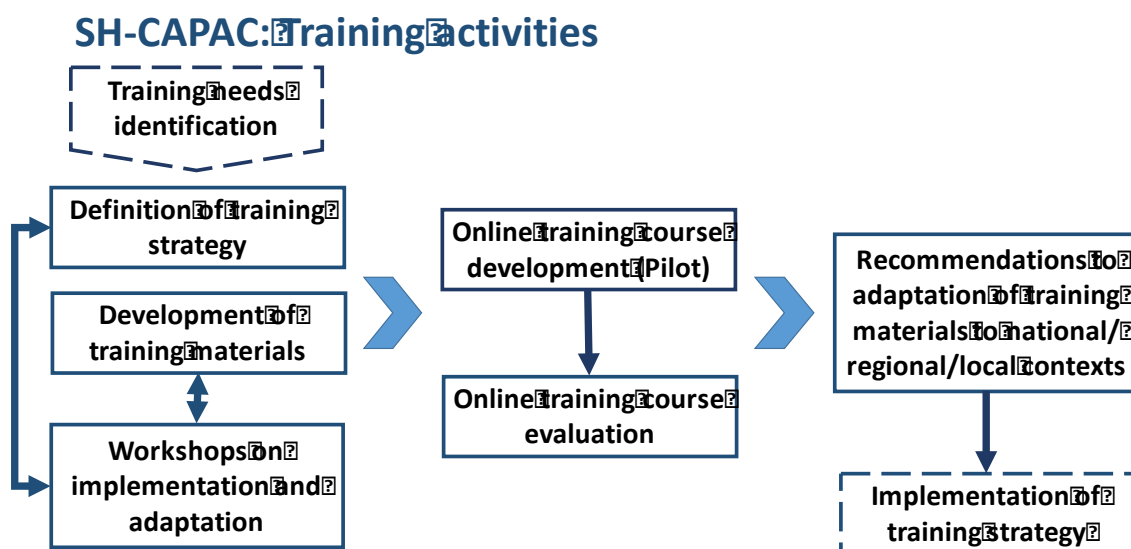
2.2 Presentation by the SH-CAPAC project director

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* (see annex 3). 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. The full presentation is in annex 4; annex 5 includes the background document "training strategy").

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 (see annex 6.) 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.

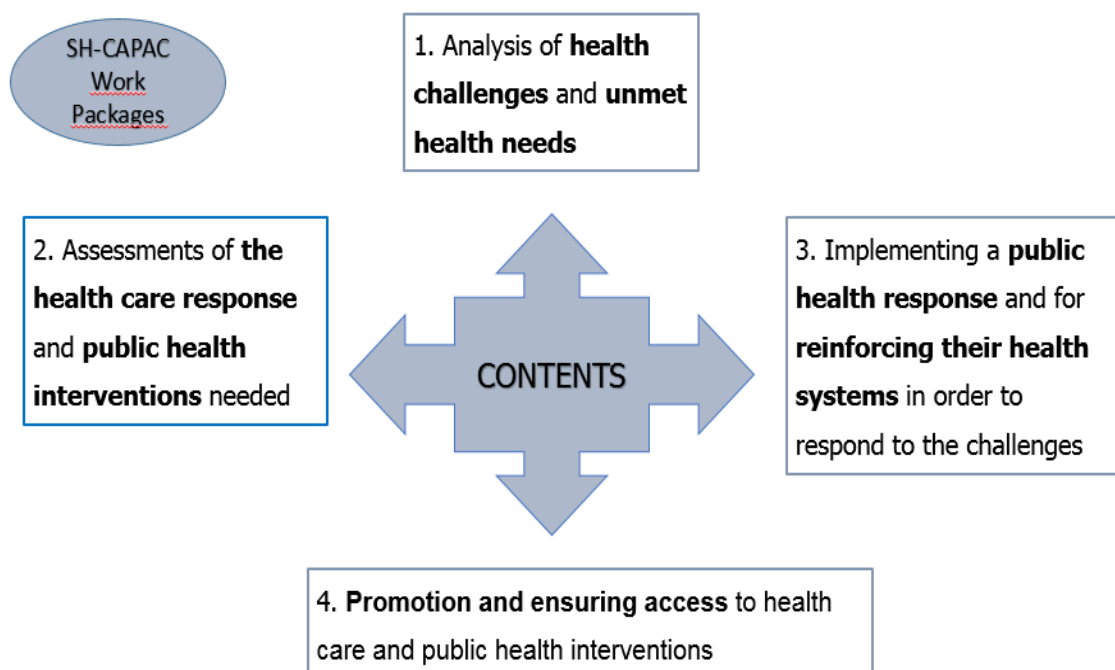
The trainees' guidelines include objectives of the Unit, a brief description of activities (compulsory/optional), suggested timeline and estimated time commitment, and recommended readings.

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 Pernet 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 (see annex 7 for more information).

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 contexts.

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 (annex 8 includes the background document “Information for national/regional health and education authorities, other non-governmental stakeholders and trainees”).

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 Member 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

Workshop programme



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**

**SH-CAPAC WORKSHOP " 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 "**

GRANADA

September 15-16, 2016



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Aim and scope

This workshop aims are: a) to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and b) to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The expected outcome of the workshop is to support the implementation of sustainable training strategies at national and subnational level for improving the health response to refugees, asylum seekers and other migrants.

Objectives

1. To present to Member States the proposed SH-CAPAC Training Strategy
2. To present the training contents and methods of the SH-CAPAC on-line training course.
3. To discuss training needs for different professional profiles and contexts
4. To discuss strategies for adapting the training materials at national/regional/local level.
5. To engage national and subnational counterparts who may be interested in adapting the training contents.

Target participants

- National/regional/local health and education authorities responsible for the capacity building of health professionals and service providers.
- Professionals who have responsibility for developing training in health care settings, especially in connection with refugees/migrants health
- Other stakeholders such as, European and national health professionals associations, NGOs, etc. involved in training in connection with refugees/migrants health at national/regional level.

The workshop will be conducted in English.

Venue

Andalusian School of Public Health (EASP)
Cuesta del Observatorio No. 4
18011 Granada
Spain

September 15th

8:30 Registration and coffee

9:00 Welcome remarks

Joan Carles March Cerdà (EASP Director)

José Ignacio Oleaga Usategui (EASP Project coordinator)

9:10 Objectives of the workshop

Olga Leralta (EASP team)

9:15 Round of Introduction of Participants

9.30 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

Daniel Lopez-Acuna (SH-CAPAC Project director)

10:00 The proposed SH-CAPAC Training Strategy

Olga Leralta Piñan and Ainhoa Ruiz Azarola (EASP team)

10:45 Healthy break

11:15 Working groups. Session 1: Inputs for improving the SH-CAPAC training strategy and for segmenting the possible audiences' needs

Facilitators: Ainhoa Ruiz Azarola, Jeanine Suurmond, Olga Leralta, Andrej Kallay, Jaime Jiménez Pernet, Ainhoa Rodríguez, Julia Bolívar, Antonio Chiarenza.

13:30 Lunch break

14:30 The SH-CAPAC Online course (Contents and methods)

Jaime Jimenez Pernet (EASP team)

15:00 Working groups. Session 2: Inputs for the SH-CAPAC on-line training course contents and methods.

Facilitators: Ines Keygnaert, Julia Bolívar, Antonio Chiarenza, Ainhoa Rodríguez, Daniela Kallayova, Ainhoa Ruiz Azarola, Mette Torslev, Olga Leralta.

16:30 Presentation of conclusions of the Working Groups Session 1 and Session 2

17.00 Plenary discussion

Facilitator: Daniel Lopez Acuna (SH-CAPAC Project Director)

18:00 Adjourn of the meeting

20.30 Official dinner

September 16th

9:00 Main conclusions of the first day and objectives of the 2nd day

José Ignacio Oleaga Usategui (EASP Project coordinator)

9:30 Working groups. Session 3: Adapting the SH-CPAC training strategy and materials to national/regional/local training programs and activities

Facilitators: Ines Keygnaert, Julia Bolívar, Antonio Chiarenza, Ainhoa Rodríguez, Daniela Kallayova, Ainhoa Ruiz Azarola, Mette Torslev, Olga Leralta.

11:00 Healthy break

11:15 Working groups (continuation)

12.00 Presentation of conclusions of the Working groups

12:30 Plenary discussion

Moderator: *Daniel López-Acuña (SH-CAPAC Project director)*

13:30 Next steps of the SH-CAPAC initiative and conclusions of the workshop.

Daniel López-Acuña (SH-CAPAC Project director)

13.50 Closing of the meeting

José Ignacio Oleaga Usategui (EASP Project coordinator)

14:00 Lunch at the EASP

Annex 2

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 Andalucía

- 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, Catalanian 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 Pernet, 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.mariaidilio.easp@juntadeandalucia.es
- March, Joan Carles
joancarles.march.easp@juntadeandalucia.es
- Oleaga, Natxo
josegnacio.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

Annex 3

Presentation: 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



Co-funded by
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SH-CAPAC: “SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE”

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



Dr. Daniel Lopez-Acuna

Coordinator SH-CAPAC Project

Adjunct Professor of the Andalusian School of Public Health (EASP)

SH-CAPAC workshop «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»

Granada, September 15th 2016

GENERAL OBJECTIVE OF THE SH-CAPAC PROJECT

The general objective of the project is to:

Support Member States under particular migratory pressure in their response to health related challenges

EXPECTED OUTCOMES AT THE END OF 2016

Target countries that participate in the project :

- will have implemented a coordinated approach to organize the multi-stakeholder health sector response to the refugee influx in their territory
- will have comprehensive public health and health systems assessments of the situation of the impact of the migratory pressures and the response needed by the national health systems
- will have developed action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- will have taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems
- will have developed institutional capacity and workforce competence to provide migrant sensitive health services

MILESTONES OF THE PROJECT

- Start date: January 1st 2016
- Kick off meeting of the project January 2016. Granada, Spain
- Back to back meeting with key international stakeholders (as well in Granada, Spain in January 2016)
- Mapping of the Response to the Health Needs of Refugees, Asylum Seekers and Other Migrants in the 19 EU Target Member States in January and February 2016
- Regional meeting with the presence of representatives of EU Member States on the need for a health coordination framework in Ghent, Belgium on February 2016

MILESTONES OF THE PROJECT (2)

- Internal Consortium Meeting for coordinating the different work packages in Trnava, Slovakia in April 2016
- Regional workshop on health needs assessments and planning health interventions in response to the migratory influx in May 2016 in Copenhagen
- Regional workshop on improving access to health care and defining a capacity building strategy for the health workforce in Reggio Emilia in June 2016
- Country Support Missions to Bulgaria in Sofia and Haskovo, June-July 2016 and South Aegean Region in Greece, August-September 2016,

UPCOMING ACTIVITIES

- Regional workshop for Adapting Training Strategy to National and Subnational Situations to be held in Granada, Spain (on 15th and 16th September).
- Piloting on-line training modules on different aspects of the health response to refugees, asylum seekers and other migrants (October 15th to November 30th 2016).
- Evaluation of the online training tracks for health managers, health professionals and administrative staff (2016)
- Continuation of country support missions on the different streams of work of the project (September-December 2016)

MAPPING THE RESPONSE TO THE HEALTH NEEDS OF REFUGEES,ASYLUM SEEKERS AND OTHER MIGRANTS

- Draft Country Profiles have been prepared by the SH-CAPAC Consortium for each of the 19 target countries of the project
- Information has been gathered through desk reviews and consultation of multiple sources
- Draft have been sent to national health authorities of all 19 Member states for review and validation
- A large number of Country Profiles have been reviewed by country officials and are available in final form
- A few more are still being reviewed by Member States
- A preliminary analysis of some of the major trends has been completed

Salient aspects of the health response by population segment

Population segment	Location of response	Type of health response	Key actors in the health response	Authority/ coordination
Recent arrivals	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
People in transit	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC ¹ , mobile clinics, flexible referral to SHC National and trans-border follow-up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
Settling migrants				
Asylum seekers	Reception facilities/ health centre/hospital	Comprehensive PHC ³ , mobile clinics, flexible referral to SHC SGBV prevention & response SRH, mental health	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI Integration into regular health system initiated
Refugee status granted	Reception facilities/ Health centre/hospital	Comprehensive PHC ³ , flexible referral to SHC SRH, mental health	MOH/RHA/LHA/ designated lead agency	MOH/RHA Integrated into national health system
Undocumented migrants	Health centre/hospital NGO facility Red Cross facility	Comprehensive PHC ³ , referral to SHC SGBV, mental health	MOH/RHA/LHA NGO Red Cross	MOH/RHA



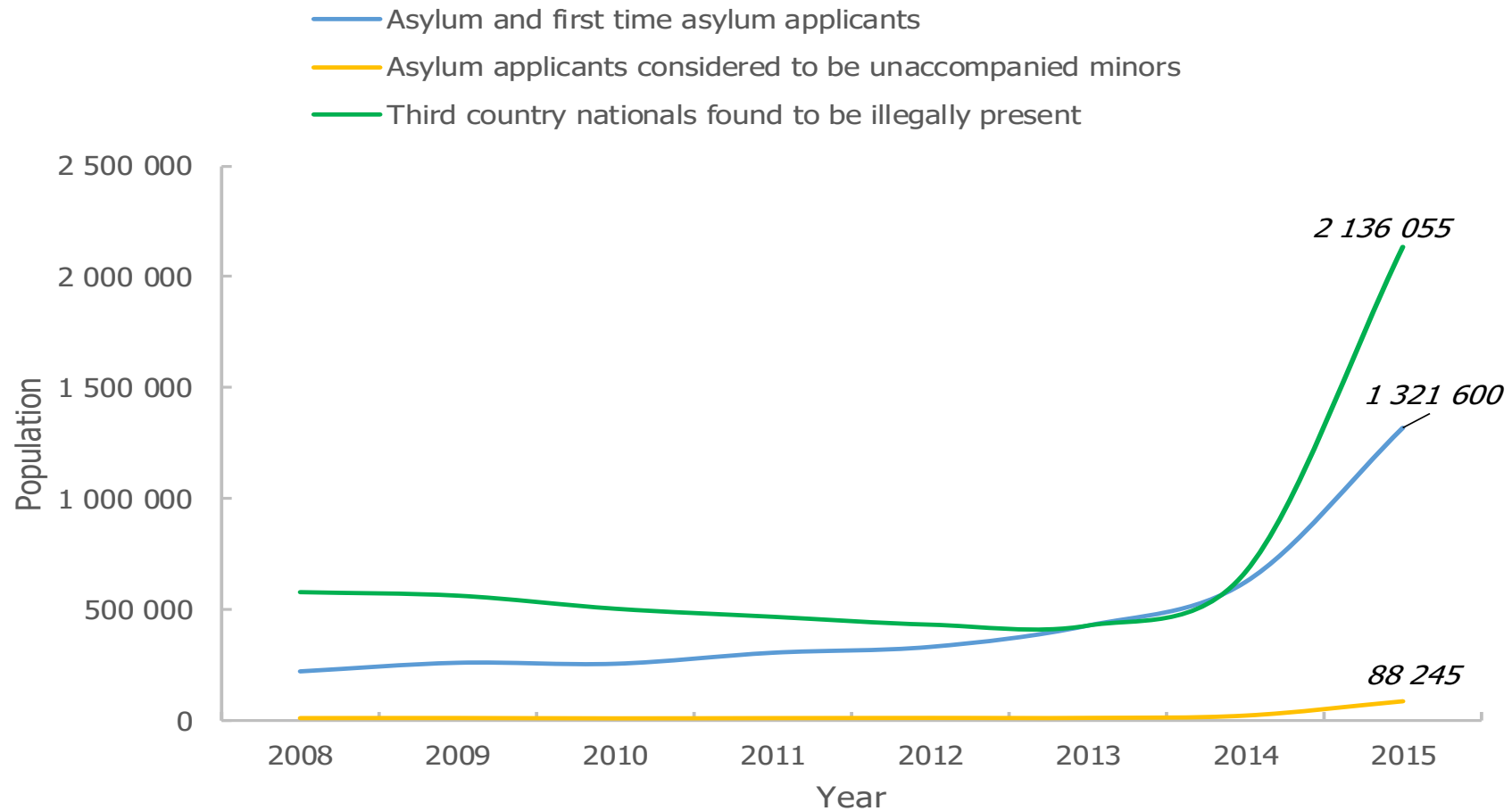
IMPLICATIONS OF THE MAPPING OF THE HEALTH RESPONSE

The mapping exercise has informed the development of a set of frameworks and tools which:

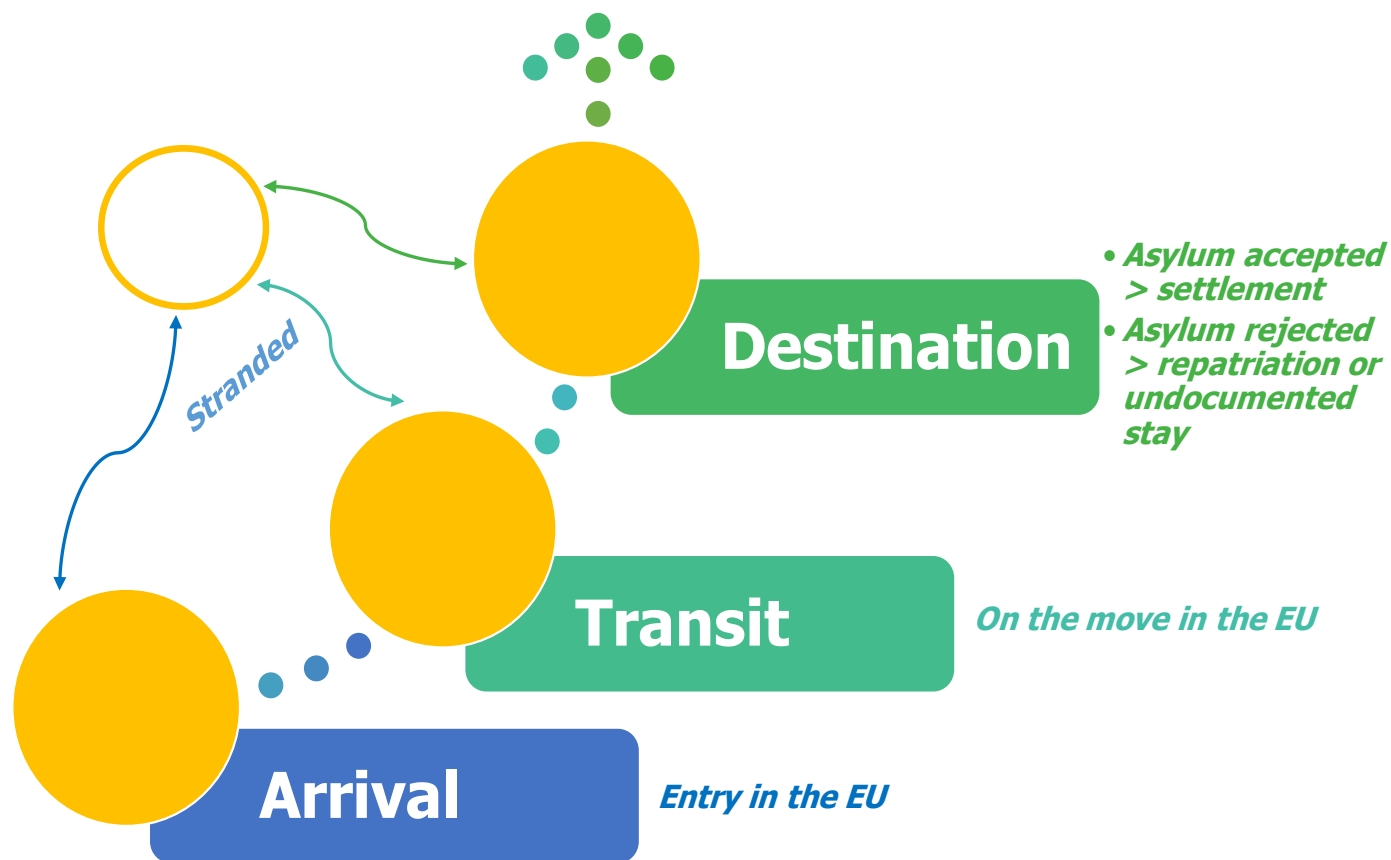
- address the need for a coordinated health response,
- help to conduct needs assessments,
- support the planning of appropriate actions,
- provide resource packages for increasing access to health care and
- training for improving the public health and health systems response and for more culturally-sensitive services.

These frameworks and tools are available and can be consulted and accessed as stand-alone guides, frameworks, resource packages and training materials produced by the SH-CAPAC project.

Evolution of asylum applicants into the European Union as of June 6, 2016



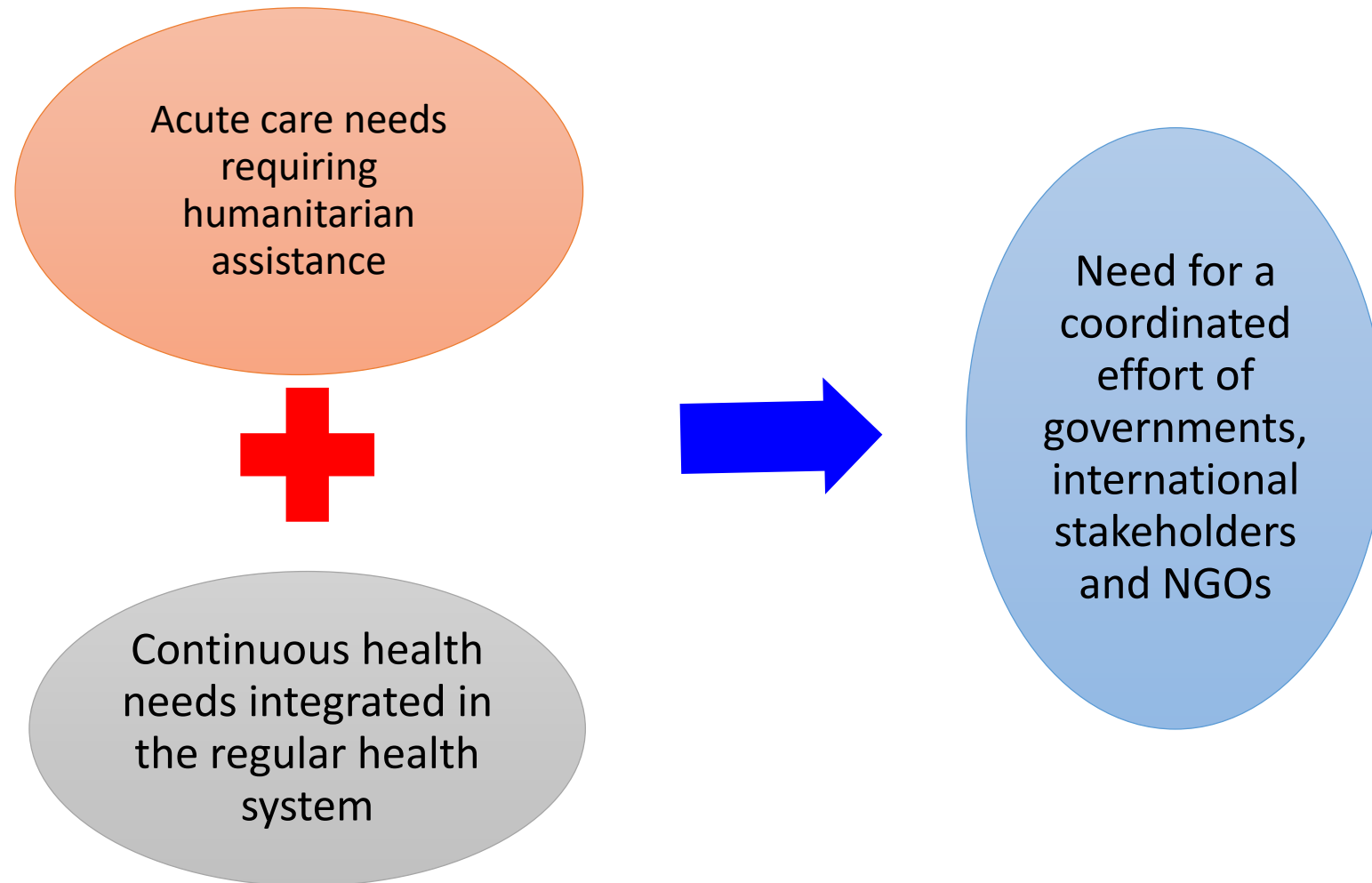
TRAJECTORY OF FLIGHT/MIGRATION



THE APPROACH NEEDED

- A Public Health Approach
- A Health Systems Approach
- Relevance of Entitlements
- Importance of Continuity of Care
- Centrality of Access to Care
- Intercultural Considerations
- Coordination of multiple stakeholders
- **No** to dedicated, separate and second class services

THE NATURE OF THE SH-CAPAC PROJECT



Feedback at Ghent workshop emphasized diversity

1. Diversity in coordination approach:

- Some EU MS have already experience/coordination mechanisms in place others not
- Not only Ministry of Health in charge -> Interior, Asylum agency,...
- Most problems at level of local implementation
- Both contingency planning & reponse
- Need of good communication with regular citizens



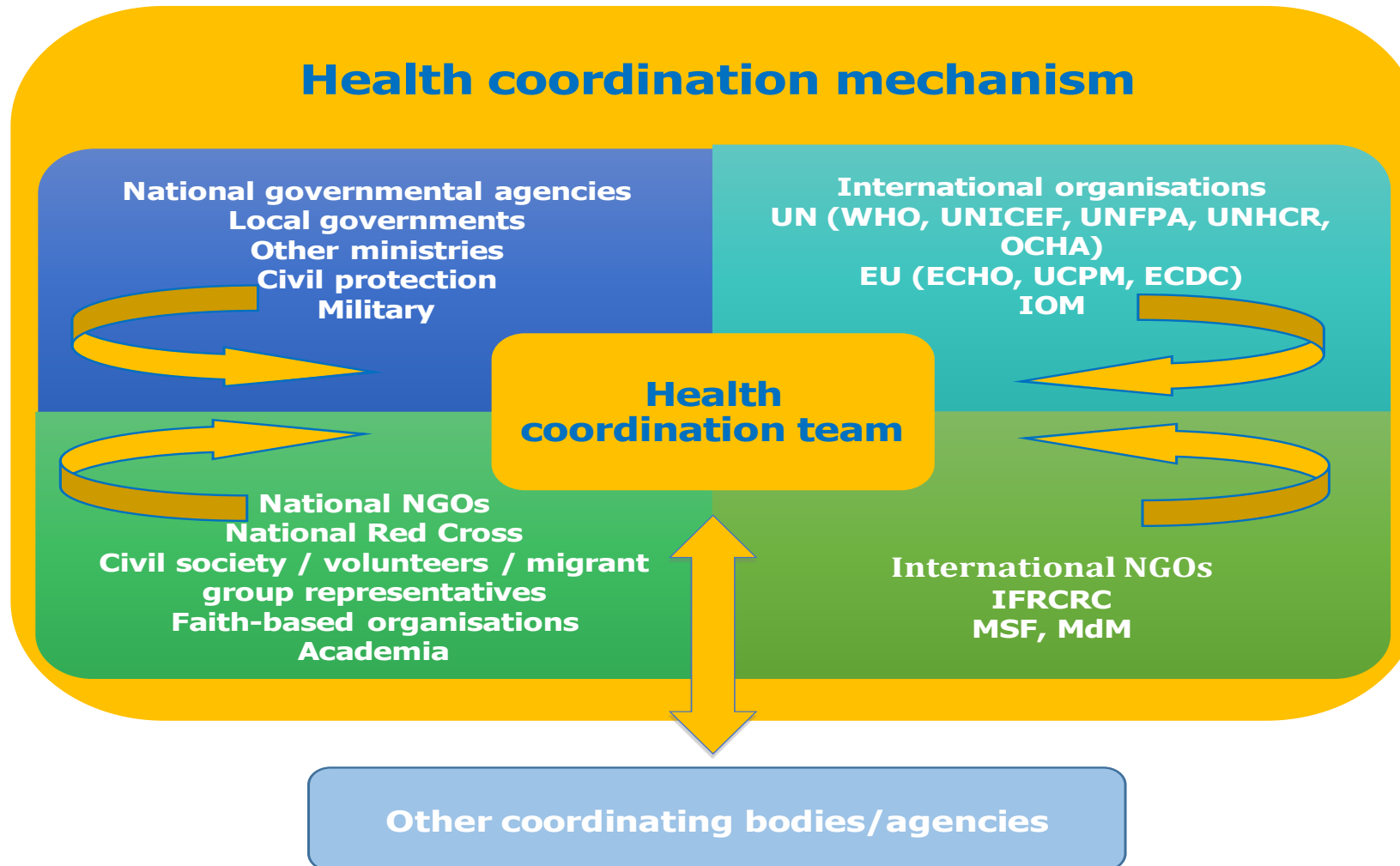
Feedback at Ghent workshop emphasized diversity

2. Diversity in health needs :

- Diversity in first arrival/ transit/destination/mix countries
- Diversity in health care utilisation depending on travel aspirations of the migrants
- Diversity in health care entitlements depending on legal status & country
- Need to avoid multiple public health needs assessments

