

ACKNOWLEDGEMENTS



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ACRONYMS



AWAS	Agency for the Welfare of Asylum Seekers
BABEL	Psychological Health of Migrants
CoE	Council of Europe
CEFPAS	Regional Training Centre for Health Professionals in Caltanissetta
CESPYD	Centre of Community Research and Action at University of Seville
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CHMN	Community Health Mediation Network
CHPI	Croatian Public Health Institute
CIE	Centro de Internamiento de Extranjeros
CIHPSW	Croatian Institute for Health Protection and Safety at Work
COST ADAPT	Adapting European health systems to diversity
CSO	Civil Society Organisations
DG Home	Migration and Home Affairs - European Commission
DG SANTE	European Commission's Directorate General for Health and Food Safety
DGS	Directorate General of Health
EASP	Andalusian School for Public Health
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EKEPY	Ethniko Kentro Epicheiriseon Ygeias
EU/EEA	European Union/ European Economic Area
EU MS	European Union Member States
EWG	Expert Working Group
HPs	Health professionals
IHMT	Institute for Hygiene and Tropical Medicine
INMP	Italian National Institute for Health, Migrants and Poverty
IOs	International Organisations
IOM	International Organisation for Migration
KEELPNO	Hellenic Centre for Disease Control and Prevention
LEOs	Law enforcement officers
MoH	Ministry of Health
MoI	Ministry of Interior
MIPEX	Migrant Integration Policy Index
MEM-TP	Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
MPG	Migration Policy Group
MSF	Médecins sans Frontières
NCC	National and Local Multi-stakeholders Consultative Committees
NGOs	Non-profit organization
NIHMP	National Institute for Health Migration and Poverty
NNHM	National Network of Health Mediators
NRIS	National Roma Integration Strategies
PLS	Problem solving learning
RCC	Regional Consultative Committee

SAR	Situational Assessment Report
SEUB	Southern European Union Borders
SIMM	Italian Society of Migration Medicine
ToT	Training of Trainers
UMC	Unaccompanied Migrant Children
UNAR	National Office against Racial Discrimination
WHO EURO	World Health Organization Regional Office for Europe

TABLE OF CONTENTS



Acknowledgements	2
Acronyms.....	3
1. Introduction	6
· 1.1. The Equi-Health project concept	6
· 1.2. Project Specification	6
2. Southern EU borders	9
· 2.1. Assessment of health situation at EU southern borders	9
· 2.2. Enhancement and harmonization of migrant health data collection and referral mechanism at EU southern borders.....	15
· 2.3. Capacity building for law enforcement and health professionals at EU southern borders	17
3. Roma health.....	25
· 3.1. Assessment of the implementation of the NRIS health from a multi-stakeholder perspective	25
· 3.2. Case studies/interventions	28
· 3.3. Regional Intervention on Health Mediation and the Roma	30
4. Migrant health	33
· 4.1. Development, piloting and implementation of a health strand as part of the MIPEX33	33
· 4.2. Thematic Study on cost analysis of health care provisions to migrants and ethnic minorities	34
· 4.3. Recommendations on access to health services for migrants in an irregular situation: an expert consensus	35
5. Dissemination	38
· 5.1. Production of visibility materials.....	38
· 5.2. Dissemination at meetings and conferences	38
· 5.3. Final dissemination event.....	38
6. Conclusion	39

1. INTRODUCTION



1.1. The Equi-Health Project Concept



The Equi-Health project, designed and managed by the International Organization for Migration (IOM) Regional Office Brussels, Migration Health Division (MHD), was the first direct grant agreement signed with the European Commission's DG SANTE, acknowledging IOM as a strategic long term partner ("Direct grants are based on effective collaboration with the Commission¹") and furthermore working directly with Member States and contributing to the implementation of EU policies.

In fact, IOM collaboration with DG SANTE dates back to 2007 with two projects selected on the basis of a competitive call for proposals (co-funded at 60%) within the framework of the second European Health Programme 2006–2009:

- PHBLM (Increasing Public Health Safety Alongside the New Eastern European Border Line 2007-2010) is listed in the EC success stories publication in 2012
- AMAC (Assisting migrants and communities: Analysis of Social Determinants of Health and Health Inequalities 2007-2010). IOM also partnered in two other successful projects, co-funded by DG SANTE, i.e. AIDS & Mobility Europe 2007-2010 (led by the Ethno-Medizinisches Centrum) and Health Care in NoWhereLand – Improving Services for Undocumented Migrants in the EU (led by the University of Vienna).

The Equi-Health technical proposal was developed by IOM MHD RO Brussels team and submitted to the EC on the 30th June 2012; the project was signed in December 2012 and officially launched on

2 February 2013 for duration of 48 months.

1.2. Project specification

1.2.1. Objectives

The Equi-Health action's ultimate goal was to improve the access and appropriateness of health services, health promotion and prevention to meet the needs of migrants, the Roma and other vulnerable ethnic minority groups, including irregular migrants in the EU/EEA. The project activities were divided into three distinct but interrelated sub-actions:

Southern EU Borders

The aim of the migrant health at Southern EU borders sub-action was to build a comprehensive multi-sectorial approach in upholding migrant, occupational and public health in open and/or closed centres/border facilities, and enhance the capacity of public health authorities, law enforcement services and healthcare providers in the region. This sub action included activities with the participation of Bulgaria, Croatia, Greece, Italy, Malta, Spain, (and Portugal, Cyprus and Turkey in training activities), thereby covering the Mediterranean border of the EU.



Field visit to assess migrant, occupational and public health in Croatia , April 2014

¹ See the full text of the programme at http://ec.europa.eu/health/programme/docs/wp2012_en.pdf

Roma Health

The Roma health sub-action focused on promoting dialogue among key stakeholders in governments and CSOs in support of the implementation of the health pillar of the National Roma Integration Strategies (NRIS) to allow EU MS to better monitor, share and strengthen their respective national approaches. Countries covered included EU MS with high percentage of Roma nationals and EU MS with high percentage of Roma migrants: Belgium, Bulgaria, Croatia, Czech Republic, Italy, Romania, Slovakia and Spain.

Migrant Health



Field Visit , Regional Pilot Intervention on Roma Health Mediation in Romania, June 2016

In line with the aim of the Europe 2020 strategy to fight exclusion, the main objective of the migration health component was to support the development of a harmonized EU approach for access to and appropriate provision of healthcare for migrants and ethnic minorities. Countries covered included EU/EEA countries.

1.2.2. Methodology

The project used varied methods:

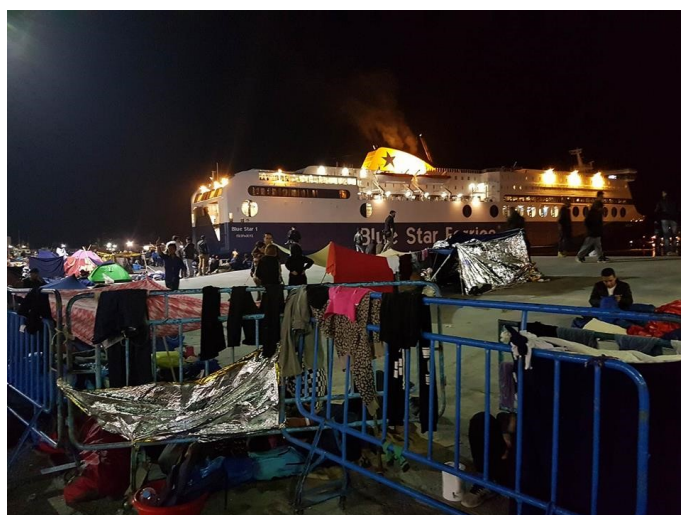
- Multi-stakeholder consultative processes: Regional Consultative Committees (RCCs) and National and Local Multi-stakeholders Consultations (NCCs) to outline priority areas to support in terms of strategies, procedures, studies and initiatives;
- Expert's involvements: thematic Expert Working Groups;

- Evidence-based research: assessment reports on the basis of desk reviews, field visits and consultations;
- Capacity building on the basis of identified needs;
- Synergy with related initiatives and EU funded projects;
- EU, Regional and National level dialogues and exchanges of practices on priority topics of interest.

1.2.3 Outputs

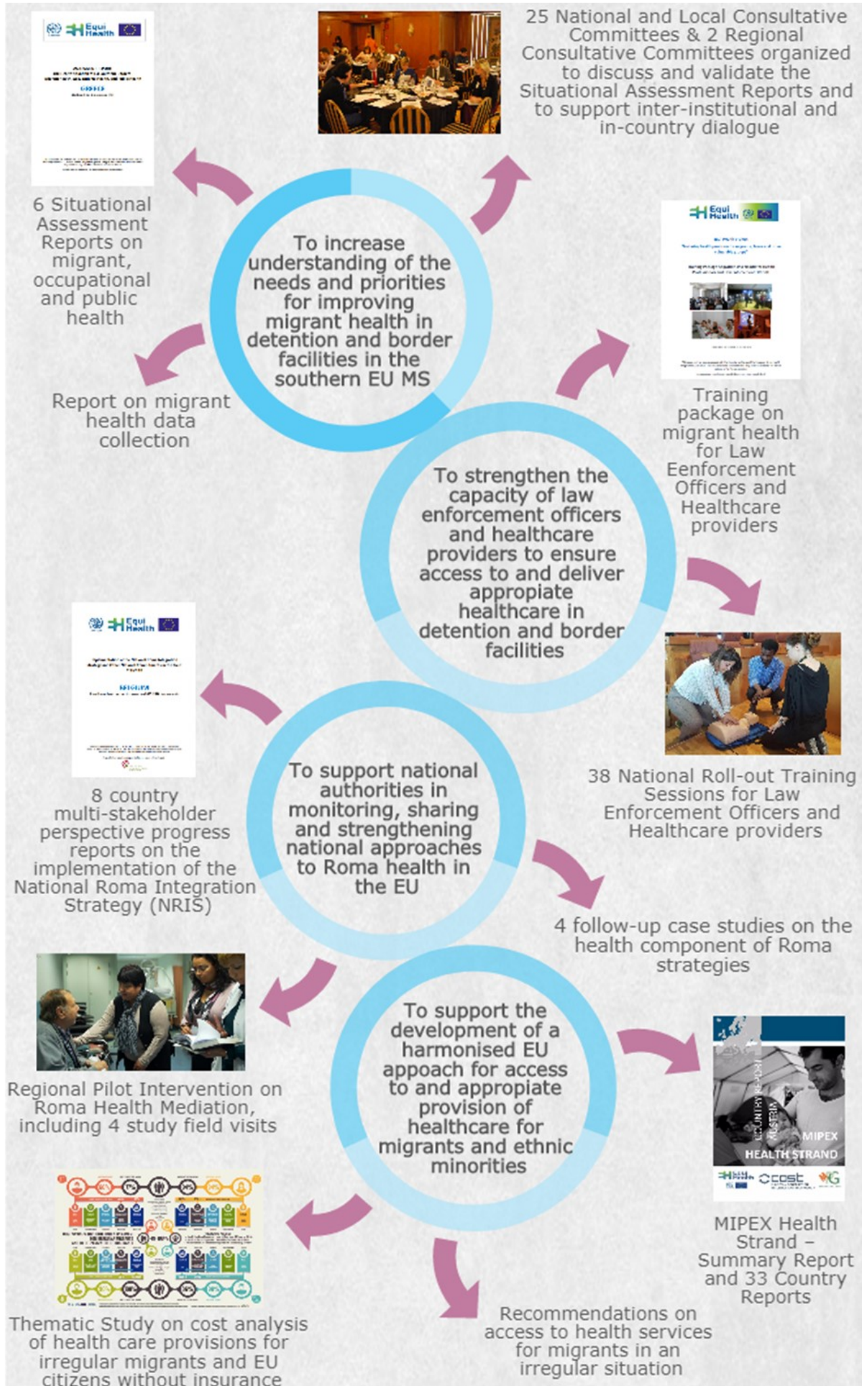


Final Dissemination Event in Lisbon, Portugal, May 2016



Arrivals in Chios , Greece in April 2016

Overview of the outputs are shown in the following infographics.



2. SOUTHERN EU BORDERS



This sub action included national and regional level consultations, field assessments of the health situation in respect to migrant, occupational and public health, collection of migration health data templates and capacity building activities for health professionals (HPs) and law enforcement officers (LEOs). The work was organized around two major milestones: assessment and capacity building.

