



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**

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

**TRAINING STRATEGY**



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## 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 Recommendations<sup>1</sup> 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*

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<sup>1</sup> 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.

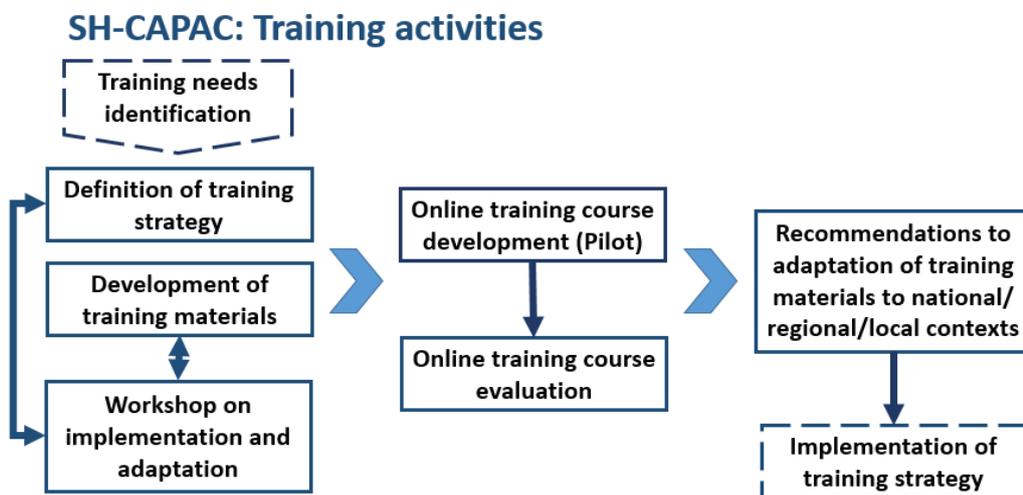
The SH-CAPAC project as part of its Work Package 5, aimed at building national capacity through training activities for health workers in affected countries, has taken stock of these experiences and has taken the relevant elements derived from them to merge with the approaches, methodologies and tools 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/Other professionals:** 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; journalists, academics and other relevant professionals involved in healthcare.

## 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.

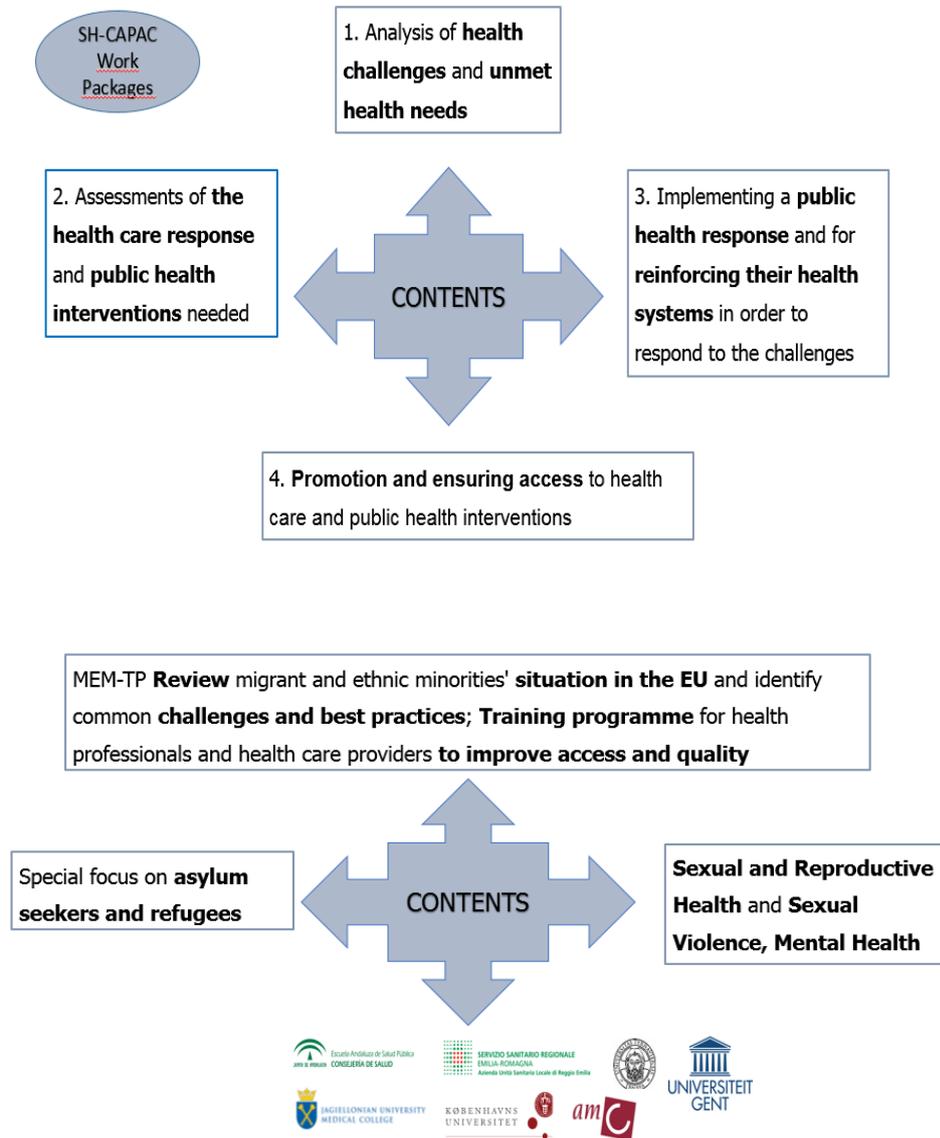
The inputs received during the regional workshops organized by the SH-CAPAC project in Ghent, Copenhagen and Reggio Emilia, the lessons learned during the Country Missions and the main conclusions of the Focus Groups organized in many Member States as part of the preparation of the *Resource package 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!*<sup>2</sup> training manual has been used for this purpose.