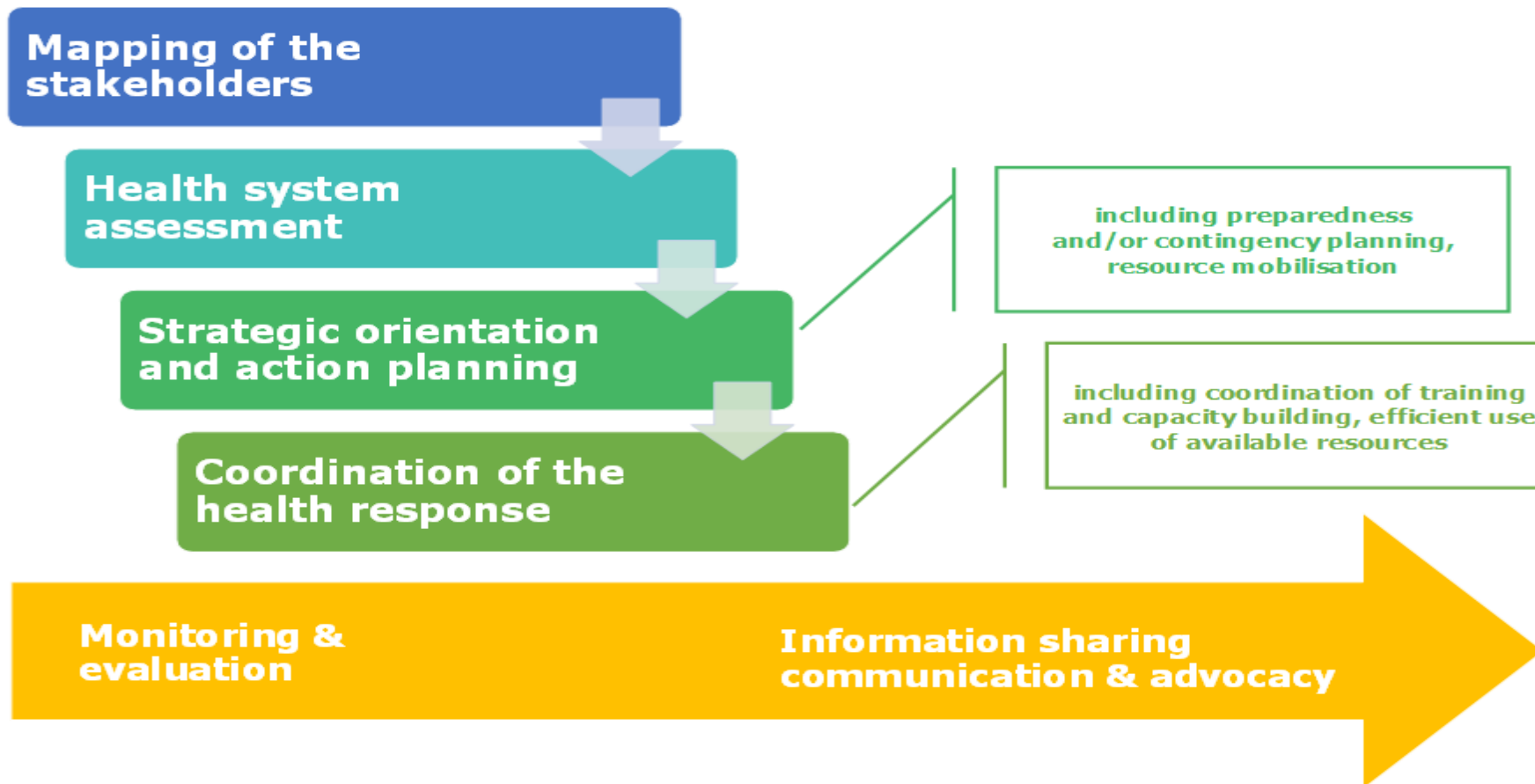


HEALTH COORDINATION MECHANISM

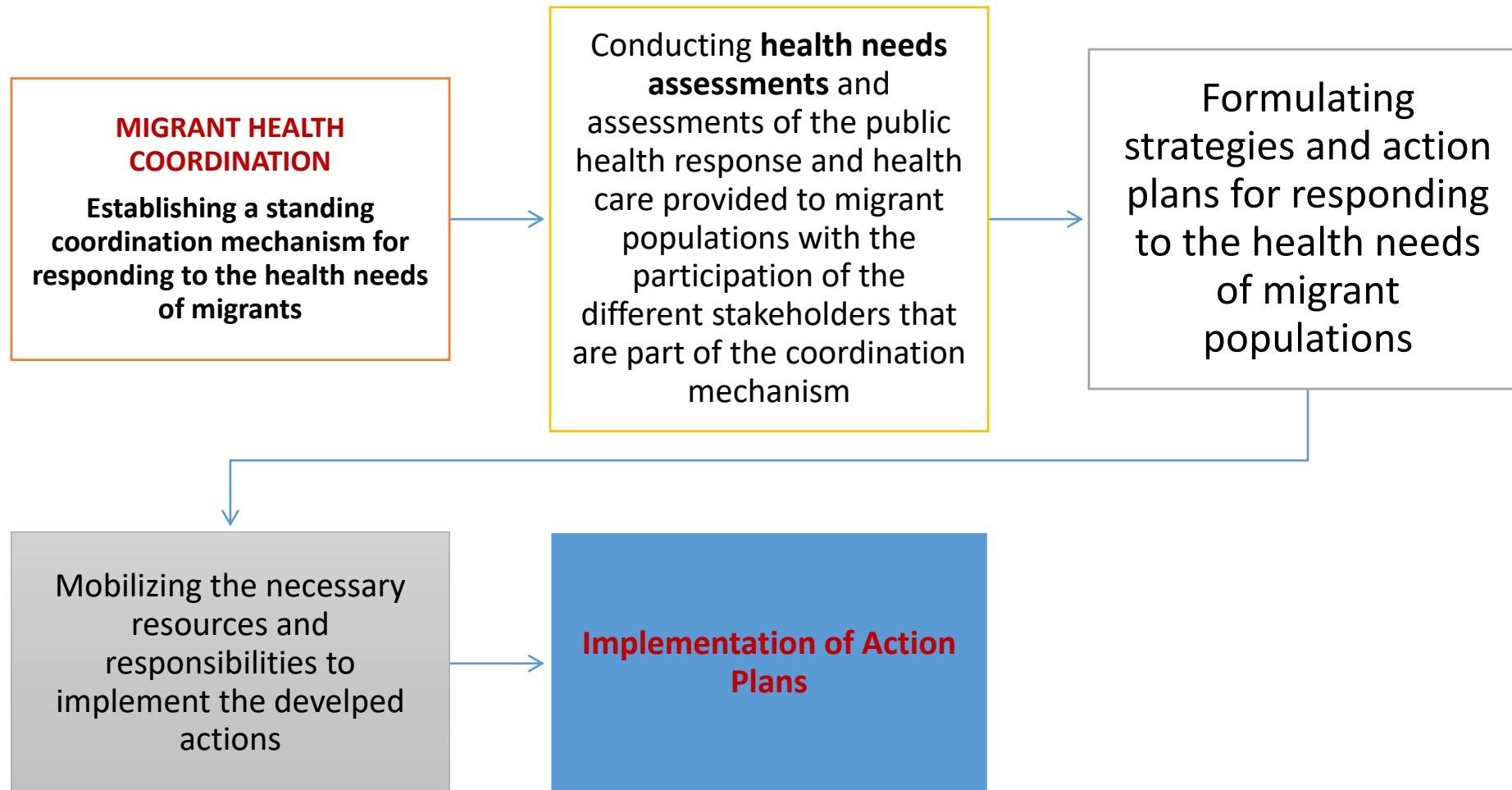


Health coordination team:

Tasks :WHO-WHAT-WHERE



PUBLIC HEALTH AND HEALTH SYSTEMS RESPONSE IMPLEMENTATION ROADMAP



Focus groups and interviews

- **20 interviews:** 4 in The Netherlands; 10 in UK; 6 in Austria;
- **10 focus groups:** 2 in Belgium; 2 in Greece: 2 in Spain; 1 in Italy; 1 in Slovenia; 1 in Hungary; 1 in Denmark
- **Targeted professionals :** health professionals; health managers; social workers; volunteers; NGO representatives; Local authority representatives ; cultural mediators; psychologists, ...

New and old challenges identified

General challenges to access to health care

- Legislative, administrative and bureaucratic barriers
- Linguistic and cultural barriers
- Lack of information and difficulties to ensure continuity of care
- Organisation and quality of health services
- Lack of coordination between services

Specific challenges for specific health care needs

- Mental health care
- Sexual and reproductive care
- Child care
- Victim of violence care
- Non-communicable diseases prevention and control
- Communicable diseases control and prevention

Effective interventions identified

Measures and tools to address barriers to health services

- Training of health and administrative staff / Adaptation of administrative procedures / Health system navigation
- Language and communication support services
- Patient information and education
- Organisational development / change
- Networking and intersectoral collaboration between services

Measures and tools to address barriers to specific health services

- Mental health care
- Sexual and reproductive care
- Child care
- Victim of violence care
- Non-communicable diseases prevention and control
- Communicable diseases control and prevention

Capacity of the EU Member States for Implementing a Health Response to the Increased Migratory Influx

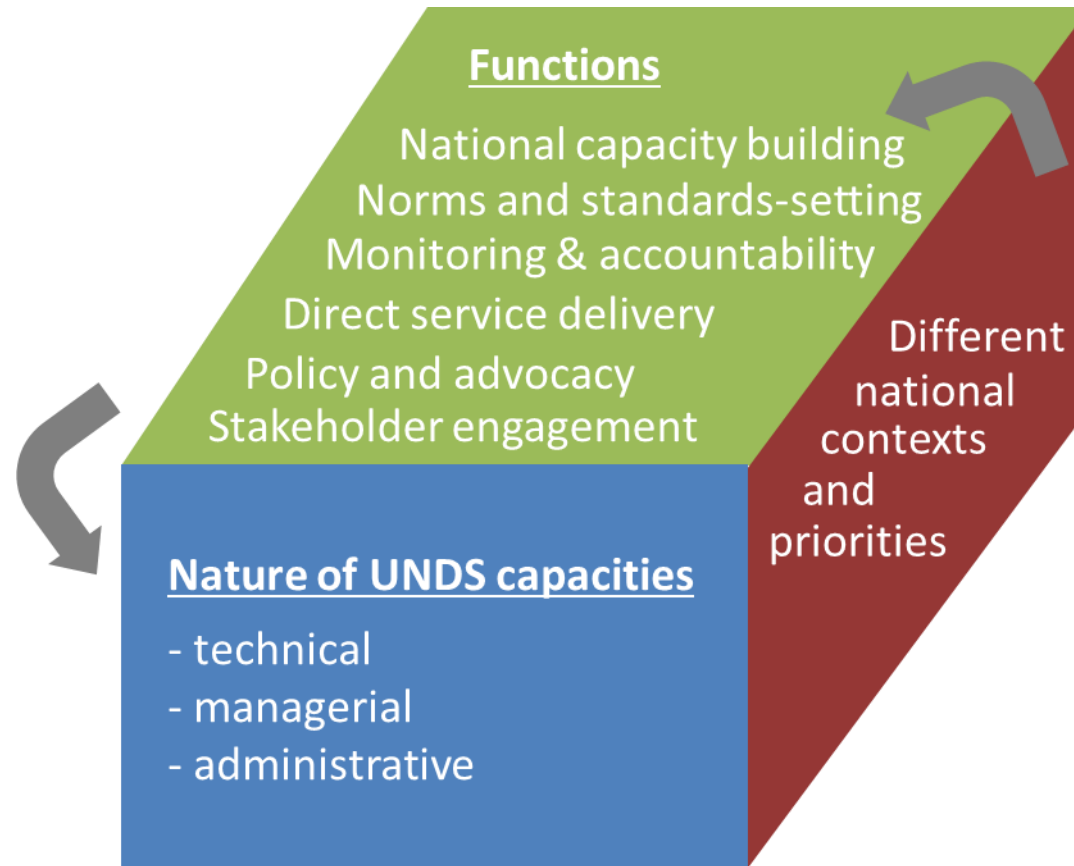
FRAMING QUESTION

What are the critical capacities that the EU Member States will need to put in place and further develop to respond to the changing needs of the increased migratory influx and articulate an effective health response?

Specific questions on Member State's Capacities

- Do the EU Member States have a clear notion of what kind of capacities are needed to build national capacity and institutional developments in this field?
- What kind of intellectual and organizational capacities are required for them to perform the functions they should perform?
- Are these capacities uniform across countries or should they be differentiated depending on the nature of the problem and on the economic, social and political context of each Member State?
- Are capacities in place? Do they need to be supplemented or furthered at a faster speed to ensure the Member State responses are relevant and effective?
- Can capacities of the EU MS health sector be discussed on their own or do synergies with capacities of the interior sector, civil protection and humanitarian streams of work need to be kept in mind?
- Are capacities missing? How should capacity gaps be filled?

Linkages between Member States capacities, functions and contexts



Capacitives: looking ahead

- EU MS will need to be more strategic and targeted, going beyond the current national security paradigm
- Greater fitness for purpose implies delivering coherent joint action in strategic areas
- Re-profiling the EU MS capacities to improve delivery in selected strategic areas should not be limited to process but aligned with content
- An effective system-wide operating model should be articulated It should be guided by principles, including human rights, universal health coverage, greater attention to global public health priorities, access to health care, continuity of care, social cohesion and pan European entitlements.

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Annex 4

Presentation: Training Strategy, Approach, Pilot Implementation and Evaluation



Co-funded by
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SH-CAPAC WORKSHOP

“ 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 ”

Granada
September 15-16, 2016





Co-funded by
the Health Programme
of the European Union



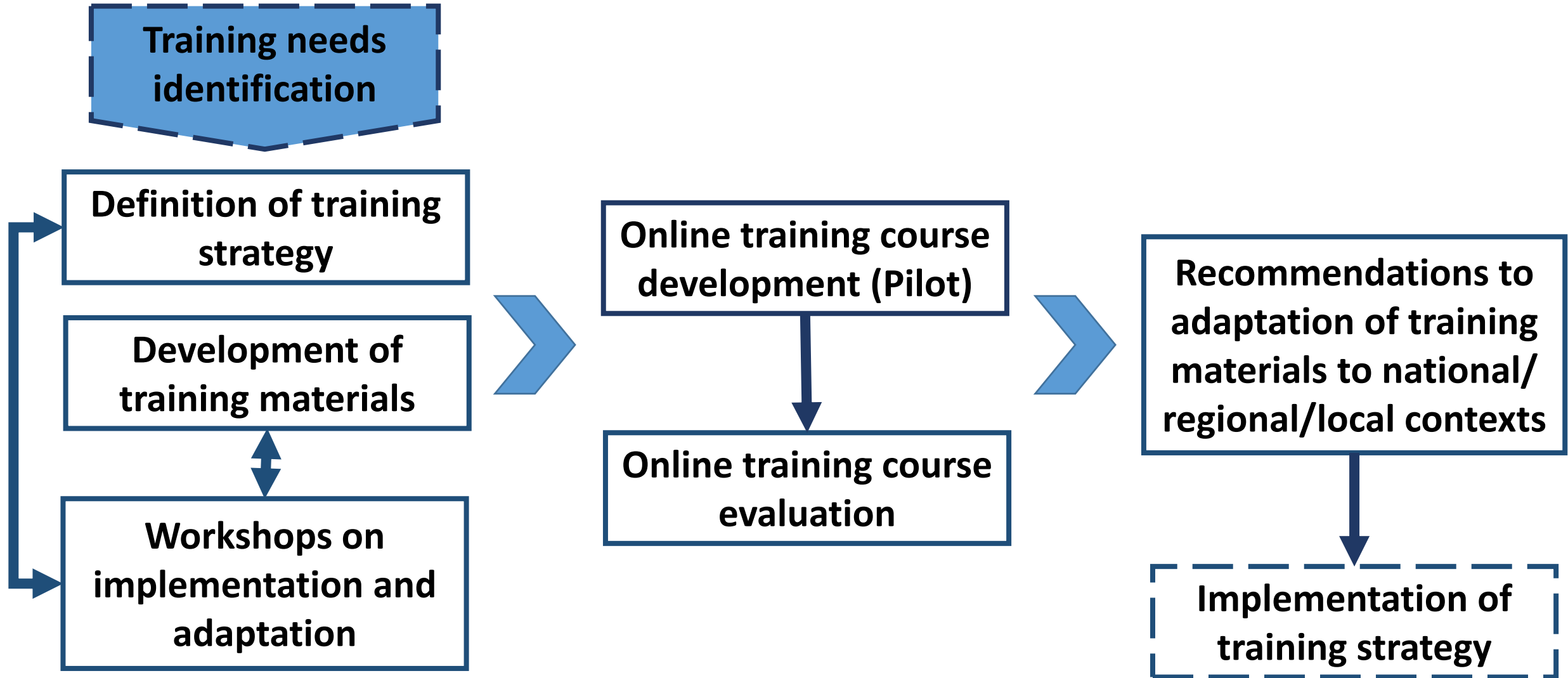
SH-CAPAC TRAINING STRATEGY

Escuela Andaluza de Salud Publica

Granada, 15th September, 2016



SH-CAPAC: Training activities



Training needs identification

- Training strategy has been developed from previous training assessment needs on **EU funded projects** (MEM –TP, C2ME project, EQUI-HEALTH action 2013–2016) and **other SH-CAPAC work packages**.
- In the MEM-TP project WP2 developed a review of existing training materials.
 - AIM: Identify, select and assess existing good quality training programmes for training health professionals in Europe, which address the particular issues related to improving access and quality of health care delivery for migrants and ethnic minorities.

Criteria for selecting and analysing information

1. Training description
2. Training development and delivery
3. Participant characteristics
4. Training approach
5. Educational content
6. Structure of intervention
7. Evaluation and outcomes

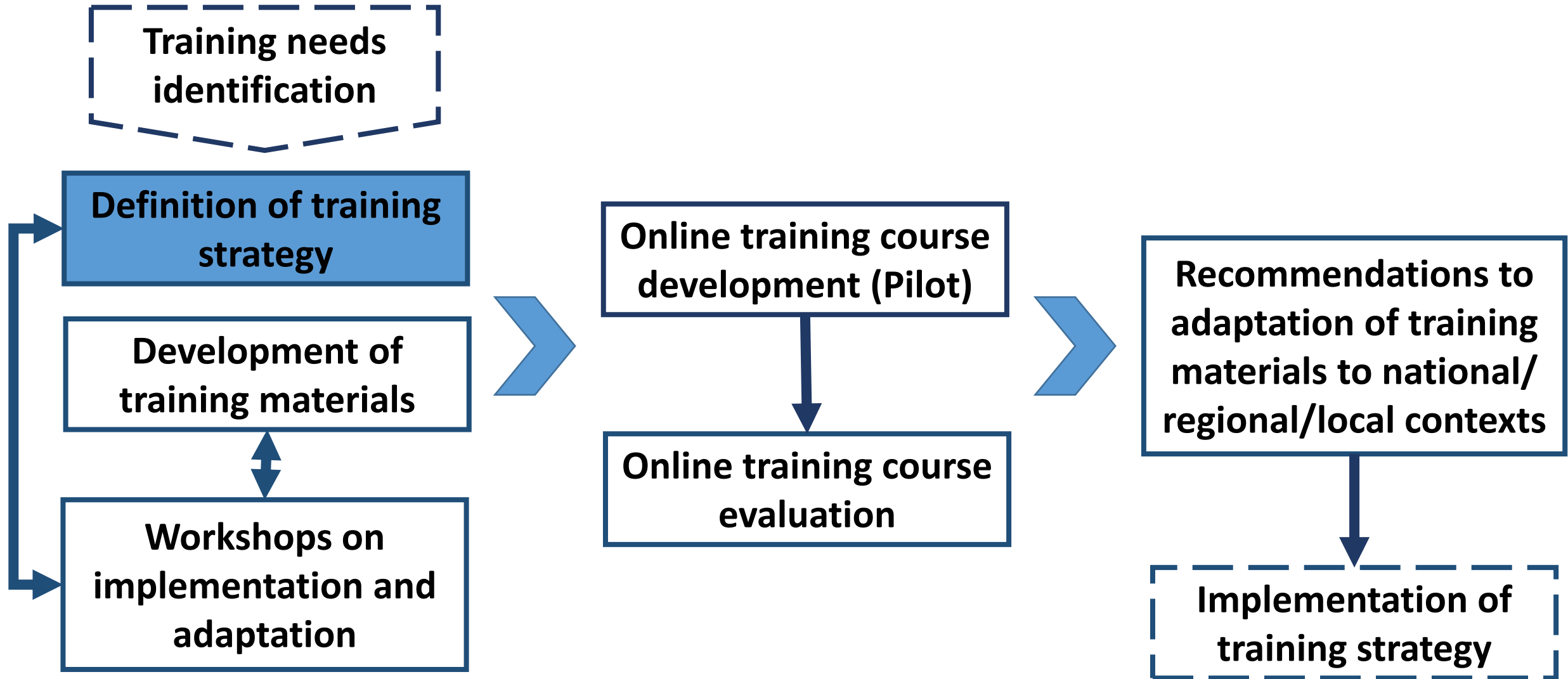
Adapted from Horvat, et al (2014) based on seven key domains
describing core components of training programmes

- **Adopt a holistic and systemic approach in defining training objectives**
- Involve service users and stakeholders in training development and delivery
- **Address training to a multiprofessional audience, including health managers and decision makers**
- **Develop a clear rationale and pedagogical approach in defining teaching and learning methods**

- Avoid a “recipe” approach with emphasis on passive acquisition of knowledge of different ethnic groups
- **Integrate cultural competence with alternate approaches, such as intersectionality, equity and person-centred care**
- **Link training programmes to key organisational support mechanisms, such as quality improvement planning, policy and procedures**

- **Use a participatory and experiential method of training delivery**
- **Focus on outcomes (for patients, staff and organisation) in training design, implementation and evaluation**

SH-CAPAC: Training activities



SH-CAPAC Training strategy

Training **aims to addressing the specific needs** of health care services in the EU to improve **access and quality** of health services for migrants, with special focus on refugees.

ONLINE COURSE

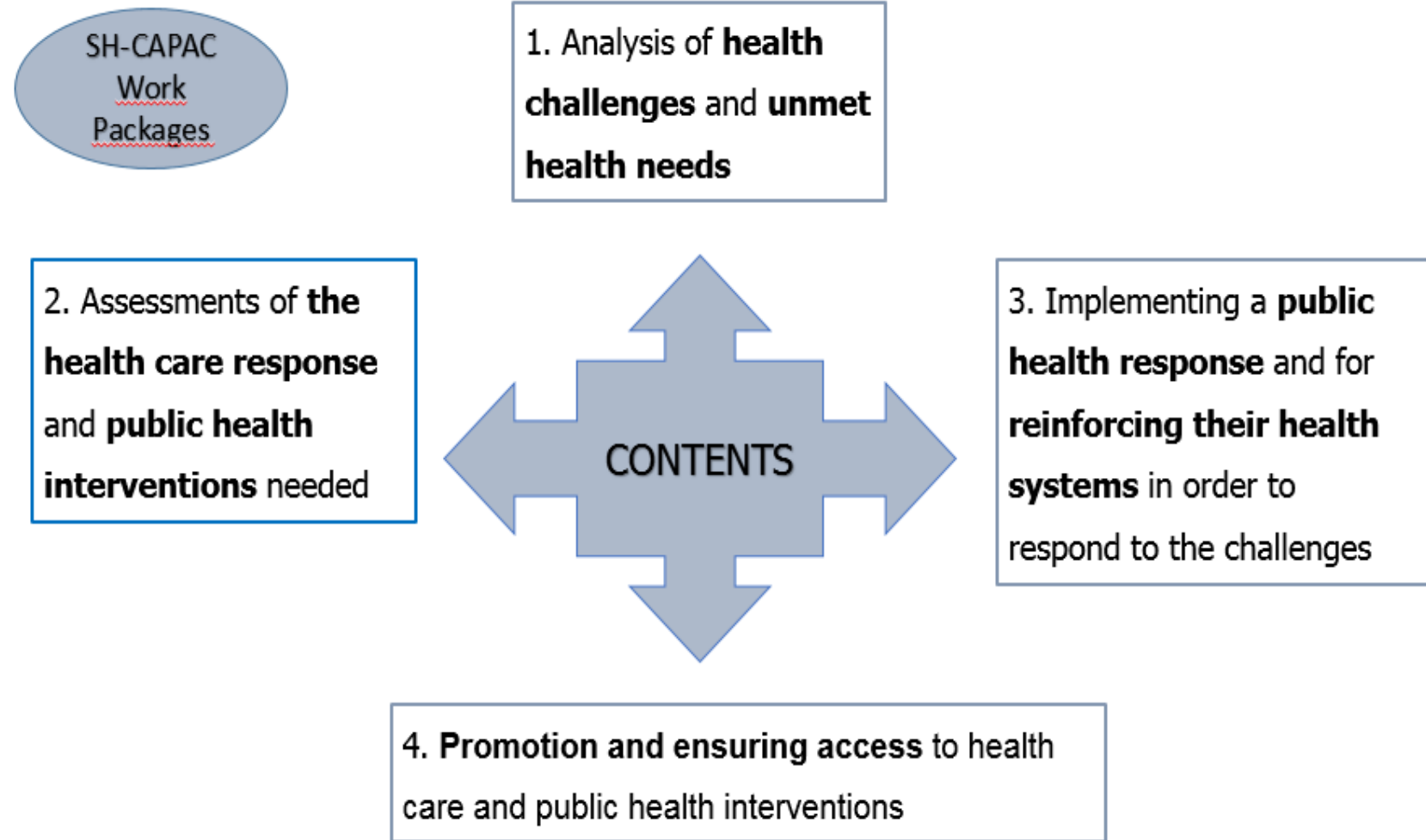
Improving the health response to refugees, asylum seekers and other migrants

- An **online course** is part of **Work Package 5** of the SH-CAPAC project.
- The **aim of this course** is to pilot the training contents and pedagogical approach and to evaluate them. The evaluation findings are expected to provide helpful guidance to national and regional authorities who want to adapt the training to the local context and implement the course later.

Target groups

- **Health managers:** people with responsibilities on decision making about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level.
- **Health professionals/providers:** health care services providers who see significant numbers of migrants among their patients, clinical staff such as doctors, nurses, midwife, social worker, and psychologist.
- **Administrative staff:** people in health facilities who are involved in direct communication with patients and their relatives, non-clinical staff as receptionists, appointment managers or clinic facilitators.

Contents



Contents

MEM-TP **Review** migrant and ethnic minorities' **situation in the EU** and identify common **challenges and best practices**; **Training programme** for health professionals and health care providers **to improve access and quality**

Special focus on **asylum seekers and refugees**

CONTENTS

Sexual and Reproductive Health and Sexual Violence, Mental Health



Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia



UNIVERSITEIT
GENT



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE

KØBENHAVNS
UNIVERSITET



Training contents

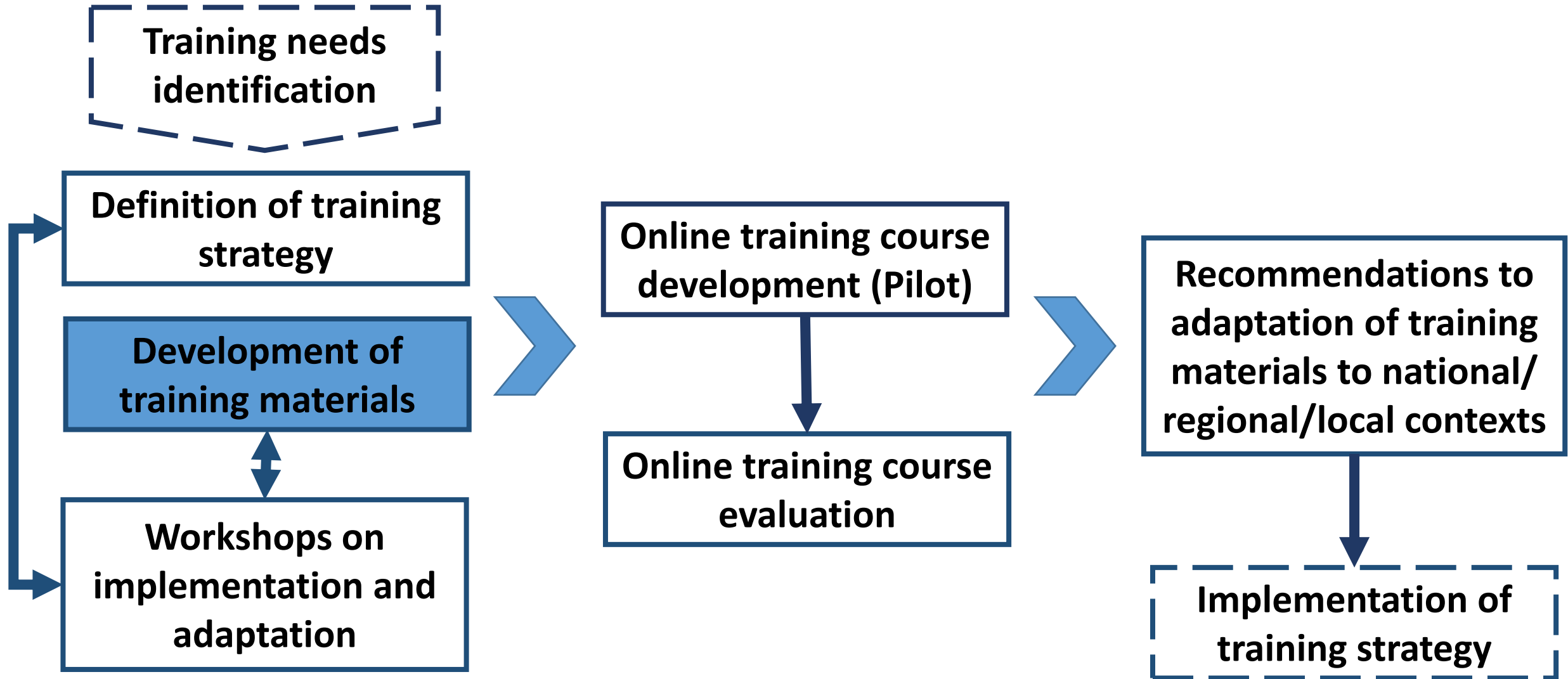
The total course material consists of **25 teaching units** (each lasting one hour), grouped into **five modules**. In addition, three hours are programmed to familiarize the trainees with the virtual classroom and another two hours to evaluate the content and approach of the course.

- 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

TRAINING APPROACH

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

SH-CAPAC: Training activities



A guideline is been offered to the authors.

- This guidelines **aims at giving indications to the group of experts on the expected contents and format for every unit**, to guarantee **harmonization of the training product**.
- Project's visual identity is also been respected → Therefore, the specific template for PPT and Word formats is to be used.

The basic contents for every unit include:

Presentation in PPT. Other formats may be included pending on Moodle technical requests.

Learning activities. The design of learning activities on an online setting can be supported by EASP team.

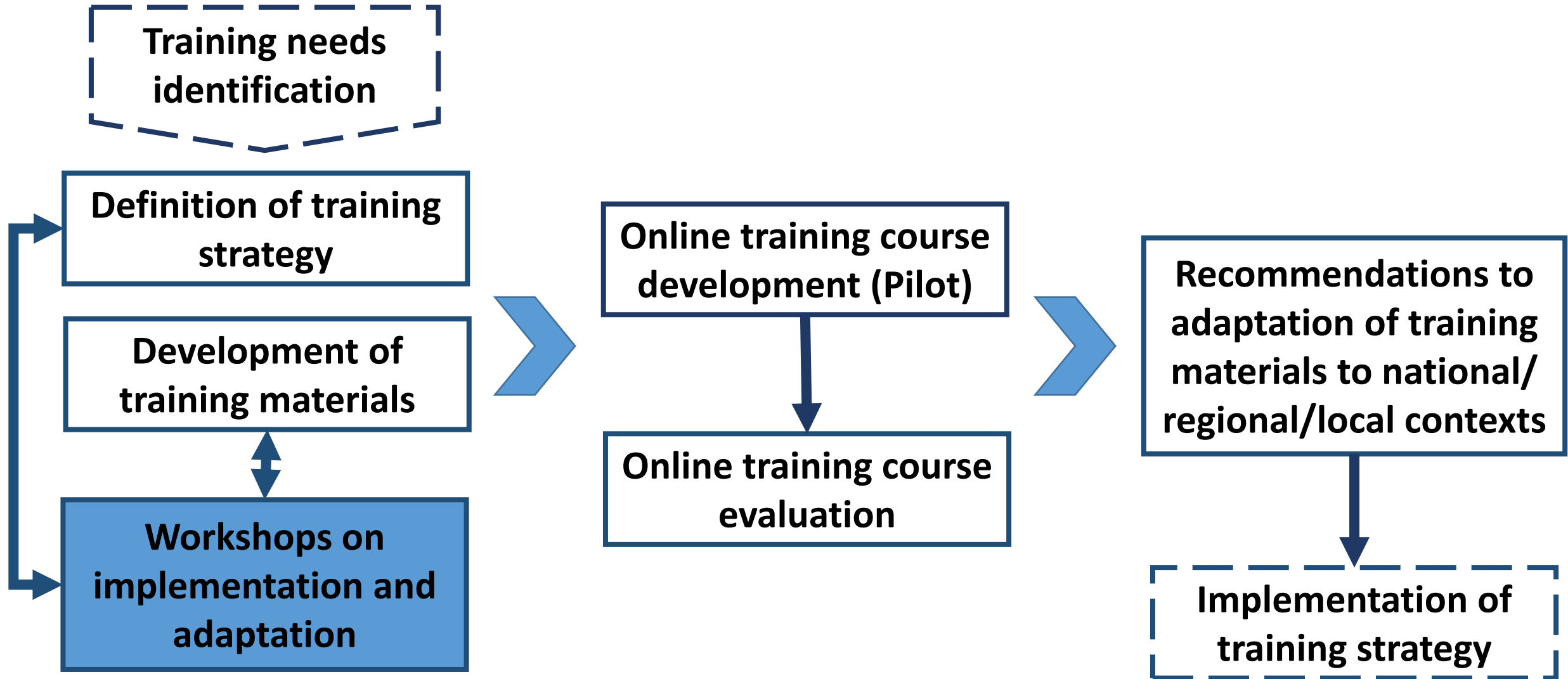
Recommended readings and additional contents. Including links, files, videos, etc. Special focus will be given to the audiovisual material to make the online training “friendly”.