2.1. Assessment of health situation at EU southern borders



Field visits to assess migrant, occupational and public health at SEUB, Bulgaria , February-March 2014

2.1.1. Desk and PHBLM methodology review

The first phase of the assessment included a desk review of latest reports and other relevant documents published in the period between 2009 and 2013 and the work done within previous actions undertaken in the same area – specifically, the “Increasing Public Health Safety alongside the New Eastern European Border” (PHBLM) project. It aimed at identifying and combining information from various sources in order to obtain the most comprehensive overview of the situation. The desk review was structured according to the following outline:

- General information/background on migration flows to the country of interest
- Legal and Policy Framework

- Migrant health
- Occupational health of staff
- Infrastructure & physical conditions
- Public health in border communities
- General measures to promote change

2.1.2. Regional Consultative Committee & Expert Working Group Meeting on priorities and methodology for the assessment of migrant, occupational and public health at Southern EU Borders (17-18 June 2013, Granada)

To prioritize and finalize the methodology for the field assessment a Regional Consultative Committee and Expert Working Group meeting was organized in Spain. The meeting gathered partners, experts and governmental representatives from Croatia, Greece, Italy, Malta, Slovakia, Spain and Turkey, IOs and EU agencies (ECDC, EAHC/CHAPEA, FRONTEX, CoE and WHO EURO/Venice/PHAME). Designed as both a regional consultative process with SEUB Member States and an expert workshop, the meeting aimed at sharing Equi-Health project plans with partners, exchanging ideas on gaps and topics to focus on during the assessment and throughout project implementation, and collecting partners’ priorities and proposals to promote change in the field of migrant health as part of Equi-Health activities.



Regional Consultative Committee & Expert Working Group, Granada, June 2013

2.1.3. Development of assessment tools

As a follow-up of the desk review, PHBLM methodology review and the first RCC/EWG meeting, a number of assessment tools were developed to guide field visits, including semi-structured interviews with stakeholders (health professionals, law enforcement officers, migrants and civil society). The tools were piloted during the first field visit in Italy and finalized in a compendium of assessment tools (see Box 1.)

IOM ensured that the project complied with international, European and respective national standards regarding the access to information and the voluntary character of participation in the assessment. IOM further developed an informed consent form to ensure the full understanding of the process to those involved. It also ensured to receive an ethical clearance from the Ethical Review Board in Spain.

During this preparation phase, the project team coordinated with the WHO EURO 'Public Health Aspects of Migration in Europe' (PHAME) Project and a

Regional collaboration agreement was signed between the two actions (Equi-Health and PHAME's Coordinators).



Assessment of migrant, occupational and public health in Italy, September 2013

Box 1. Compendium of Assessment tools

The Border Checkpoint, Point of Arrival/Disembarkation Checklist is designed to cover five topics: general information (number of staff, geographic situation, screening, etc.); health care services available; hygiene conditions; working conditions of staff and living condition of migrants.

The Point of Arrival/Disembarkation Checklist is designed to cover six topics: general information (number of staff, geographic situation, screening, etc.); health care services available; rescue at sea; hygiene conditions; working conditions for staff and living condition for migrants.

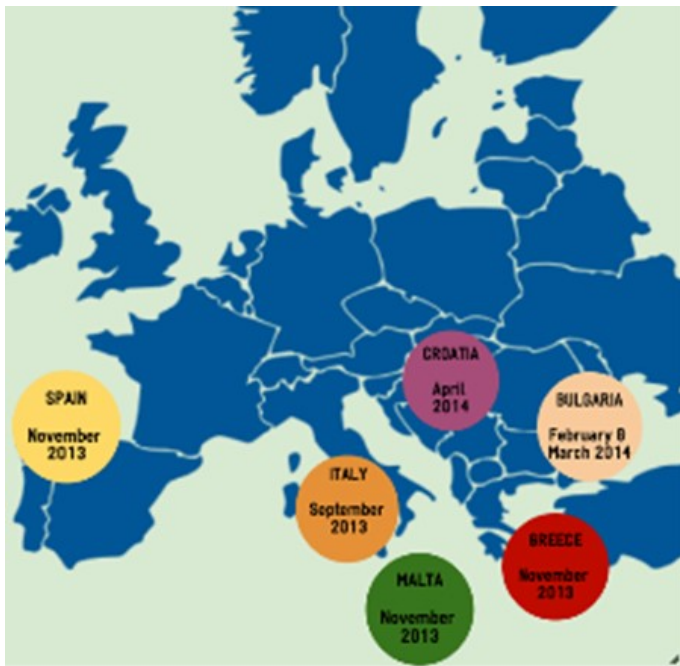
Interview Guidelines for law enforcement officers working at border crossing points, ports and/or rescue at sea operations and open/closed centres is directed to law enforcement officers working at border crossing points, ports and/or involved in rescue at sea operations, open/closed centres and for general staff at open centres. They cover seven topics: personal data (position, experience, education, etc.); the reception process and coordination; the case management of migrant and monitoring of health; data collection; working condition for staff and perceived health risk at work; health attitude, knowledge and practice of staff; knowledge and practice of policy and legal framework.

Interview Guidelines for Civil Society Representatives and Local Authorities is directed to civil society representatives, members of local organizations, NGOs, or activist groups, religious organizations, as well as local authorities' representatives, including the mayor, managers of the centres who are providing support to migrants in the border region and/or are working for the rights of migrants. They cover six topics: personal data (position, experience, education, etc.); the reception process and coordination; provision of healthcare and social/legal services to migrants; data collection; health attitude, health knowledge and practice of staff; knowledge and practice of policy and legal framework.

Interview Guidelines for Migrants is directed to migrants who are currently in open/closed centres, as well as to migrants after they have left the open/closed centre and cover six topics: personal data (origin, place of living, job, etc.); the reception process; medical and social assistance to migrants; data collection; migrant friendly health services; information and legal assistance.

Interview Guidelines for Healthcare Authorities, Practitioners & Social Workers are directed to i) healthcare professionals (authorities and practitioners) providing services in open/closed centres, border crossing points and/or points of disembarkation as well as in hospitals and healthcare facilities (physicians, nurses, etc.) and ii) psychologists/social workers. They cover seven topics: personal data (position, experience, education, etc.); the reception process and coordination; services and assistance to migrants; data collection; working condition for staff and perceived health risks at work attitude; health attitude, knowledge and practice of staff; knowledge and practice of policy and legal framework.

2.1.4. Field work



Field assessments were organized in six countries in the period September 2013 - April 2014. The selection of sites was based on two criteria:

- to cover different types of management of facilities for migrants' reception;
- to cover the route of different migration flows.

In **Italy**, field work was done in Sicily: Caltanissetta, Catania/Mineo, Siracusa/Priolo and Ragusa/Pozzallo. Around 100 interviews were conducted by a team of experts consisting of IOM staff (Brussels and Rome), a representative of the Italian MoH Directorate of Prevention, a representative of regional health authorities (AUSL Reggio Emilia), and two researchers. Sites visited included two open centres for asylum seekers (CARA), one closed centre for irregular migrants (CIE), three centres operated by NGOs, three hospitals and four first reception centres.

In **Greece**, field work was done in Athens, Lesbos Island and Alexandroupoli in the Evros Region. A total of 67 interviews were conducted by a team of

experts consisting of IOM staff (Brussels and Athens), two representatives of the Council of Europe, an expert from the Hellenic Centre for Disease Control and Prevention (KEELPNO), a representative of SEEHN/Albania and one national researcher.

In **Malta**, around 70 interviews were conducted by a team of experts consisting of IOM staff (Brussels), a representative of ECDC, a representative of the MoH of Malta, a representative of the MoI (AWAS) of Malta, a representative of the Italian MoH and three researchers.



Field visit to assess migrant, occupational and public health in Greece, November 2013

In **Spain**, field work was conducted in Madrid, Tarifa/Algeciras and Melilla. Around 80 interviews were conducted by a team of experts consisting of IOM staff (Brussels and Madrid), two representatives of the Council of Europe, a representative of FRONTEX, a representative of the MoI of Italy, two researchers from Uppsala University and three national researchers from the Andalusian School of Public Health (EASP).

In **Croatia**, the field visit was conducted by a team, consisting of IOM staff (MHD RO Brussels and IOM Croatia), representatives from MoH/EKEPY (Greece), FRONTEX, MoH and MoI, WHO Venice, and 2 re-

searchers. Sites visited included: the Detention Centre Ježevo, close to Zagreb; the Institution for Education of Children and Juveniles in Dugave, Zagreb; the Reception Centre for Asylum Seekers in Zagreb; border crossings point in Eastern Croatia (overland border crossing in Bajakovo, river border crossing in Vukovar); and border crossings in Southern Croatia (overland border crossing in Karasovići).

The narrative described the main stages a migrant has to undergo once he/she arrives in the country of destination and discussed the roles, responsibilities, and practices within institutions involved in the provision of services with major focus being health care. The stages considered were:

- first contact/rescue at sea and/or green border & border checkpoint
- on-site short/long term open/closed facilities
- transfer to reception/quarantine and/or other temporary facilities
- transfer to hospital, specialized and/or other health services
- emergency, and so on.

In addition, an analytical summary was produced to facilitate the uptake of the findings by stakeholders.

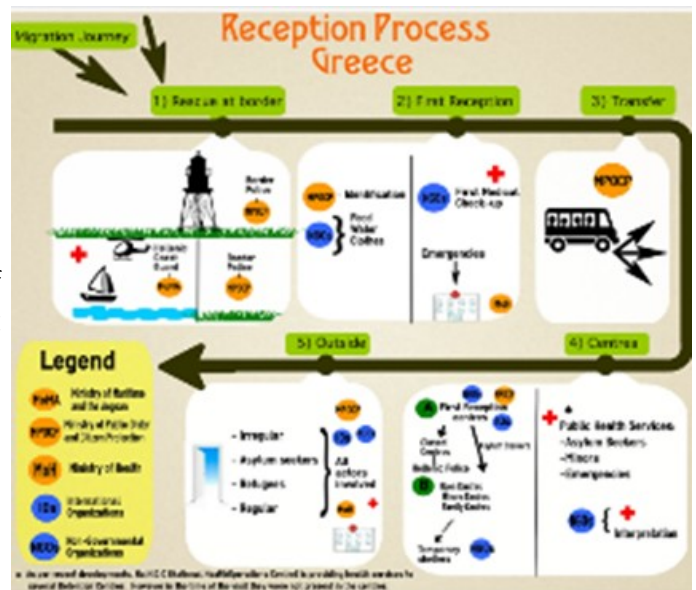


Field visit, Jezevo closed centre, Croatia, April 2014

Due to the significant increase in migration flows to Bulgaria at the end of 2013, IOM included Bulgaria in the countries, covered by this sub-action. Two sets of field visits were undertaken and all closed (2+1 first reception centre in Elkhovo) and open reception centres (seven in total at that time) were covered. Around 45 interviews were conducted by IOM MHD Sofia, in some cases in collaboration with Médecins Sans Frontières (MSF) and MoH Bulgaria.

2.1.5. Situation Assessment Reports

SARs including desk review and analysis of the data from the six country field assessments and hundreds of interviews were produced and published on the Equi-Health webpage and IOM global publication website². The table of content and overall structure of the reports followed the operational framework on migration health, which stemmed from the WHA resolution on the Health of Migrants (2008)³, and the IOM-WHO Global Consultation on the Health of Migrants (2010)⁴.



Assessment Reports on migrant health at the southern EU borders

Field work highlighted some common needs and shortcomings. Taking into account good practices and suggestions by field workers, a list of recommendations was formulated and validated at NCC and RCC meetings (see Box 2.).

² See <http://equi-health.eea.iom.int/index.php/southern-eu/milestones-and-deliverables-eu>

³ See http://apps.who.int/iris/bitstream/10665/23533/1/A61_R17-en.pdf

⁴ See: http://apps.who.int/iris/bitstream/10665/44336/1/9789241599504_eng.pdf

I. Political and Legal Framework

- The Dublin regulation tends to place an overwhelming burden on the budget and operational capabilities of border member states while putting potential asylum seekers at risk
- Burden sharing among EU Member States would be advisable, both at the early stage of application processing and at a later stage (e.g. resettlement/relocation).
- Guidelines for border management, detention and reception centres should be promoted and implemented, with special reference to securing a public health perspective.
- The opening of ad-hoc centres with unclear legal framework should be avoided, and administration procedures should be simplified in order to shorten migrants' stay in reception/detention centres which has proved to be detrimental to their health.
- Alternatives to detention should be sought as a way to improve migrants' well-being and reduce pressure on reception facilities.
- Detention of unaccompanied minors and other vulnerable groups, when otherwise unavoidable, should take place in dedicated and specially adapted facilities.

