

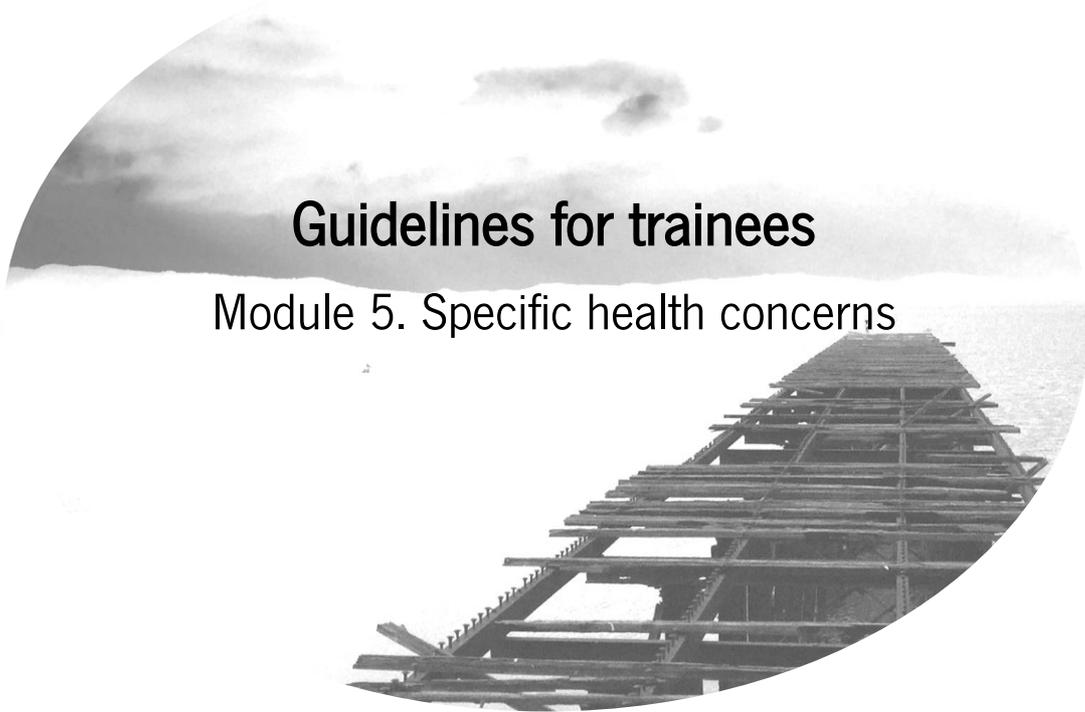


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SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY
BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
717275/SH-CAPAC

Guidelines for trainees

Module 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. 	Discussion about video: Diabetes in Ramadan https://www.youtube.com/watch?v=OWbDId5_Rkl

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 Sues 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	Objetives	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?