3-5 questions for the evaluation of knowledge questionnaire.

Guideline for trainees including:

- a) Objectives of the Unit
- b) Brief description of activities (compulsory/optional)
- c) Work planning with suggested timeline and estimated time commitment
- d) Recommended reading.

SH-CAPAC: Training activities



WORKSHOPS ON IMPLEMENTATION AND ADAPTATION

1. SH-CAPAC Reggio Emilia workshop JUNE 16-17 2016

“Improving access to health care and capacity building in Member States under particular migratory pressure”

The workshop aim for capacity building was:

- Build national capacity through training of trainers in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity
- *Working group session “Identification of barriers and enablers for the training strategy”*

Some outcomes from Reggio Emilia Meeting (1)

- Question of **language barriers** and **difficulties** with the **online format**.
- **General barrier to e-learning:** lack of social contact, feeling of belonging to group, and emotional involvement
- The **focus of the training:** should focus more on approaches to deal with these problems in this population
- **Audiences:** Need to address different audiences and train them together, including health managers.

Some outcomes from Reggio Emilia Meeting (2)

- **Improve organisational competences** not only of individual professionals, but also involve actors in the community.
- Integration of **different approaches** (for instance fostering intersectionality). **Innovative elements** of the training.
- **No focus on diseases.**
- **Avoid overlapping** with other relevant EU training projects (EUR-HUMAN, healthefoundation.eu, online training on mental health and Syrian refugees, national training plans, ...).
- Constantly changing situation (in Europe, in countries, at local level) so new updates and information required continuously. Allow for **updates**.
- Refer to country specific and facilitate developing the local **adaptation**. Translations to local languages.

Some outcomes from Reggio Emilia Meeting (3)

- It would be recommended to work with practical knowledge from the own context.
- Professionals exhibit a large spectrum of experience level in working with migrants and refugees: experienced professionals, manager do not need and do not want the basis.
- **Identify the right person** in every context.
- **Quality of course** and importance of contents
- General **awareness of the importance of training**
- **Duration of the course**
- **Some more discussion on contents:** Provide information on legislation governing migrant rights, human rights and entitlements, more elements of ethics

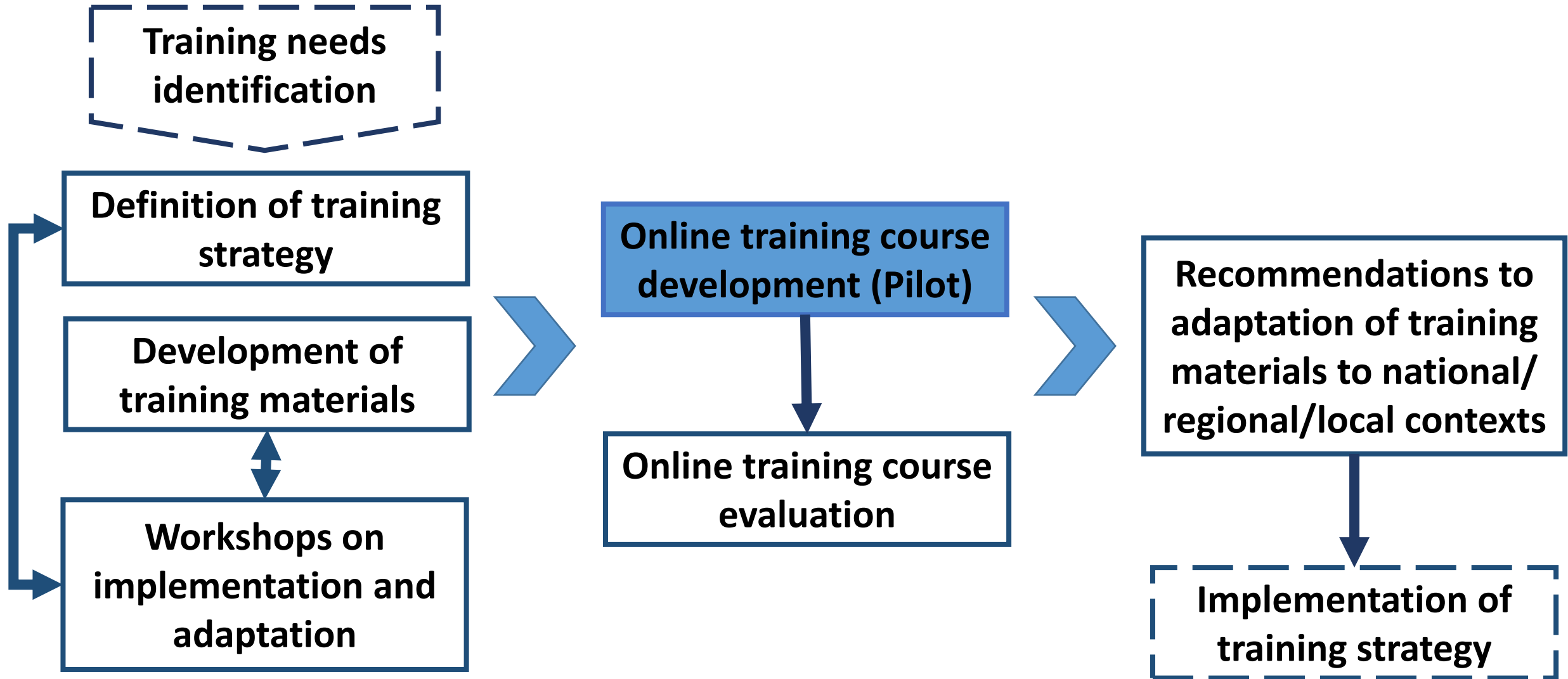
WORKSHOPS ON IMPLEMENTATION AND ADAPTATION

1. SH-CAPAC Workshop “ 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 ”

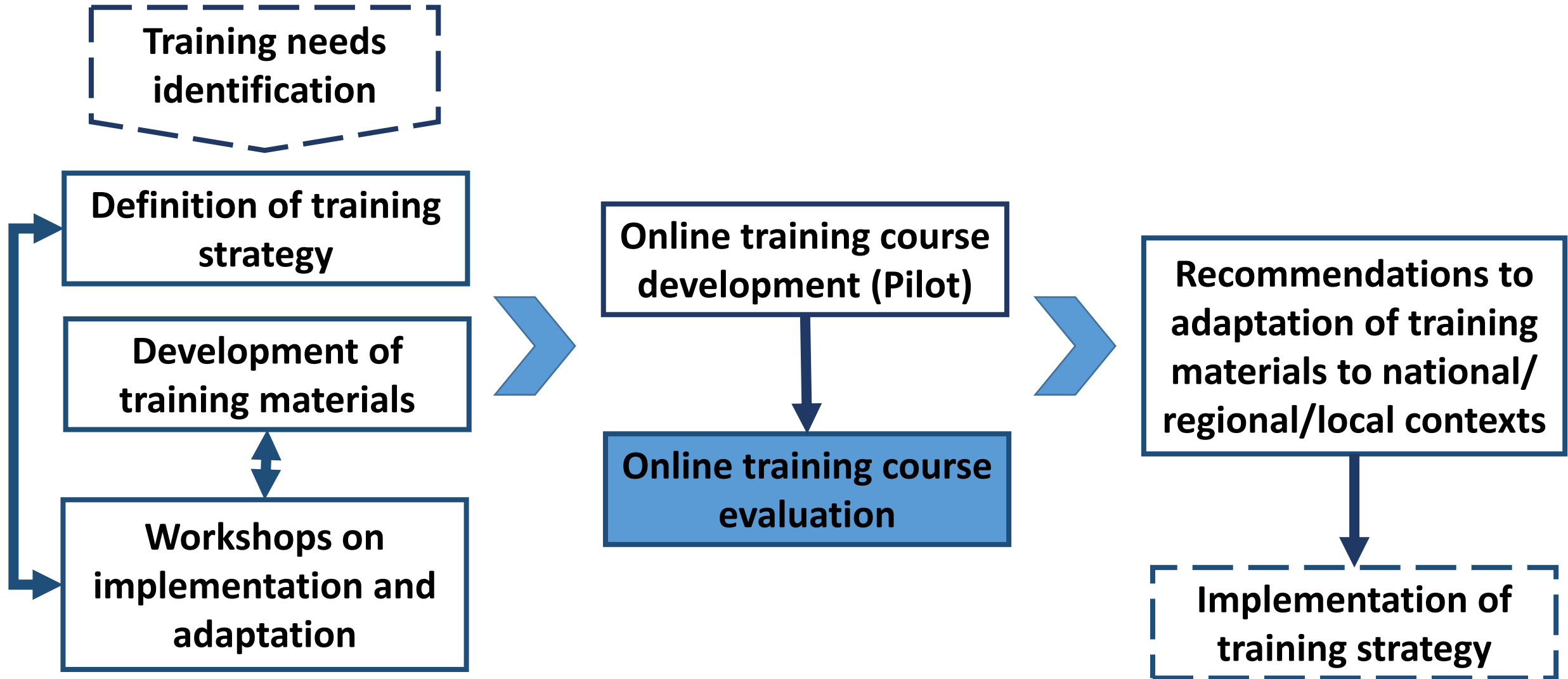
This workshop aims are:

- to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and
- to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

SH-CAPAC: Training activities



SH-CAPAC: Training activities



Online training evaluation

Objectives

1. To pilot the SH-CAPAC training strategy for the development and strengthening of refugee/migrant sensitive health services
2. To validate and identify adaptation requirements of the SH-CAPAC training materials to national/regional/local contexts.

Dimensions

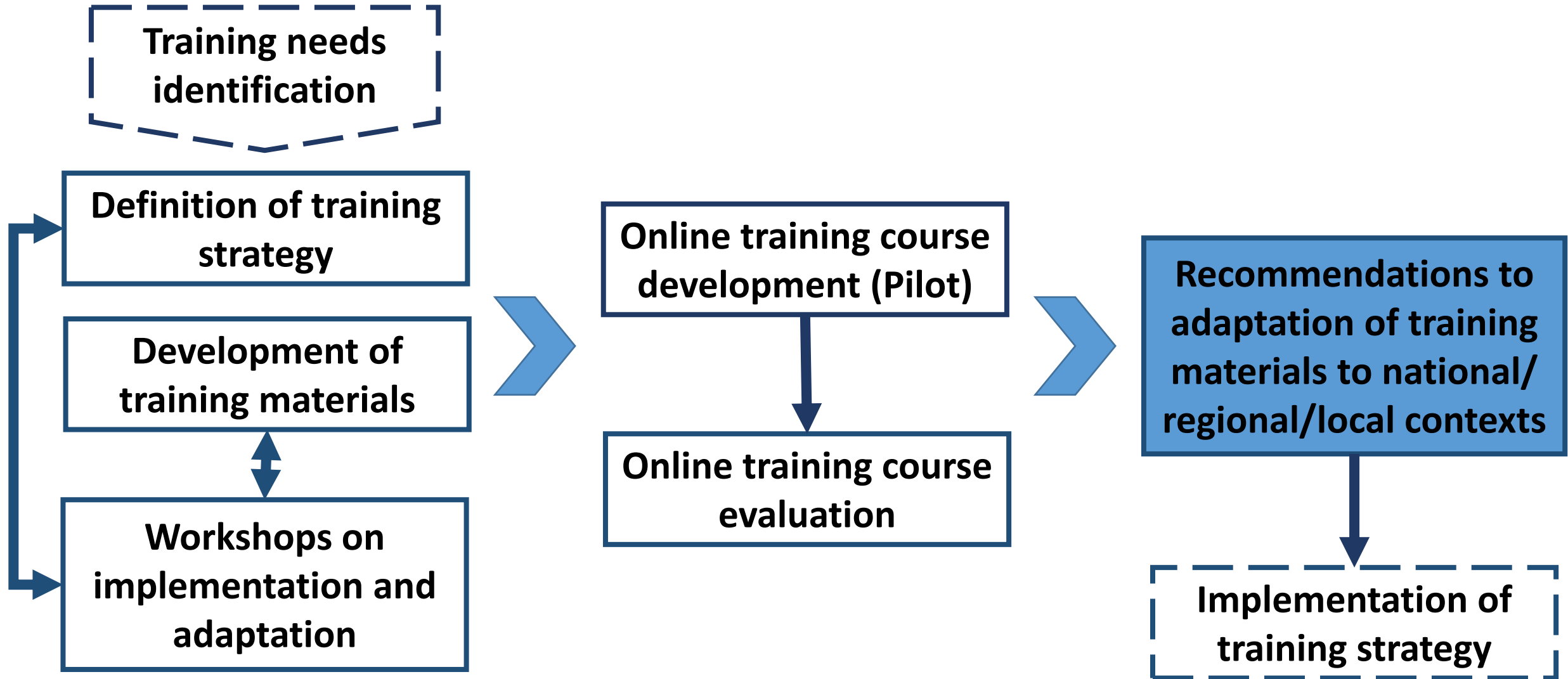
Evaluation will cover many aspects:

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

Evaluation plan

Dimensions of evaluation	Example of measure of interest	Data sources	Timing
Training materials quality and usability	Clarity, understanding, legibility, credibility, etc.	Quality survey Written feedback in forums and surveys	End of every module
Knowledge learning	What was learned after the training	Pre-post questionnaire	End of every module
Engagement and participation	Completion rates , messages posted, etc.	Navigation and log data Self-assessment	During and after the course
Satisfaction regarding learning activities	Consistency, teaching team,	Satisfaction survey Semi-directed interviews	End of every module and after the course
Adaptation requirements	Usefulness of course, specific needs on local contexts, etc.	Written feedback from participants in forums and surveys	During and after the course

SH-CAPAC: Training activities



Recommendations for adaptation of material and implementation of training strategy

- Training materials will be accompanied of a Report on design, development and evaluation of the training course, including recommendations to modify materials and learning activities for usage in new contexts.
- This adaptation process can differ accordingly to adaptation needs. The recommendation will serve as a guide through the process of matching the original training program with cultural profiles of the learners for whom the course will be offered.

Questions & feedback?

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Annex 5

Training Programme



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

**DESIGN OF A TRAINING PROGRAMME ON THE HEALTH
RESPONSE TO REFUGEES; ASYLUM SEEKERS AND OTHER
MIGRANTS FOR HEALTH MANAGERS, HEALTH PROFESSIONALS
AND ADMINISTRATIVE STAFF**

Deliverable 5.1

August 27, 2016



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The document uses contents produced under the EU Health Programme (2008-2013) in the frame of service contract nr. 20136209 with the Consumers, Health, Agriculture and Food Executive Agency Unit (Chafea) acting under the mandate from the European Commission: Project "Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma – MEM-TP" carried out by the Andalusian School of Public Health, EASP (Spain) as consortium leader and Faculty of Health and Medical Sciences of the University of Copenhagen (Denmark), Azienda Unità Sanitaria Locale Reggio Emilia (Italy) and Academisch Medisch Centrum bij de Universiteit van Amsterdam (The Netherlands).

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2.3	A Regional workshop for 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	9
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Annex 1 Training course general program

Annex 2 Brief guidelines for authors

Annex 3 Brief guidelines for trainees

Annex 4 Draft programme of the Granada regional workshop

Annex 5 User's guides for Modules 1, 2, 3, 4 and 5

1 Introduction

1.1 Why training health workers?

One of the five expected outcomes of the SH_CAPAC project is to “ build capacity through training of trainers in affected communities who can implement training activities for health workers, so they can develop intercultural competencies and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity” It is stated in the Grant Agreement for the SH-CAPAC project that at the end of the project a framework will be developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries and to have health workers of health districts with a high case load of refugees trained with the materials developed by the project.

This stream of work of the SH-CAPAC project aligns with the recommendations of The Global Consultation on Migrant Health, convened by the World Health Organization (WHO), the International Organization of Migration (IOM) and the Government of Spain in 2010 in Madrid, Spain. One of the four priority areas for action defined there was the need to build capacity to develop migrant-friendly health services. The development of health workers’ competences to better serve migrants and ethnic minorities is an essential component of building such capacity.

There is a need to improve the knowledge and skills of interdisciplinary teams and sectors at various level (national/regional/local) in developing integrated strategies and interventions to ensure access to health care for refugees, asylum seekers and other migrants.

The SH-CAPAC Grant agreement states that Work Package 5 will adapt available, relevant training materials from other EU projects focusing on health care for refugees and Specific Health Concerns and will transform the main products of the different Work Packages of the SH-CAPAC initiative into training materials for the target audience. In this regard the tools developed for coordination, population based needs assessment, development of action plans, improving access and capacity are receiving prominent attention in the development of the SH-CAPAC training course.

There are some recent developments that have been used as inputs for the development of the SH-CAPAC training course. One of them is the **MEM-TP** initiative, funded by the European Commission’s Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) under the 2008-2013 Health Programme. The project (running from December 2013 to March 2016) was implemented by a consortium led by the Escuela Andaluza de Salud Pública (Granada, Spain). The aim of the project was to develop, test and evaluate training packages for health professionals with the purpose of improving access to services for migrants and ethnic minorities, including the Roma. The focus was on health professionals working in primary care settings who are in first contact with those population groups.

The MEM–TP Dissemination Workshop Main Recommendations¹ noted that *tools for **health professionals and managers** to engage in **organizational change, policy revision, and improved community relations** should be included in the future. Improving individual competencies as a strategy needs to be part*

¹ European Public Health Alliance (EPHA) with the support of the Andalusian School of Public Health (2015). Final Report Dissemination Workshop. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada: Andalusian School of Public Health.

*of a system that wants to improve services towards migrants. Taking a **whole organization approach** is recommended. **Managers and policy makers** should also be targeted, and appropriate additional training material developed for them in the future.*

Participants in this workshop also confirmed that *the concerns raised by the ongoing refugee crisis should be used as a stimulus to arouse interest in the training packages. Economic crises in some countries exposed the structural inadequacies of their health systems. EU Member States are already stressed by the needs of diverse populations. Providing adequate services to a large number of new arrivals is placing further stresses in these countries, as well as their richer neighbours.*

The **C2ME project** (supported by the EU's Erasmus Lifelong Learning programme) is another project aiming at supporting medical teachers to become more proficient in cultural competence. The project developed and implemented 'Teach-the-Teacher' modules on cultural diversity, as well as a policy for the structural embedding of such training in medical schools. Involving 11 different EU countries, the project aimed to provide knowledge, shape attitudes and build up skills. The results showed that interest in receiving training is high, in particular regarding communication skills. These include adapting communication style to different patient needs, dealing with conflicts arising from different cultural views between care provider and patient, and examining the impact of values and perspectives on the care process.

The **EQUI-HEALTH** action (2013–2016) aims to foster harmonised approaches for improving the access and appropriateness of health services, health promotion and prevention of migrants in the EU. Its training components targeted professionals working with migrants' first reception points. In terms of 'lessons learned' for MEM-TP, the EQUI-HEALTH action confirms the need to target various professionals working with migrants. Training should comprise such elements as overcoming communication problems, identifying migrant sub-groups and overcoming stereotypes. Aiming to show that migrants are ordinary people in an extraordinary situation, EQUI-HEALTH modules include training to dispel myths and false perceptions. In the context of Europe's southern border, training materials should also include such issues as burnout experienced by front liners 'cut off' from the health system, and feelings of loss experienced by migrants. In addition, the issue of communicable diseases was brought up.

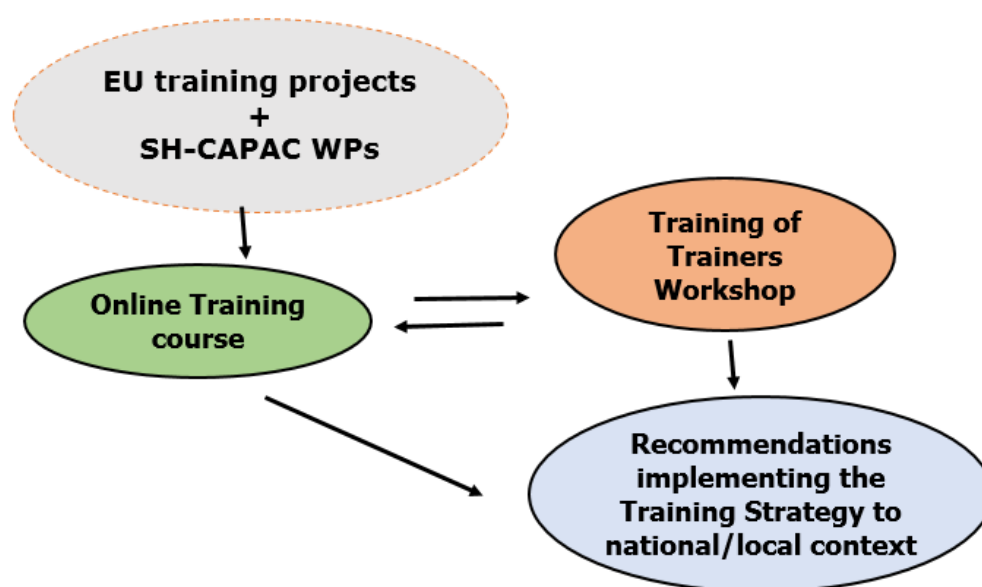
The SH-CAPAC project as part of its Work Package 5, aimed at building national capacity through training activities for health workers in affected countries, has taken stock of these experiences and has taken the relevant elements derived from them to merge with the approaches, methodologies and tools developed by the SH-CAPAC project to design a training course that can be relevant to the situation of the recent population influx into the European Union.

The Training has put emphasis on the need of developing a public health and health systems perspective to the health response to the refugees, asylum seekers and other migrants. Cultural aspects and training on cultural competencies is important but it is only a part of the approach needed to build the institutional capacity in Member states for improving the health response to the recent massive population influx into the European Union. This is the reason why emphasis has been placed in transmitting knowledge and developing skills in areas covered by other Work Packages of the project (WP1,2,3 and 4) in such a way that the trainees can have a better grasp of the need for a coordinated action, of the relevance of assessing population health needs and health protection resources available, of developing action plans, building possible scenarios and constructing contingency plans and of identifying access barriers and ways to overcome them.

The Training has been designed to meet the needs, in term of competences, for three different health workers profiles identified as the target groups:

- **Health Managers:** people with responsibilities for making decisions about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. They should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions. It is essential to involve this profile to support organisational change by linking the training programme to policies and procedures, actions and service performance assessment.
- **Health Professionals/providers:** health care services providers who see significant numbers of migrants among their patients, clinical staff such as doctors, nurses, midwife, social worker, and psychologist. At the end of the training they should understand the background and circumstances of their migrant patients and have learned ways of managing their consultations and care in line with the diversity sensitive health care delivery model.
- **Administrative staff:** people in health facilities who are involved in direct communication with patients and their relatives, non-clinical staff as receptionists, appointment managers or clinic facilitators.

2 SH-CAPAC Training Strategy



2.1 SH-CAPAC Training Contents

As mentioned above, contents from the different tools developed in the different SH-CAPAC Work Packages have been integrated in the training programme, together with some of the contents designed for the MEM-TP training course.

The contents associated to the SH-CAPAC Work Packages **coordination challenges of the health response** to these population groups, the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flows pose; the **assessments of the health care response and public health interventions needed** by the refugee and asylum seeker population; the development of action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges; and the **promotion and ensuring access** of the

refugee, asylum seekers and other migrants populations to health care and public health interventions through a **resource package** to reorient local strategies and plans.

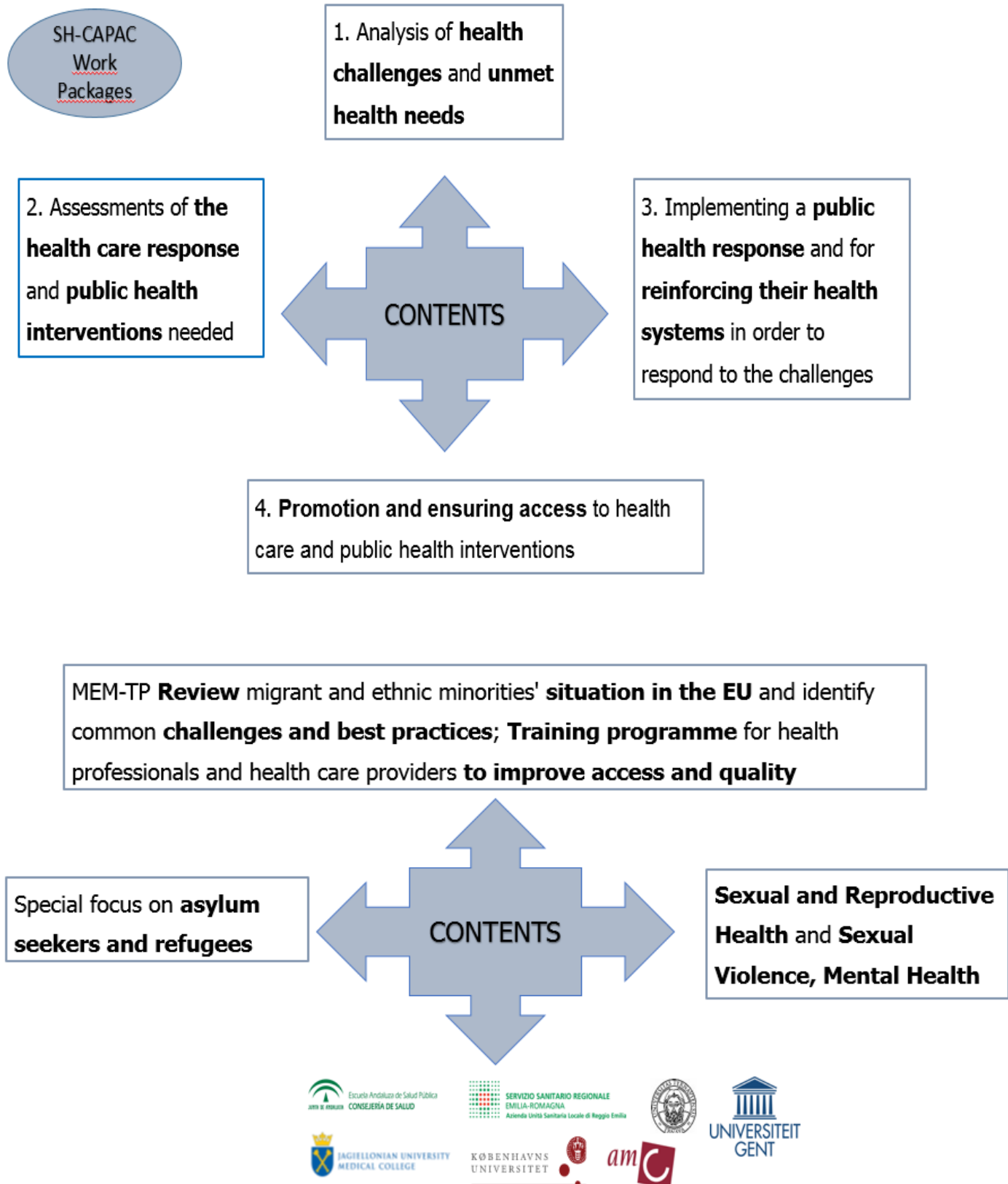
The inputs received during the regional workshops organized by the SH-CAPAC project in Ghent, Copenhagen and Reggio Emilia, the lessons learned during the Country Missions and the main conclusions of the Focus Groups organized in many Member States as part of the preparation of the *Resource package for ensuring access to health care of refugees, asylum seekers and other migrants in the EU countries* (WP4) have been considered in preparing the training contents.

Some of these elements considered are the following:

- Culturally sensitive training aimed at improving the coping skills of asylum seekers is required to improve health and deal with the health deterioration and mental health problems frequently observed after arrival.
- Insufficient knowledge of the health care system and cultural differences often hamper access to health care.
- Linguistic and cultural barriers are systematically identified as one of the major challenges related to access to health care. The impossibility to resolve linguistic barriers makes it extremely difficult to handle cultural barriers that may further impede the care delivery process.
- The lack of cultural competence seems to be most problematic in mental health care, making it difficult to provide adequate care for refugees with mental health problems such as PTSD.
- Gender issues in the health care have been reported as particularly relevant.
- Differences between the medical culture of countries of origin lead to conflicts with MD's.
- There is a lack of quality information for asylum seekers/refugees on how to navigate the health care system.
- Care providers should be alert to recognize diseases that are uncommon in the receiving countries but may be so in the countries of origin of the refugees and other migrants.
- The effects of linguistic and cultural barriers are aggravated by the limited culture competence of many care providers.
- The lack of understandable information for refugees on the organization of social and health care services further complicates their access to help they may need.
- To sensitize administrative and healthcare staff of healthcare centers in order to increase their knowledge and empathy skill so to offer a better assistance to users.

Similarly, following the recommendations of the MEM-TP dissemination workshop mentioned above, SH-CAPAC has reinforced the contents on sexual and reproductive health (SRH) and sexual violence (SV). SV is a specific reason for claiming asylum and as in international humanitarian crisis settings. Both SV and SRH are considered priority health concerns which requires specific screenings and interventions. The *Make it Work!*² training manual has been used for this purpose.