II. Partnerships, networks, and multi-country frameworks

- Need to develop shared/horizontal protocols common to all the actors involved in the reception process, to identify the tasks of everyone and provide coordinated and standardised services throughout the reception process.
- The exchange of practices and effective cooperation and solidarity should be urgently intensified.
- Communication must be improved among different levels involved, different institutions and structures
- The development of EU operational responses, in combination with the opening of institutionalised and safe migration procedures, would prevent tragedies during the crossing of sea borders.

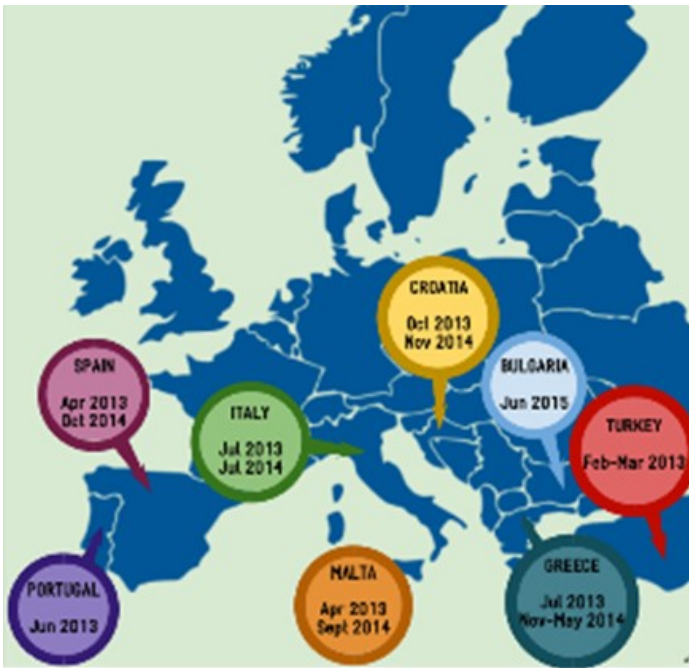
III. Monitoring Migrant Health

- The need of a shared and standardised template for migrants' health data collection has been indicated as a priority action during the assessment

IV. Migrant-Sensitive Health Systems

- Reception facilities should ensure humane and dignified conditions in line with international, CoE and EU standard, in terms of infrastructure, social and health assistance
- Of utmost importance is the creation of adequate health and social support systems, including interpretation, cultural mediation, psychosocial assistance and staff training which need to be reinforced throughout the reception process
- To provide WIFI and more possibilities for sport, cultural activities, training courses, media in multiple languages (TV, newspapers, and internet), etc. could improve the well-being of migrants and foster their subsequent integration into society

2.1.6. National Consultative Committees



During the first year of project implementation, NCC meetings were organized in six MS participating in the situational assessment (plus Portugal) to present the project to national partners and discuss forthcoming field visits. The NCC meetings gathered national representatives from IOs, MoH, Mol, CSOs, academia, health organizations and others. After an introduction to the Equi-Health project, national stakeholders were invited to suggest priorities for collaboration, discuss challenges and provide suggestions for the successful implementation of the project.

A second set of NCCs was organized to present and follow up on the findings of the assessment reports. Additionally, local consultative committee meetings were organized in Sicily (Caltanissetta, Syracuse, and Catania) to present the outcomes of the assessment to local interlocutors. During this second set of national consultations, after a presentation of report findings, national stakeholders were invited to rate in order of importance EU and national policy recommendations, prepared in advance and highlighted in the report, and provide suggestions for next steps of project implementation.

The NCC/LCCs initiated multi-stakeholder discussions at national level on the topic of migration and health, often first of its kind. Furthermore, in Italy, a first Inter-ministerial technical table was held as a follow up action after the field visit linked to the identified priority “need of coordination among the

large number of actors” – and ultimately different ministries, involved in the reception process. Representatives from the Ministry of Interior, Ministry of Health, Ministry of Labour (in charge of Unaccompanied Minors), and the Ministry of Integration took part (December 2013). A direct process outcome of this initiative was the subsequent establishment by Mol of a round table with MoH and NGOs working at national level to establish health standards for reception and detention centres. Similarly, as a follow up of the NCC in Greece (May 2015) on the “Assessment of Health Situation at the SEUB: A Dialogue for Greece”, organized in close collaboration with and hosted by the Hellenic Ministry of Health, the Secretary General of Public Health created an Operational Working Group on Migration and Health to address the situation in Greece.

2.1.7. Regional Consultation & Inter-sectorial dialogue – 14 March 2016

In 2016, IOM and the Secretariat General for Public Health of the Hellenic Ministry of Health Greece organized a Regional Consultation (RC) Health throughout the reception process: Inter-sectorial dialogue, in Athens, Greece. The Consultation aimed at fostering an inter-sectorial dialogue on migration health and developing recommendations into national and EU-level migration health policy and practice. Representatives from Southern EU Member States’ Minis-

An academic partner involved in Component I expressed his view on the effectiveness of local, national and international levels of collaboration arising from extensive consultative and review processes within Equi-Health:

“Many other projects have tried to involve multiple stakeholders, but only to get information. But Equi-Health has made a lot of effort to build collaborative capacity among different stakeholders in different countries, at different levels.”

(Mid-term evaluation, September 2015)

tries of Health and Interior actively contributed to the discussions by providing updates on the current migration health situation and challenges faced in their respective countries. The contributions and updates were based on the findings and recommendations from the Situational Assessment Report (SAR). The meeting was attended by more than 50 representatives from Ministries of Health, Interior and Regional Health Authorities from the Southern EU Member States, including Croatia, Greece, Italy, Malta, Portugal, Slovenia, and Spain as well as representatives from international organizations, civil society organizations, health and law enforcement professionals, and academia. The meeting was an opportunity for all participants to engage in dialogue, share experiences, present updates on the current migration health situation and challenges faced in their respective countries, and plan joint actions ahead.

This phase of the project counted on the engagement of stakeholders in continuous dialogue on migration health priorities to be tackled and myths dismantled at national and regional level. The active cooperation made possible the development of strong collaborative capacity between EU MS to face the health challenges of migration.

2.2 Enhancement and harmonization of migrant health data collection and referral mechanisms at EU southern borders

Regarding the added value of the assessments done by IOM, a national stakeholder told the evaluator that it is a *“collection of certain information that were unavailable to us before and which will help in better future monitoring of vulnerable groups’ health conditions”*.

(Mid-term evaluation, September 2015)

Migrant health data collection enhancement and harmonization was another priority set within the project objectives.

2.2.1. Collection of existing templates including information on referral mechanisms

During the assessments, health data templates were collected. In addition, the expert team investigated data collection practices and referral mechanisms with the objective to identify good examples implemented at local level.

A senior national Ministry of Health officer said *“the Equi Health project has been developed during a considerable change of migratory dynamics. It has a positive impact, helping to design and to map the reception processes, also reengineering and optimizing them, in particular relating to the irregular migrants component, facilitating networking amongst several institutions and establishing a multilevel approach.”*

(Mid-term evaluation, September 2015)

2.2.2. Report on the mechanism for data collection

As a result of the work done and 12 templates collected during the field visits from different settings, a report on the mechanism for data collection summarizing the findings was prepared and published. It was complemented by additional information and forms, collected within the collaboration with Uppsala University⁵.

The major conclusion of the report is that health assessment, including screening for communicable diseases, is not systematic in most of the countries surveyed and, more often than not, also differs within countries.

Data collection of health-related information is not standardized and different centres within or between countries keep records and stores data differently. The summary of findings within the SEUB Region as described in the below table is only indicative on the basis of the forms collected and interviews performed at national level.

⁵ See http://equi-health.eea.iom.int/images/Data_collection_report.pdf

To respond to those needs and to the emergency situation in 2015, a Handbook for Health Professionals was developed by the Migration Health Division of IOM⁶. The handbook provides guidance on the health assessment process for migrants and refugees. Based on this, the Personal Health Record (PHR) was produced with support from the European Commission (EC) and contribution from ECDC. The PHR helps to construct/reconstruct the medical history of arriving migrants, thereby establishing their health status and medical needs. It provides an opportunity to record subsequent provision of treatment, including vaccinations, and to offer counseling and health education services. Within the IOM/EC direct agreement Re-Health, IOM developed an electronic version of the PHR (e-PHR) and a platform to facilitate data entry, analysis and transfer within and between MS. The e-PHR was piloted in Greece, Italy, Slovenia and Croatia and will be further extended to other countries⁷.

State Agency for Refugees
Council of Ministers

ДЪРЖАВНА АГЕНЦИЯ ЗА БЕЖАНЦИТЕ
ПРИ МИНИСТЕРСКИЯ СЪВЕТ

КАРТА

На болник: _____

Дата на раждане: _____ Държава: _____

Ук: _____

Въз: _____

Държа: _____

personal details, gender, age, country of origin, date of registration, dependents

Предварителна диагноза: _____

preliminary diagnosis

РЕЗУЛТАТИ ОТ ОБЯЗАТЕЛНИТЕ ИЗСЛЕДВАНИЯ:

HIV: _____

W-S: _____

results of obligatory examinations

Template for health data collection, Bulgaria

Health assessment of refugees and migrants in the EU/EEA

Handbook
for Health professionals

Personal health record

السجل الصحي الشخصي

⁶ For more information see: <http://re-health.eea.iom.int/electronic-health-database-project>

⁷ For more information see: <http://re-health.eea.iom.int/>

Box 3. Summary of findings⁸

	Bulgaria		Croatia		Greece			Italy			Malta	Spain	
<i>Type of centre</i>	D C	O C	O C	C C	D C	F R	F R g	D C	F R C	I D C	O C	Temporary stay (CETI)	D C (CIE)
<i>Current Health Status</i>	X	X			X	X				X	X		
<i>Chronic diseases</i>					X	X	X			X	X		
<i>Communicable diseases</i>		X	X	X	X			X	X		X	X	X
<i>Vaccination</i>		✓	X	X	X	X	X			X	X		
<i>TBC screening</i>			X	X	X	X	X	X	X	X	X	X	
<i>HIV/AIDS compulsory testing</i>	X											X	
<i>HIV/AIDS voluntary testing</i>					X	X	X						X
<i>Hepatitis A&B</i>	X	X	X	X	X			X	X			X	
<i>Disabilities</i>						X	X						
<i>Pregnancy</i>					X	X	X				X		
<i>Mental Health</i>		✓			X		X			X			
<i>Lab tests</i>			X	X	X								
<i>Additional examinations</i>					X	X		X	X				
<i>Current medication</i>	X				X	X	X			X	X		
<i>Identification of vulnerability</i>							X						
<i>Use of translators/cultural interpreters</i>		✓					X						

X=Standard procedure, ✓=Sporadic procedure, DC= Detention centre, OC= Open Centre, CC= Close Centre, FRC= First Reception Centre, FRg= First Registration Centre, IdC= Identification Centre

2.3 Capacity building for law enforcement and health professionals at EU southern borders

In response to the needs identified within the assessment and the priorities outlined out of the NCCs, a set of training materials on health and border management for law enforcement and healthcare providers at the southern border, was

put on the table of expert discussions for further adaptation and piloting in several Regional expert working groups.

2.3.1. Training on migration health for health professionals and for law enforcement officers

A Regional Expert working group meeting and a re-

⁸Based on collected forms but practice may differ

view/regional training meeting were organised for health professional (in Lisbon in September 2013 and September 2014) and for law enforcement officers (in Brussels in February 2015 and in Rome in June 2015).



Regional Consultative workshop for Law Enforcement Officers on Migration and Health. Rome, June 2015

Those meetings lead to a number of general conclusions and recommendations issues for the work ahead:

- Target Group: Experts pointed out it is important to ensure mixed participation in the training, leaving it open for both health professionals working in the field, social workers, administrative and front-desk staff, and possibly medical students and apply “whole team approach”.
- Participation/Engagement: One of the main challenges for the training is the HPs/LEOs’ interest, engagement and motivation (this aspect must be taken into consideration when designing the training). Also the importance of making the training part of a continuous process with follow ups and regular meetings with the trainers and other participants, face-to-face and group discussions, to foster continuous engagement with these topics and avoid one-time isolated activity. Knowledge must become a “local meaning”, the topics have to be contextualized locally and historically, and have to draw on the experience of participants.
- Institutionalization and certification: Including the training as part of the academic curricula of medical school students (both under and post-graduate) shall go hand in hand with the

certification of the training modules for continuous education (extra academic). The two options are not mutually exclusive but can be pursued in parallel reaching out to different audience. In some countries, such as Portugal, the existing training is not certified but rather used as awareness raising tool.