In the images bellow, the strategy to elaborate the contents is summarized:



<sup>2</sup> 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 “Improving the health response to refugees, asylum seekers and other migrants” offers **3 tracks** adapted to the three different profiles mentioned above. The virtual training course will be open to participants from **October 20<sup>th</sup> to November 30<sup>th</sup>, 2016.**



The screenshot shows the Moodle interface for the 'Pilot training course'. At the top, there is a navigation bar with 'Project SH-CAPAC' and various menu items like 'About us', 'Deliverables', 'Work Packages', 'Workshops', 'Training', and 'This course'. Below this is a breadcrumb trail: 'Home > My > Tr > pilot\_shcapac'. The main content area features a large banner image of a pier over water with the text 'Improving the health response to refugees, asylum seekers and other migrants'. A navigation menu below the banner includes 'Home', 'Moodle training', 'Module 1', 'Module 2', 'Module 3', 'Module 4', 'Module 5', and 'Evaluation'. On the right side, there are sections for 'FORUMS' (Tutors Forum and Trainees Forum) and 'PEOPLE' (Participants).

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 programs<sup>3</sup> 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 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

<sup>3</sup> 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.

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/other professional (**AS**).

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: 15 units.

For Health Professionals: 18 units.

For Administrative Staff: 12 units.

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.

Evaluation plan is designed:

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.

Evaluation will cover five different aspects, using specific tools to assess them:

1. Knowledge learning, through prior self-assessment about the degree of knowledge regarding the course's objectives (Knowledge pre test), at the beginning of each module. And self-assessment about the knowledge outcomes after the end of each module (Knowledge post test).
2. Training materials quality and usability, through a survey on quality, relevance and usability of training materials, at the end of the course.
3. Engagement and participation, through navigation and log data (extracted from online campus on Moodle at the end of the course) and self-assessment at the end of the course (through a question included in Teaching quality feedback and satisfaction survey).

4. Satisfaction regarding learning activities, through the teaching quality feedback and satisfaction survey, at the end of the course, and written feedback from participants at the end of the course.
5. Adaptation for usage in other contexts, through a survey on quality, relevance and usability of training materials, at the end of the course.

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 derive from the regional workshop to be held in Granada September 15<sup>th</sup>-16<sup>th</sup>, 2016.

### **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 15<sup>th</sup>- 16<sup>th</sup> 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	<ul style="list-style-type: none"> <li>• Setting up a Working Group led by EASP Team</li> </ul>
February-March	<ul style="list-style-type: none"> <li>• Find priorities for the outline of contents focused on improving access and quality of health services for migrants, with special focus on refugees</li> </ul>
April	<ul style="list-style-type: none"> <li>• Discussion on outline of contents (6<sup>th</sup> Trnava, Slovakia)</li> <li>• Design the Training strategy</li> <li>• Develop the Course guideline</li> </ul>
May-July	<ul style="list-style-type: none"> <li>• Develop the training programme, contents and formats of the training materials and Evaluation tools</li> </ul>
June	<ul style="list-style-type: none"> <li>• Regional Workshop to discuss access to health care and capacity building strategies (16<sup>th</sup>-17<sup>th</sup> Reggio Emilia, Italy)</li> </ul>
June-July	<ul style="list-style-type: none"> <li>• Develop the contents of the Granada Regional Workshop</li> </ul>
September	<ul style="list-style-type: none"> <li>• Granada's Workshop (15<sup>th</sup>-16<sup>th</sup> Granada, Spain)</li> </ul>
October-November	<ul style="list-style-type: none"> <li>• Pilot testing of the online training courses (virtual campus EASP) October 20<sup>th</sup> to November 30<sup>th</sup></li> </ul>
November-December	<ul style="list-style-type: none"> <li>• Evaluation of the online training courses</li> </ul>

## **Annex 1. Training course “Improving the health response to refugees, asylum seekers and other migrants”**

### **General programme**

#### **Module 1. Refugees and Migrants’ Health policies**

M1. Unit 1. 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 to migrants and refugees in the EU.

M1. Unit 3. Migrants in an irregular situation.

#### **Module 2. Strengthening institutional capacity to organise the health response**

M2. Unit 1. Framework for coordination and intersectoral collaboration.

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

M2. Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions.

M2. Unit 4. Planning and implementing the health response.

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

M3. Unit 1. Socio-cultural context of refugees and migrants’ health.

M3. Unit 2. Determinants of health among refugees and migrants: health risks before, during and after the journey.

M3. Unit 3. Disease prevention and health promotion.

M3. Unit 4. Communication skills for addressing sensitive issues.

M3. Unit 5. Caring for caregivers.

#### **Module 4. Vulnerabilities**

M4. Unit 1. Childhood and unaccompanied minors.

M4. Unit 2. Gender-based violence and persecution on grounds of sexual orientation and gender identity.

M4. Unit 3. Elderly and disabled refugees.

#### **Module 5. Specific health concerns**

M5. Unit 1. Non-communicable diseases.

M5. Unit 2. Communicable diseases.

M5. Unit 3. Sexual and reproductive health.

M5. Unit 4. Mental health.