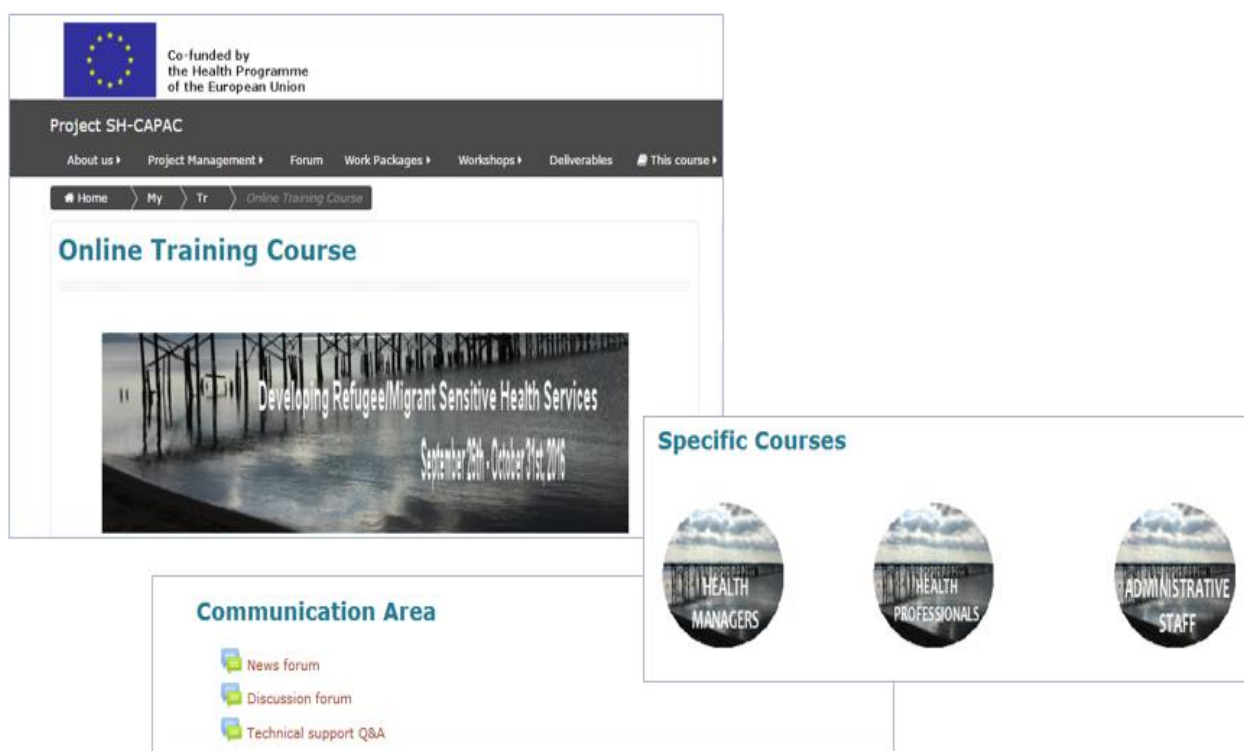
² Frans, E. and Keygnaert, I. (2009) *Make it Work! Prevention of SGBV in the European Reception and Asylum Sector*. Academia Press, Ghent.



2.2 SH-CAPAC Training Course

The SH-CAPAC training activities will be piloted tested during the months of October and November 2016 .The training course will be supported by the EASP virtual campus. It **addresses the identified needs of health care workers in the EU for improving access and quality of health services for refugees, asylum seekers and other migrants.**

It is an **online training course in English** supported by Andalusian School of Public Health (EASP), developed as a Moodle virtual learning environment. This course offers **3 tracks** adapted to the three different profiles mentioned above. The virtual training course will be open to participants from **October 20th to November 20th, 2016.**



As discussed the training course seeks to develop competencies for organizing a public health and health systems oriented health response to the large migratory influx into the EU during the last two years. In addition, it follows recommendations from the evaluation on training programs³ done as part of the MEM-TP project, highlighting that health care organisations should ensure that **staff at all levels improve awareness, acquire knowledge build capacity and develop competencies to address issues related to access and quality of health care** for refugees, asylum seekers and other migrants and vulnerable groups. It is directed to a multi-professional audience and follows a general approach at the beginning of training addressing the issues of access and quality of care delivery. This sets the context for an understanding of the complexity and relevance of the issues from many different perspectives. The Training

³ Chiarenza A, Horvat L, Ciannamè A, Vaccaro G, Lanting K, Bodewes A, Suurmond J. (2015). Final Report Review of existing training materials. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Reggio Emilia, Amsterdam: Andalusian School of Public Health, AYSL of Reggio Emilia, University of Amsterdam.

program gives emphasis to a clear focus on outcomes for healthcare professionals, patients, and health care organisations.

A core component of contents will be offered to multi-professional audience from different national and regional contexts. Focal points for the SH-CAPAC project in each target Member State will be asked to nominate suitable candidates for the pilot training starting in October. Some other contents will be specific for each profile according to the professional's category. Heterogeneity of participants' profiles and experiences adds diversity to the interaction in the forum by bringing different perspectives.

Learning needs differ according to different aspects like the type of role, years of experience and personal skills. Therefore an approach that can be adapted to the specific profiles has been developed to meet the needs of the target participants. This approach includes **specific training tracks** for health manager (**HM**), health professional (**HP**) and administrative staff (**AS**).

The training consist of a mix of theoretical contents and practical applications and case studies. Therefore there is a mix of information given by the trainer and interactive online activities and group exercises. Discussion sessions will be organized to promote the exchange of views and feedback from participants.

The teaching and learning methods focus on:

- Theoretical presentations,
- Problem based learning and
- Experiential and analytic self-reflection.

Learning activities include diverse and interactive educational methods to allow participants to explore mutually challenging work situations, to frame together problems and solutions and consolidate networks. The proposed activities will focus on analysis of case studies (drawn directly from experience) and interaction of participants (through discussions in a forum), based on personal experience and local examples.

The evaluation plan includes the following assessment tools for evaluating the learning progress of the participants:

1. Pre-post questionnaire (*assessing differences in knowledge in comparison to the start of every module*);
2. Learning activities (*in every module*);
3. Written feedback from participants in forum (*any time during the course and at the end of the course*);
4. Quality and satisfaction *questionnaire* (*at the end of the course*);
5. Follow up online written feedback from participants in the course forum after 4 weeks (*by December 2016*).

A user's guide for each of the five modules has been developed containing all the details of the training materials and activities and the sequential steps that have to be followed in the on-line training process. The five user's guides for modules 1, 2, 3, 4 and 5 are contained in Annex 5 and can also be found in the SH_CAPAC project webpage.

The evaluation report on the training course will include a set of recommendations and lessons learnt to implement the training strategy and adapt training contents at national/regional/local level. Part of these recommendations will be derived from the regional workshop to be held in Granada September 15th-16th, 2016 (see program attached as Annex 4).

2.3 A Regional workshop for 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

To implement the training strategy at national level, the training program and contents should be adapted to national/local context. A regional workshop for 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 will be held in Granada, Spain on September 15th- 16th to assist training national managers and trainers in implementing the training strategy for adapting the contents to their national/regional context. The workshop will have the participation of representatives from the target Member States, either national or local health authorities and health care providers or non-governmental organizations.

This workshop aims are: a) to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and b) to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The expected outcome of the workshop is to support the implementation of sustainable training strategies at national and subnational level for improving the health response to refugees, asylum seekers and other migrants.

The objectives of the workshop are:

1. To present to Member States the proposed SH-CAPAC Training Strategy.
2. To present the training contents and methods of the SH-CAPAC on-line training course.
3. To discuss training needs for different professional profiles and contexts.
4. To discuss strategies for adapting the training materials at national/regional/local level.
5. To engage national and subnational counterparts who may be interested in adapting the training contents.

To ensure the replication and sustainability of the training, the national training courses should be implemented to the extent possible in collaboration with the national health and education authorities responsible for the capacity building of health professionals and service providers.

Target participants:

- National/regional/local health and education authorities responsible for the capacity building of health professionals and service providers.
- Professionals who have responsibility for developing training in health care settings, especially in connection with refugees/migrants health
- Other stakeholders such as, European and national health professionals associations, NGOs, etc. involved in training in connection with refugees/migrants health at national/regional level.

2.4 Authors, tutoring team and support staff

Training contents have been developed by a team of experts from the SH-CAPAC project. The Consortium is comprised of the following seven institutions:

- Escuela Andaluza de Salud Pública (EASP) (Spain),
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy),
- Trnava University in Trnava (Slovakia),
- Jagiellonian University Medical College (Poland),
- International Centre for Reproductive Health/ University of Ghent (Belgium),
- Academic Medical Centre/ University of Amsterdam (The Netherlands),
- University of Copenhagen (Denmark).

The Consortium includes relevant centres with a long and complementary experience in migrant and ethnic minority health care as well as in the design and development of training activities directed at professionals and health care providers and oriented to improve health care quality and promote accessibility for these population groups. Three of them, the Andalusian School of Public Health (EASP), the University of Copenhagen and the Jagellonian University have previous experience of collaborative work as members of the Consortium which conduct the European Master of Public Health (EUROPUBHEALTH) and have a formal agreement of collaboration.

They were joined by the Azienda USL of Regio Emilia, Trnava University in Trnava and the Academic Medical Centre/University of Amsterdam in the consortium that implemented the project for the EC sponsored project for development and testing of training materials for improving quality of health care for migrants and ethnic minorities (MEM-TP). The International Centre for Reproductive Health/University of Ghent, with ample experience in participating in European projects on Sexual and Reproductive Health and Sexual Violence has joined the Consortium.

The authors, tutoring and support staff is a multidisciplinary team of professionals from the areas of Public Health, Health Policy, Epidemiology, Health Systems Migrant and Refugee Health, Primary Health Care, Psychology, Political Sciences, Economics and Sociology, Migration Policies and Legislation, Health Promotion and Gender and Health. The staff tutoring is involved in different relevant research areas: migration and health, intercultural diversity, training of trainer's methodologies, access to health care, social and gender determinants of health and health inequalities, economic crisis and health, human rights perspectives, unaccompanied minors, mental health, citizen participation in health, sexual and gender diversity, qualitative research methodologies, and ethics.

3 Training Course Timeline

January	Setting up a Working Group led by EASP Team
February-March	Find priorities for the outline of contents focused on improving access and quality of health services for migrants, with special focus on refugees
April	Discussion on outline of contents (6 th Trnava, Slovakia) Design the Training strategy Develop the Course guideline
May-July	Develop the training programme, contents and formats of the training materials and Evaluation tools
June	Regional Workshop to discuss access to health care and capacity building strategies (16 th -17 th Reggio Emilia, Italy)
June-July	Develop the contents of the Granada Regional Workshop
September	Granada's Workshop (15 th -16 th Granada, Spain)
October-November	Pilot testing of the online training courses (virtual campus EASP)
November-December	Evaluation of the online training courses

Annex 1

Training course general program

Training course general program

Module 1. Context
M1. Unit 1. Definitions, Framework of migration and asylum in EU. Asylum claims and trends.
M1. Unit 2. Health policies and provision of health services in the EU.
M1. Unit 3. Socio-cultural context of refugees and migrants' health.
M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.
Module 2. Strengthening institutional capacity to organise the response
M2. Unit 1. Framework for coordination.
M2. Unit 2. Assessment of health challenges
M2. Unit 3. Planning and implementing the public health response.
M2. Unit 4. Knowledge and information base for migrant health.
Module 3. Capacity-building for migrant sensitive health systems
M3. Unit 1. Diversity sensitive health care principles.
M3. Unit 2. Health care model and accessibility.
M3. Unit 3. Cultural and health mediation
M3. Unit 4. Disease prevention and health promotion.
M3. Unit 5. Communication skills: addressing sensitive issues.
M3. Unit 6. Caring for the care givers
Module 4. Specific health concerns
M4. Unit 1. Chronic diseases.
M4. Unit 2. Communicable diseases.
M4. Unit 3. Sexual and reproductive health
M4. Unit 4. Violence.
M4. Unit 5. Mental health.
Module 5. Vulnerable groups
M5. Unit 1. Victims of trafficking
M5. Unit 2. Children and unaccompanied minors
M5. Unit 3. Women: Gender issues
M5. Unit 4. LGBT
M5. Unit 5. Elderly
M5. Unit 6. Undocumented migrants

Annex 2

Brief guidelines for authors



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**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO
HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER
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BRIEF INSTRUCTIONS FOR AUTHORS





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TIMING

The virtual training course will be open to participants from October 20th to November 20th, 2016.

The total length will be 30 hours, in virtual format. Each unit will last 1 hour.

AIM AND OBJECTIVES OF THE TRAINING

To support, through training activities, the development a public health and health systems approach to the health response to the increased migratory influx into the EU and the building of national capacity on developing migrant-friendly health services .

SPECIFIC OBJECTIVES

- To develop the competencies for advancing a public health and health systems health response to the refugees, asylum seekers and other migrants entering the EU-
- To develop the participants' intercultural competences.
- To promote a clear understanding of a migrant sensitive health care delivery model, respecting the Human Rights perspective.

TRAINING APPROACH

The global training approach is "*learner-determined, task-specific*"⁴. That is, *authors* will specify learning task and goals, but trainees have control over how they work and achieve the planned goals and tasks.

Each unit will have a balanced mix of theoretical and practical contents focusing on:

- Theoretical presentations
- Problem based learning (case studies)
- Experiential and analytic self-reflection

Interactive online activities and group exercises could also be offered, complementing the information provided by the authors. Thus, to facilitate self-learning and peer learning, discussion sessions could be organized in a participatory way. We suggest that authors offer tutorial support regarding the contents prepared during the period that their Module will be available to trainees (one week). During this period, trainees can post a message on the specific forum available for each Unit/Module and receive feed-back or answers to the questions from authors-tutors.

However, training needs could vary according to different contexts (between countries and within the country, at different levels: national, regional, local). Adaptation of contents, learning activities and training approach

⁴ Coomey, M., & Stephenson, J. (2001). Online learning: it is all about dialogue, involvement, support and control-according to the research. Teaching and learning online: Pedagogies for new technologies, 37-52.

could be needed to respond to specific training needs and the availability of resources in different training organizations and contexts. Concrete tools and strategies to make necessary adaptations will be presented and discussed during the Workshop on September 15th-16th, 2016 in Granada (Spain).

DOCUMENTS TO BE PREPARED BY AUTHORS

The basic contents **for every unit** include:

1. **Presentation in PPT.**
2. **Learning activities.** The design of learning activities for the online setting will be supported by the EASP team.
3. **Recommended readings + additional contents.** Including links, files, videos, etc. Special focus will be given to audio-visual material to make the online training “user-friendly”.
4. **3-5 questions** for the evaluation of knowledge questionnaire.
5. Proposed **Guideline for trainees**, including:
 - Objectives of the Unit.
 - Brief description of activities (compulsory/optional).
 - Work plan with suggested timeline and estimated time commitment.
 - Recommended readings.

FURTHER INFORMATION

Detailed information is available in the WP5 Working documents on the SH-CAPAC website <http://www.easp.es/sh-capac/>

You may as well contact by email

Jaime Jiménez Pernett jaime.jimenez.easp@juntadeandalucia.es

Ainhoa Ruiz Azarola ainhoa.ruiz.easp@juntadeandalucia.es

Annex 3

Brief guidelines for trainees



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**BRIEF INFORMATION FOR NATIONAL/
REGIONAL HEALTH AND EDUCATION
AUTHORITIES AND TRAINEES**



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AIM AND SCOPE

SH-CAPAC is a project launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers' competencies for the delivery of migrant/refugee sensitive health services.

PARTICIPANT PROFILE

- **Health Managers:** people with responsibilities for making decisions about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. They should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions. It is essential to involve this profile to support organisational change by linking the training programme to policies and procedures, actions and service performance assessment.
- **Health Professionals/providers:** health care services providers who see significant numbers of migrants among their patients, clinical staff such as doctors, nurses, midwife, social worker, and psychologist. At the end of the training they should understand the background and circumstances of their migrant patients and have learned ways of managing their consultations and care in line with the diversity sensitive health care delivery model.
- **Administrative staff:** people in health facilities who are involved in direct communication with patients and their relatives, non-clinical staff as receptionists, appointment managers or clinic facilitators.

LEARNING OBJECTIVES OF THE TRAINING

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. Recognize available resources to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
4. Increase competences to provide migrant sensitive health care.

TRAINING APPROACH

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

The training will be delivered in an on-line format in English.

Each unit will have a balanced mix of theoretical and practical contents focusing on:

- Theoretical presentations.
- Problem based learning (case studies).
- Experiential and analytic self-reflection.

Interactive online activities and group exercises are offered, complementing the information provided. Additionally, discussion sessions will be organized in a participatory way. During the course, trainees can post a message on the specific forum available for each Unit/Module and will receive feedback or answers to the questions from tutors.

TIMING

The virtual training course will run from October 20th to November 20th, 2016.

Registration will be open to participants from September 1st to September 30th, 2016

The total length will be 30 hours, in virtual format. Each unit will last 1 hour.

TUTORS

Daniel López Acuña	Andalusian School of Public Health
Olga Leralta Piñán	Andalusian School of Public Health
Ainhoa Rodríguez García de Cortázar	Andalusian School of Public Health
Julia Bolívar Muñoz	Andalusian School of Public Health
Ainhoa Ruiz Azarola	Andalusian School of Public Health
Jaime Jimenez Pernet	Andalusian School of Public Health
Amets Suess	Andalusian School of Public Health
Jackie Gernay	Andalusian School of Public Health
Luis Andrés Gimeno Feliu	Primary Care Service. Andalusian Health System. Spain
Pablo Perez Solis	Primary Care Service. Andalusian Health System. Spain
Ines Keygnaert	ICRH (International Centre for Reproductive Health)-Ghent University
Lotte De Schrijver	ICRH (International Centre for Reproductive Health)-Ghent University

Antonio Chiarenza	Azienda Unitá Sanitaria Locale Reggio Emilia
Hans Verrept	Azienda Unitá Sanitaria Locale Reggio Emilia Team
Marie Dauvrin	Azienda Unitá Sanitaria Locale Reggio Emilia Team
Jeanine Suurmond	Amsterdam Medical Centre. University of Amsterdam
Anna Szetela	Jagiellonian University - Institute of Public Health
Barbara Niedzwiedzka	Jagiellonian University - Institute of Public Health
Ewa Dobrogowska-Schlebusch	Trnava University - Faculty of Health Care and Social Work
Alberto Infante	Andalusian School of Public Health
Allan Krasnik	Faculty of Health and Medical Sciences, University of Copenhagen
Mette Kirstine Tørslev	Faculty of Health and Medical Sciences, University of Copenhagen
David Ingleby	Faculty of Health and Medical Sciences, University of Copenhagen

COORDINATION

Olga Leralta Piñán SH-CAPAC,EASP

José Ignacio Oleaga Usategui SH-CAPAC ,EASP

ADMINISTRATIVE SUPPORT

Inmaculada García Roldán SH-CAPAC Project Administrative Assistant
+34 958 027 400
angeles.canton.easp@juntadeandalucia.es

CONTENTS

Module 1. Context

- M1. Unit 1. Definitions, Framework of migration and asylum in EU. Asylum claims and trends.
- M1. Unit 2. Health policies and provision of health services in the EU.
- M1. Unit 3. Socio-cultural context of refugees and migrants' health.
- M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.

Module 2. Strengthening institutional capacity to organise the response

- M2. Unit 1. Framework for coordination.
- M2. Unit 2. Assessment of health challenges
- M2. Unit 3. Planning and implementing the public health response.
- M2. Unit 4. Knowledge and information base for migrant health.

Module 3. Capacity building for migrant sensitive health systems

- M3. Unit 1. Diversity sensitive health care principles.
- M3. Unit 2. Health care model and accessibility.
- M3. Unit 3. Cultural and health mediation
- M3. Unit 4. Disease prevention and health promotion.
- M3. Unit 5. Communication skills: addressing sensitive issues.
- M3. Unit 6. Caring for the care givers

Module 4. Specific health concerns

- M4. Unit 1. Chronic diseases.
- M4. Unit 2. Communicable diseases.
- M4. Unit 3. Sexual and reproductive health
- M4. Unit 4. Violence.
- M4. Unit 5. Mental health.

Module 5. Vulnerable groups

- M5. Unit 1. Victims of trafficking
- M5. Unit 2. Children and unaccompanied minors
- M5. Unit 3. Women: Gender issues
- M5. Unit 4. LGBT
- M5. Unit 5. Elderly
- M5. Unit 6. Undocumented migrants

Annex 4

Draft programme of the Granada regional workshop



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

**SH-CAPAC WORKSHOP “ 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 ”**

Granada

September 15-16, 2016



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Aim and scope

This workshop aims are: a) to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and b) to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The expected outcome of the workshop is to support the implementation of sustainable training strategies at national and subnational level for improving the health response to refugees, asylum seekers and other migrants.

Objectives

1. To present to Member States the proposed SH-CAPAC Training Strategy.
2. To present the training contents and methods of the SH-CAPAC on-line training course.
3. To discuss training needs for different professional profiles and contexts.
4. To discuss strategies for adapting the training materials at national/regional/local level.
5. To engage national and subnational counterparts who may be interested in adapting the training contents.

Target participants

- National/regional/local health and education authorities responsible for the capacity building of health professionals and service providers.
- Professionals who have responsibility for developing training in health care settings, especially in connection with refugees/migrants health
- Other stakeholders such as, European and national health professionals associations, NGOs, etc. involved in training in connection with refugees/migrants health at national/regional level.

The workshop will be conducted in English.

Venue

Andalusian School of Public Health (EASP)
Cuesta del Observatorio No. 4
18011 Granada
Spain

September 15th

8:30 Registration and coffee

9:00 Welcome remarks

Joan Carles March Cerdà (EASP Director)

José Ignacio Oleaga Usategui (EASP Project coordinator)

9:10 Objectives of the workshop

José Ignacio Oleaga Usategui (EASP Project coordinator)

9:15 Round of Introduction of Participants

9.30 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

Daniel Lopez-Acuna (SH-CAPAC Project director)

10:00 The proposed SH-CAPAC Training Strategy

Olga Leralta Piñan and Ainhoa Ruiz Azarola (EASP team)

10:45 Healthy break

11:15 The SH-CAPAC Online course (Contents and methods)

Jaime Jimenez Pernet and Inma García Roldán (EASP team)

12:00 Working groups. Session 1. Inputs for improving the SH-CAPAC training strategy and for segmenting the possible audiences' needs

Facilitators: Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova

Rapporteurs: Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, , Amets Suess, Ainhoa Ruiz

13:30 Lunch break

14:30 Working groups. Session 2. Inputs for the SH-CAPAC on-line training course contents and methods.

Facilitators: Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova

Rapporteurs: Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, , Amets Suess, Ainhoa Ruiz

16:00 Healthy Break

16:30 Presentation of conclusions of the Working Groups Session 1 and Session 2

(A rapporteur from each group will present the salient points and conclusions reached during the deliberations of the working groups).

17.00 Plenary discussion

Facilitator: Daniel Lopez Acuna (SH-CAPAC Project Director)

18:00 Adjourn of the meeting

20.00 Official dinner

September 16th

9:00 Main conclusions of the first day and objectives of the 2nd day

José Ignacio Oleaga Usategui (EASP Project coordinator)

9:30 Working groups Session 3: Adapting the SH-CPAC training strategy and materials to national/regional/local training programs and activities

Facilitators: Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova

Rapporteurs: Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, Amets Suess, Ainhoa Ruiz (EASP Team)

11:00 Healthy break

11:15 Working groups (continuation)

12.00 Presentation of conclusions of the Working groups

(A rapporteur from each group will present the salient points and conclusions reached during the deliberations of the working groups).

12:30 Plenary discussion

Moderator: *Daniel López-Acuña (SH-CAPAC Project director)*

13:00 Next steps of the SH-CAPAC initiative and conclusions of the workshop.

Daniel López-Acuña (SH-CAPAC Project director)

13.50. Closing of the meeting

José Ignacio Oleaga Usategui (EASP Project coordinator)

14:00 Lunch at the EASP

Annex 5

User's guides for Modules 1, 2, 3, 4 and 5



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BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
717275/SH-CAPAC

Guidelines for trainees

Module 1. Refugees and migrants' health policies



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Module 1. Refugees and migrants' health policies

Module 1 contains four units. The estimated time required for each unit is 60 minutes, including contents and the compulsory activities.

The following sections provide the details of the learning objectives and activities for each unit. A work plan for navigating the unit is suggested as well.

Unit 1: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx.

This unit has been prepared by Daniel Lopez-Acuna (Andalusian School of Public Health). It is based on an SH-CAPAC document, produced by Ines Keygnaert, Birgit Kerstens (International Center for Reproductive Health, University of Ghent), Jacqueline Gernay and Daniel Lopez-Acuna (Andalusian School of Public Health), and on the mapping of the health response to the recent migratory influx conducted in 19 EU countries as part of the initial activities of the SH-CAPAC project. It covers three topics, including three compulsory activities, and some optional readings.

- Topic A – Major trends of the recent migratory influx into the EU.
- Topic B – The nature of the current health response to the recent migratory influx.
- Topic C – The challenges of the health response to refugees, asylum seekers and other migrants and the need for a public health and health systems approach.

1. Learning objectives

1. To familiarise the participants with the major trends characterizing the recent massive migratory influx into the EU, to understand its magnitude and dynamic, and to contextualize the issue within the wider perspective of forced displacement in the world.
2. To take stock of empirical information on how EU countries are responding in the field of health to this massive influx and to provide a framework for understanding the differential response by country and by type of migrant population.
3. To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants. To discuss the need for a public health and health systems approach.

2. Learning activities

COMPULSORY ACTIVITY 1: Reading the power point presentation on the challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx (Reading 1). Reading as well the SH-CAPAC “Umbrella document” which characterizes the salient aspects of the current health response in the EU countries (Reading 2).

Description: Participants read these two documents encompassing the three topics covered in this unit.

COMPULSORY ACTIVITY 2: Reflecting on the different dimensions of the health response to the different scenarios of arrival, transit and destination as well as the vulnerable group of the stranded migrants.

Description: Participants answers a set of questions to demonstrate understanding of the concepts explained in the readings indicated in Compulsory Activity 1.

COMPULSORY ACTIVITY 3: Discussion: *Is there one single type of health response to the recent migratory influx into the EU?*

Which are the main health priorities of these vulnerable groups that ought to be addressed from a public health and health systems perspective?

Description: Participants post at least one contribution on these questions to the discussion forum.

3. Work planning suggested

Time	Objectives	Content
30 minutes	To familiarise the participants with the major trends characterizing the recent massive migratory influx into the EU, to understand its magnitude and dynamic, and to contextualize the issue within the wider perspective of forced displacement in the world. To take stock of empirical information on how EU countries are responding in the field of health to this massive influx and to provide a framework for understanding the differential response by country and by type of migrant population.	CA1: Reading 1 and 2
10 minutes	To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants. To discuss the need for a public health and health systems approach.	CA2: Answering key questions
20 minutes	To introduce questions for reflection and/or discussion online: Is there one single type of health response to the recent migratory influx into the EU? Which are the main health priorities of these vulnerable groups that ought to be addressed from a public health and health systems perspective?	CA3: Discussion in online forum

4. Complementary activities

Recommended readings

World Health Organization. Regional Office for Europe. *Strategy and action plan for refugee and migrant health in the WHO European Region*. Regional Committee for Europe .66th Session. Copenhagen, Denmark 12-15 September 2016.

European Commission. Humanitarian Aid and Civil protection. *Refugees and internally displaced persons*. ECHO factsheets. Brussels. June 2015.

ACAPS. *European Asylum-Seeker Crisis: Scenarios. Possible developments in transit countries over the next 6-9 months*. <http://www.acaps.org> 4 November 2015.

SH-CAPAC. Mapping of the health response to the recent refugee influx into the EU. <http://www.easp.es/sh-capac/> March 2016.

Unit 2: Health policies and provision of health services in the EU.

This unit has been prepared by: David Ingleby, Allan Krasnik and Mette Tørslev (University of Copenhagen, Faculty of Health and Medical Sciences). It is structured on three topics, including three compulsory activities and three optional ones. Optional readings recommended readings are recommended.

- Topic A – Framework for analysing health policies affecting migrants
- Topic B – Overview of policies in Europe
- Topic C – International bodies: human rights, legal instruments, standards and recommendations

1. Learning objectives

1. To make acquaintance with a framework for analysing the policies governing service delivery which can make health services either “migrant-friendly” or inequitable. Different ways in which barriers to access can arise and services may need to be made more responsive to the needs of migrants.
2. To use this framework to explore policies on migrant health in Europe, distinguishing between policies applying to migrant workers, asylum seekers and undocumented migrants. The different policies that may apply in different phases of a refugee’s trajectory will be identified.
3. To understand how international bodies (at global and European levels) have tried to influence policies on migrant health. What are the possibilities and limitations of these standards, recommendations and human rights conventions?
4. To reflect critically on the gap between international standards and national policies affecting refugees and other migrants, the obstacles this gap creates to providing good care, and what can be done to overcome these.

Specific concerns for different profiles of course participants:

Health professionals need to be aware of the limitations and obligations that policies impose on them. They will not be in a position to get the policies changed, except through advocacy and lobbying – but they can ensure that they take good account of them in their work (for example, by trying to find solutions for patients who lack adequate coverage for health care).

Managers: if they are sufficiently senior, may be in a position to change policies; those less senior can learn to implement existing policies in a way that makes them more responsive to migrants’ needs. For example, in countries where there is a policy to provide interpreters where needed, a manager must ensure that there is an efficient system for deploying them and for training professionals to work with them. The extra time needed for such consultations should be allowed for. If there is no policy to provide interpreters, the manager can take whatever measures can be devised to alleviate the problem (e.g. by recruiting bilingual staff).

Administrative staff need to know the entitlements and rights of patients in order to make correct decisions and give accurate information to the patients and health workers.

2. Learning activities

COMPULSORY ACTIVITY 1: *Reading activity.* Study the Basic Reading for the three topics, as well as the following reading:

Condensed version of Sections 1C and 1D from IOM (2016), *Summary Report on the MIPEX Health Strand & Country Reports*. Brussels: International Organization for Migration (IOM) Regional Office Brussels, Migration Health Division (MHD) (mainly relevant to Topic A).

COMPULSORY ACTIVITY 2: *Reflection and discussion activity.* Describe ways in which an individual health worker needs support from their organisation in order to work in a “migrant-friendly” way. Post your reflections in the on-line discussion forum while consulting other participants’ posts.

What are the common experiences in relation to organisational support for “migrant-friendly” working?

COMPULSORY ACTIVITY 3: *Reflection and discussion activity.* Make a discussion entry (or engage in an established discussion) in the online discussion forum. Here you will discuss the different roles of actors involved in policy making and implementation, affecting the health service provision for migrants in your country. Reflect on the different institutions and agents involved (local, national and international):

What powers do they have and what do they prescribe? Why is the gap between ideals and reality so wide?

What effect does it have on your work with health provision for migrants?

3. Work planning suggested

Time*	Objectives	Content
20 minutes	To describe the main dimensions of policies on service delivery that can help or hinder migrants needing health care: entitlement, accessibility, responsiveness and supporting measures.	CA1: Reading Topic A and the IOM (2016) reading. CA2: Answering key questions
		<i>Optional activity 1: Writing case examples from own work experience</i>
15 minutes	To describe policies applying in European countries to migrant workers, asylum seekers and undocumented migrants. Presentation of the main inequities found in the MIPEX report. Relevance to different phases of migration.	CA1: Reading Topic B
		<i>Optional activity 2: Reflect on your country's MIPEX scores</i>
15 minutes	To describe the major international organisations and institutions involved in migrant health policy making and health services, including standards and recommendations put forward by these international bodies.	CA1: Reading Topic C
		<i>Optional activity 3: Reflect on role of international organisations in your country</i>
10 minutes	To introduce questions for reflection and/or discussion online Where are the main gaps between ideals and reality, how could they be bridged?	CA3: Discussion in online forum

* Optional activities require supplementary time (See section 4)

4. Complementary activities

Recommended readings

- Executive Summary and Section III from IOM (2016), Summary Report on the MIPEX Health Strand & Country Reports. Brussels: International Organization for Migration (IOM) Regional Office Brussels, Migration Health Division (MHD).

http://members.costadapt.eu/images/7/7e/MIPEX_august.pdf

- Chapter 3 from MEM-TP Synthesis Report (2015), Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma - Synthesis Report. European Commission.

http://www.mem-tp.org/pluginfile.php/1104/mod_resource/content/3/WP1%20Report.pdf

Optional activities

Optional activity 1: Illustrate, using case studies from your own experience, the various barriers to access that migrants can experience and the problems that arise from failure to adapt to their needs. Post your reflections in the online forum.