During the peer review/regional training meetings, participants had the opportunity to discuss and agree on the main topics to be covered in the training:

- Global and European Migration Trends;
- Migration Health and the right to health for all;
- Public Health and Ethics;
- Human mobility and associated communicable and non-communicable diseases;
- International Health Regulations & Epidemic-Pandemic Alert and Response;
- Provision of health services to migrants at open/closed centres;
- Caring for vulnerable groups and trafficked persons;
- Occupational health of health professionals;
- Psychosocial aspects of Migration;
- Intercultural competence education and facilitation strategies;
- Intercultural mediation in health care settings;
- Equity standards in health care.



Regional Expert Working Group “Piloting of Training Materials on Migration”. Lisbon, September 2013

The peer review/training included also practical activities, related to the training topics, group dynamics, role playing, videos, testimonies (for example two intercultural mediators of Cascais Municipality were invited to talk about their experiences in Lisbon, Portugal). A “team building approach” was promoted and topics and materials were evaluated by participants in the meetings

The overall final feedback on the training materials on Migration and Health was very positive. The psychosocial aspects of migration, together with the care of victims of human trafficking and other vulnerable groups (refugees, asylum seekers, victims of torture, unaccompanied minors), as well as the intercultural mediation in health care, were pointed by the majority of the participants as very relevant and useful themes.

Cyprus, Greece, France, Italy, Luxembourg, Malta, Portugal, and Romania attended the peer review/trainings in Rome and Lisbon and profited from the collaboration established and joint work.

2.3.2. Revision of training package on migration and health

In sum, the update of the training packages for HPs and LEOs, developed within the framework of the PHBLM project, underwent a regional consultative revision process, followed by an expert involvement in adaptation of certain modules and units of the training materials during 2014. The structure of the training materials was overall kept as per the initial design.



Trainings for Health Professionals and Law Enforcement Officers, Greece

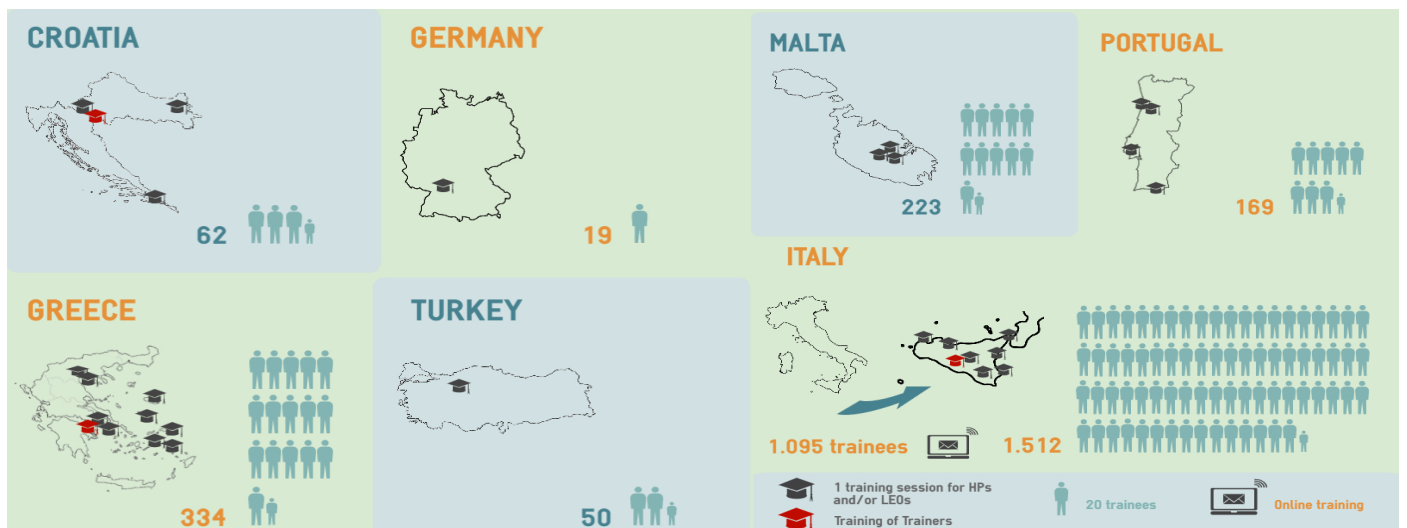


Training Health Professionals and Law Enforcement Officers, Portugal

MoI and MoH officials, Public Health Institutes researchers, Police Health Units professionals, Council of Europe and Academia - from Bulgaria, Croatia,

2.3.3. Roll out training

Country roll out training at national level with mixed groups of trainees (LEOs, HPs and general first line staff from NGO and governmental organisations)



were organized in Croatia (one ToT and three roll-out sessions), Italy (three ToT, seven roll-out sessions and one online course), Malta (eight roll-out sessions), Portugal (six roll-out sessions), Greece (one ToT and 11 roll-out sessions), Germany (one roll-out session) and Turkey (one session) during the period 2014-2016.

In **Croatia**, IOM Zagreb organized three National Pilot Training Rollout workshops for first responders in Zagreb, Vinkovci and Dubrovnik, as well as conducted a local Training of Trainers (ToT). To cover the topics of migrant, occupational and public health, the sessions assembled a mixed group of participants, including border police, open/closed centre police and medical staff, the Croatian Red Cross, county public health institutes, the Customs administration, the institution for Unaccompanied Migrant Children (UMC) and an NGO. The programme also covered intercultural competence and communication skills, topics highly appreciated by the groups.



Training in Croatia

In **Italy**, following the implementation of the national Training of Trainers on Intercultural Competence for Health Professionals in Sicily (co-funded by the Italian Ministry of Health), six roll out training sessions of one day each have been implemented in four different local health authorities (Trapani, Palermo, Syracuse, Ragusa) and two Hospitals in Messina and Catania in partnership with CEFPAS. More than 300 health professionals participated in the local training sessions. In 2015 IOM Rome organized two Training of Trainers on Intercultural Competence for Health Professionals in Naples (December 2015; January 2016) recognized with 27 ECM training credits and in

Rome (December 2015 and January 2016), in partnership with SIMM (Italian Society of Migration Medicine) to be followed by one day roll-out sessions conducted by the local health authorities, participants in the ToTs, choosing modules and topics addressing the training needs at local level in Campania (Naples, Avellino, Benevento, Caserta, Salerno) and Lazio (Monte Spaccato in Rome, S. Eugenio Hospital in Rome, Viterbo and Latina) targeting more than 400 health professionals.

Due to organizational difficulties with the Department of Health of the Lombardy Region and the local health units, in Lombardy Region it was decided to implement an online training course following the PLS (problem solving learning) method. The change in scope and method of training allowed to more operators of the Lombardy Region to participate in a distance training developed in collaboration with the National Health Institute of Rome and based on the institute online training platform EDUISS. The learning method, opened also to health operators of Lazio and Campania Regions, allowed providing the healthcare authorities involved with a dynamic and sustainable training tool for continuous training on a voluntary basis. The participation to the course was accredited with 16 credits according to the Italian System (ECM). Registered learners (1507) positively evaluated the course particularly in the following aspects: clarity, quality and completeness of the contents and the wide educational material to support lessons; relevance of the theme and the opportunity to learn more about migration, both for what concerns the methodological approach to cultural diversity and the national legislation on health care for migrants; practical use of the platform, the effectiveness of the methodology and the excellent service of technical support and mentoring. Out of 1507 registrations:

- 5% (n.77) passed the final test with a score of 70-80;
- 18% (n.275) passed the final test with a score of 80-90;
- 49% (n.743) passed the final test with a score of 90-100.
- The remaining 27% (n. 412) did not complete the training course.

In **Malta**, the Migrant Health Unit of the Ministry of Health organized two training sessions on Migration

and Associated Challenges in health care for social workers and one session, focusing on cultural competence, targeting social mentors (LEAP officers) in November 2014 within the framework of Equi-Health project. In 2015, the Migrant Health Liaison Office of the Ministry of Health organized five training sessions on Migration and Health: Cultural Competence for nurses, doctors and nursing students in March, April and May. More than 180 people were trained. More information on the project and implemented training sessions can be found at <http://health.gov.mt/en/phc/mhlo/Pages/training-initiatives.aspx>.



Training in Malta

In **Portugal**, IOM Lisbon started the training programme with one roll-out session in Faro, Algarve (10-12 December 2014). The topics covered in the trainings were: why migration and health; European and global migration trends; the right to health (introduction); health and diseases; the access to the National Health Service – practical case; psychosocial implications of migration; cultural competence; inter-cultural communication; intercultural mediation. Furthermore, IOM Lisbon organized two training sessions in 2015 and three more sessions in January-February 2016 for mixed groups of doctors, nurses, administrative staff (the majority), social workers, managers, and officers from ARS Lisbon Headquarters and a representative from Directorate General of Health (DGS).

In **Greece**, IOM MHD Brussels organized a 2-days Training of Trainers on Migration and Health for mixed groups in Athens, Greece (September 2015). The National School of Public Health in Greece co-

organized and hosted the training, attended by a multi-disciplinary team from Greece and Cyprus with years of experience in the field of migration and health. After the ToT, roll-out training sessions were carried out in different locations in Greece, including Aegean islands.

The first roll-out training, hosted by the National School of Public Health, was carried out in Athens in January 2016 targeting health professionals, social scientists, law enforcement officers and cultural mediators working at First Reception. The training sessions were attended by representative from NGOs, the National Health System, the First Asylum Service and the Coast Guard.

In March 2016, the first training session in the Aegean was organized in the island of Kos. Hosted by the International Hippocratic Foundation of Kos, the session counted with the participation of representatives from the local hospital (doctors, nurses and social workers), rescuers, personnel from the first reception centre and one of the psychologist of the army.



Training in Thessaloniki

The second training on an island was carried out in Lesvos in March 2016, hosted at the Training Centre of the Vostaneio General Hospital. The sessions counted with the participation of health professionals from the General Hospital of Lesvos, law enforcement officers, including police officers and coast guards, and social scientists working at First Reception.

The training session in Chios (April 2016) was carried out under difficult circumstances. During the train-

ing, 150 refugees and migrants arrived on the island and at the same time the municipality was relocating refugees and migrants from the port. As a result, a number of participants, mainly rescuers and health professionals had to leave the training to support the newly arriving migrants and returned back shortly after the emergency has been handled.

Unlike previous training sessions, the training course carried out in Thessaloniki in April 2016, was organized by the Central Region of Macedonia, after an expression of interest by the office of the Deputy Regional Officer, at request of the health professionals of Northern Greece.

In May, another two training sessions took place in Athens. The training sessions were hosted by the Hellenic Centre for Disease Control and Prevention (KEELPNO). Participants expressed their gratitude for having had the opportunity to participate in such a training course and positively commented on the variety of topics and presentations provided during the sessions. Participants also expressed the need for more seminars of this kind as they are increasingly dealing with migrant and refugee groups settled in Athens.

After four days training course in Athens, at the end of May 2016, another training session was organized in Leros. Hosted at the Nursing School at Psychiatric Foundation of Leros.

The last training course was organized in Thessaloniki in June 2016, at request from the Greek army and the Samaritans of the Greek Red Cross. This session counted with 34 participants, mainly from the Greek army, responsible for the Hotspots in Northern Greece and the Red Cross. Many of the participants, who had never been trained before had the opportunity to hear about migration and health issues for the first time.

In [Germany](#), the “Migration and Health” training for Health Professionals was co-organized by the Department of General Practice and Health Services Research, the Institute of Public Health at Heidelberg University Hospital. The training counted with the support of the Ministry of Science, Education and Research Baden-Württemberg. The 2 days training had a participation of more than 20 professionals, comprising medical practitioners, students, and public health practitioners as well as representatives from local health authorities.



Training in Germany

2.3.4. Final Training Package Migration and Health for Health Professionals and Law Enforcement Officials

Overall 2319 people were trained over the period March 2014 to June 2016. They were trained at five ToTs (142 trainees) and 38 roll-out sessions, a number that significantly surpassed the set project target of six roll out sessions.

The update and adaptation of the training materials, as well as the national roll-out training sessions benefited from the active collaboration of national trainers, representing different national bodies from Public Health Institutes to educational institutions: in Croatia, the Croatian Public Health Institute (CHPI) and the Croatian Institute for Health Protection and Safety at Work (CIHPSW) were involved as trainers, co-funding for the training was provided by the Swiss Embassy in Croatia; in Italy training was co-funded by the Italian Ministry of Health and support was provided by CEFPAS Regional Training Centre for Health Professionals in Caltanissetta, and SIMM (Italian Society of Migration Medicine); in Portugal, IOM partnered with the Centre for Research in Anthropology, the Institute for Hygiene and Tropical Medicine (IHMT) and the National institute for Public Health, whilst co-funding was provided by the Portuguese Directorate General of Health and the Calouste Gulbenkian Foundation, and in Greece with the National School of Public Health) with contributions from MSF, the NGO Almasar, a psychologist from the Psychological Health of Migrants (BABEL), and the Hellenic Centre for Disease Control and Prevention.

And last but not least, the ToT organized in Athens, Greece, in September 2015 and the subsequent 11 roll-out sessions held with first line practitioners from many sectors from January to June 2016 in Athens and Thessaloniki, and the Aegean islands of Kos, Leros, Lesvos, Chios and Samos hosting a large number of migrants and refugees, led to the finalization of the Equi-Health training package.

The baseline PHBLM materials were initially organized in two packages, albeit modules I and II were the same, for health professionals and for law enforcement officers. However, during the situational analyses interviewed health professionals and law enforcement officers identified important gaps in the collaboration and coordination among actors working with migrants and refugees. In the course of the piloting, the two groups were brought together for much welcomed joint training sessions. Accordingly, the units adapted and developed during the regional ToTs resulted in one training package. The mixed group training sessions were greatly appreciated by both health professionals and law enforcement officers because this allowed to exchange information, experiences, good practices and challenges, as well as to discuss the responsibilities and roles of each other and overall foster subsequent collaboration per site/setting. **It was decided to maintain the mixed group approach and IOM MHD recommends this for any future training based on the present training package, in addition to below recommendations:**

- To keep the training as practical as possible, providing opportunities for questions and discussions, including asking participants to provide information on cases from their professional experiences, during the entire training.
- It is important to note that the training package is not a clinical training for health professionals but rather a training to increase the understanding of the relation between migration and health, working with vulnerable groups and intercultural competence, and as such can easily be provided for and understood by non-health staff.

The training package includes essential content and references, representing the minimum that participants need to know about the topics contained therein. Trainers are responsible for developing their presentations, updating and adding onto this infor-

mation based on the specific context where the training is taking place, using relevant databases and reports, including the references provided at the end of this document, as well as developing additional and appropriate practical exercises and pertinent information about referents and in country, local service provision.

I. Development of the training package at country level

IOM recommends implementing a ToT approach in each country in order to:

- Present the Basic Training Package, comprising three modules and further divide into units, to participants;
- Discuss the package in working groups comprised of local experts to identify the specific needs based on the country context and propose how to adapt/adjust the training materials accordingly;
- Select a core group of trainers (7-8 persons) to translate and adapt the Basic Training Package to the local needs and carry out further (roll-out) trainings.

II. Implementation of Training of Trainers and roll-out training sessions

Following the ToT, roll-out training sessions shall take place in the areas of first reception. These consist of a two-days training, seven hours per day. The training is a two way process; the trainers should always take under consideration the evaluation results of the previous training. Each roll-out session is followed by an evaluation report and, when applicable, identification of points for further development/improvement. The team members then discuss

“In addition to the content provided by the international IOM most of the training contents have been drawn from existing immigration and health projects in the country ... [and] based on a very solid knowledge rooted in the ethnographic field. Yes, they are effective.

(National expert, September 2015)

these points and adjust the training material accordingly. Presentation materials from the training are given out to the participants in electronic format, following the end of each session.

The final content of the training package is provided in the box 4.

The training material is available on the EU Health Policy Platform to ensure its sustainability. Since the completion of the training, the material was used as a basis for the training for health mediators within the Equi-Health project and the capacity building program in Bulgaria. Given the success of the training, the NGO Solidarity Now, funded the Greek National School of Public Health to train their staff using the Equi-Health training materials.

Regarding the relevance of the project, a local organiser in the Balkan region mentioned that: *“With the massive influx of migrants along the so-called Balkans route, the topic continued to gain momentum, as did the emergency response effort. The training sessions delivered before the migration crisis in Croatia yielded some lasting results as many of the participants in EHP training applied their knowledge as emergency first responders.”*

(Final evaluation, July 2017)

Box 4. Final Content of the Training Materials

Module I: Migration and Health

Unit 1: Public Health and Migration/ Communication and Mass Media

Unit 2: Migration and Health

Unit 3: Communicable and Non-communicable Diseases

Unit 4: First Aid

Module II: Mental Health and Psychosocial Support

Unit 1: Mental Health and Psychosocial Aspects of Migration

Unit 2: Occupational Health and Psychosocial Support

Unit 3: Coping with Grief

Unit 4: Identification of and Support for Victims of Trafficking

Module III: Intercultural Competence

Unit 1: Cultural Competence and Intercultural Communication

Unit 2: Intercultural Mediation in Health Care

3. ROMA HEALTH



This sub action included national and regional consultations to prepare and implement national assessments of the NRIS implementation with focus on health, and identification of a national and also a Regional priority for project partners to jointly work together for the duration of the project in respect to Roma health.

3.1. Assessment of the implementation of the NRIS health from a multi-stakeholder perspective

3.1.1. Desk review

The first phase of the assessment included a desk review of latest reports and other relevant documents published in the period between 2005 and 2013 discussing Roma health challenges in the EU. It aimed at identifying and combining information from various sources in order to obtain the most comprehensive overview of the situation. The purpose of the desk research was to contextualize and provide the background for the fieldwork research consisting of interviews with stakeholders and a case study covering the following areas:

- Legal and policy developments in respect to Roma health national programmes and action plans with special focus on the NRIS (process of development, objectives, planning and implementation on both national and local levels and in respect to relevant recommendations incl. both binding and non-binding documents, issued by the EU bodies)
- Mapping of promising practices as well as lessons learnt from unsuccessful/poor practices (a possibility for such is suggested in the form of a case study/ies) on both national and local/community levels.

3.1.2. Regional Consultative Committee & Expert Working Group meeting on “Health in the EU framework for National Roma Integration strategies: implementation, challenges and the way forward”, 27-28 May in Sofia, Bulgaria

In addition to the desk review, discussions on the assessment methodology and planning of the research started with a regional coordination meeting in 2013. The EWG gathered representatives from MoH and Roma national focal points of Belgium, Bulgaria, Croatia, Czech Republic, France, Hungary, Italy, Romania, Slovakia and Spain. The working group took stock of the status of the National Roma Integration Strategies (NRIS) in participating MS, explored the methodology/template for progress report from a multi-stakeholder perspective to be developed within the framework of Equi-Health and identified priority areas for further collaboration, exchange of good practices and synergies between initiatives in the Roma health field in EU MS. One of suggested topics for further collaboration was to develop an exchange of experiences between different Roma health mediation programs in EU MS and discuss training curriculums and role of health mediators in national health care systems.



Regional Consultative Meeting & Expert Working Group, Sofia, May 2013

This proposal came very timely as several of the participants in the meeting in Sofia were invited to participate in the International conference “Intercultural mediation in health care” to be held in Huelva, September 2013. A proposal came forward to IOM to organize a working group on health mediation and Roma in Huelva and further the work in this field. Steps were taken in this direction and the

priority identified remained one of the major focuses of collaborative work within this sub-action.

3.1.3. Multi-stakeholder perspective progress reports

Progress reports were drafted in six EU MS with high percentage of Roma nationals (Bulgaria, Croatia, Czech Republic, Romania, Slovakia and Spain)⁹ and two EU MS with high percentage of Roma migrants (Belgium, Italy). The analysis combined desk review and in-country research and focused on the implementation of the NRIS, as well as other national developments targeting improving Roma health. The analysis discussed the implementation of the Roma Integration strategies, as well as current monitoring and evaluation methods and processes of relevant National action plans and commitments as to improving Roma health. It covered national developments since 2005 in the field of Roma health policy interventions. IOM mission in Croatia was inter-

viewed by the Croatian NRIS implementation external evaluator (Government Office for Human Rights and Rights of National Minorities). The produced report includes the following reference to Equi-Health “Finally, the conclusions of the NRIS Implementation report produced within the framework of the EQUI-HEALTH programme also contain a conclusion whereby the position of the Roma in the area of health is evidently being improved at a slower pace than in other areas”

In Slovakia, the multi-stakeholder report was used as an expert document for the preparation of new action plan on Roma health. It was prepared already in 2015 but approved only on 22 February 2017 by the Slovak government (resolution 47/2017). It was also used in advocacy for sustaining the program of health mediators with the ministry of health care.

Box 5. Summary of findings of progress reports

Promising practices:

- Almost all EU MS plan or implement Roma health mediation programs (programs of health mediators, experts by experience, neighbourhood steward cultural brokers, etc.)

Challenges:

- Overall limited funding allocated for NRIS implementation per priority areas
- Structural barriers: coordination challenges at national and between central and regional levels; tasks set with agencies that do not have administrative powers and capacities incl. human resources to implement them; fragmented regulatory framework and lack of local specialized personnel with strong knowledge on planning, organizing and monitoring public services incl. health services
- Information flow: local authorities are insufficiently familiar with NRIS priorities, same for NGOs and other key stakeholders
- MoH often not the lead body for implementation of the NRIS Health component, also missing dedicated funds for such a role
- Issues about ethnic data collection continues to be an argument for limited implementation of targeted interventions
- Funding of programs and sustainability are under question: expectations for EU funds
- Major gaps and needs are training of health staff in serving diverse populations; discrimination practices not addressed at training level.

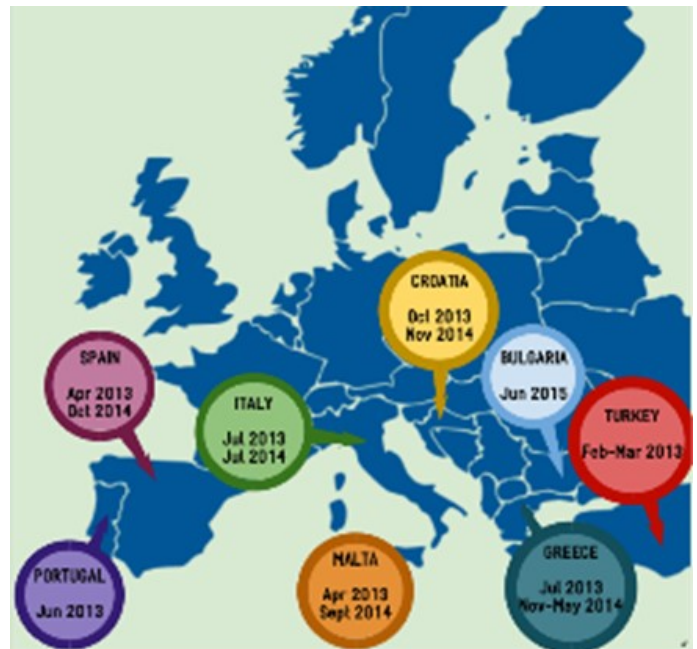
3.1.4. National Consultations

In parallel to the multi-stakeholder assessment, a first set of NCC meetings were organised in close collaboration with national stakeholders including the Ministry of Health in Romania, Italy, Croatia and Slovakia to kick-off initial in-country work and discuss

priority actions. Meetings were held in Bulgaria, Czech Republic, Spain and Belgium¹⁰ ensuring local support of activities. A second set of National Consultative Committee Meetings were organised in Italy, Croatia, Czech Republic, Slovakia and Spain to present the progress reports and validate findings and recommendations from the assessment reports,

⁹Spain is included in both groups with high percentage of Roma nationals and high percentage of Roma migrants though counted only once as a participating MS.

once developed in 2014 and 2015. The NCCs gathered national representatives from MoH, NRIS focal points and other relevant governmental entities, CSOs, academia, and IOs. During the subsequent meetings, when the multi-stakeholder reports were presented to the national experts, national stakeholders were invited to rate in order of importance EU and national policy recommendations, prepared in advance and highlighted in the report, and provide suggestions for next steps. Such were provided for Bulgaria, Czech Republic, Italy, and Spain in the form of follow-up case studies, further presented below.