Time: 20 minutes

Optional activity 2: Look up your country's position on the map and the graph in the IOM (2016) Reading. *Does this reflect your experience of the policies in place? What factors do you think may have influenced these scores?*

Time: 20 minutes

Optional activity 3: Write down your ideas on the following questions:

- *How much influence on health policy do international organisations seem to have had in your country?*
- *What do you notice of their activities?*
- *Do you think legal compulsion or argument and persuasion are more likely to lead to change in your country?*

Post your reflections in the online forum and engage in discussion with other participants

Time: 30 minutes

Unit 3: Migrants in an irregular situation

This unit has been prepared by Amets Suess Schwend (Andalusian School of Public Health). It includes three compulsory activities, one presentation, one optional activity and four recommended readings (among them, one compulsory reading).

1. Learning Objectives

The unit aims at:

- Contributing a reflection on terminology use related to the topic.
- Learning about the current situation of access to health and health of migrants in an irregular situation in the European context.
- Identifying strategies and Best Practices examples for improving access to health care for migrants in an irregular situation.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation on migrants in an irregular situation.

- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 2: Reading on access to health care for migrants in an irregular situation in European Union Member States.

- **Method:** In the following document, read the chapter on health care, p. 71-84:
FRA, European Union Agency for Fundamental Rights. Fundamental Rights of Migrants in an Irregular Situation in the European Union. Luxembourg: Publications Office of the European Union, 2011a.
http://fra.europa.eu/sites/default/files/fra_uploads/1827-FRA_2011_Migrants_in_an_irregular_situation_EN.pdf (retrieved: August 9, 2016).

COMPULSORY ACTIVITY 3: Strategies for improving access to health care for migrants in an irregular situation.

- **Description:** Contribution in the online forum identifying strategies for improving access to health care for migrants in an irregular situation in your region / country.
- **Method:** Individual contributions to the online forum and discussion.

3. Work planning suggested

Time	Objetives	Content
20 minutes	<ul style="list-style-type: none"> • To introduce the concept “migrants in an irregular situation”. • To present recent comparative studies on the access to health and health of migrants in an irregular situation, including case studies and recommendations. 	Compulsory activity 1: Presentation
10 minutes	<ul style="list-style-type: none"> • To learn about the situation of access to health care for undocumented migrants in European Union Member States. 	Compulsory activity 2: European Union Agency for Fundamental Rights (2011) reading (p. 71-84).
30 minutes	<ul style="list-style-type: none"> • To identify strategies for improving access to health care for migrants in an irregular situation in the own region / country, and prioritize these strategies according to their perceived relevance. 	Compulsory activity 3: Uploading a post in the online forum identifying strategies for improving access to health care for migrants in an irregular situation.

4. Complementary activities

Recommended readings

- Phillips AL, Kumar D, Patel S, Arya M. Using text messages to improve patient-doctor communication among racial and ethnic minority adults: An innovative solution to increase influenza vaccinations. *Preventive Medicine* 2014;69:117-119.
- FRA, European Union Agency for Fundamental Rights. Migrants in an Irregular Situation: Access to Health Care in 10 European Union Member States. Luxembourg: Publications Office of the European Union, 2011b.
http://fra.europa.eu/sites/default/files/fra_uploads/1771-FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf (retrieved: August 9, 2016).
- Médecins du Monde (Doctors of the World), Chauvin P, Mestre MC, Simonnot N. Access to Health Care for Vulnerable Groups in the European Union in 2012. An Overview of the Condition of Persons Excluded from Health Care Systems in the EU. Paris: Médecins du Monde, 2012.
http://www.doktersvandewereld.be/sites/www.doktersvandewereld.be/files/publicatie/attachments/eu_vulnerable_groups_2012_mdm.pdf (retrieved: August 9, 2016).
- Médecins du Monde (Doctors of the World), Chauvin D, Simonnot N, Vanbiervliet F, et al. Access to Health Care in Europe in Times of Crisis and Rising Xenophobia: An Overview of the Situation of People Excluded from Health Care Systems. Paris: Médecins du Monde, 2013.
http://b.3cdn.net/drofttheworld/d137240498b91ca33e_ihm62yig1.pdf (retrieved: August 9, 2016).

Optional activities

OPTIONAL ACTIVITY 1: Mapping intersectoral actions for facilitating access to health care for migrants in an irregular situation

- **Method:** Mapping technique.
- **Time:** 30 minutes.
- **Description:**
- Individual assignment: Draft a map describing an intersectoral action for facilitating access to health care for migrants in an irregular situation, in your own institutional, local, regional or national context, including:
 - Relevant stakeholders and resources
 - Existing interactions and barriers
 - Aspects and strategies for an ideal intersectoral coordination
- **Post in the online forum:** Upload the map indicating the most relevant aspects.

Evaluation activities

According to the piloting objectives of this course, you will be asked to complete some surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.). For module 1, evaluation activities are:

- 1) At the beginning of module:
 - A prior self-assessment about the degree of knowledge regarding the course's objectives (**Knowledge pre test**).
- 2) At the end of module:
 - A self-assessment about the knowledge outcomes after the course (**Knowledge post test**).
 - A survey on quality, usability and usefulness of training materials (**Materials assessment**).

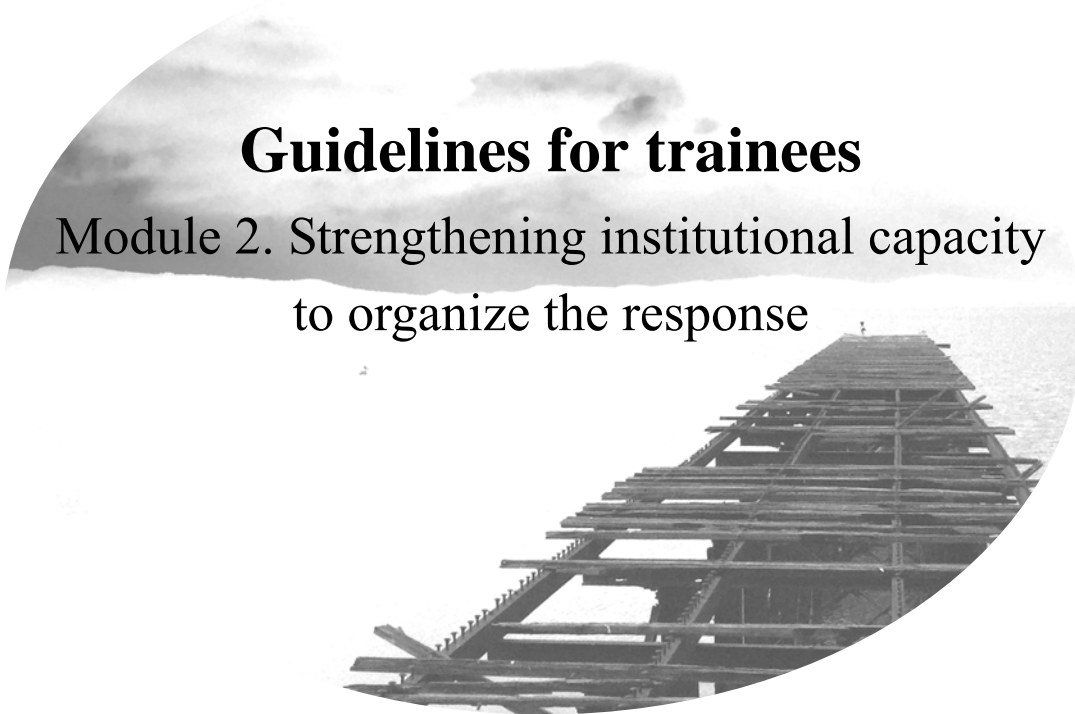


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**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH
CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR
MIGRATORY PRESSURE
717275/SH-CAPAC**

Guidelines for trainees

Module 2. Strengthening institutional capacity
to organize the response





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Module 2. Strengthening institutional capacity to organize the response

Module 2 contains four units. The estimated time required in units 1,2 and 4 is 60 minutes, including contents and the compulsory activities. Unit 3 will require 120 minutes. In the following sections learning objectives and activities are detailed for each unit. A work planning is suggested as well.

Unit 1: Framework for coordination and intersectoral collaboration

This unit has been prepared by Jacqueline Gernay (Andalusian School of Public Health). It is based on an SH-CAPAC document, produced by Ines Keygnaert, Birgit Kerstens (International Center for Reproductive Health, University of Ghent), Jacqueline Gernay and Daniel Lopez-Acuna (Andalusian School of Public Health). It includes 4 compulsory activities (1 Power Point Presentation, 1 video, a case study and an exercise), one optional activity (video) and 2 recommended readings. The estimated time required for this Unit is 60 minutes, including contents and compulsory activities.

1. Learning Objectives

- To understand the need for coordination and intersectoral collaboration to address the health needs of the refugees asylum seekers and other migrants who are part of the recent influx into the European Union.
- To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.
- To describe and analyse the type of coordination and intersectoral collaboration that exists in their country at their level of work with regard to addressing the health needs of the refugees asylum seekers and other migrants and to make recommendations.

2. Learning activities

Compulsory Activity 1 (CA1): Reading the power point presentation on the challenges of coordination and the proposed SH-CAPAC coordination framework (recommended reading).

Description: Participants read this document summarizing the salient aspects of the topic of coordination for addressing the health needs of these vulnerable populations.

COMPULSORY ACTIVITY 2 (CA2): video: *Inter professional partnerships: University of Leicester.* <https://youtu.be/Fh7tIr4Tl1o>

Description: An illustration of the importance of partnerships between the different health professions as well as the health sector in relation to other sectors and community participation. The video's length is 18:24 minutes but it is recommended to focus on the last 7 minutes dealing with the "sure start" programme (minute 11:22 to end).

COMPULSORY ACTIVITY 3 (CA3): Case study: *Intersectoral collaboration between health and housing in minority populations in New Zealand.*

http://www.who.int/social_determinants/resources/isa_inequalities_nzl.pdf (page 9 to 11)

Description: The case study will be used as a base for a forum discussion around intersectoral collaboration. Participants will be asked to illustrate with, concrete examples from their country.

COMPULSORY ACTIVITY 4 (CA4): Exercise: individual or in group (for participants from the same country)

Description: Strengthening or creation of a coordination team

- ✓ Map and analyse all stakeholders involved in the health response to refugees in your country and at your level of work (national, subnational, institutional) using the provided format.
- ✓ Present a plan for a new/improved coordination team in the same setting

3. Work planning suggested

Time	Objectives	Content
5 minutes	To introduce the unit and learning objectives to participants. To highlight the relevance of the unit to the different groups of participants	<i>Power Point (PP)</i> Introduction, objectives and the different groups of course participants
10 minutes	To understand the need for coordination and intersectoral collaboration to address the health needs of the refugees asylum seekers and other migrants who are part of the recent influx into the European Union.	<i>PP.</i> Content of course A: Why do we need a health coordination and intersectoral collaboration?
20 minutes	To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.	<i>PP.</i> Content of course B: The health coordination framework and mechanism <i>PP.</i> Content of course C: the health coordination team <i>Learning activities</i> CA2: video (7 min) CA3: case study for forum discussion OA1: video (3 minutes)
22 minutes	To describe and analyse the type of coordination and intersectoral collaboration that exists in their country at their level of work with regard to addressing the health needs of the refugees asylum seekers and other migrants and to make recommendations. (Reinforcement of knowledge)	<i>Learning activities</i> CA3: (individual or group exercise to be discussed in forum) a) Map and analyse all stakeholders involved in the health response to refugees in your country and at your level of work (national, subnational, institutional) using the provided format) (weaknesses and strengths) b) Present a plan for a new/improved coordination team in the same setting
3	Closing thought on the importance of	<i>“For the birds”</i> A light-hearted

minutes	teamwork (optional video)	illustration of the importance of a team approach, collaboration and communication. https://www.youtube.com/watch?v=Q6X80IWdS6s
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4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Coordination framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union (EU) countries, 2016.

Further reading (Not accessible from SH-CAPAC platform)

- Bridging the Gap: Partnerships for change in refugee child and family health
<https://www.mcri.edu.au/bridging-the-gap>.

Optional activities

OPTIONAL ACTIVITY 1 (OA1): “For the birds” A light-hearted illustration of the importance of a team approach, collaboration and communication.
<https://www.youtube.com/watch?v=Q6X80IWdS6s>.

Unit2: Assessment of health needs and health protection resources.

The unit has been prepared by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health) and Mette Tørslev (University of Copenhagen). It is based on an SH-CAPAC document, produced by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health), Mette Tørslev (University of Copenhagen) and Anna Szetela (Jagiellonian University). This Unit includes three Presentations, 4 activities and 2 recommended readings. We would like to recommend that you have the Guide for assessment of health needs and health protection resources, SH-CAPAC Project. The estimated time required for this Unit is 60 minutes.

1. Learning Objectives

Objectives of the Presentation:

- To describe the basics of assessment of health challenges, using various methods to collect and analyse information

Objectives of the Activity:

- To practice the use of various tools to collect and analyse information

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Contextualizing needs assessment

Description:

- ✓ Read in the presentation the 2 scenarios and the other intersecting factors to contextualize the assessment (slide 10):
- ✓ What scenario(s) are relevant for your country?
- ✓ Can you identify particular vulnerable groups and/or specific areas of health?
- ✓ What are the largest challenges for your organisation related to this scenario in your eyes?
- ✓ Write down the words on a post in the forum of this unit.
- ✓ Discuss in forum the other participants' contributions.

COMPULSORY ACTIVITY 2 (CA2): Sociodemographic overview

Description:

- ✓ Please have a look at the Tool I.1: Socio-demographic mapping at slide 21 in the presentation.
- ✓ Select a part of a health area that you are familiar with (e.g. child health, mental health etc).
- ✓ Use the tool to write a short plan for a sociodemographic overview for scenario B, including:
 - Where to get your data (Administrative areas/ Reception / accommodation centers)
 - Who to include (numbers by location, numbers by stage of asylum-seeking, numbers by age and sex, countries of origin / language)
 - When to get your data (weekly or monthly)

COMPULSORY ACTIVITY 3 (CA3): Assess access and quality of health care

Description:

- ✓ Please have a look at the Tool 'Health needs and risks identification' at slide 26 in the presentation.
- ✓ Select a part of a health area that you are familiar with (e.g. child health, mental health etc.
- ✓ Use the tool to write a topic list for a focus group discussion with care providers, including topics on:
 - What are main health needs and perceived need of migrants?
 - What are the main risk factors to the health and wellbeing of migrants?
 - Which protective factors strengthen the health and welfare of migrants?
- ✓ You may want to compare your answer with a short description of a potential outcome of a focus group on sexual and reproductive health on slide 28.

COMPULSORY ACTIVITY 4 (CA4): Stepwise checking knowledge about entitlements migrants on health care

Description:

- ✓ Please have a look at Tool III.1 'Stepwise checking knowledge about entitlements migrants on health care' at slide 32
- ✓ Select a part of a health area that you are familiar with (e.g. child health, mental health etc.)
- ✓ Use the tool to write down a short plan for obtaining this knowledge of care providers/managers in your setting

3. Work planning suggested

Time	Objectives	Content
10 minutes	Introduction to needs assessment	Presentation (slides 1-9)
	Learn how to contextualize needs assessment	Compulsory Activity 1: Contextualizing the assessment
15 minutes	Description of Phase A: Assessment coordination and planning	Presentation (slides 11-18)
	Description of Phase B: Data collection	Presentation (slides 19-38)
10 minutes	How to do a sociodemographic overview	Compulsory Activity 2: Sociodemographic overview
10 minutes	Health needs and risk identification	Compulsory Activity 3
10 minutes	Stepwise checking knowledge about entitlements health care	Compulsory Activity 4
5 minutes	Description Phase C: reporting	Presentation (slides 39-42)

4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Guide for assessment of health needs and health protection resources. SH-CAPAC Project, 2016.

Further reading (Not accessible from SH-CAPAC platform)

- ACAPS Humanitarian Needs Assessment – The Good Enough Guide. Bourton on Dunsmore UK: Practical Action Publishing, 2014. <http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf> (retrieved 9 September 2016).
- Health Cluster Guide. A practical guide for country-level implementation of the Health Cluster. Geneva, WHO, 2009. http://www.who.int/hac/global_health_cluster/guide/en/ (retrieved 7 July 2016).
- MSF. Medecins San Frontieres. Assessment Toolkit. Practical steps for the assessment of health and humanitarian crises. Vienna: MSF, 2012. https://evaluation.msf.org/sites/evaluation/files/assessment_toolkit.pdf (retrieved 7 July 2016)

Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions

Antonio Chiarenza (AUSL Reggio Emilia) prepared this Unit. It is based on an SH-CAPAC document, produced by Ilaria Dall’asta (AUSL Reggio Emilia), Bendetta Riboldi (AUSL Reggio Emilia), Anna Ciannameo (AUSL Reggio Emilia), Antonio Chiarenza (AUSL Reggio Emilia), Hans Verrept (Federal Public Health Service), Marie Dauvrain (University Laeven, BE). This unit includes: 1 Power Point Presentation, 3 compulsory activities (1 video, 1 case study and 1 template for good practice), complementary readings (11 guidance) and recommended readings.

The estimated time required for this Unit is 120 minutes, including contents and compulsory activities.

1. Learning objectives

- To provide knowledge on the new challenges for health services related to the current refugee crisis;
- To provide information about barriers to access to health care for refugees, asylum seekers and other migrants;
- To provide evidenced tools and measures addressing formal and informal barriers that hinder or limit the access to health care for refugees and asylum seekers.

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Short Video (Please refer to “M2_U3 Compulsory activity 1” up-loaded in Module 2 Unit 3 of the platform).

Description: This activity introduces and illustrates refugees and asylum seekers’ backgrounds. We recommend you watch the video and reflect in order to become aware of refugee-related issues on accessibility to health care.

COMPULSORY ACTIVITY 2 (CA2): Case Study on general and specific barriers in accessing healthcare for refugees and asylum seekers (Please refer to “M2_U3 Compulsory activity 2 “case study” up-loaded in Module 2 Unit 3 of the platform).

Description: This activity requires the reading of a case study as a base for reflection and the use of the information received about barriers and possible solutions.

COMPULSORY ACTIVITY 3 (CA3): Good practice at an institutional, local, regional or national level (Please refer to “M2_U3 Activity 3 template” document uploaded in Module 2 Unit 3 of the platform).

Description: This activity focuses on the training participants’ local experiences and encourages them to identify and describe good practice from their country to share with the other training participants and to circulate information.

3. Work planning suggested

Time	Objectives	Content
15 minutes	To introduce the unit and learning objectives to participants To describe the scenario of new	Slides presentation (1-9)

Time	Objectives	Content
	crisis of refugees linked with access to healthcare services	
5 minutes	To introduce main issues about migrants background and to become aware of migrant-related issues.	Compulsory activity 1: video
40 minutes	To describe and analyse the main dimensions of general barriers for refugees in accessing health care services To present possible solutions or measures to overcome them	Slides presentation (10-40)
20 minutes	To use the information in order to be more familiar with the concepts of barriers in accessing health care	Compulsory activity 2: case study
20 minutes	To describe the main dimensions of barriers for refugees in accessing specific healthcare services such as mental health care services, sexual and reproductive health care services, health care services for children and adolescents or health care services for victims of violence, To present possible solutions or measures to overcome them.	Slides presentation (41-62)
20 minutes	To identify at a local level good practice examples to facilitate access for migrants to specific healthcare services such as mental health care services, sexual and reproductive health care services, health care services for children and adolescents or health care services for victims of violence.	Compulsory activity 3: good practice template

4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Guideline on Resource package on ensuring access to health care, 2016.
 - Background
 - Legislative, administrative, financial and bureaucratic barriers
 - Linguistic and cultural barriers
 - Organisational barriers and obstacles to accessing health care services of equitable quality
 - Lack of information for health providers and obstacles to ensuring continuity of care
 - Lack of information and education for refugees and asylum seekers

- Lack of coordination between services
- Barriers to accessing appropriate mental health care services
- Barriers to accessing appropriate sexual and reproductive health care services
- Barriers to accessing appropriate health care services for children and adolescents
- Barriers to accessing appropriate health care services for victims of violence

Further reading (Not accessible from SH-CAPAC platform)

- Chiarenza, A. (2012). *Developments in the concept of cultural competence*. Antwerp: Garant publisher.
- Bradby, Hannah, Humphris, Rachel, Newall, Dave, & Phillimore, Jenny. (2015). Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region. *Health Evidence Network synthesis report*. Available on: http://www.epgencms.europarl.europa.eu/cmsdata/upload/3a3f00c0-9a75-4c84-94ad-06e4bd2ce412/WHO-HEN-Report-A5-2-Refugees_FINAL_EN.pdf
- IOM - International Organisation for Migration (2013), *International Migration, Health and Human Rights*. Available on: http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf
- IOM - International Organisation for Migration (2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Bulgaria*. Available on: https://publications.iom.int/system/files/pdf/sar_bulgaria.pdf
- IOM - International Organisation for Migration(2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Italy*. Available on: https://publications.iom.int/system/files/pdf/sar_italy.pdf
- IOM - International Organisation for Migration(2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Croatia*. Available on: https://publications.iom.int/system/files/pdf/sar_croatia.pdf
- IOM - International Organisation for Migration(2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Greece*. Available on: https://publications.iom.int/system/files/pdf/sar_greece.pdf
- IOM - International Organisation for Migration(2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Malta*. Available on: https://publications.iom.int/system/files/pdf/sar_malta.pdf
- IOM - International Organisation for Migration(2015), *Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Spain*. Available on: https://publications.iom.int/system/files/pdf/sar_spain.pdf

- Keygnaert I, Ivanova O, Guieu A, Van Parys A-S, Leye E, & K., Roelens. (2016). What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region. In C. W. R. O. f. Europe (Ed.), *Health Evidence Network (HEN) synthesis report*. Available on: <http://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-reduction-of-inequalities-in-accessibility-and-quality-of-maternal-health-care-delivery-for-migrants-a-review-of-the-existing-evidence-in-the-who-european-region-2017>
- MDM – Medicine Du Monde (2015) Access to Healthcare for people facing multiple health. Vulnerabilities Obstacles in access to care for children and pregnant women in Europe. Available on: <http://mdmgreece.gr/app/uploads/2015/05/MdM-Intl-Obs-2015-report-EN.pdf>
- PICUM - Platform for International Cooperation on Undocumented Migrants. (2008). *Undocumented Children in Europe: Invisible Victims of Immigration Restrictions. Daphne II Programme 2007 – 2013*. Retrieved from: http://picum.org/picum.org/uploads/file_/Undocumented_Children_in_Europe_EN.pdf
- WHO - The World Health Organization. HEALTH OF MIGRANTS – THE WAY FORWARD. Report of a global consultation. Madrid, Spain, 3–5 March 2010. Available on: http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf
- UCHNR - United Nations High Commissioner for Refugees. (2011). Ensuring Access to Health Care: Operational Guidance on Refugee Protection and Solutions in Urban Areas. Available on: <http://www.unhcr.org/4e26c9c69.pdf>

Unit 4: Planning and implementing the public health response.

This unit has been prepared by Alberto Infante (Instituto de Salud Carlos III). It is based on an SH-CAPAC document, produced by Eva Nemcovska, Daniela Kallayova, and Peter Letanovsky (Trnava University) and Alberto Infante (EASP). It includes three compulsory activities and four recommended readings. The estimated time required for compulsory activities is about 60 minutes. Recommended readings need another 120 minutes' time.

1. Learning Objectives

- To understand the relationships among the 4 units of the module.
- Helping to recap the main features of the current refugees, asylum seekers and other migrant's influx required for planning an effective response.
- To understand the way in which action plans to cope with this influx are prepared.
- To comprehend the difference between response plans and contingency plans.
- To be familiar with the effective preparation of action plans.

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): Following the lecture on the Guideline, and the ppt.

- **Description:** Just listen the lecture carefully and watch the ppt.
- **Time:** 35 minutes
- **Method:** The activity consists following a lecture supported by a ppt. on the Guideline.

COMPULSORY ACTIVITY 2 (CA2): Multichoice test

- **Description:** Respond the multi-choice test. Only one answer is correct for each question.
- **Time:** 10 minutes

COMPULSORY ACTIVITY 3 (CA3): Open questions

- **Description:** Elaborate on the two proposed open questions briefly (no more than six lines each). The topics are closely related with the content of the Guideline.
- **Time:** 15 minutes
- **Method:** Understand the question, think a bit, revisit the lecture, ppt. and/or Guideline when needed, and write your answer.

3. Work planning suggested

After following the lecture and watching the ppt., please respond the multichoice test first and then do the open questions. Do the two exercise one after the other. They have been designed to reinforce the contents of the lecture. Then you may read the recommended readings, in particular the Guideline, carefully as complementary materials when deem it appropriate.

4. Complementary activities

Recommended readings:

- **SH-CAPAC Project.** Guideline for the development of action plans for implementing a public health response and to strengthen a country's health system in order to address the need posed by the influx of refugees, asylum seekers and other migrants, 2016.

Further reading (Not accessible from SH-CAPAC platform)

- **International Federation of Red Cross and Red Crescent Societies**, Contingency planning guide. Geneva, 2012. <http://www.ifrc.org/PageFiles/40825/1220900-CPG%202012-EN-LR.pdf>
- **WHO**. Strategy and action plan for refugee and migrant health in the WHO European Region. Working document. September, 2016.



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

***Module 3: Foundations for the development of
migrant sensitive health systems***





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Module 3: Foundations for the development of migrant sensitive health systems

Module 1 contains 5 Units. The estimated time required for each Unit is between 1 and 2 hours, including contents and the compulsory activity.

In the following sections, learning objectives and activities are detailed for each unit. A work plan is suggested as well.

Module 3, Unit 1: Sociocultural context of refugees and migrants' health

This unit has been dedicated to the sociocultural context of refugees' and migrants' health. Anna Szetela (Cultural adjustment and culture shock, Culture and health/disease perception and reaction, Culture and doctor-patient relationship and Cultural differences as a barrier in diagnostics, access and treatment), Ainhoa Ruiz Azarola (conceptualization from Intercultural Competence to Diversity Sensitivity) and Amets Suess Schwend (Sexual, gender and bodily diversity in different cultures) have prepared the unit. It includes four compulsory activities, three presentations, and several recommended readings.

The estimated time required for this Unit is 60 minutes, including the presentation and activities.

1. Learning Objectives

- To understand the importance of paying attention to sociocultural context of health and healthcare.
- To understand cultural adjustment and culture shock in health context.
- To analyze the areas and ways the culture influences health and disease perception in different societies.
- To analyze the influence of culture on health problems prevalence and the concept of “health fields”.
- To analyze the importance of culturally differentiated meaning of health and disease.
- To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.
- To analyze barriers occurring in doctor-patient relationship and communication.
- To introduce the concepts “cultural competence”, “intercultural competence”, and “diversity sensitivity”, and the shifts in their use.
- To introduce the positive contribution of interculturality and Sensitivity to diversity.
- To reflect on different concepts related to the topic.
- To reflect on the application of the different approaches in the concrete, context-specific professional practice.
- To reflect on sexual and gender diversity in different cultures.
- To learn about concepts and terminologies related to sexual orientation, gender expression, gender identity and sex characteristics, taking into account their culturally and historically specific character.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and

“Culture and health/disease perception and reaction”.

- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2: Group discussion on forum about culturally differentiated understanding of health and disease influencing the contacts with doctors.

- **Description:** This activity focuses on the participants’ previous knowledge and perceptions over a controversial issue regarding migrant and ethnic minorities’ health.
- **Time:** 10 minutes
- **Method:** Discuss the content of the case study “Cultural adjustment and culture shock” from Cultural adjustment and culture shock in the forum.
-

COMPULSORY ACTIVITY 3: Presentation about “Culture and health/disease perception and reaction”,

“Culture and doctor-patient relationship” and “Cultural differences as a barrier in diagnostics, access and treatment”

- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 4: Different cultures, different ways.

- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Propose your own questions related to relationship between doctors and patients from different cultures, underlying those who may cause conflicts.

COMPULSORY ACTIVITY 5: Conceptualization from Intercultural Competence to Diversity Sensitivity

- **Description:** This activity focuses on the concepts
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 6: Presentation “Sexual, gender and bodily diversity in different cultures”

Description: Presentation “Sexual, gender and bodily diversity in different cultures”

- **Time:** 10 minutes
- **Methodology:** Watch the slide presentation

3. Work plan suggested

Time	Objetives	Content
10 minutes	<ul style="list-style-type: none"> • Introduction • To understand cultural adjustment and culture shock in health context. • To analyze the areas and ways the 	COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and “Culture and health/disease perception and reaction”.

	<p>culture influences health and disease perception in different societies.</p> <ul style="list-style-type: none"> To analyze the influence of culture on health problems prevalence and the concept of “health fields”. 	
10 minutes	<ul style="list-style-type: none"> To analyze the importance of culturally differentiated meaning of health and disease. 	Compulsory activity 2 : Case study: Oral rehydration in Pakistan, followed by forum discussion.
10 minutes	<ul style="list-style-type: none"> To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship. 	COMPULSORY ACTIVITY 3: Presentation about “Culture and health/disease perception and reaction”, “Culture and doctor-patient relationship” and “Cultural differences as a barrier in diagnostics, access and treatment”
10 minutes	<ul style="list-style-type: none"> To analyze barriers occurring in doctor-patient relationship and communication. 	COMPULSORY ACTIVITY 4: Different cultures, different ways: practical questions on cultural differences, followed by forum discussion.
10 minutes	<ul style="list-style-type: none"> To keep in mind some concepts and terminologies related to “cultural competence”, “intercultural competence” and Diversity Sensitivity”. To present the concepts from Cultural Competence to Diversity Sensitivity and the shifts in their use. To reflect on the positive contributions in the concrete, context-specific professional practice 	COMPULSORY ACTIVITY 5 : conceptualization from Intercultural Competence to Diversity Sensitivity
10 minutes	<ul style="list-style-type: none"> To reflect on sexual, gender and bodily diversity in different cultures. To learn about concepts and terminologies related to sexual orientation, gender expression, gender identity and sex characteristics, taking into account their culturally and historically specific character. 	COMPULSORY ACTIVITY 6: Presentation 3 “Sexual, gender and bodily diversity in different cultures”

4. Complementary Activities

Complementary readings

- Matsumoto D., Juang L. (2013). Culture and Psychology. Wadsworth, Cengage Learning 2013: 179-205.

- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK201298/> (retrieved July 22, 2016).
- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK201298/> (retrieved July 26, 2016).
- Barrett M. Introduction – Interculturalism and multiculturalism: concepts and controversies. In: Barrett M (ed). Interculturalism and multiculturalism: similarities and differences, p. 15-42. Strasbourg: Council of Europe Publishing, 2013.
- Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. Diversity and Equality in Health and Care 2013;10:249-258. <http://diversityhealthcare.imedpub.com/equity-standards-for-healthcare-organisations-a-theoretical-framework.pdf> (Retrieved: September 30, 2016).
- Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni (eds). Inequalities in health care for migrants and ethnic minorities, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012. <http://bit.ly/2cL3l1K> (Retrieved: September 30, 2016).
- Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015a. <http://bit.ly/2aIEklX> (retrieved: September 30, 2016).
- OAS, Organization of the American States. Basic concepts, 2016. <http://www.oas.org/en/iachr/multimedia/2015/lgbti-violence/lgbti-terminology.html> (retrieved: September 30, 2016).
- Suess A, Espineira K, Crego Walters P. Depathologization. TSQ, Transgender Studies Quarterly 2014;1(1-2):73-77.