Box 6. Recommendations and priorities identified during NCC meetings in selected countries

Croatia:

- Improvement of coordination of public bodies regarding Roma health issues
- Needs assessment and social impact assessment
- Long-term financing and full-time employment of health mediators
- Full-time employment of Roma educated in health as the state and county coordinators
- Developing a concrete plan

Romania:

- Focus on stronger cooperation between all relevant stakeholders in terms of health policies targeting Roma
- Define tailored health policies focused on health education and access to primary health care services, supported by adequate information and awareness

Slovakia:

- Ensuring that tasks set out in the strategy are vested with agencies that actually have the required administrative powers, capacities, and human resources to implement them
- Ensure clear and sufficient funding
- Optimize the number of health mediators according to the size of the targeted settlement
- Abandon the discriminatory legislative trend, towards providing more culturally and socially sensitive health care

Spain:

- In order to develop and implement transformative health policies that strengthen entitlement, it is necessary, in first place, to work for the defence of the right to health and to establish mechanisms and institutions that guarantee this right
- To force laws and policies at local, regional and national levels to adjust to and comply with European directives and fundamental rights
- Reviewing the administrative procedures required by the Social Security System for obtaining the Health Card, particularly the requirements needed for Roma EU citizens

Bulgaria:

¹⁰ The Belgian Federal Service of Health, Food Chain Safety and Environment co-funded the report on Belgium

- Municipalities should be better informed of the national and EU policies and funding concerning Roma integration
- For the municipalities it will be interesting to participate in further meetings providing specific information and presenting good practices
- Engagement in projects in the social sphere will increase local stakeholder's capacity to implement social programs in the small settlements and respectively better use European funds
- It will be useful to continue presenting results from similar research done in Bulgaria and abroad to the municipalities
- The preparation of different informational brochures and materials appears to be useful for the municipalities.

Belgium:

- Intermediaries (mediators, experts by experience, etc.) working to improve the access to health care
- Improving the accessibility and quality of services by increasing time allocated to accompany vulnerable Roma and by creating specific expertise
- Women's health and family planning
- The accessibility of services (how the system works, entitlements to health care, etc.)

3.2. Case studies

3.2.1. Bulgaria

During the National Consultative Committee meeting with stakeholders working in the field of Roma health (Sofia, June 2015) where the multi-stakeholder report and next steps were presented and discussed, a recommendation was made by one of the participants and the group agreed to follow-up with similar consultative meetings at local level to disseminate the results of the project to further enhance the knowledge of local stakeholders on the NRIS goals - health component and the Regional Pilot Intervention on "Health Mediation and the Roma". In the period April-June 2016, four meetings were carried out jointly organized by the International Organization for Migration and the National Network of Health Mediators (NNHM) Association with the following objectives:

- To disseminate the activities and results from Equi-Health project, Roma Health Component, at local level;
- To present the Report on the Implementation of the National Roma Integration Strategy 2012-2020, Healthcare Component, prepared within the framework of the project¹¹;
- To acquaint the representatives of municipalities where the profession "health mediator" is not well known by showing them the movie "To Build a Bridge", produced within the frame-

work of Equi-Health project.

- To present the work of the health mediators as part of the activities for implementation of the NRIS, Health component;
- To discuss the results of a pilot project on health mediation in hospitals (implemented by the NNHM);
- To inform the municipalities without appointed health mediators of the opportunities and the mechanisms for selection, training and appointment of such in 2017.

The roundtables' locations were chosen in line with the coverage of the National Health Mediation Program and according to the needs of the municipalities to be acquainted with the European and national framework for implementation of the NRIS. Representatives from 25 municipalities, 7 Regional Health Inspectorates and 22 health mediators took part in the meetings. On average, between 15 and 25 persons participated in each of the meetings. The municipalities were represented by deputy mayors and directors of Healthcare, Education and Social Assistance Directorates.

Overall, the four roundtables provided an excellent opportunity for the representatives of the local authorities to get acquainted with the activities within Equi-Health project. The presentation of the European context and the work of the EC with regard to Roma integration were positively assessed by partici-

¹¹ See https://publications.iom.int/system/files/pdf/nris_bulgaria.pdf

pants in the meetings as they felt they have limited information of European and national developments in respect to Roma health. The meetings ensured also the needed face-to-face contact between representatives of the National Network of Health Mediators and the municipalities which is not always possible because of financial and time restrictions. Concrete results from the meetings are the requests on behalf of municipalities where health mediators haven't been appointed yet. After the meetings, by the end of July 2016, six official letters were addressed to the Chairman of the NNHM by several municipal administrations who express their willingness to be included in the Health Mediation Program in 2017 and to select, train and appoint health mediators - Aksakovo, Sevlievo, Veliko Tarnovo, Elena, Lukovit, North District-Plovdiv. Contacts were established with 12 municipalities that haven't been included in the program. The representatives of municipalities where health mediators already work had the chance to speak about the problems they face and to address the NNHM team – this was an opportunity to strengthen the cooperation both at local and national levels.

3.2.2. Czech Republic

The Czech Republic NCC prioritized as a follow-up activity out of the national level discussions the development of a Handbook for HPs on Culturally Sensitive Roma Health Care. The work required both desk research and pilot-testing of the handbook. The purpose of the desk research was to revise, build and expand the work on the basis of the available training materials on the topic in Europe, including the MEM-TP project, ensuring Roma, the context and background are fully considered. In addition, a pilot testing of the handbook with different profiles of HPs and Roma patients was planned to complement the work of handbook preparation. The results from the work done are published on the Equi-health website.

3.2.3. Italy

IOM Rome organized with the Ministry of Health Italy a National Roma Health Workshop “Health Action Plan for and with the Roma communities” on the 8

February 2016 at the Ministry of Health in Rome, Italy. IOM presented the developments related to the Roma Health sub-action, including the Roma Health reports and results, aiming at supporting national authorities in monitoring, sharing and strengthening national approaches to Roma Health. The Health Action Plan was developed within the National Roma Integration Strategy (NRIS) and with the acknowledged contributions of IOM and Equi-Health multi-stakeholder perspective report on the implementation of the NRIS and other national commitments in the field of health. Equi-Health is listed in the good practices within the Health Action Plan as well. The objective of the workshop, promoted in close collaboration with the Italian Ministry of Health, the Italian National Institute for Health, Migrants and Poverty (INMP), Caritas Rome and the National Office Against racial Discrimination (UNAR), was to discuss the national policies on the implementation and dissemination of the Health Action Plan on the Roma community in Italy and the development of activities and inclusion policies to improve Roma health-care. Italian Regions as Lazio, Campania, Sicily, Sardinia, Piedmont, Molise, Basilicata, Apulia, Friuli Venezia Giulia, Calabria and Province of Trento also attended the workshop.

3.2.4. Spain

In Spain, the National Consultative Committee meetings with stakeholders (October and November 2014), decided to follow-up one of the recommendations raised in the work, in line with the “European Platform for Roma Inclusion 2015: The Way forward” report findings, which emphasized the need for development of a coordination and cooperation platforms to ensure partnerships among multiple stakeholders at local level. The local context selected for the follow-up case study was the district of Polígono Sur – Seville, Spain, characterized by having a great experience in addressing inequalities amongst population at risk of exclusion. The follow-up work provisioned a mapping of the available services and resources for Roma in the district of Polígono Sur - Seville, Spain by identifying key Roma stakeholders, including the community services, resources and public spaces of significant value for the Roma community in Polígono Sur and piloting of a training pro-

¹²These collaborative capacities entail the following aspects: (1) individual capacity, helping members to develop skills and knowledge about collaborative work as well as to promote positive activities and motivation for work; (2) relational capacities, promoting positive internal and external relations with other networks and members; (3) organizational capacity, increasing the leadership, communication, procedures and resources; and (4) programmatic capacity by setting culturally competent realistic goals that follow real objectives defined by the needs of the community.

gramme on collaborative capacity¹² for key local stakeholder including Roma with the objective to strengthen Roma engagement in the Community Health roundtable(s) working on the Integral Plan of Polígono Sur – Seville. In this direction, a Training programme for Roma health agents was developed (in Spanish and in English) on the basis of research on the implementation of the NRIS Operational Plan through local polices and the degree of its sensitivity to its Roma citizens, as well as its degree of implementation and impact on Roma community health needs in Polígono Sur. The results from the work done are published on the Equi-health [website](http://equi-health.eea.iom.int/index.php/roma-health/milestones-and-deliverables-rh) (<http://equi-health.eea.iom.int/index.php/roma-health/milestones-and-deliverables-rh>).

The Open Society Foundations have awarded the University of Seville and the NGO FAKALI a grant to extend the implementation of the case study on the NRIS Spain to other marginalized neighbourhoods in Seville.

‘The EQUI HEALTH project is valuable because it is helping with the training of mediators. Initiatives such as this one should be long lasting and they should go deeper in this project and beyond it’

(Chris Decoster, Director Federal Public Service Health Belgium, November

3.3. Regional Intervention on Health Mediation and the Roma

As a follow-up of identified priorities at the RCC/ EWG meeting in Sofia at the beginning of the project as described above, IOM organized an Expert Working Group on “Health Mediation and the Roma” in September 2013 in Huelva, Spain within the framework of the International Conference on Intercultural Mediation in Healthcare. The Working Group discussed along the following two lines:

- The development of (Roma) health mediators’ programmes in different EU Member States: models being piloted, curriculums and roles of health mediators in national health care systems and national successes & challenges in the implementation of health mediation programmes.

- Exchange of experiences on the implementation of health mediators programs in EU Member States: institutionalization/piloting projects, funding/budgeting, evaluation/auditing and future developments of the programmes and the need for establishment of European Network on Roma Health Mediators, inspired by the Bulgarian health mediator’s network.



Field visit in Belgium, Cittadelle Hospital in Liège, November 2014

As a result of discussions, project partners expressed interest in piloting an exchange programme of mediators including an introduction to different mediation programs existing in the region. Shortly afterwards and in coordination with DG SANTE, the Regional Roma Pilot Intervention on “Health Mediation and the Roma” was launched. It consists of study visits to EU MS implementing Roma health mediation programmes, the development of a platform and a PDF book on health mediation models with the objective to learn from individual programme experiences.

“We saw how our people live in France. Now, we would be able to give proper advises on healthcare needs to those who want to leave or to properly assess the situation of those who got back. It was a great opportunity to establish working links with our colleagues abroad”

(Bulgarian Health Mediator, November 2014)

The **First Study Visit was organized in Bulgaria (June 2014)**. It gathered Roma Health Mediators, government and NGO program coordinators from Belgium, Bulgaria, France, Italy, Romania, Slovakia and Spain with the aim to exchange experience in the field of health mediation and introduce the work of Roma health mediators in Bulgaria. Building on the success and enthusiastic feedback of participants, a second workshop/field visit was conceived.

The **Second Study Visit was organized in Belgium and France (November 2014)**. Similar to Bulgaria, the study visit included a workshop in Brussels presenting different mediation programmes in Europe, followed by visits to Foyer NGO in Brussels and six Roma settlements (terrains) in and around Lille, France. As recommended during the two study visits, IOM started consultation with partners to explore their interest and support the development of a web based communication platform (forum) to facilitate exchanges between health mediators in Europe as part of an EU Community Health Mediation Network (CHMN). Meetings were held in this respect with the National Network of Health Mediators in Bulgaria. The Belgian Federal Service of Health, Food Chain Safety and Environment showed its commitment to the initiative by co-financing it.

intercultural mediators and program coordinators from Belgium, Bulgaria, France, Italy, Romania, Slovakia, and Spain.

The **Fourth Study Visit was organized in Seville, Spain (6-8 June 2016)** jointly by IOM, the Comisionada del Plan Integral del Polígono Sur in Seville and CESPYD-

“The field visits were very informative. Especially our visit to Lille, France. We saw there the real situation and people at work with their Roma communities. Based on these facts, good and constructive ideas for further collaboration occurred: to make a link between the health mediators from different countries to ease the process of Roma integration (ID cards, health records, immunization history) in the receiving countries...”