4. Optional activities

OPTIONAL ACTIVITY 1: Culture and health: video and discussion.

- **Description:** Video Screening to understand the importance of paying attention to socio-cultural context of health and healthcare. Video Culture and health, followed by forum discussion.

- https://www.youtube.com/watch?v=U2Q_7BnyofA
- **Time:** 15 minutes
- **Method:** The activity consists in video screening and discussion on forum on other examples of cultural misunderstanding influencing the access to healthcare, diagnosis and/or effective therapy, taking into consideration the patient-oriented care. Video “Culture and Health”:

OPTIONAL ACTIVITY 2: READING

Description: Reading

- **Time:** 10 minutes
- **Methodology:** Read the following definitions and contribute a reflection in the online forum:
 - OAS, Organization of the American States. [Basic concepts](#), 2015.

Module 3, Unit 2: Determinants of health among refugees and migrants: health risks before, during and after the journey.

This unit has been dedicated to social determinants of health affecting different groups of migrants, with a special focus on human trafficking. Julia Bolívar (Social determinants of health), Gwen Herkes & Dr Ines Keygnaert (Human Trafficking) have prepared the unit. It includes two compulsory activities, one optional activity, two presentations, and several recommended readings (among them, one compulsory reading).

1. Learning objectives

Objectives of the Presentation

- To describe the specific Social Determinants of Health affecting different groups of migrants in the different phases of the migratory process
- To analyse the health risks before, during and after a migratory journey.
- To know policy measures tackling social determinants for refugees, asylum seekers and other migrants
- To describe the phenomenon of human trafficking
- To describe the European legislation and policy initiatives on human trafficking
- To describe the health consequences for victims of human trafficking
- To stress the important role of healthcare professionals in identifying victims of human trafficking

Objectives of the Activities

- To identify and reflect about the specific Social determinants of health affecting different groups of migrants in the different phases of the migratory process
- To learn how to react/respond in case of suspicion of human trafficking
- To learn how to refer victims of human trafficking

2. Learning activities

Social Health determinants

Compulsory Activity 1. Identify social determinants of health in refugees, asylum seekers and other migrants in the different phases of the migratory process.

Description: This activity focuses on the participants' reflections about which are the social determinants affecting refugees, asylum seekers and other migrants in the different phases of a migratory trajectory.

Method: Individual Identification of Determinants and discussion in forum.

Activity: Please, identify individually and discuss in forum social determinants of refugees, asylum seekers and other migrant population in the different scenarios. Please, share your answers in the forum:

- In destination countries (after)
- At arrival/during the journey (during)
- Countries of origin (before)

The following questions can be used as a facilitator for the group discussion:

- Which determinants can be identified as structural determinants in each of the scenario's?
- Which are the specific social determinants of health in conflict settings -in origin countries? (How conflict affects social determinants in origin countries?)
- Are social determinants of refugees and migrants similar to those affecting to the host population in destination countries?

Human Trafficking

Compulsory Activity 2. Test your knowledge (group discussion)

View presentation webinar from slide 7 to 23 and test your knowledge (<https://traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context>)

Pause the presentation at slide 16, 21 and 22. Answer these questions on the unit forum and have a discussion with the other participants.

Optional Activity 3. Individual exercise

"Member States should ensure that formal, functional national referral mechanisms are established. These mechanisms should describe procedures to better identify, refer, protect and assist victims and include all relevant public authorities and civil society. The development of criteria for the identification of victims should be included, to be used by all those involved. Member States have already committed to establishing these mechanisms by the end of 2012 in the context of the EU Policy Cycle to fight serious and organized crime." (The EU Strategy towards the Eradication of Trafficking in Human Beings 2012-2016)

Find out to which organisations you can refer victims of human trafficking in your country, and get familiar with their offer of care.

3. Work plan suggested

Time (minutes)	Objectives	Content
60	<i>Social Determinants of Health</i>	
15	To introduce the social determinants of health in general according to the WHO framework	Video screening and lecture document
20	To identify specific determinants according phases or situations in migrant processes	Compulsory Activity 1: Group discussion in forum
25	To analyse the Social Determinants of health in refugees, asylum seekers and other migrants, main health concerns and policy measures	Presentation (slides 1-11)
60	<i>Trafficking</i>	
10	To describe the phenomenon of human trafficking	Presentation (slides 1-6)
5	To describe the European legislation and policy initiatives on human trafficking	Presentation (slides 7-11)
15	To describe the health consequences for victims of human trafficking To stress the important role of healthcare professionals in identifying victims of human trafficking	Presentation (slides 12-18)
20	To learn how to react/respond in case of suspicion of human trafficking	Compulsory Activity 2 in 3 parts: - Presentation slide 19 - Webinar slides 7 to 23 - Discussion in forum (webinar slides 16, 21 and 22) Presentation slide 20
10	To learn how to refer victims of human trafficking	Optional Activity 3: Individual exercise (presentation slide 21)

4. Complementary activities

Recommended readings

Social determinants of health

- Ingleby D. Ethnicity, Migration and the ‘Social Determinants of Health’ Agenda. Psychosocial Intervention, 2012; 21(3):331-341. Full text available at: <http://www.sciencedirect.com/science/article/pii/S113205591270087X>

- Pfarrwaller Eva, Suris Joan-Carles. Determinants of health in recently arrived young migrants and refugees: a review of the literature. IJPH, 2012; 3(9). Full text available at: <http://ijphjournal.it/issue/view/532>
- Campbell Mark. Social determinants of mental health in new refugees in the UK: cross-sectional and longitudinal analyses, Meeting Abstracts, The Lancet, November 2012, p27. Full text available at: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60383-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60383-9.pdf)

Trafficking

- International Organization for Migration (IOM). Caring for Trafficked Persons: Guidance for Health Providers. 2009. http://publications.iom.int/system/files/pdf/ct_handbook.pdf (retrieved: September 21, 2016).
- Lederer LJ, Wetzel CA. The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. Annals of Health Law. 2014;23:61-90. <http://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>
- Zimmerman, C. et al. The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study. London School of Hygiene and Tropical Medicine. London; 2003. <http://www.lshtm.ac.uk/php/ghd/docs/traffickingfinal.pdf> (retrieved: September 21, 2016).

Complementary readings

- Marmot M, Allan J, Bell R, Bloomer E, Goldblatt P, on behalf of the Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. Lancet 2012; 380(15):1011-1029. Full text available at: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961228-8/abstract>
- Commission of the European Communities. Solidarity in Health: Reducing Health Inequalities in the EU. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Commission of the European Communities. Brussels, 20.10.2009. Com (2009) 567 Final. Full text available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52009DC0567>
- WHO (2009). Social determinants of health in countries in conflict. WHO Regional Publications, Eastern Mediterranean. Series 32. A perspective from the Eastern. Mediterranean Region: WHO. Full text available at: <http://applications.emro.who.int/dsaf/dsa955.pdf>

Module 3, Unit 3: Disease Prevention and health promotion

This unit has been dedicated to a Disease prevention and Health Promotion. Pablo Pérez Solís and Luis Andrés Gimeno Feliu have prepared the unit.

This Unit includes original graphic and reading material, five activities (2 compulsory and 3 optional) and four recommended readings.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activity.

1. Learning Objectives

- To describe most prevalent refugee health issues and a basic approach on a primary care consultation.
- To know the most common preventive and screening activities for newly arriving activities.
- To address health problems with a patient centered approach, on a refugee first consultation.
- To individualize screening and preventive interventions depending on refugee's country of origin and other circumstances.

2. Learning Activities

COMPULSORY ACTIVITY 1: READING

- **Description:** Reading
- **Time:** 30 minutes
- **Methodology:** Read the graphic and reading material regarding the most prevalent refugee health issues and a basic approach on a primary care consultation and the most common preventive and screening activities for newly arriving activities.

COMPULSORY ACTIVITY 2: Preventive care for a new immigrant.

- **Description:** Discussion about the main preventive activities in a recent immigrant from a primary care point of view.
- **Time:** 20 minutes
- **Method:** This activity consists in choosing one of the following cases and develops a first medical visit in a host country focusing in main preventive services (not only infectious exams).
 - Aaqila, woman from Afghanistan, 55 years old.
 - Issa, boy from Syria, 10 years old.
 - Addam, man from Ethiopia, 43 years old.
 - Berta, woman from Colombia, 25 years old.
 - Hana, girl from Bosnia, 13 years old.

3. Work plan suggested

Time	Objectives	Content
30 minutes	<ul style="list-style-type: none"> To describe most prevalent refugee health issues and a basic approach on a primary care consultation. To know the most common preventive and screening activities for newly arriving activities. 	CA 1: Graphic and reading material.
30 minutes	<ul style="list-style-type: none"> Preventive care for a new immigrant. 	CA 2: Discussion about the main preventive activities in a recent immigrant from a primary care point of view

4. Complementary activities

Recommended readings

- Ministry of Health and Long-Term Care. Syrian Refugee Early Assessment Considerations for Primary Care Providers. Ontario, Canada. 2016.
- Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees. Cmaj. 2011;183(12):E824-925.
- Perez-Molina JA, Alvarez-Martinez MJ, Molina I. Medical care for refugees: A question of ethics and public health. Enfermedades infecciosas y microbiología clínica. 2016;34(2):79-82.
- Weekers J, Siem H. Is compulsory overseas medical screening of migrants justifiable? Public health reports. 1997;112(5):396-402.

OPTIONAL ACTIVITY 1: Preventive care for new immigrants.

- Description:** Repeat the previous activity but in the five settings
- Time:** 45 minutes
- Method:** See compulsory activity

OPTIONAL ACTIVITY 2: Vaccine coverage in the world.

- Description:** Research about coverage of vaccine-preventable diseases in the main countries
- Time:** 20 minutes

Method: Research in the “WHO vaccine-preventable diseases: monitoring system. 2016 global summary” webpage the main indicators about vaccination (http://apps.who.int/immunization_monitoring/globalsummary). Students can choose the five countries seen in Compulsory Activity or select those countries most important for them.

OPTIONAL ACTIVITY 3: Graphic and reading material**Description:**

- To address health problems with a patient centered approach, on a refugee first consultation.

- To individualize screening and preventive interventions depending on refugee's country of origin and other circumstances.

Time: 40 minutes**Method:** Graphic and reading material

Complementary material:

- Evidence- Based Preventive Care Checklist for New Immigrants and Refugees (Canadian Collaboration for Immigrant and Refugee Health)
- Disease distribution maps

Module 3, Unit 4: Capacity-building for migrant sensitive health systems. Communication Skills

This unit has been dedicated to Capacity-building for migrant sensitive health systems and Communication Skills. Olga Leralta, Lotte De Schrijver and Ines Keygnaert have prepared the unit.

Unit 4 includes two PPT presentations, one reading and two compulsory activities. As the contents of this Unit require an experiential pedagogical approach, you will find a set of complementary activities and readings for further practise and knowledge. Activities' approach prompt reflection and examination of one's own attitude, instead of emphasizing on the passive acquisition of knowledge of different ethnic groups. Some of them may be more relevant than other for your daily work.

The examples used in this unit will be about sexuality, death or serious diseases since these are sensitive topics. However, the tools and strategies discussed here are transferable to any other sensitive issue.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activities.

1. Learning Objectives**Objectives of the Presentation:**

- To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity
- To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- To identify strategies for addressing sensitive issues

Objectives of the Activities:

- To explore our own stereotypes.
- To reflect on the ability to addressing sensitive issues in culturally diverse contexts.

2. Learning Activities

COMPULSORY ACTIVITY 1: Impact of Communication in Healthcare.

- **Description:** Reading IHC (2011). Impact of Communication in Healthcare. Available at pdf Content Unit 4 (1) or at: <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>.
- **Time:** 5 minutes
- **Method:** Reading to identify the unit's context.

COMPULSORY ACTIVITY 2: Contents Unit 4 (1)

- **Description:** Individual reading about key elements in communication and techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- **Time:** 10 minutes
- **Method:** Participants read the pdf.

COMPULSORY ACTIVITY 3: Common Myths about Sexuality

- **Description:** Individual reflection over stereotypes related to sexuality (adapted from handout 5a, p35 Make it work!¹).
- **Time:** 10 minutes
- **Method:** Using the template, participants are invited to explore how they themselves are guided sometimes, conscious or unconscious, by one or more of a list of statements and then take a look at how many myths they considered as facts.

COMPULSORY ACTIVITY 4: Contents Unit 4 (2)

- **Description:** Individual reading about key aspects of communication when addressing sensitive issues.
- **Time:** 10 minutes
- **Method:** Participants read the PPT.

COMPULSORY ACTIVITY 5: Confronting difficult situations

Description: Self reflection on addressing sensitive issues through an example from a case described.

- **Time:** 25 minutes
- **Method:** This activity involves 3 tasks:
 1. Read the case study.
 2. Reflect on how the healthcare team should approach the sensitive issues in this example to reach a different outcome.
 3. Share your opinion in the forum and comment on the other participants' contributions.

3. Work plan suggested

Time	Objectives	Content
5 min.	Identify the unit's context	Reading 1
10 min.	To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity	Contents Unit 4 (1)

¹ Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent.

	To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts	
10 min.	Individual reflection over stereotypes related to sexuality	Compulsory Activity 1: Common Myths about Sexuality
10 min.	To identify key aspects of communication when addressing sensitive issues	Contents Unit 4 (2)
25 min.	Self reflection on addressing sensitive issues through an example from a case described.	Compulsory Activity 2: Confronting difficult situations and emotions

4. Reading

Compulsory Reading:

- IHC (2011). Impact of Communication in Healthcare. Available at <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>
- Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent. (pp. 53-80) Available at http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/makeitwork.pdf

5. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Good practices in inclusive communication

- **Description:** This activity focuses on the applicability of the six principles of inclusive communication to the interaction of health professionals with patients and communities in a culturally diverse context.
- **Time:** 30 minutes
- **Method:** This activity consists on individual reflection over the six principles of inclusive communication. Participants are asked to contribute examples of good practices, considering their daily experience. Fill in the template contributing with examples of good practices

OPTIONAL ACTIVITY 2: Negotiation process

- **Description:** Self-reflection about the experience of participants in negotiation and collaboration processes to solve conflicts in their daily practice.
- **Time:** 15 minutes
- **Method:** Participants are asked to individually think of a situation they have experienced. They can fill-in the template (checklist of the steps to negotiate).

Complementary reading:

- The Lancet Commission Culture and Health (2014) *Lancet* 2014; 384: 1607–39 (32 pages) Available at: [http://dx.doi.org/10.1016/S0140-6736\(14\)61603-2](http://dx.doi.org/10.1016/S0140-6736(14)61603-2) (retrieved: September 9, 2016).
- Council of Europe. (2011) Constructing an inclusive institutional culture. Council of Europe Publishing. (Part F Conflict resolution, negotiation and dialogue for mutual understanding, pp. 102-116, 14 pages). Available at: http://cdn.basw.co.uk/upload/basw_100713-4.pdf (retrieved: September 9, 2016)
- T-SHaRE Project team. (2012) TRANSCULTURAL SKILLS FOR HEALTH AND CARE. Standards and Guidelines for Practice and Training (pp. 17-27) Available at: http://tshare.eu/drupal/sites/default/files/confidencial/WP11_co/MIOLO_TSHARE_216paginas.pdf (retrieved: September 9, 2016)
- Purnell LD (2013). Transcultural Health Care. A Culturally Competent Approach. 4th ed. Philadelphia: F.A. Davis Company.
- Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. (2009). Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse. Ottawa: Public Health Agency of Canada.
- Yu T, Chen GM. (2008) Intercultural Sensitivity and Conflict Management Styles in Cross-Cultural Organizational Situations. *Intercultural Communication Studies* 17(2):149-161. Available at : <http://web.uri.edu/iaics/files/12-Tong-Yu-GM-Chen.pdf> (retrieved: September 29, 2016)

Module 3, Unit 5: Caring for the caregivers

This unit has been dedicated to caring for caregivers. Lotte De Schrijver & Ines Keygnaert have prepared the unit. It includes three compulsory activities, one presentation, and several recommended readings.

The estimated time required for this Unit is 50 minutes, including the presentation and activities.

1. Learning Objectives

Objective of the presentation:

- To introduce the concepts “burnout” and “compassion fatigue”.
- To identify signs of burnout and compassion fatigue.
- To identify risk factors
- To install preventive measures
- To install additional measures

Objective of the activities:

- To identify stress signals
- To reflect on work-life balance
- To identify health coping mechanisms

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): “Identify your stress signals”

- **Description:** Individual exercise; power point
- **Time:** 5 minutes.
- **Method:** The activity “Identify your stress signals” consists of two parts:
 - Identifying the own stress signals from a list of possibilities
 - Identifying the three most important signals, starting with the most important and indicating how often and how intense this signal is experienced

COMPULSORY ACTIVITY 2 (CA2): “How balanced is your work-life balance?”

- **Description:** Individual exercise; power point or handout
- **Time:** 7 minutes.
- **Method:** The activity “How balanced is your work-life balance?” consists of three parts:
 - In the following grid, you can map your own work-life balance. First, write down how many times you spend on the listed activities on weekly basis. Second, try to take a step back from your current situation and reflect on how much time you would want to spend on these activities.
 - Reflect on your time division. If you are not satisfied with the time you spend on your activities, try to change your balance while reflecting on these three tips:
 - Make room for your priorities
 - Try to make the balance lean towards energy giving activities
 - Make sure you take enough time to recover (Preferably every day)
 - Indicate which factors/circumstances at work you can change and which not? Base your strategy on that question

COMPULSORY ACTIVITY 3 (CA3): “Identify healthy coping mechanisms”

- **Description:** Individual exercise; power point
- **Time:** 4 minutes.
- **Method:** The activity “Identify healthy coping mechanisms” consists of two parts:
 - Identifying in the grid which coping mechanism are you already using?
 - Which mechanisms could be a good alternative if your current mechanisms are not sufficient?

2. Work plan suggested

Time	Objectives	Content
15 minutes	<ul style="list-style-type: none"> • To introduce the concepts “burnout” and “compassion fatigue”. • To identify signs of burnout and compassion fatigue. 	<ul style="list-style-type: none"> • Presentation and readings • CA1: “Identify your stress signals”

28 minutes	<ul style="list-style-type: none"> • To identify risk factors • To install preventive measures 	<ul style="list-style-type: none"> • Presentation and readings • CA2: “How balanced is your work-life balance?” • CA3: “Identify healthy coping mechanisms”
2 minutes	<ul style="list-style-type: none"> • To install additional measures 	<ul style="list-style-type: none"> • Presentation and readings

4. Recommended readings

- Mathieu F. The compassion fatigue workbook. Creative tools for Transforming Compassion Fatigue and Vicarious Traumatization. New York: Routledge, Taylor & Francis Group, 2012.
- Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence. (2015). Sexual Violence Research Initiative. Pretoria: South Africa. <http://www.svri.org/sites/default/files/attachments/2016-06-02/SVRIVTguidelines.pdf>
- Bährer-Kohler S. (Ed.). Burnout for Experts. Prevention in the Context of Living and Working. New York: Springer US, 2013.

Evaluation activities regarding the course's objectives (Knowledge pre test).

- According to the piloting objectives of this course, you will be asked to complete some surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.).

For module 3, evaluation activities are:**1) At the beginning of module:**

- A prior self-assessment about the degree of knowledge

2) At the end of module:

- A self-assessment about the knowledge outcomes after the course (Knowledge post test).
- A survey on quality, usability and usefulness of training materials (Materials assessment).

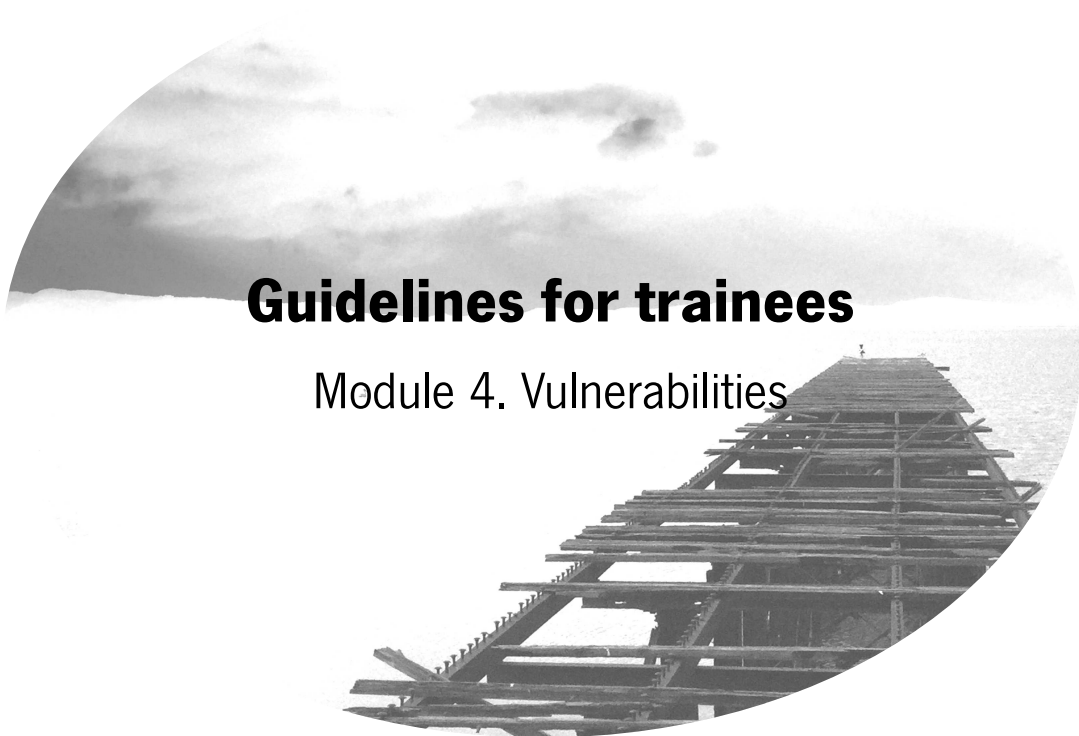


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**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND
CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
717275/SH-CAPAC**

Guidelines for trainees

Module 4. Vulnerabilities





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Module 4. Vulnerabilities

Module 4 contains three units: U1. Childhood and unaccompanied minors, U2. Gender-based violence and persecution on grounds of sexual orientation and gender identity, and U3. Elderly and disabled refugees. The estimated time required for this module is 4 hours, including contents and compulsory activities.

The following sections provide the details of the learning objectives and activities for each unit. A work plan for navigating the unit is suggested as well.

Unit 1: Childhood and unaccompanied minors

This unit has been prepared by Ainhoa Rodríguez and Olga Leralta (Andalusian School of Public Health). It includes one presentation, one compulsory activity, one optional activity, recommended videos, recommended reading, and complementary reading for further knowledge.

1. Learning objectives

Objectives of the presentation:

- To describe basic characteristics of the refugee children and unaccompanied migrant minors.
- To identify specific risks and health problems of refugee children and unaccompanied migrant minors.
- To identify barriers in access to health care.
- To formulate a health care response to address needs.

Objectives of the activities:

- To identify specific health needs of refugee children and unaccompanied migrant children.
- To formulate a health care response to address these needs.

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on refugee children and unaccompanied migrant minors.

- **Time:** 20 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2 (CA2): SWOT analysis

- **Time:** 15 minutes
- **Method:**
 1. Write in the wiki matrix at least 5 strengths, 5 weaknesses, 5 opportunities, and 5 threats on health care for unaccompanied refugee/migrant children:
 - Strengths: describe the positive factors
 - Weaknesses: are internal factors that are within your control
 - Opportunities: are the positive external factors that are beyond your control.
 - Threats: are the factors which may put your strategy in jeopardy.
 2. Feel free to modify and organize the other participants' contributions, in order to generate a collective SWOT.

COMPULSORY ACTIVITY 3 (CA3): Recommended videos

- **Time:** 15 minutes
- **Method:** Watch the videos linked in slide 18.

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • Outline of the session • Migrant children's health • Refugee children: risks and health consequences • Unaccompanied migrant/refugee children • Mental health of refugee children • Migrant children & bullying • More health issues • Migrant Children Vaccination • Substance misuse 	CA 1: Presentation (slides 1-15)
15 minutes	<ul style="list-style-type: none"> • SWOT analysis on health care for unaccompanied refugee/migrant children 	CA 2: (slide 16)
60 minutes	<ul style="list-style-type: none"> • Optional activity: video "Children on the move – Children first". 	Presentation (slide 17)
15 minutes	<ul style="list-style-type: none"> • Recommended videos 	CA 3: (slide 18)
10 minutes	<ul style="list-style-type: none"> • Recommended reading 	Presentation (slide 19)

4. Complementary activities

Recommended reading

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. <http://weshare.unicef.org/Package/2AMZIFQP5K8> (retrieved: September 7, 2016). (pp. 92-97).

Further reading

Angell SY, Cetron, MS. Health Disparities among Travelers Visiting Friends and Relatives Abroad. Ann Intern Med. 2005;142(1):67-72.

Bean TM, Eurelings-Bontekoe E, Spinhoven P. Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. Soc Sci Med. 2007;64(6):1204-15. <http://www.sciencedirect.com/science/article/pii/S0277953606005910> (retrieved: July 23, 2016).

Berg RC et al. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. *Obstetrics and Gynecology International* 2014; Article ID 542859. <https://www.hindawi.com/journals/ogi/2014/542859/> (retrieved: July 23, 2016).

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Crockett M. New faces from faraway places: Immigrant child health in Canada. *Paediatr Child Health*. 2005; 10(5):277-81.

EIGE, European Institute for Gender Equality. Female genital mutilation in the European Union and Croatia. Germany: European Union; 2013.

European Migration Network. Synthesis Report for the EMN Focussed Study 2014. Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015. EMN; 2015. http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/emn_study_policies_practices_and_data_on_unaccompanied_minors_in_the_eu_member_states_and_norway_synthesis_report_final_eu_2015.pdf (retrieved: July 23, 2016).

European Migration Network. Policies on Reception, Return and Integration arrangements for, and numbers of, Unaccompanied Minors – an EU comparative study. EMN; 2010. http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/unaccompanied-minors/0_emn_synthesis_report_unaccompanied_minors_final_version_may_2010_en.pdf (retrieved: July 23, 2016).

Fazel M, Reed R, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012; 379:266-288. <http://www.evidenceaid.org/wp-content/uploads/2016/03/1-s2.0-S0140673611600512-main.pdf> (retrieved: July 23, 2016).

FRA, European Union Agency for Fundamental Rights. Data in Focus n° 06. Minorities as Victims of Crime. EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA; 2012.

FRA. EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS. Separated, asylum-seeking children in European Union Member States. Comparative report. Luxembourg: Publications Office of the European Union; 2010.

Goosen S, Uitenbroek D, Wijzen C, Stronks K. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data. *J Epidemiol Community Health* 2009;63(7):528-33.

Gualdi-Russo E, Zaccagni L, Manzon VS, Masotti S, Rinaldo N, & Khyatti M. Obesity and physical activity in children of immigrants. *European Journal of Public Health* 2014, 24(1):40–46.

Hendel-Paterson B, Swanson SJ. Pediatric travelers visiting friends and relatives (VFR) abroad: illnesses, barriers and pre-travel recommendations. *Travel Medicine and Infectious Disease* 2011;9:192e203.

Human Rights Watch. Caught in a net. Unaccompanied migrant children in Europe. HRW; 2012. <http://www.ohchr.org/Documents/HRBodies/CRC/Discussions/2012/Submissions/HRW.pdf> (retrieved: July 23, 2016).

Huemer J, Karnik NS, Voelkl-Kernstock S, Granditsch E, Dervic K, Friedrich MH, Steiner H. Mental health issues in unaccompanied refugee minors. *Child and Adolescent Psychiatry and Mental Health* 2009;3:13. <http://capmh.biomedcentral.com/articles/10.1186/1753-2000-3-13> (retrieved: July 23, 2016).

Internacional Organization for Migration. Foreign-born children in Europe: an Overview from the Health Behaviour in School-Aged Children (HBSC) Study. Background paper. Brussels: IOM; 2006.

Internacional Organization for Migration. Unaccompanied children on the move. Geneva: IOM; 2011. https://publications.iom.int/system/files/pdf/uam_report_11812.pdf (retrieved: July 23, 2016).

Kane J. Violence and School. Daphne Booklets. Brussels: European Commission, DG Justice, Freedom and Security, Daphne Programme; 2008.

Karnaki, P. PROMOVAX: Promote vaccinations among migrant populations in Europe. In: Childhood Immunization, Progress, challenges & priorities for further action. Luxembourg; 16 & 17 October 2012. http://ec.europa.eu/health/vaccination/events/ev_20121016_en.htm (retrieved: July 23, 2016).

Labree LJW, van de Mheen H, Rutten FFH, Foets M. Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature. *International Association for the Study of Obesity* 2011;12:e535–e547.

Labree W, Lötters F, van de Mheen D, Rutten F, Rivera Cavaría A, Neve M, Rodenburg G, Machielsen H, Koopmans G & Foets M. Physical activity differences between children from migrant and native origin. *BMC Public Health* 2014;14:819.

Marsiglia F, Kulis S, Luengo MA, Nieri T & Villar P. Immigrant advantage? Substance use among Latin American immigrant and native-born youth in Spain. *Ethn. Health* 2008;13(2):149–170.

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Missing Children Europe conference: Towards a coordinated strategic approach on missing unaccompanied migrant children. <http://missingchildreneurope.eu/news/Post/536/Missing-Children-Europe-conference-Towards-a-coordinated-strategic-approach-on-missing-unaccompanied-migrant-minors> (retrieved: July 23, 2016).

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Pfarrwaller E, & Suris J-C. Determinants of health in recently arrived young migrants and refugees: a review of the literature. Italian Journal of Public Health 2012; 9(3):e7529-1–e7529-16.

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RESILAND. Orientations for professionals and officials working with and for children on the move. Athens: KMOP and Defence for Children International; 2015. http://www.resiland.org/files/small_booklet_res.pdf (retrieved: july 23, 2016).

Sirin S & Rogers-Sirin L. The educational and mental health needs of Syrian Refugee Children. Washington DC: National Center on Immigrant Integration Policy, MPI; 2015, october. <http://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children> (retrieved: July 23, 2016).

Svensson M, Hagquist C. Adolescent Alcohol and Illicit Drug-Use in First and Second Generation Immigrants in Sweden. Working paper n° 8. Örebro University, Swedish Business School; 2009.

UNICEF. Blue Dots that keep refugee and migrant children safe in Europe. UNICEF; 2016, 18 march. <https://blogs.unicef.org.uk/2016/03/18/refugee-migrant-children-europe-blue-dot/> (retrieved: July 23, 2016).

UNICEF, France. Ni sains, ni saufs: enquête sur les mineurs non accompagnés dans le Nord de la France. Paris: UNICEF; 2016. <https://www.unicef.fr/contenu/espace-medias/ni-sains-ni-saufs-enquete-sur-les-mineurs-non-accompagnes-dans-le-nord-de-la-france> (retrieved: July 23, 2016).