(Representative from Romanian National Institute of Public Health, November 2014)



Field visit in Seville, June 2016

The **Third Study Visit took place in Romania (July 2015)**. Similar to previous study visits, the study visit included a workshop in Bucharest presenting different mediation programmes in Europe, followed by visits to two Roma settlements. The event gathered participation of Roma community health/

University of Seville. The meeting gathered health mediators and coordinators of programs from Belgium, Bulgaria, Czech Republic, France, Moldova, Romania, Slovakia, Spain and Ukraine, as well as local health and social services organizations in Seville. The meeting programme included a presentation of good practices from Spain and in the neighborhood of Polígono Sur in Seville, host of the event, as well as updates and discussions amongst partners of the different models of health mediation in Europe. A separate session for mediators only focused on exchange of experiences from the field and training programmes. The second day of the meeting consisted of field visit to three Roma settlements (El Vacie, Polígono Sur and Torre Blanca) and meetings with local activists, health institutions, NGOs and other key actors in the Roma neighborhoods. During the wrap-up session at the end of the meeting, participants expressed their interest and continuous support of the regional collaboration.

3.3.1. Documentary

In support of the CHMN, a **20 minutes documentary** was filmed during the field visits in Bulgaria and Bel-

gium/France. The objective of the documentary was to present at EU and national level the added value of health mediation programmes and advocate for their sustainability. A **documentary 5 minutes trailer** covering images from the study visit in Bulgaria and showcasing the daily work of Bulgarian Roma health mediators was also produced.

3.3.2. Health mediation platform

The **online platform** (<http://eurohealthmediators.eu/>) was launched in October 2016 having both a global site and national sites, as well as internal forum and space for sharing of resources by all partner programmes. The platform is open for any other programmes/countries who would be interested to join the initiative.

In addition, a pdf book presenting the different mediation models in the EU: Examples of good practices was published online. The text presents the health mediation of project partner countries. A number of partners participated in this initiative: the Federal Public Service for Health (Belgium), the National Network of Health Mediators (Bulgaria), the National Institute for Public Health (Romania), CESPYD University of Seville, FAKALI, Fundaciòn Secratoriado Gitano and the Catalanian Public Health Agency (Spain), the Association pour l'Accueil des Voyageurs (France), ACEC (Slovakia), OSI (FYROM) and others

opened channels for communication and provided tools for developing of an European Network of Community Health Mediators. The idea behind the network is to help mediators from different countries communicate between each other, discuss cases and elaborate problems solving approaches. Even though the community health mediators work in different contexts and have specific job responsibilities, based on local needs and health care systems, the 4 field visits & workshops so far revealed that health mediators across Europe face similar problems and could learn very much from each other's experiences.

The objective of the network is to act as a platform for communication, increase the visibility of the work of the health mediators and different mediation models in the EU, and provide an opportunity for harmonization of training programmes and implementation of joint training programmes and exchanges.

The platform is open to all mediation programmes in Europe and provides them with a database for exchange of promotion materials, videos, handbooks translated into multiple languages, as well as link with other EU/regional initiatives on health and mediation.

Euro Health Mediators
Global Site - English [change]

Equi Health
Fostering health provision for migrants, the Roma, and other vulnerable groups

Latest News

Health Mediation models in the EU: Examples of good practices
28.02.2017 IOM
Health Mediation models in the EU: Examples of good practices published online

Guide for intercultural mediation in health care
28.02.2017 IOM
The Federal Public Service (FPS) Health, Safety of the Food Chain and Environment in Belgium has published the 'Guide for Intercultural Mediation in Health Care', a guideline for good practices in intercultural mediation.

Training on Migration Health for Cultural Mediators held on 5-7 December 2016 in Athens, Greece
15.12.2016
Upon request by Médecins sans Frontiers Greece and following the previously organized trainings for cultural mediators in Ljubljana and Rome in September 2016, IOM MHD RO

The website is co-financed under the 2012 work plan, within the second programme of Community action in the field of health (2008-2013) and the amended EU Third Health Programme (2014-2020), by direct grant agreement awarded to IOM by the European Commission's Directorate General for Health and Food Safety (DG SANTE), through the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA). The information and views set out on this website are those of the author and do not necessarily reflect an official opinion of the EC or IOM.

Within the framework of the IOM/EC/DG SANTE Equi-Health project (Fostering health provision for migrants, the Roma and other vulnerable groups), and the IOM/EC/DG SANTE Re-Health project (Support Member States under particular migratory pressure in their response to health related challenges), co-financed under the 2012 work plan of the second programme of Community action in the field of health (2008-2013) and under the amended EU Third Health Programme (2014-2020) respectively, IOM initiated a Regional cooperation on health mediation in close partnership with governments, academia and CSOs creating a unique multi-stakeholder platform to work together on the topic of migrants/refugees and Roma health mediation.

Jointly with the Federal Public Service Health (Belgium), the National Network of Health Mediators (Bulgaria), the National Institute for Public Health (Romania), CESPYD University of Seville and the Catalanian Public Health

4. MIGRATION HEALTH



This sub-action includes several activities:

- development of MIPEX health strand
 - launch a thematic study on cost analysis of non-provision of healthcare to irregular migrants and ethnic minorities including the Roma (Austria, Belgium, Italy and Spain) and,
 - draft of consensus document on access to health services concerning "acceptable standards of healthcare provision" for irregular migrants built on the basis of an evaluation of existing models of healthcare provisions and the thematic study on cost analysis.
- Education
 - Access to Nationality
 - Health
 - Anti-discrimination

4.1. Development, piloting and implementation of a health strand as part of the MIPEX

In collaboration with MPG (Migration Policy Group) and COST ADAPT, IOM started the development of MIPEX health strand (www.mipex.eu). The added value of such strand is that it synergizes and optimizes with a well-known data collection and interactive advocacy tool for policy makers in the EU. Cross sectorial analysis is a further benefit and so is the even wider dissemination involving CSOs, DG Home, DG SANTE and other global partners.

The MIPEX Health strand is an instrument for measuring the equitability of a country's policies relating to the health of migrants. This new instrument combines the methodology of MIPEX (the Migrant Integration Policy Index) with the normative framework adopted by the Council of Europe in its Recommendations on Mobility, migration and access to health care (CoE, 2011). The 2015 round of MIPEX covers the following 8 'strands' of integration policy:

- Labour market mobility
- Political Participation
- Family reunion
- Permanent Residence

This is the first time a survey of this type, covering 36 migrant health policy issues in 40 countries¹⁵, has ever been carried out. During the process of data collection numerous measurement problems came to light, necessitating a revision of the questionnaire. The quality of this instrument had to be as high as we could make it, since it is to be taken over by the MIPEX project which is repeated every five years. Successive measurements have to be comparable, which means that no changes can be made from year to year. This places great demands on the quality of the first version. Secondly, the recruitment of experts and peer reviewers in 40 countries (for some of whom no payment via IOM was provided) was often very difficult and time-consuming. The last of them did not begin their work until the end of 2014. Finally, the process of checking all the questionnaires and agreeing on final scores with the experts ...

Each strand is measured by a questionnaire containing four 'dimensions', with 4-6 questions providing the indicators for each dimension. Each indicator classifies the country's policies on a given topic on a three-point scale. The three scores correspond to:

¹⁵ MIPEX encompasses more than 31 MS covered by IOM Equi-Health project.

- the worst case (no policies exist to further migrant integration);
- 50 a specified intermediate level of policy development; and
- 100 the best case (policies give migrants the same rights as national citizens).

The MIPEX questionnaires were piloted in-kind and in close collaboration with COST ADAPT Network partners in Cyprus, Italy and Norway. MIPEX pilot on health policies was then discussed jointly during a meeting held in Brussels in January 2014. After the piloting, 30 national experts/team of experts¹³, and peer reviewers were recruited thanks to the collaboration with COST ADAPT network.

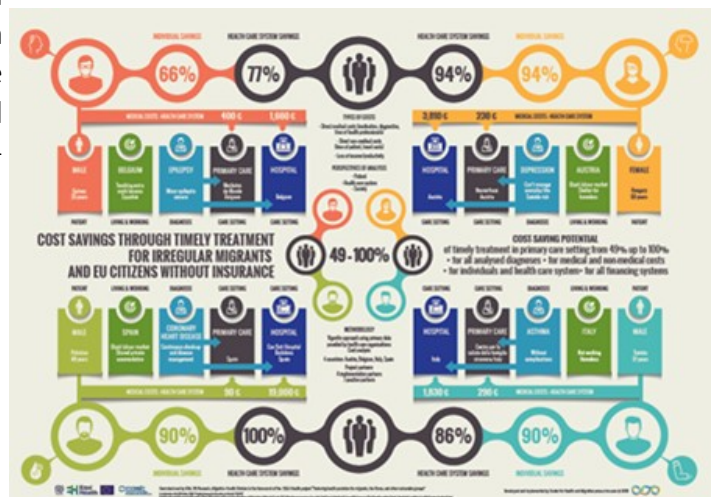
“My colleague {...} has reviewed all of the other MIPEX strands and she says that the health comments and scores are the clearest and easiest to understand. This is a testament to all of our time and energy dedicated to clarifying the questionnaire and to corresponding back and forth with the experts and peer reviewers on the proper interpretation of the questionnaire.”

(MPG Director, Thomas Huddleston, March 2015)

Two Expert Working Group meetings were organized by COST ADAPT Network in March and December 2014 in Lisbon, Spain, to discuss the first results of MIPEX and refine the MIPEX Questionnaire and Guidelines for completing the MIPEX health strand questionnaire. More than ten revisions have been produced between the initial draft questionnaires and the questionnaires experts filled by the end of 2014, based on multiple exchanges, and discussions between COST-ADAPT expert, MPG and IOM. Prof. David Ingleby ensured the technical oversight of this immense work of all 31 research teams (incl. one main researcher and one peer reviewer), controlling and consolidating the work done including checking

the research findings validity and reliability.

In addition, a Summary Report on the MIPEX Health Strand was published by IOM Research series and 33 Country Reports¹⁴ were produced and uploaded on Equi-Health website. The MIPEX scores are based on the situation at the beginning of 2015, but more recent information has also been included in some of the Country Reports.



4.2. Thematic Study on cost analysis of health care provisions to migrants and ethnic minorities

A second document was produced in collaboration with COST working group on "Economic Arguments" which was selected to act as an Advisory Board for the thematic study, which first meeting was held in London in 2014.

The “Thematic study: Cost analysis of health care provision for migrants and ethnic minorities” (2014-2015), was commissioned by IOM within the framework of the Equi-Health project “Fostering Health provision for migrants, the Roma and other vulnerable groups”. The Center for Health and Migration (CHM) in Vienna designed and conducted the study in 2014-2015, in close cooperation with IOM and primary health care and hospital service providers in four European Union (EU) Member States (MS): Austria, Belgium, Italy, and Spain.

The countries selected for the study represent two different approaches to financing health care sys-

¹³ Researchers for Norway and Switzerland worked in kind

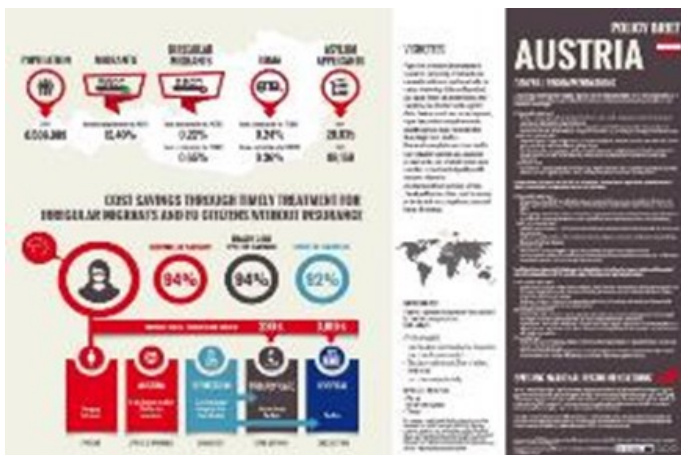
¹⁴ Three country reports produced in kind (Bosnia I Herzegovina, Norway, Switzerland)

tems – insurance-based and tax-based, as well as two categories of policy regulations on access to health care for irregular migrants – partial access and no access. All four countries provide irregular migrants with access to emergency care.



The study represented an empirical analysis, using a mixed methods approach by combining quantitative and qualitative methods. The principal objective of the study was to evaluate the economic costs of timely treatment provided to irregular migrants in a primary health care setting versus the costs of delayed treatment in a hospital, the latter occurring most often due to exclusion from the mainstream health care system.

Based on primary data and supplemented with register data, desk research and expert opinion, real-life and comparison vignettes were developed containing short descriptions of scenarios and composed of defined core elements that can be varied systematically to develop different hypothetical cases.



An Infographic on costs of exclusion from healthcare findings and related explanatory note have been further developed and published on Equi-health website as well as on the Centre for Health and Migration (C-HM) website to visually present the results of the thematic study.

Results obtained through the study demonstrated that timely treatment in a primary health care setting is always cost saving when compared to treatment in a hospital setting. This is true for the direct medical and non-medical costs, as well as the indirect costs. According to cost estimations, at least 49 and up to 100% of direct medical and non-medical costs of hospitalisation can be saved if timely primary health care is provided to irregular migrants. This is true from the perspective of all three stakeholders: the patient, the third part payer (health care system) and society as a whole.

In addition, a two and half minute story-driven character-based animation film was produced on the thematic of Cost analysis of health care provision for irregular migrants and EU citizens without insurance.

4.3. Recommendations on access to health services for migrants in an irregular situation: an expert consensus

This is the third document, result of the close collaboration with COST Action IS1103 ADAPT (Adapting European health systems to diversity). The recommendations reflect a consensus that was developed in the course of a series of joint international meetings in 2012-2016 attended by experts on migration, health policy, human rights law, health economics and epidemiology, as well as by representatives of intergovernmental and civil society organizations concerned with migrant health.

Taking into consideration the current political and practical obstacles, this document presents the arguments for improving irregular migrants' access to healthcare services, as well as that of all other groups excluded from proper coverage. It makes twelve specific recommendations followed by brief summaries of the evidence and arguments on which they are based. In addition, it provides an overview of the main related issues, giving a more complete overview of the relevant research studies, reports, international treaties, policy initiatives and debates. This comprises three sections and 11 specific recommendations (provided below): 1) the present situation and its shortcomings; 2) Arguments for change; and 3) practical means of improving access to health services.

IOM, its partners and the consultants involved in the project, have widely disseminated this document to both individual experts and organisations aiming for

their endorsement and support. This include individuals and organisations working and involved in migration, health and human rights issues, including academia, public health institutes, universities, research centres, human rights CSO and NGOs, as well as other public institutions.

Box 7. Recommendations on access to health services for migrants in an irregular situation

1. The principle of universal and equitable health coverage should be applied to all persons residing de facto in a country, regardless of their legal status.
2. Governments should honour their obligation to implement signed and ratified treaties committing them to uphold health-related rights, and are encouraged to ratify the treaties they have signed. More prominence should be given to the health-related rights of IMs and more legal action should be undertaken to defend these rights.
3. In keeping with basic principles of public health, states should grant full access for IMs to all forms of primary care available to nationals.
4. In keeping with basic principles of cost effectiveness, governments should take into consideration the increasing amount of evidence that restricting access to primary care in fact costs more money than it saves.
5. In accordance with human rights treaties as well as legislation on data protection, privacy and confidentiality of information, reporting of IMs by health workers or service provider organisations to police or immigration authorities should be explicitly prohibited. This prohibition should be strictly enforced and IMs should be given explicit reassurance that such reporting will not take place.
6. In accordance with the treaties and directives that Member States have signed and ratified, special attention must be paid to protecting the health-related rights of particularly vulnerable groups such as children, pregnant women and trafficked persons, regardless of whether such persons are residing regularly in the country.
7. Increased research efforts are needed to identify the health problems for which IMs are particularly at risk. Existing knowledge about their help-seeking behaviour should be improved, while sound epidemiological methods should be used to estimate the health risks affecting them.
8. In order to improve our understanding of the health of IMs, the serious shortage of reliable and up-to-date information about their numbers, living conditions and employment, as well as their demographic and other characteristics, must be remedied urgently by funding and carrying out more research.
9. Efforts to combat myths and misunderstandings about IMs should be intensified using all forms of media, especially in relation to health and health care utilization and alleged 'pull' factors. This also involves carrying out more research on the contributions of IMs to societies (for example in the health sector and in home care), and disseminating the results.
10. In order to be equitable and politically acceptable, access to health services for IMs should be accompanied by contribution arrangements that will not be perceived as unfairly privileging this group over

nationals and regular migrants. More work is required to identify appropriate modalities of contribution to services by IMs and their employers.

11. As well as improving effective health coverage for IMs, it is essential to ensure that health services are responsive to their special needs and to remove other barriers to reaching care.
12. National governments, IGOs, NGOs, CSOs, public health experts and researchers must join forces and present a united front in support of the health-related rights of IMs. The aim should be to integrate IMs fully into mainstream service provisions, while CSOs can continue to perform a vital role in the development, implementation and monitoring of new policies.

5. DISSEMINATION



5.1. Production of visibility materials

A project brochure in English, French and Spanish, project leaflet as well as posters were designed and vastly disseminated. The project website (<http://equi-health.eea.iom.int/>) was created allowing the sharing of project information, news/events, project deliverables, and links to other initiatives/partners.

Communication COM(2009) Solidarity in health: reducing health inequalities in the EU Commission Communication COM(2010) The social and economic integration of the Roma in Europe and Commission Communication COM(2013) An EU Framework for National Roma Integration Strategies up to 2020.

SUMMARY OF SUB-ACTIONS

- The **MIGRANT HEALTH at SOUTHERN EU BORDERS** sub-action aims at building a comprehensive multi-sectoral approach in upholding migrant and public health situational assessments, disseminating data collection mechanisms and referral systems as well as prioritisation of capacity building needs. It is planned to increase the understanding of migrant, occupational and public health, including in open-closed centers and border facilities, and enhance the capacity of public health authorities, law enforcement services and healthcare providers.
- Target countries: Bulgaria, Croatia, Greece, Italy, Malta, Portugal, Spain.
- The **ROMA HEALTH** sub-action focuses on promoting dialogue among key stakeholders on Roma health issues. Progress reports on national strategies (with health focus), case studies on good practices and exchange of experiences as per identified priorities in support of the implementation of national health plans will allow EU MS to better monitor, share and strengthen their respective national approaches.
- Target countries: EU countries with high percentage of Roma nationals and EU MS with high percentage of Roma migrants.
- The **MIGRANT HEALTH** sub-action aims to foster a harmonized EU approach to access to and provision of healthcare for migrants, Roma and other vulnerable ethnic minority groups: available information on national legal and policy frameworks will be aggregated into the form of country briefs for policy makers linking, by the development and addition of a health strand, to the MIPEX (Migrant Integration Policy Index). Furthermore, research on cost effectiveness in the provision of healthcare services to migrants will contribute to consensus guidelines on access to healthcare services for those in irregular situation.
- Target countries: EU/EEA.

DISSEMINATION

- EU, Regional and National level dialogues and exchanges of practice: EC Expert groups, Regional dialogues per thematic areas; Final consultation
- Project website & brochure/s
- Partner websites & networks
- Conference participation
- Press releases
- Policy briefs

RESULTS

SOUTHERN EU BORDERS Assessment

- Rapid Assessment Report(s) on public, occupational and migrant health from point of apprehension/rescue areas to detention, transfer
- Consensus priority action plan for next phase

Capacity building

- Follow-up actions on identified additional priorities by participating countries
- Training packages for continuing education on migrant health for law enforcement and healthcare providers
- Plans for institutionalization of training
- Cascade of Training
- Enhancement and harmonization of migrant health data collection and referral mechanism

ROMA HEALTH

Maintaining Progress and Strengthening Roma Health Strategies

- Country Progress Reports and Case Studies on the health components of Roma Strategies from multi-stakeholder perspective
- Ensuring priorities for capacity building and collaboration between Member States, via specific interventions in depth case studies
- Recommendations for future priority funding

MIGRANT HEALTH Working towards a harmonized approach to migration health in the EU

- 30 Country briefs on national legal and policy frameworks on migrant health, linking to MIPEX index
- Study on cost effectiveness in the provision of healthcare services to migrants and ethnic minorities
- Consensus guidelines on access to health services for

5.2. Dissemination at meetings and conferences

IOM introduced the project at more than 80 conferences and meetings with international organizations, academic institutions, the European Commission, EU Member States, including bilateral meeting with MoI and MoH in all the countries involved, and with permanent representations in Brussels, etc.

5.3. Final dissemination event

The joint conference of the project “Fostering Health Provisions for Migrants, Roma and Other Vulnerable Groups” and ADAPT projects, co-organized by IOM and COST Action IS1103 ADAPT (Adapting European health systems to diversity), took place on 11 May 2016 in Lisbon, Portugal (agenda and records of the meeting are available on Equi-Health website). The event preceded the Conference on Migrants and Health Actions funded under the Health Programme

2008-2013 and 2014-2020 organized by the Portuguese Directorate General for Health, DG SANTE and CHAFAE on 12-13 May 2016.

The conference presented the results of the research on health care policies concerning migrants in 38 mainly European countries, as well as advocated for policy changes across Europe to improve access to appropriate health care services for migrants in an irregular situation. Furthermore the outcomes of two of the collaborations between IOM and COST ADAPT were presented at the event. The first was the integration of a Health strand in the fourth edition of the Migrant Integration Policy Index (MIPEX), involving also collaboration with the Migration Policy Group. To supplement these quantitative results, Country Reports were prepared for 34 countries. The second was the draft Consensus Guidelines on access to health services for migrants in irregular situations.

The Conference gathered more than 100 participants coming from different sectors: governments, academia, CSOs, EU. At the end of the meeting, anonymous evaluation questionnaires were distributed amongst participants to assess the organization and content of the event.



Action-theatre, Final Dissemination Event, Lisbon, May 2015

6. CONCLUSION



As a result of the continuous monitoring and evaluation of project activities by IOM, all provisioned elements of the work were successfully completed in line with the specific objectives of the project and a number of significant additional outputs were produced.

Overall, partners show great appreciation of the work done under the different components of Equi-Health, positive feedback has been received from all involved stakeholders. This is demonstrated by sustained engagement and close collaboration with involved entities beyond the project duration.

Regarding the added value of the assessments done by IOM, a national stakeholder told the evaluator: *“it is a collection of certain information that were unavailable to us before and which will help in better future monitoring of vulnerable groups’ health conditions”*.

(Mid-term evaluation, September 2015)

Regarding the aim of building collaboration of national level, a key governmental stakeholder noted *“Ministry of Interior (Moi) supposed health was not a problem for migrants, what is important was food, where to sleep etc. But because of Equi-Health Moi pay more attention to health needs and they started asking Ministry of Health (MoH) to define health rules for assistance to people in detention centres.”*

(Mid-term evaluation, September 2015)

The Equi-Health project paved the way to further actions in the field of migration health in the EU (and beyond), therefore ensuring the sustainability/impact of the work undertaken. According to findings from WP4 and WP5, a Personal Health Record (PHR) and accompanying Handbook for HPs were developed, promoting a systematic assessment of the health of arriving migrants, then followed by the creation of an electronic PHR platform and its subsequent piloting and implementations within the Re-Health IOM/EC DGAs I (2016-2017) and II (2017-2018) for continuity of care and cross border cooperation, as per the EU Directive. In addition, as per findings of the first component, further training sessions for first line respondents continue to be on the EC agenda within two tenders on additional modules (on mental health and communicable diseases) and on roll out of training throughout the EU. Recommendations arising out of the SEUB validated at national and Regional Consultation (as outlined within the SARs), the MIPEX Health strand and the Consensus can well serve to further the Revision of the EU Common European Asylum System; and to advance the 2030 Global Agenda (UHC and the “Leave no one behind” MS commitment) as well as the WHA70.15 Promoting the health of refugees and migrants and be embedded in the Global Compacts.

Regarding the achievements of the project, the external evaluator noted: *“[the project] was an achievement, insofar as it created perhaps for the first time, and integrated network of practice and policy (and expertise) combining both academic, professional and ‘non-governmental’ (or advocacy) sectors, across minority ethnic, migrant, and ‘Roma’”*

(Mid-term evaluation, September 2015)

A representative from an international organization expressed: *“Timely; innovative and in a complex political environment, able to send important and consistent ‘public health’ messages. We can only hope that the work will be used for years to come and politics will not water down the public health relevance”.*

Regarding the sustainability of the project, a German Academic highlighted that: *“From this perspective the Equi-Health was a really good project as it goes beyond ‘doing a project here and a project there’ but is linked to a lasting concept of equity and human rights [...] now we have to keep it living.”*
(Final evaluation, July 2017)