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. <http://weshare.unicef.org/Package/2AMZIFQP5K8> (retrieved: September 7, 2016).

WHO. Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen: WHO Regional Office for Europe; 2010.

Optional activity

- **Description:** Video screening and discussion
- **Time:** 60 minutes
- **Method:** Discuss on forum the content of the video "Children on the move – Children first" produced by the European Network of Ombudspersons for Children (ENOC): <https://vimeo.com/75947923>

Unit 2: Sexual and gender-based violence and persecution on grounds of sexual orientation and gender identity

This unit is structured in two parts. Part I has been prepared by Ines Keygnaert (Ghent University - International Centre for Reproductive Health) and Part II by Amets Suess Schwend (Andalusian School of Public Health). The estimated time for this Unit is two hours.

Part I Sexual and gender-based violence

This part I includes one presentation, three compulsory activities and eight recommended readings.

The estimated time required for this part of the Unit is one hour, including the presentation and activities.

1. Learning objectives

Objective of the presentation and activities:

- To discuss whether situations are acceptable and why
- To identify criteria underlying the notion of violence and transgressive behavior
- To identify different forms of violence and terminology used
- To become accustomed to communicating about violence
- To understand the consequences of sexual and gender-based violence (SGBV)
- To have an idea of prevalence of SGBV in Europe
- To become familiar with European policies and regulations on SGBV in the asylum sector

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on sexual & gender-based violence.

- **Time:** 20 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2 (CA2): “Flag situations”

- **Description:** Individual & Group exercise; power point & forum;
- **Time:** 20 minutes.
- **Method:** The activity “Flag situations” consists of three parts:
 1. Step 1: Look at the following situations and indicate how you would flag each of the situations: what is acceptable and what is transgressive behavior to you and how should we react on that?
 - Green: acceptable behavior
 - Yellow: the behavior should be changed or corrected slightly
 - Red: this behavior should be forbidden
 - Black: this behavior should be punished.
 2. Step 2: go to the forum and compare the answers you have with the other participants: do you all react the same? Which elements constitute acceptable and transgressive behavior?
 3. Step 3: check out the criteria for evaluation of situations and how to flag and react on them
Handout 23 Senperforto Manual Flags and criteria.pdf

COMPULSORY ACTIVITY 3 (CA3): “Violence cases: identification of types”

- **Description:** Group exercise; power point & forum;
- **Time:** 20 minutes.
- **Method:** The activity “violence cases: identification of types” consists of four parts:
 1. Step 1: read the following 5 cases of violence in refugees, asylum seekers and undocumented migrants: Handout 24 Senperforto Manual Violence cases.pdf
 2. Step 2: Go to the forum and discuss the cases:
 - Which elements described in the cases do you consider to be violence?
 - How would you categorize them? Give each category a name.
 - Try to come to a consensus
 3. Step 3: Continue with the presentation about different perspectives to look and categorise violence.
 4. Step 4: Look back at the categorizations you made of the violence types occurring in the cases:
 - Which perspective did you take?
 - Have you overlooked some of the violence acts in the cases?

COMPULSORY ACTIVITY 4 (CA4): “Country specific exercise measures SGBV prevention and response”

- **Description:** individual exercise; power point & forum;
- **Time:** 5 minutes.
- **Method:** The activity “Country specific exercise measures SGBV prevention and response” consists of one part:

1. Step 1: After having read the guidelines and checked the tools:

- Which guidelines are implemented in your country?
- If you see gaps: which organisations, structures or people are there to inform about the opportunities to fill this gap?
- Plan on how you can inform this on these guidelines and tools available

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • To discuss whether situations are acceptable and why • To identify criteria underlying the notion of violence and transgressive behavior 	<ul style="list-style-type: none"> • CA1: Presentation and readings • CA2: Flag situations
20 minutes	<ul style="list-style-type: none"> • To identify different forms of violence and terminology used • To become accustomed to communicating about violence 	<ul style="list-style-type: none"> • Presentation and readings slides 15-27 • CA3: violence cases: identification of violence types
10 minutes	<ul style="list-style-type: none"> • To understand the consequences of sexual and gender-based violence (SGBV) • To have an idea of prevalence of SGBV in Europe 	<ul style="list-style-type: none"> • Presentation and readings
10 minutes	<ul style="list-style-type: none"> • To become familiar with European policies and regulations on SGBV in the asylum sector 	<ul style="list-style-type: none"> • Presentation and readings • CA4: Country-specific exercise measures SGBV prevention and response

4. Complementary activities

Recommended reading

Keygnaert I, Vettenburg N, Temmerman M (2012) Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *Culture, Health & Sexuality*, Vol. 14, issue 5, May 2012, pp 505-520. Hidden Violence is a Silent Rape CHS Ines Keygnaert published April 2 2012.pdf

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Further reading

Keygnaert I, Guieu A, (2015) What the eye doesn't see: A critical interpretive synthesis of European policies addressing sexual violence in migrants. *Reproductive Health Matters- Special Issue Sexual violence-Vol 23*, nr 46, pp 45-55

Keygnaert I., Vangenechten J., Devillé W., Frans E. & Temmerman M. (2010) *Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector*. Magelaan cvba, Ghent. ISBN 978-9078128-205

Inter-Agency Standing Committee. *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*. 2015. <http://gbvaor.net>

UNHCR. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons - Guidelines for Prevention and Response*. <http://www.unhcr.org/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>

SH-CAPAC Project. *Guide for assessment of health needs and health protection resources*. 2016. Available from: <http://www.easp.es/sh-capac/>

EN-HERA! (2009) *Framework for the identification of good practices in Sexual & Reproductive Health for Refugees, Asylum seekers and Undocumented Migrants*. Academia Press, Ghent, Belgium. ISBN 978-90-75955-69-9. EN-HERA! Framework for the Identification of Good Practices.pdf

Part II: Persecution and discrimination on grounds of sexual orientation and gender identity.

Part II “*Persecution and discrimination on grounds of sexual orientation and gender identity*” of Unit 2, elaborated by Amets Suess Schwend, Andalusian School of Public Health, includes four compulsory activities (including one presentation, two compulsory activities and a compulsory reading), one optional activity, four complementary readings and three complementary audiovisual materials.

The estimated time required for this part of the Unit is one hour (compulsory activities).

1. Learning Objectives

Objectives of the presentation and activities:

- To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.
- To explore concerns and needs of LGBTI refugees and migrants.
- To identify specific aspects in the current situation of economic crisis and increased refugee flow.
- To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants.

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA 1): Exchange of experiences

- **Description:** Exchange of experiences related to the clinical work with LGBTI refugees / migrants in the forum, including positive aspects, difficulties and needs.
- **Time:** 10 minutes
- **Method:**
 - **In the forum:**
 - Upload a post sharing your experiences related to the clinical work with LGBTI refugees / migrants, including positive aspects, difficulties and needs.
 - If you have not had any professional experience with LGBTI refugees / migrants, identify reasons for their invisibility.

COMPULSORY ACTIVITY 2 (CA 2): Presentation

- **Description:** Presentation on persecution and discrimination on grounds of sexual orientation and gender identity
- **Time:** 20 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 3 (CA 3): Reading

- **Description:** Reading on the situation of LGBT refugees and migrants
- **Time:** 10 minutes
- **Method:** Read the following document:
 - ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA Europe Briefing on LGBTI Refugees and Asylum, February 2016.
http://ilga-europe.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues_-_february_2016.pdf (retrieved: August 30, 2016).

COMPULSORY ACTIVITY 4 (CA 4): Sharing of audiovisual materials

- **Description:** Sharing of audiovisual materials in the forum.
- **Time:** 20 minutes
- **Method:**
 - **Individually:**
 - Look for a video (documentary, conference, discussion, performance, music, etc.) aimed at raising awareness on the situation of LGBTI refugees / migrants.
 - **In the forum:**
 - Upload a post with the video, indicating the reasons for choosing this material.

3. Work plan suggested

Time	Objectives	Content
10 minutes	<ul style="list-style-type: none"> • To facilitate an exchange of experiences related to the clinical work with LGBTI refugees and migrants, including positive aspects, difficulties and needs. 	CA 1: Exchange of experiences In the forum: Exchange of experiences related to the clinical work with LGBTI refugees / migrants or identification of reasons for the invisibility of LGBTI refugees / migrants
20 minutes	<ul style="list-style-type: none"> • To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries. • To explore concerns and needs of LGBTI refugees and migrants • To identify specific aspects in the current situation of economic crisis and increased refugee flow. • To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants. • To learn about the current situation of LGBTI refugees in Europe. 	CA 2: Presentation

10 minutes	<ul style="list-style-type: none"> To learn about the current situation of LGBTI refugees in Europe. 	CA 3: Reading
20 minutes	<ul style="list-style-type: none"> To identify audiovisual material aimed at raising awareness on the situation of LGBTI refugees / migrants 	CA 4: Sharing of audiovisual materials Individually: <ul style="list-style-type: none"> Looking for a video In the forum: <ul style="list-style-type: none"> Uploading the video, indicating the reasons for choosing this material

4. Readings and audiovisual material

Compulsory reading:

- ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA Europe Briefing on LGBTI Refugees and Asylum, February 2016. http://ilga-europe.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues_-_february_2016.pdf (retrieved: August 30, 2016).

Complementary readings:

- FRA, European Union Agency for Fundamental Rights. EU LGBT survey: Main results. Luxembourg: FRA Publications Office, 2013. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-technical-report_en.pdf (retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Being Trans in the European Union. Comparative analysis of the EU LGBT survey data. Luxembourg: FRA Publications Office, 2014. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-results-at-a-glance_en.pdf (retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Protection against discrimination on grounds of sexual orientation, gender identity and sex characteristics in the EU. Comparative legal analysis. Vienna: FRA, 2015. http://fra.europa.eu/sites/default/files/fra_uploads/protection_against_discrimination_legal_update_2015.pdf (retrieved: August 30, 2016).
- Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *The Lancet* 2016;388(100042):390-400.

Complementary audiovisual material:

- No Place for Me: Protecting Sexual and Gender Minority Refugees, ORAM (27:59 min): <https://vimeo.com/58807431>

4. Optional activity

OPTIONAL ACTIVITY: Film screening and discussion

- **Description:** Film screening of short documentaries and contribution of a commentary in the forum, identifying important concerns and needs expressed by LGBTI refugees / migrants, as well as strategies for addressing these concerns and needs in the health care context.
- **Time:** 20 minutes
- **Method:**
 - **Individually**
 - Watch the following documentaries:
 - Lebanon: LGBTI Refugees tell their stories, UNHCR (1:10 min): <https://www.youtube.com/watch?v=F6COKYChXO>
 - Never Arrive, Farah Abdi, Somali trans refugee and writer (6:15 min): <https://www.youtube.com/watch?v=sd-yU0aceR0>
 - **In the forum:**
 - Upload a commentary to the forum, responding to the following questions:
 - Which are the most important concerns and needs expressed by LGBTI refugees / migrants?
 - Which strategies can be developed in the health care context to approach these concerns and needs?

Unit 3: Elderly and disabled

This unit has been prepared by Katja Lanting and Jeanine Suurmond (Academisch Medisch Centrum, Universiteit van Amsterdam). It includes one presentation, three activities, one video and five recommended readings. You will also find complementary reading for further knowledge. The estimated time required for this unit is one hour.

1. Learning Objectives

Objectives of the Presentation:

- To describe basic characteristics of the elderly refugee population.
- To identify specific health needs of elderly refugees.
- To identify barriers in access to health care
- To formulate a health care response to address needs.
- To identify needs of refugees with disabilities and formulate a health care response to address these needs.

Objectives of the Activities:

- To identify specific health needs of elderly refugees.
- To formulate a health care response to address these needs.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation

- **Time:** 15 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 2: Video

- **Time:** 15 minutes
- **Method:**
 1. Please watch the 2 videos about refugee health needs.
 2. What are in your eyes specific health needs of elderly refugees? Please write down.
 3. Compare your answers with the information given in the presentation.
 4. Discuss your answer in the forum.

COMPULSORY ACTIVITY 3: Case study

- **Time:** 15 minutes
- **Method:**
 1. Read the case study.
 2. What could be possible barriers in access to care? Please write down.
 3. Compare your answers with the information given in the presentation.
 4. Discuss your answer in the forum.

COMPULSORY ACTIVITY 4: Video

- **Time:** 15 minutes
- **Method:**
 1. Please watch the video.
 2. Write down 3 most relevant strategies for improving access to health care for elderly refugee and asylum seekers in your region / country.
 3. Compare your answer with the information given in the presentation.
 4. Discuss your answer in the forum.

3. Work plan suggested

Time	Objectives	Content
5 minutes	<ul style="list-style-type: none"> • To describe basic demographic characteristics of the elderly refugee population 	Presentation (slide 3)
15 minutes	<ul style="list-style-type: none"> • To identify specific health needs of elderly refugees 	CA2 in three parts: <ul style="list-style-type: none"> - Videos (4-5) - Presentation (slides 6-7) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To identify barriers in access to health care 	CA3 in three parts: <ul style="list-style-type: none"> - Case study (slides 8-9) - Presentation (slide 10) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To formulate a health care response to address needs 	CA4 in three parts: <ul style="list-style-type: none"> - Video (slide 11) - Presentation (slides 12-13) - Discussion in forum
10 minutes	<ul style="list-style-type: none"> • To identify needs of refugees with disabilities and formulate a health care response to address these needs. 	CA1: Presentation (slide 14-21)

4. Complementary activities

Recommended reading

Chenoweth J, Burdick L. The path to integration: meeting the special needs of refugee elders in resettlement. *Refugee*. 2001;20(1):20–9.

Women's Commission for Refugee Women and Children. Disabilities among refugees and conflict-affected populations. DCRWC, June 2008. [http://www.aidsfreeworld.org/our-issues/disability/~ /media/Files/Disability/conflict%20and%20disab%20\(2\).pdf](http://www.aidsfreeworld.org/our-issues/disability/~ /media/Files/Disability/conflict%20and%20disab%20(2).pdf) (Retrieved 27/9/2016).

Further reading

Amir M, Lev-Wiesel R. Time does not heal all wounds: quality of life and psychological distress of people who survived the holocaust as children 55 years later. *J Trauma Stress*. 2003;16(3):295–9.

Floyd M, Rice J, Black S. Recurrence of posttraumatic stress disorder in later life: a cognitive aging perspective. *J Clinical Geropsychology*. 2002. doi:10.1023/A:1019679307628.

McSpadden LA. Ethiopian refugee resettlement in the Western United States: social context and psychological well-being. *The International migration review*. 1987;21(3):796-819.

Porter M, Haslam N. Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons. *JAMA*. 2005. doi:10.1001/jama.294.5.602.

Teshuva K, Wells Y. Experiences of ageing and age care in Australia of older survivors of genocide. *Ageing Soc*. 2014. doi:10.1017/ S0144686X12001109.

Womens Refugee Commision. I See That It Is Possible. Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings. WRC, May, 2015. <https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview> (Retrieved 27/9/2016).

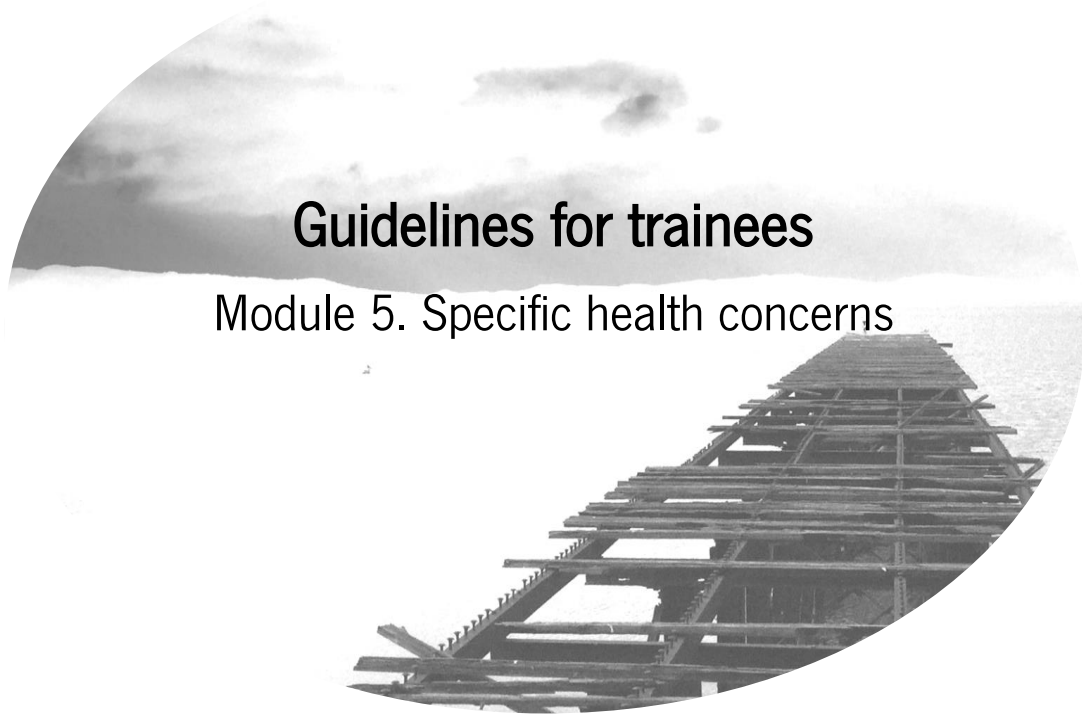


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SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY
BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
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Guidelines for trainees

Module 5. Specific health concerns





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Module 5. Specific health concerns

Module 5 contains four units. The estimated time required for the module is 5 hours, including contents and the compulsory activities.

In the following sections the learning objectives and activities are detailed for each unit. A work plan is suggested as well.

Unit 1: Non-communicable diseases.

Pablo Pérez Solís and Luis Andrés Gimeno Feliu, medical doctors, from the Spanish Public Health Service, have prepared this content. This Unit includes original graphic and reading material, two activities (one compulsory and one optional) and four recommended readings. The estimated time required for this Unit is one hour and 15 minutes, including contents, readings and a discussion in forum.

1. Learning objectives

- To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.
- To describe different patterns of multimorbidity and chronic disease according to refugee's origin, and socioeconomic status.
- To individualize interventions depending on refugee's country of origin and other circumstances.

2. Learning activities

COMPULSORY ACTIVITY 1: Infographic on non communicable diseases

Method: Watch the pdf.

COMPULSORY ACTIVITY 2: Prevalence of chronic disease

Method: Reading Diaz E, Kumar BN, Gimeno-Feliu LA, Calderon-Larranaga A, Poblador-Pou B, Prados-Torres A. Multimorbidity among registered immigrants in Norway: the role of reason for migration and length of stay. *Tropical medicine & international health: TM & IH.* 2015;20(12):1805-14. (8 pages)

COMPULSORY ACTIVITY 3: Recommendations for management of diabetes during Ramadan

Method: Reading Ibrahim M, Abu Al Magd M, Annabi FA, Assaad-Khalil S, Ba-Essa EM, Fahdil I, et al. Recommendations for management of diabetes during Ramadan: update 2015. *BMJ open diabetes research & care.* 2015;3(1):e000108 (10 pages)

COMPULSORY ACTIVITY 4: Diabetes in Ramadan

Description: Video Screening and discussion in forum

Method: The activity consists in a video screening and discussion in forum about the importance of this kind of resources in clinical settings : https://www.youtube.com/watch?v=OWbDId5_RkI

3. Work plansuggested

Time	Objectives	Content
55 minutes	<ul style="list-style-type: none"> • To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context. • To describe different patterns of multimorbidity and chronic disease according to refugee origin, and socioeconomic status. 	Graphic and reading journal articles.

Time	Objectives	Content
	<ul style="list-style-type: none"> To individualize interventions depending on refugee's country of origin and other circumstances. 	
20 minutes	<ul style="list-style-type: none"> To analyse importance of educational resources on line by patients with chronic diseases. 	<p>Discussion about video: Diabetes in Ramadan</p> <p>https://www.youtube.com/watch?v=OWbDId5_RkI</p>

4. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Estimation of the prevalence of chronic diseases

Method: Reading Esteban-Vasallo MD, Dominguez-Berjon MF, Astray-Mochales J, Genova-Maleras R, Perez-Sania A, Sanchez-Perruca L, et al. Epidemiological usefulness of population-based electronic clinical records in primary care: estimation of the prevalence of chronic diseases. Family practice. 2009;26(6):445-54 (9 pages)

OPTIONAL ACTIVITY 2: Migration and health in the European Union. Non-communicable diseases

Method: Reading Kunst AE, Stronks K, Agyemang C. Non-communicable diseases. In: Rechel B, editor. Migration and health in the European Union. Maidenhead: Open University Press; 2011. p. 101-20.

Unit 2: Communicable diseases.

Pablo Pérez Solís and Luis Andrés Gimeno Feliu, medical doctors, from the Spanish Public Health Service, have prepared this content. This Unit includes original graphic and reading material, two activities (one compulsory and one optional) and four recommended readings. The estimated time required for this Unit is one hour and 15 minutes, including contents, readings and a discussion in forum.

1. Learning objectives

- To describe the impact of communicable diseases in migrants and refugee To know core elements for a adequate approach: modes of transmission, risk-related practices, and barriers as socio- economic status and access to healthcare.
- To know different public health implications of most common communicable diseases in migrants and refugees
- To individualize interventions depending on refugee's country of origin and other circumstances

2. Learning activities

COMPULSORY ACTIVITY 1: Infographic on communicable diseases

Method: Watch the pdf.

COMPULSORY ACTIVITY 2: Infectious diseases of specific relevance

Method: Reading European Centre for Disease Prevention and Control. Infectious diseases of specific relevance to newly- arrived migrants in the EU/EEA – 19 November 2015. ECDC: Stockholm; 2015. (6 pages)

COMPULSORY ACTIVITY 3: Communicable disease risks associated with the movement of refugees

Method: Reading European Centre for Disease Prevention and Control. Communicable disease risks associated with the movement of refugees in Europe during the winter season – 10 November 2015, Stockholm: ECDC; 2015. (Note: Pending on updated ECDC new document for 2016) (12 pages)

COMPULSORY ACTIVITY 4: Prevalence of main communicable diseases in the world

Description: Search on the web

Method: This activity consists in searching on the web the prevalence of communicable diseases studied in this unit in different countries in the world. Afterwards, compare this prevalence with that of host country. Sources:

- Yellow Book (CDC)
- World Health Organization (WHO)
- European Centre for Disease Prevention and Control

3. Work plan suggested

Time	Objectives	Content
55 minutes	<ul style="list-style-type: none"> • To describe the impact of communicable diseases in migrants and refugee health as a heterogeneous phenomenon that it is. • To know core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as SES and access to healthcare • To know different public health implications of most common communicable diseases in migrants and refugees • To individualize interventions depending on refugee's country of origin and other circumstances 	Graphic and reading journal articles
20 minutes	<ul style="list-style-type: none"> • Prevalence of main communicable diseases in the world 	This activity consists in searching on the web the prevalence of communicable diseases studied in this unit in different countries in the world. Afterwards, compare this prevalence with that of host country.

4. Complementary activities**Optional activities****OPTIONAL ACTIVITY 1: Assessing the burden of key infectious diseases**

Method: Reading European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA. Stockholm: ECDC; 2014. (106 pages)

Unit 3: Sexual and reproductive health.

Lotte De Schrijver and Ines Keygnaert, Ghent University-ICRH, have prepared this content. This Unit includes one presentation, five compulsory activities and eight recommended readings. The estimated time required for this Unit is 90 minutes, including the presentation and activities.

1. Learning objectives

- To understand that people have different needs according to their sexual development stage.
- To be able to identify important supportive/hindering factors of sexual development.
- To understand the elements of a definition of sexual and reproductive health.
- To understand the concept of sexual and reproductive rights (history, purpose, meaning).
- To be aware of risk factors for poor sexual and reproductive health in the context of migration.
- To know which guidelines to apply to provide a minimal sexual and reproductive health care service.

2. Learning activities

COMPULSORY ACTIVITY 1: “Defining sexual and reproductive health”

Description: Group exercise; power point Unit 3 & forum;

Method: The activity “Defining sexual and reproductive health” consists of four parts:

- Step 1: Forum:
 - In your opinion, when is somebody in good sexual health?
 - In your opinion, when is somebody in good reproductive health?
 - Check whether you have identified elements related to the 5 sexual health core components: general well-being and development, a safe and satisfying sex life, sexual relationships and sexuality, Family planning and fertility, access to Information & Care.
- Step 2:
 - Reflect on how this relates to your own sexual timeline?
 - Which elements would you use to describe your own SRH?
- Step 3: Read the WHO definitions of sexual health, sexuality and reproductive health.
- Step 4: Discuss the following:
 - Discuss the similarities and differences between what you indicated in the previous activity as being elements of good sexual and reproductive health and the given definitions.
 - How do sexual and reproductive health relate to each other according to you? Which one is the more narrow and which one the more broader term?
 - Discuss how SRH can be influenced by the process of migration. Try to identify aspects influencing SRH in arrival, transit and destination countries.
 - How are reception centres in your country dealing with sexual and reproductive health? Do you have suggestions for improvement?

COMPULSORY ACTIVITY 2: “Sexual and reproductive rights”

Description: Group exercise; power point Unit 3 & forum;

Method: The activity “Sexual and reproductive rights” consists of one part:

- Step 1: Discuss on the forum:
 - Do you believe that sexual and reproductive health rights are universal?
 - Which rights are easily/not easily fulfilled as an asylum seeker in Europe? Do they have suggestions for improvement?
 - What barriers do they see regarding the sexual rights of asylum seekers?

COMPULSORY ACTIVITY 3: “Risk factor identification & reflection on SRH assessment”

Description: individual exercise; power point Unit 3.

Method: The activity “Risk factor identification & Reflection on SRH assessment” consists of three parts:

- Step 1: Read the HEN report n.45 on reduction of inequalities in accessibility and quality of maternal health care delivery for migrants
http://www.euro.who.int/_data/assets/pdf_file/0003/317109/HEN-synthesis-report-45.pdf
- Step 2: Look at table presented on the next slide.
- Step 3: Reflect on the following:
 - Do you recognize these risk factors in your country?
 - What could be done to prevent this?
 - Is anything missing according to you?

COMPULSORY ACTIVITY 4: “MISP-RH”

Description: Reading document Women’s refugee commission. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: <http://misp.iawg.net/>

Method: The activity “MISP” consists of reading the MISP-RH: <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf> (chapters 1, 2, 4, 5 and 6)

3. Work planning suggested

Time	Objectives	Content
15 minutes	<ul style="list-style-type: none"> • To understand the elements of the definitions of sexual and reproductive health 	<ul style="list-style-type: none"> • Presentation and readings • CA1: Defining sexual and reproductive health
15 minutes	<ul style="list-style-type: none"> • To understand the concept of sexual and reproductive rights (history, purpose, meaning). 	<ul style="list-style-type: none"> • Presentation and readings • CA2: Presentation and readings
15 minutes	<ul style="list-style-type: none"> • To be aware of risk factors of poor sexual and reproductive health in the context of migration 	<ul style="list-style-type: none"> • Presentation and readings • CA3: Reflection on SRH assessment
25 minutes	<ul style="list-style-type: none"> • To know which guidelines to apply to provide a minimal sexual and reproductive health care service 	<ul style="list-style-type: none"> • Presentation and readings • CA4: MISP-RH

4. Complementary activities

Recommended readings

- Keygnaert I, Ivanova O, Guieu A, Van Parys A, Leye E, Roelens K (2016): What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region. Health Evidence Network Synthesis Report nr 45, WHO Europe, Copenhagen. ISBN 9789289051576
http://www.euro.who.int/_data/assets/pdf_file/0003/317109/HEN-synthesis-report-45.pdf
- Women’s refugee commission. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: <http://misp.iawg.net/>

- Inter-Agency Task Team on HIV and Young People. Guidance brief. HIV Interventions for Young People in Humanitarian Emergencies. Geneva: UNFPA. Available from: www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf
- Keygnaert I, Guieu A, Ooms G, Vettenburg N, Roelens K, Temmerman M. Sexual and reproductive health of migrants: does the EU care? *Health Policy*, 2014; 114: 215-225.
- Keygnaert I, Vettenburg N, Roelens K, Temmerman M. Sexual health is dead in my body: participatory assessment of sexual health determinants in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *BMC PUBLIC HEALTH*. 2014;14:416.
- Frans, E, Keygnaert, I. Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. 2010. Academia Press, Ghent. <http://icrh.org/publication/sgbv-senperforto-make-it-work-training-manual>
- Keygnaert I, Vangenechten J, Devillé W, Frans E, Temmerman M. Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector. 2010. Ghent: Magelaan cvba. ISBN 978-9078128-205
- WHO & UNFPA. Measuring sexual health: conceptual and practical considerations and related indicators. 2010. World Health Organization, Geneva. http://www.who.int/reproductivehealth/publications/monitoring/who_rhr_10.12/en/
- WHO Regional Office for Europe & BZgA. Standards for sexuality education in Europe. A framework for policy makers, educational and health authorities and specialists. 2010. Cologne: BZgA. Available from: <http://www.bzga-whocc.de/?uid=20c71afcb419f260c6afd10b684768f5&id=home>

Optional activities

OPTIONAL ACTIVITY 1: “Sexual development & lifeline”

Description: Individual & Group exercise; power point & forum; 1 A4 paper

Method: The activity “Sexual development & lifeline” consists of four parts:

- Step 1: Draw a timeline on a piece of paper and write “sexual timeline” as a title. Draw a line from the top of the page until the bottom. The top will represent the moment you were born, whereas the bottom of the line will represent the present. Construct a sexual timeline from your personal experiences (first kiss, fondling, physical changes, first time in love, first orgasm, divorce...) For an example: *Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent: p.27.*
- Step 2: Look at your sexual timeline: What was the need you felt at certain stages of your sexual development? For example: Maybe you felt the need to talk about contraceptives with an adult when you first became sexually active? Maybe your first sexual experience came too early and you felt the need to slow things down?
- Step 3: Discuss on the forum what the needs are at different stages of one’s sexual life to make these experiences positive ones or to reduce the negative impact of painful experiences.
- Step 4: Reflect and discuss the following questions on the forum:
 - What is the situation for refugees?
 - Which problems are they facing? Which aspects of sexual and reproductive health are being limited due to the situations refugees are in? And which are not?
 - What can and should be done to address the needs of refugees in that area?

OPTIONAL ACTIVITY 2: “Sexual health indicators”

Description: Group exercise; power point & forum; document: WHO & UNFPA (2010). Measuring sexual health: conceptual and practical considerations and related indicators. World Health Organization, Geneva.

Time: 15 minutes.

Method: The activity “Sexual health indicators” consists of two parts:

- Step 1: read the following document: WHO & UNFPA (2010). Measuring sexual health: conceptual and practical considerations and related indicators. World Health Organization, Geneva.
- Step 2: apply the proposed indicators (Annex 3. Proposed indicators of sexual health) on the situation in your own country.

OPTIONAL ACTIVITY 3: “MISP-RH”

- **Description:** Group exercise; power point & forum; document: Women’s refugee commission. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: <http://misp.iawg.net/>
- **Time:** 25 minutes (+ optional chapters).
- **Method:** The activity “MISP” consists of three parts:

- Step 1: Read the MISP-RH:

<http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf>

- Step 2: Take the tests

- Step 3: Discuss on the forum how minimum initial service for reproductive health in crises can be improved.

Unit 4: Mental health.

Amets Suess Schwend and Ainhoa Rodríguez de Cortázar, Andalusian School of Public Health, have prepared this content. This Unit includes three compulsory activities, one presentation and one optional activity, as well as six recommended readings (among them the compulsory reading). The estimated time required for this Unit is 60 minutes (including the compulsory activities, presentation and compulsory reading).

1. Learning objectives

- To explain the general patterns of mental health problems in migrants and refugees, within a human rights and social determinants of health approach.
- To present strategies for a diversity sensitive mental health practice.
- To identify strategies for a diversity sensitive mental health practice.
- To learn about the mental health situation and psychosocial wellbeing of Syrian refugees.

2. Learning activities**COMPULSORY ACTIVITY 1: Presentation on migration and mental health**

- **Description:** Presentation on migration and mental health.
- **Time:** 20 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 2: Reading on mental health situation and psychosocial wellbeing of Syrian refugees.

- **Description:** Reading on mental health situation and psychosocial wellbeing of Syrian refugees.
- **Time:** 10 minutes
- **Method:** Reading Hassan G, Ventevogel P, Jefee-Bahloul H, Barkil-Oteo A, Kirmayer LJ. Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiol Psychiatr Sc* 2016;25(2):129-41.

COMPULSORY ACTIVITY 3: Best practice examples for diversity sensitive mental health practice

- **Description:** Identification of a Best Practice example for a diversity sensitive mental health practice directed to refugees / migrants
- **Time:** 30 minutes
- **Method:**
 - ✓ **Individually:**
 - Identify a Best Practice example for a diversity sensitive mental health care practice directed to refugees / migrants.
 - ✓ **In the forum:**
 - Upload a post with materials related to the Best Practice example (link to the website, paper, audiovisual material, etc.).
 - Explain the reasons for choosing this Best Practice example.

3. Work planning suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • To explain the general patterns of mental health problems in migrants and refugees, within a human rights and social determinants of health approach. • To present strategies for a diversity sensitive mental health practice. 	Compulsory activity 1: Presentation
10 minutes	<ul style="list-style-type: none"> • To learn about the mental health situation and psychosocial wellbeing of Syrian refugees. 	Compulsory activity 2: Reading
30 minutes	<ul style="list-style-type: none"> • To identify strategies for a diversity sensitive mental health practice. 	Compulsory activity 3: Best Practice examples for a diversity sensitive mental health practice directed to refugees / migrants <ul style="list-style-type: none"> • Individually: Identification of a Best Practice example for a diversity sensitive mental health care practice directed to refugees / migrants • In the forum: Post with materials related to the Best Practice example

4. Complementary activities

Recommended readings

- WHO, World Health Organization. IASC Guidelines for mental health and psychosocial support in emergency settings. Geneva: WHO, 2007. https://interagencystandingcommittee.org/system/files/legacy_files/guidelines_iasc_mental_health_psychosocial_june_2007.pdf (retrieved: September 28, 2016).
- WHO, World Health Organization, UNHCR, UN Refugee Agency. mhGAP Humanitarian Intervention Guide. Geneva: WHO, UNHCR, 2015. http://apps.who.int/iris/bitstream/10665/162960/1/9789241548922_eng.pdf (retrieved: September 28, 2016).
- UN, United Nations, Office of the United Nations. High Commissioner for Human Rights. Istanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. New York, Geneva, 2004. <http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf> (retrieved: September 28, 2016).

Further readings

- Gross H, van Groll P. "We have No Rights". Arbitrary imprisonment and cruel treatment of migrants with mental health issues in Canada. Toronto: University of Toronto, 2015
- Napier AD, Ancarno C, Butler B, Calabrese J, Chater A, Chatterjee H, Guesnet F, et al. The Lancet Commission. Culture and health. The Lancet 2014;384(9954):1607-39.

Optional activities

OPTIONAL ACTIVITY: Mental health and psychological wellbeing of refugees during the journey and in refugees' camps

- **Description:** Video screening and commentary
- **Time:** 30 minutes
- **Method:**
 - **Individually:**
 - Watch one or more of the following documentaries regarding the situation of refugees:
 - The Waypoint (Washington Post, 2016): <https://www.washingtonpost.com/graphics/world/lesbos/>
 - The Future of Syria. Refugee Children in Crisis (UNHCR, 2016): <http://unhcr.org/FutureOfSyria/isolated-and-insecure.html>
 - Unfair Tales (UNICEF, 2016): <http://www.unicef.org/emergencies/childrenonthemove/unfairtales/en>
 - **In the forum:**
 - Upload a commentary, responding to the following questions:
 - Which is the potential impact of the situation described in the videos on the mental health and psychological wellbeing of refugees?
 - Can you observe a specific impact on children and youth?
 - Which strategies can be identified for protecting their mental health and psychological wellbeing in the refugees' camps?
 - psychological wellbeing in the refugees' camps?

Annex 6

Outline pilot training course

OUTLINE Pilot training course

Module 1. Context

M1. Unit 1. Introduction: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx

- The state of forced displacement in the world and the recent migratory flow into the EU.
- The European and the country specific response to the refugee crisis.
- The characterization of the different types of migration: Recent arrivals, People in transit, Asylum seekers, Refugees, Stranded undocumented migrants.
- The major health challenges faced by the refugees, asylum seekers and other migrants that are part of the recent migratory influx.
- The diversity of the health response by country and by type of population.
- The importance of a public health and health systems approach.
- Towards a comprehensive and refugee and migrant sensitive health response.

M1. Unit 2. Health policies and provision of health services in the EU

- Framework for analyzing health policies affecting migrants.
- Overview of policies in Europe.
- International bodies: human rights, legal instruments, standards and recommendations.

M1. Unit 3. Socio-cultural context of refugees and migrants' health

- Cultural diversity and effective healthcare.
- Cultural adjustment and culture shock.
- Culture and health/disease perception and reaction.
- Culture influencing the decision about contacts with health care.
- The delay of health care seeking.
- Culture and doctor-patient relationship.
- Cultural differences as a barrier in diagnostics, access and treatment.

M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey

- Social Determinants of health.
- Social determinants of health for refugees, asylum seekers and other migrants.
- Different exposures during the life course on the health of migrants.
- Risk factors for migrants' health.
- Health risks before, during and after.
- Policy measures tackling social determinants for refugees, asylum seekers and other migrants.

Module 2. Strengthening institutional capacity to organise the response

M2. Unit 1. Framework for coordination and intersectoral collaboration

- Why do we need coordination and intersectoral collaboration?
- The health coordination framework and mechanism
 - Health coordination framework aim: strategic guidance.
 - Aims to align all actors providing care to refugees, asylum seekers & other migrants.
 - Collaboration/ Partnerships.
 - Stepwise activation of health coordination mechanism.
- The health coordination team
 - Who, What & How.

M2. Unit 2. Assessment of health needs and health protection resources

- Introduction to needs assessment.
- Contextualizing the assessment.
- Assessment coordination and planning.
- Collecting data.
- Sociodemographic overview.
- Health needs and risks identification.
- Stepwise checking knowledge entitlements.
- Reporting.

M2. Unit 3. Planning and implementing the health response

- Relationships among the 4 units of the module.
- Recap the main features of the current refugees, asylum seekers and other migrant 's influx required for planning an effective response.
- Way in which action plans to cope with this influx are prepared.
- Difference between response plans and contingency plans.
- Effective preparation of action plans.

M2. Unit 4. Knowledge and information base for refugees and migrant health

- Institutions that collect information about migrants and migration.
- Databases/datasets of information about migrants and migration.
- Information about migrants and migration at national level.
- Sources of information on migrant inclusion, citizenship and integration.
- Sources of information on law, health policy and rights.
- Sources of information on migrants health.
- Information on the registration of the refugee's health status (to be provided by IOM).
- Sources of Information about accessibility of health care.
- Sources of information about 'good practices'.
- Information directed to migrants.
- MIGHEALTHNET - Information network on good practice in health care for migrants and minorities in Europe.
- Indicators of the quality of web resources.

Module 3. Capacity building for migrant sensitive health systems

M3. Unit 1. Diversity sensitive health care principles.

- Cultural diversity.
- Cultural and other important types of diversity.
- From Intercultural Competence to Diversity Sensitivity.
- Health Care in Intercultural Contexts.
- Cultural Competence and Intercultural Competence.
- From Cultural Competence to Diversity Sensitivity: the shifts in their use.
- The positive contribution of interculturality and Sensitivity to diversity.

M3. Unit 2. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers.

Pending.

M3. Unit 3. Identification of solutions to gaps in access to health care for asylum seekers and refugees

Pending.

M3. Unit 4. Disease prevention and health promotion.

- Most prevalent refugee health issues and a basic approach on a primary care consultation.
- Most common preventive and screening activities for newly arriving activities.
- Patient centered approach, on a refugee first consultation.
- Screening and preventive interventions depending on refugee' s country of origin and other circumstances.

M3. Unit 5. Communication skills: addressing sensitive issues.

- Key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity.
- Facing barriers in communication in culturally diverse contexts.
- Strategies for addressing sensitive issues.

M3. Unit 6. Caring for the care givers

- Concepts of "burnout" and "compassion fatigue".
- Signs of burnout and compassion fatigue.
- Risk factors.
- Preventive measures.
- Additional measures.

Module 4. Vulnerabilities

M4. Unit 1. Human trafficking

- Understanding human trafficking.
- Health consequences.
- Identifying victims of human trafficking.
- Responding to human trafficking.
- Recommended reading.
- Evaluation.

M4. Unit 2. Childhood and unaccompanied minors

- Migrant children's health.
- Refugee children: risks and health consequences.
- Unaccompanied migrant/refugee children.
- Mental health of refugee children.
- Migrant children & bullying.
- Health of Refugee Children.
- Migrant Children Vaccination.
- Circular migration's risks.
- Physical activity and healthy diet.
- Substance misuse.
- Sexual health promotion.
- FGM prevention.

M4. Unit 3. Gender issues

- Introduction.
- Objectives.
- Sex and gender.
- Sexual and gender identity definitions.
- Quiz on social expectations related to gender and sexual orientation.
- Gender and sexual orientation in different cultures.
- Recommended reading.
- Evaluation.

M4. Unit 4. Persecution and discrimination on grounds of sexual orientation and gender identity

- Concepts and terminologies
 - Sexual Orientation.
 - Gender Expression.
 - Gender Identity.
 - Sex Characteristics.
 - LGBTBI.
 - Transexual / Transgender / Trans*.
 - Cis / cisgender.
 - Intersex.

- Situation of LGBTI refugees and migrants
 - Situation in the country of origin.
 - Situation during the migration journey.
 - Situation in the host countries.
 - Health consequences.
 - Recommendations of International and European civil society organizations and human rights institutions.
- Diversity sensitive health care for LGBTI refugees and migrants
 - Frameworks.
 - Relevant principles.

M4. Unit 5. Elderly

- Recognizing health needs elderly refugees.
- Health needs elderly refugees.
- Barriers in access to health care.
- Barriers of elderly refugees in access to care.
- Formulating a health care response to address these needs.
- Formulating health care responses to address needs.

M4. Unit 6. Migrants in an irregular situation

- Concepts and terminologies.
- Comparative studies in the European context.
- Impact of the current economic crisis.
- Barriers for effective access to health care.
- Recommendations from comparative reports.

Module 5. Specific health concerns

M5. Unit 1. Chronic diseases

- The impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.
- Determinants of health for migrants.
- Patterns of multimorbidity and chronic disease according to refugee origin, and socioeconomical status.
- Interventions depending on refugee's country of origin and other circumstances.

M5. Unit 2. Communicable diseases

- The impact of communicable diseases in migrants and refugee health as a heterogeneous phenomenon that it is.
- Core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as socio-economical status and access to healthcare.
- Public health implications of most common communicable diseases in migrants and refugees.
- Interventions according on refugee's country of origin and other circumstances.

M5. Unit 3. Sexual and reproductive health

Pending.

M5. Unit 4. Violence

- Sexual and gender-based violence: what's in a word.
- Flag situations.
- Consequences of SGBV.
- SGBV in the European asylum sector.
- SGBV prevention and response policies and measures.
- Recommended reading.
- Evaluation.

M5. Unit 5. Mental health

- General patterns of mental health problems in migrants and refugees, within social determinants of health and human rights approach.
- Strategies for a diversity sensitive mental health practice.
- Mental health and psychological wellbeing of refugees during the journey and in the refugee camps.

Annex 7

Presentation: Contents and methods of the SH-CAPAC online course



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SH-CAPAC WORKSHOP

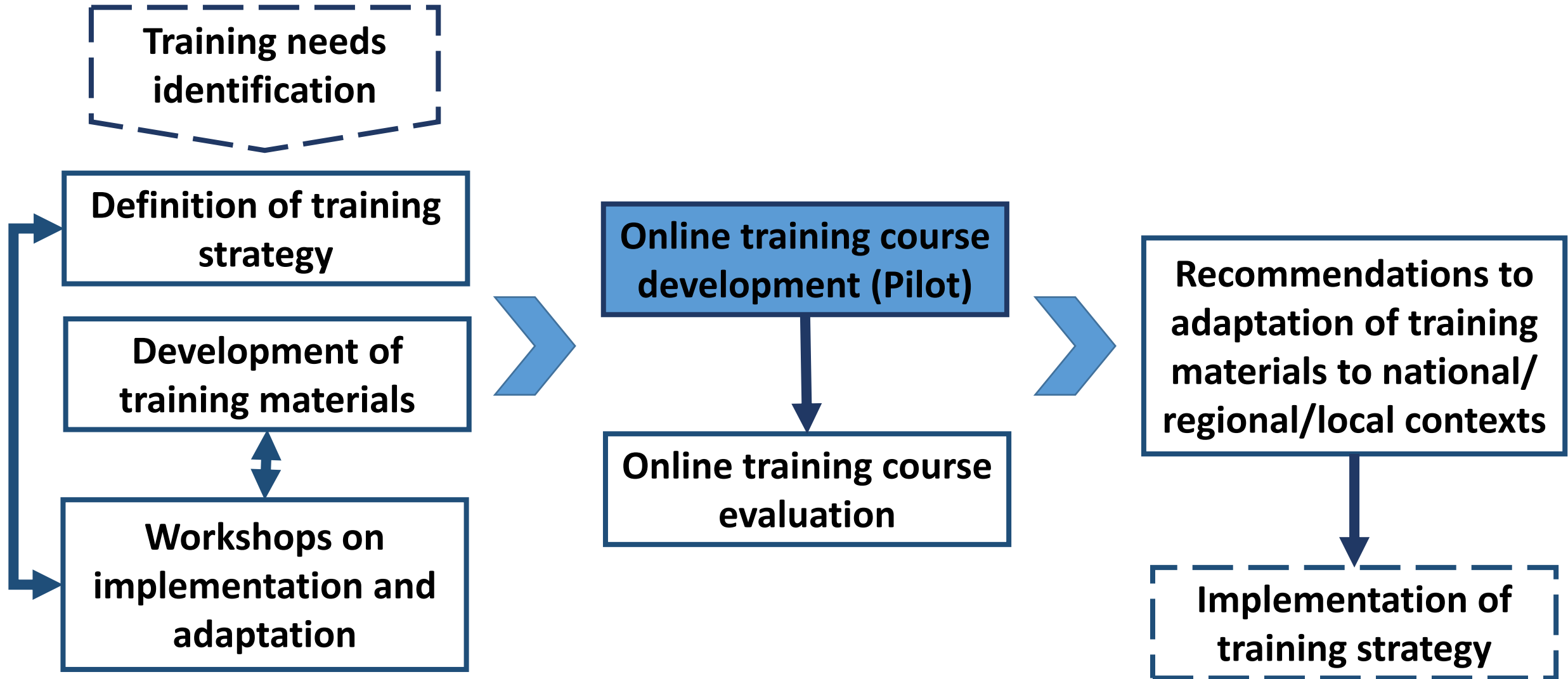
“ IMPLEMENTING A TRAINING STRATEGY FOR THE DEVELOPMENT AND STRENGTHENING OF REFUGEE/MIGRANT SENSITIVE HEALTH SERVICES AND ADAPTING TRAINING MATERIALS TO NATIONAL, REGIONAL AND LOCAL CONTEXTS ”

SH-CAPAC Online Course

Granada
September 15-16, 2016



SH-CAPAC: Training activities



Objectifs

- To **build national capacity** through **training activities** for health workers in affected countries by implementing training modules addressed to develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity
- The **aim of this course is to pilot the training contents and pedagogical approach and to evaluate them**. The evaluation findings are expected to provide helpful guidance to national and regional authorities who want to adapt the training to the local context and implement the course later.

Learning objectives

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. Recognize available resources to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
4. Increase competences to provide migrant sensitive health care.

Contents

The total course material consists of **25 teaching units** (each lasting one hour), grouped into five modules.

In addition, three hours are programmed to **familiarize** the trainees with the virtual classroom and another two hours to **evaluate** the content and approach of the course.

Training contents

Module 1. Context

- M1. Unit 1. Introduction: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx
- M1. Unit 2. Health policies and provision of health services in the EU.
- M1. Unit 3. Socio-cultural context of refugees and migrants' health.
- M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.

Module 2. Strengthening institutional capacity to organise the response

- M2. Unit 1. Framework for coordination.
- M2. Unit 2. Assessment of health needs and health protection resources
- M2. Unit 3. Planning and implementing the health response.
- M2. Unit 4. Knowledge and information base for refugees and migrant health

Training contents

Module 3. Capacity building for migrant sensitive health systems

- M3. Unit 1. Diversity sensitive health care principles.
- M3. Unit 2. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers.
- M3. Unit 3. Identification of solutions to gaps in access to health care for asylum seekers and refugees
- M3. Unit 4. Disease prevention and health promotion.
- M3. Unit 5. Communication skills: addressing sensitive issues.
- M3. Unit 6. Caring for the care givers

Training contents

Module 4. Vulnerabilities

- M4. Unit 1. Trafficking
- M4. Unit 2. Childhood and unaccompanied minors
- M4. Unit 3. Gender issues
- M4. Unit 4. Persecution and discrimination on grounds of sexual orientation and gender identity
- M4. Unit 5. Elderly
- M4. Unit 6. Migrants in an irregular situation

Module 5. Specific health concerns

- M5. Unit 1. Chronic diseases.
- M5. Unit 2. Communicable diseases.
- M5. Unit 3. Sexual and reproductive health
- M5. Unit 4. Violence.
- M5. Unit 5. Mental health.

Didactic units for the three groups of trainees

Modules. Units	Health managers	Health Professionals	Admin. staff
M1.UD1	x	x	x
M1.UD2	x	x	x
M1.UD3	x	x	x
M1.UD4	x	x	x
M2.UD1	x	x	
M2.UD2	x		
M2.UD3	x		
M2.UD4	x	x	x
M3.UD1	x	x	x
M3.UD2	x	x	x
M3.UD3	x	x	x
M3.UD4	x	x	
M3.UD5	x	x	x
M3.UD6	x	x	x
M4.UD1	x	x	x
M4.UD2	x	x	x
M4.UD3	x	x	x
M4.UD4	x	x	x
M4.UD5	x	x	x
M4.UD6	x	x	x
M5.UD1		x	
M5.UD2		x	
M5.UD3		x	
M5.UD4		x	
M5.UD5		x	

Health Professionals: 28 hours

Health Managers: 25 hours

Administrative Staff: 21 hours

Delivery

- Online training course will be supported by Andalusian School of Public Health (EASP), on a **Moodle** virtual learning environment.

Main features:

- Free and open source
- Object-oriented
- Social constructionist approach to learning



Timing

- The virtual training course will be open to trainees from **October 20th to November 30th, 2016**. For tutors, some activities are proposed to getting familiarized with Moodle from **October 5th** .

Module 0	Presentation and use of the virtual classroom	October 20-23
Module 1	Context	October 24-30
Module 2	Strengthening institutional capacity to organise the response	October 31-November 6
Module 3	Capacity building for migrant sensitive health systems	November 7-15
Module 4	Vulnerabilities	November 16-22
Module 5	Specific health concerns	November 23-30

Registration

- Maximum **60 participants**, 20 trainees per track.
 - Relevant authorities at country level are asked to **nominate participants**. At least one person should be nominated for each of the three profiles to assure the quality of the piloting.
 - Each country sends a **list of its nominated participants** with their name, email address, current occupation and affiliation to the course secretary.
 - The **course secretary sends a user name and password to each participant** before October 17th, together with the course programme and instructions on how to access the virtual campus.
- Registration will be open until **October 7th, 2016**

Pedagogical approach

- The training is a mix on *learner-determined and teacher-controlled, task-specific**: *Tutors* specify learning contents, task and goals, but trainees have control over how they work and achieve the planned goals and tasks.
- Social constructionist approach is prioritised.

* Based on Online learning model of Coomey and Stephenson (2001)

Main roles on piloting

Tutors: Setting objectifs, contents, tasks and providing feedback

Trainees: Giving feedback on contents/tasks and giving directions to adaptation

Learning activities

Each module will have a balanced mix of theoretical and practical contents focusing on:

- Readings (articles, reports, infographics)
- Slidesets and powerpoint presentations
- Videos (public domain and featured)
- Case studies
- Writing assignments
- Discussion forums (Experiential and self-reflection analysis)
- Multiple choice tests and quizzes



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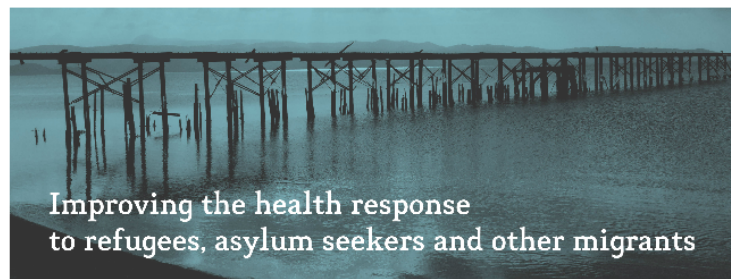
Project SH-CAPAC

0 0 Jaime ▶

About us ▶ Project Management ▶ Forum Work Packages ▶ Workshops ▶ Deliverables This course ▶

Home M Tr pilot_shcapac

Pilot training course







Your progress ?

Getting familiarized with Moodle

20th october to 23th october

[Welcome message]

-  Edit your profile
-  Introduce yourself in a forum
-  Complete an assignment about your expectations of the course
-  Announcements and technical support

Module 1. Context

24th october to 30th october

 UD2 Guidelines for Trainees

Unit 1 Definitions. Framework of Migration and Asylum in EU. Asylum claims and trends

 Documentation Unit 1

Unit 2 Health policies and provision of health services in the EU

NAVIGATION

ADMINISTRATION

- Course administration
 - Grades
 - Question bank
- Switch role to...
 - Return to my normal role
- My profile settings
- Site administration

Search

<http://www.sh-capac.org/course/view.php?id=54>

Questions & feedback?

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Annex 8

Background document: Information for national/regional health and education authorities, other non-governmental stakeholders and trainees



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

TRAINING PROGRAMME
**“IMPROVING THE HEALTH RESPONSE TO REFUGEES, ASYLUM
SEEKERS AND OTHER MIGRANTS”**

**INFORMATION FOR NATIONAL/REGIONAL
HEALTH AND EDUCATION AUTHORITIES,
OTHER NON-GOVERNMENTAL STAKEHOLDERS
AND TRAINEES**



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The SH-CAPAC project was launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers' competencies for the delivery of migrant/refugee sensitive health services.

An online course titled *Improving the health response to refugees, asylum seekers and other migrants*, is part of Work Package 5 of the SH-CAPAC project. The aim of this course is to pilot the training contents and pedagogical approach and to evaluate them. The evaluation findings are expected to provide helpful guidance to national and regional authorities who want to adapt the training to the local context and implement the course later.

CONTENTS

The total course material consists of 25 teaching units (each lasting one hour), grouped into five modules. In addition, three hours are programmed to familiarize the trainees with the virtual classroom and another two hours to evaluate the content and approach of the course.

The modules and teaching units are listed below:

Module 1. Context

- M1. Unit 1. Introduction: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx
- M1. Unit 2. Health policies and provision of health services in the EU.
- M1. Unit 3. Socio-cultural context of refugees and migrants' health.
- M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.

Module 2. Strengthening institutional capacity to organise the response

- M2. Unit 1. Framework for coordination.
- M2. Unit 2. Assessment of health needs and health protection resources
- M2. Unit 3. Planning and implementing the health response.
- M2. Unit 4. Knowledge and information base for refugees and migrant health

Module 3. Capacity building for migrant sensitive health systems

- M3. Unit 1. Diversity sensitive health care principles.
- M3. Unit 2. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers.
- M3. Unit 3. Identification of solutions to gaps in access to health care for asylum seekers and refugees
- M3. Unit 4. Disease prevention and health promotion.
- M3. Unit 5. Communication skills: addressing sensitive issues.
- M3. Unit 6. Caring for the care givers

Module 4. Vulnerabilities

- M4. Unit 1. Trafficking
- M4. Unit 2. Childhood and unaccompanied minors
- M4. Unit 3. Gender issues
- M4. Unit 4. Persecution and discrimination on grounds of sexual orientation and gender identity

- M4. Unit 5. Elderly
- M4. Unit 6. Migrants in an irregular situation

Module 5. Specific health concerns

- M5. Unit 1. Chronic diseases.
- M5. Unit 2. Communicable diseases.
- M5. Unit 3. Sexual and reproductive health
- M5. Unit 4. Violence.
- M5. Unit 5. Mental health.

PARTICIPANT PROFILE

- **Health Managers:** People with responsibilities for making decisions about health services for migrants. They may be officials of the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. They should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions. It is essential to involve this profile to support organisational change by linking the training programme to policies and procedures, actions and service performance assessment.
- **Health Professionals/providers:** Health care services providers who see significant numbers of migrants among their patients, for example clinical staff, such as doctors, nurses, midwife, social worker, and psychologist. At the end of the training they should understand the background and circumstances of their migrant patients and have learned ways of managing their consultations and care in line with the diversity sensitive health care delivery model.
- **Administrative staff:** People in health facilities who are involved in direct communication with patients and their relatives, for example non-clinical staff, such as receptionists, appointment managers or clinic facilitators.

LEARNING OBJECTIVES OF THE TRAINING

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.

TRAINING APPROACH

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

The training contents have been selected and compiled in three tracks to meet the needs of the different participant profiles. The three tracks are:

For Health Managers: 25 hours

For Health Professionals: 28 hours

For Administrative Staff: 21 hours

The distribution of didactic units and modules for each track is shown in the following table:

Didactic units for each track

Modules. Units	Health managers	Health Professionals	Admin. staff
M1.UD1	x	x	x
M1.UD2	x	x	x
M1.UD3	x	x	x
M1.UD4	x	x	x
M2.UD1	x	x	
M2.UD2	x		
M2.UD3	x		
M2.UD4	x	x	x
M3.UD1	x	x	x
M3.UD2	x	x	x
M3.UD3	x	x	x
M3.UD4	x	x	
M3.UD5	x	x	x
M3.UD6	x	x	x
M4.UD1	x	x	x
M4.UD2	x	x	x
M4.UD3	x	x	x
M4.UD4	x	x	x
M4.UD5	x	x	x
M4.UD6	x	x	x
M5.UD1		x	
M5.UD2		x	
M5.UD3		x	
M5.UD4		x	
M5.UD5		x	

Health managers and administrative staff may also cover the Module 5 Didactic Units as optional if they so wish.

The training is delivered in an online format in English. Each unit has a balanced mix of theoretical and practical contents, focusing on:

- Theoretical presentations.
- Problem based learning (case studies).
- Experiential and analytic self-reflection.

Interactive online activities and group exercises complement the information provided. Additionally, participatory discussion sessions will be organised. During the course, trainees can post a message on the specific forum available for each Unit/Module and will receive feedback or answers to the questions from tutors.

TIMING

The online training course will run from October 20th to November 30th, 2016.

Module 0	Presentation and use of the virtual classroom	October 20-23
Module 1	Context	October 24-30
Module 2	Strengthening institutional capacity to organise the response	October 31-November 6
Module 3	Capacity building for migrant sensitive health systems	November 7-15
Module 4	Vulnerabilities	November 16-22
Module 5	Specific health concerns	November 23-30

NOMINATION AND REGISTRATION OF PARTICIPANTS

The course is open to maximum 60 participants, 20 trainees per track. Relevant authorities at country level are asked to nominate participants. At least one person should be nominated for each of the three profiles to assure the quality of the piloting.

Registration will be open until October 7th, 2016, and takes places as follows:

- Each country sends a list of its nominated participants with their name, email address, current occupation and affiliation to the [course secretary](#).
- The course secretary sends a user name and password to each participant before October 17th, together with the course programme and instructions on how to access the virtual campus.

Daniel López-Acuña	Andalusian School of Public Health, Spain
Olga Leralta Piñán	Andalusian School of Public Health, Spain
Ainhoa Rodríguez García de Cortázar	Andalusian School of Public Health, Spain
Julia Bolívar Muñoz	Andalusian School of Public Health, Spain
Ainhoa Ruiz Azarola	Andalusian School of Public Health, Spain
Jaime Jiménez Pernet	Andalusian School of Public Health, Spain
Amets Suess	Andalusian School of Public Health, Spain
Jackie Gernay	Andalusian School of Public Health, Spain
Iain W. Aitken	Andalusian School of Public Health, Spain
Alberto Infante	Andalusian School of Public Health, Spain
Luis Andrés Gimeno Feliu	Primary Care Service. Public Health System, Spain
Pablo Perez Solis	Primary Care Service. Public Health System, Spain
Ines Keygnaert	ICRH (International Centre for Reproductive Health)-Ghent University, Belgium
Lotte De Schrijver	ICRH (International Centre for Reproductive Health)-Ghent University, Belgium
Antonio Chiarenza	Azienda Unitá Sanitaria Locale Reggio Emilia, Italy
Hans Verrept	Azienda Unitá Sanitaria Locale Reggio Emilia Team, Italy
Marie Dauvrin	Azienda Unitá Sanitaria Locale Reggio Emilia Team, Italy
Jeanine Suurmond	Amsterdam Medical Centre. University of Amsterdam, Netherlands
Anna Szetela	Jagiellonian University - Institute of Public Health, Poland
Barbara Niedzwiedzka	Jagiellonian University - Institute of Public Health, Poland
Ewa Dobrogowska-Schlebusch	Trnava University - Faculty of Health Care and Social Work, Slovakia
Allan Krasnik	Faculty of Health and Medical Sciences, University of Copenhagen, Denmark
Mette Kirstine Tørslev	Faculty of Health and Medical Sciences, University of Copenhagen, Denmark
David Ingleby	Faculty of Health and Medical Sciences, University of Copenhagen, Denmark

COORDINATION

Jaime Jiménez Pernet SH-CAPAC,EASP
jaime.jimenez.easp@juntadeandalucia.es

Olga Leralta Piñán SH-CAPAC ,EASP
olga.leralta.easp@juntadeandalucia.es

Ainhoa Ruiz Azarola SH-CAPAC,EASP
ainhoa.ruiz.easp@juntadeandalucia.es

ADMINISTRATIVE SUPPORT

Inmaculada Roldán Miranda Administrative Assistant
+34 958 027 400
inmaculada.rolan.easp@juntadeandalucia.es