Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
MEM-TP

Dissemination Workshop

Final Report

Prepared by:
European Public Health Alliance (EPHA)
with the support of the
Andalusian School of Public Health

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Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
MEM-TP

02 October 2015 – 08h45 – 17h00
Conference Centre Albert Borschette, Rue Froissart 36, 1040 Brussels

EXECUTIVE SUMMARY

Background

The aim of the project funded by the European Commission, was to develop, test and evaluate training packages for health professionals with the purpose of improving access to and quality of services for migrants and ethnic minorities, including the Roma. The focus was on health professionals in first contact with these groups working in primary care settings.

This was accomplished through a service contract (running from December 2013 to March 2016). The service contract was implemented by a consortium, led by the Escuela Andaluza de Salud Pública (Granada,Spain), the universities of Copenhagen and Amsterdam, and Azienda Unità Sanitaria Locale di Reggio Emilia (Italy), and with the collaboration of the Jagiellonian University Medical College (Kraków, Poland), the National Institute of Public Health of Romania and Trnava University (Slovakia), the International Organisation for Migration (IOM), and the European Public Health Alliance (EPHA),.

The project was structured into five Work Packages:

- WP1 – review of the situation,
- WP2- review of existing training packages,
- WP3- production of new training packages,
- WP4- training of trainers, piloting of training packages in six countries and evaluation, and
- WP5- final materials, evaluation, dissemination workshop.

The MEM-TP project falls within the second overarching objective of EC's *Second Programme of Community Action in the Field of Health 2008-2013*, namely "to promote health and reduce health inequalities" and supports the EU policies on the reduction of such inequalities.[1] Provision was made in the 2013 Work Plan of the EU Health programme for training and capacity building projects for professionals in ethnic and migrant health, such as the MEM-TP project.[2][3]

[1] http://ec.europa.eu/health/social_determinants/policy/index_en.htm

[2] http://ec.europa.eu/health/social_determinants/docs/report_healthinequalities_swd_2013_328_en.pdf

[3] http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

Methodology of the Dissemination Workshop

The purpose of the dissemination workshop was to 1) share information on the MEM-TP project and the training package, and 2) discuss how to make the training package operational across the European Union (EU).

The participants represented a mixed and interdisciplinary group drawn from 25 different European countries, national and international organisations, government agencies, and NGOs.

The salient outcomes of the first three Work Packages (WPs) were presented and discussed during the first part of the meeting. WP1 was a review of the migrants' and ethnic minorities' situation in the EU. WP2 was a review of existing training materials. WP3 focused on producing the content of the new training package. Next, the results of pilot testing the materials (WP4) were described and discussed. The training package produced in WP3 was adapted to and piloted in six EU countries (Denmark, Italy, Poland, Romania, Slovakia, and Spain).

A review of two other related projects, C2ME and EQUI-HEALTH, took place during the second part of the meeting. C2ME supported medical teachers becoming more proficient in cultural competence. The training component of EQUI-HEALTH, in turn, targeted professionals working in migrants' first reception points.

Three working groups were held during the third and final part of the meeting. They discussed two topics: a) what was missing in the current proposed training packages, and b) identifying possible steps to disseminate and mainstream the training packages in all EU countries and beyond. The first topic was selected with a view to gathering inputs, based on participants' experiences, on what could be strengthened, incorporated or dropped in a future revision of the training materials. A series of recommendations captured in this report emerged from the deliberation of the working groups and the final plenary session.

MEM –TP Dissemination Workshop Main Recommendations

On the future enrichment, updating and periodic revisions of the materials

- **Advocacy elements** should be introduced in the training packages. They could be standardized across all packages so that health professionals have tools at their disposal for promoting migrants' rights, both towards governments and for adopting a general approach.

- Tools for health professionals and managers to engage in organizational change, policy revision, and improved community relations should be included in the future. **Improving individual competencies as a strategy needs to be part of a system that wants to improve** services towards migrants.

- Linkages could be established between migrant sensitive health care practices and health promotion actions at local level in order to advance **intersectoral approaches. The training should stimulate and promote that** health workers

seek to maximize their impact by creating synergies with municipal authorities and community-based organizations.

- Health professional **ethical dilemmas and elements of deontology** should be made more explicit in the training, as doctors or nurses could easily become silent witnesses. Regulatory codes of professional bodies of health and social workers are important in this regard.

- It is important to **take a public health approach** in revising the material**, and not have too narrow a** view of who is a 'front line' health worker. The entire health care teams should benefit from this approach. This includes health professionals working in health monitoring (epidemiology), health protection (health in all policies), health promotion and health education.

- **Targeting the audience** needs to be considered in adapting the context to national and specific audiences. Different professionals have different expectations. Therefore, "one size fits all" is not a good principle for educating such different types of professionals working in different countries.

- Taking a **whole organization approach** is recommended. Managers and policy makers should also be targeted, and appropriate additional training material developed for them in the future.

- **Updating and access to the materials must be ensured** to keep the issue on the agenda. In enriching the material, there must be a transition from raising awareness, promoting responsibility, and providing knowledge to building up increasing competence.

On the dissemination, mainstreaming and institutionalization of the training course and materials

- **Specific campaigns** should be organised at national and regional levels to promote the roll-out of the training packages.

- Multiple constituencies need to be brought into the picture in an interactive effort. There is a need to **segment audiences** and target them effectively to maximise the dissemination impact. This requires work and continuity and is time and resources consuming. There is also a need to identify and target sources of resistance to this area of practice.

- More **EU collaboration with international and national agencies** should be encouraged to tackle the key challenges in the roll-out, including involving WHO-EURO.[4] Inter-agency and inter-country actions should be improved. National health authorities should work in collaboration with international organizations. The Council of Europe's Ad Hoc Committee of Experts on Roma

[4] See http://ec.europa.eu/health/eu_world/docs/2015_who_euro_cooperation_en.pdf.

Issues (CAHROM) could also be consulted, as they could target an entire group of countries.

- NGOs, migrant organizations and patient organizations must be involved in the dissemination.
- Dissemination of the training course and materials should involve both social media and traditional media.
- European professional organisations have a particularly important role to play in dissemination.
- Educational institutions need to be sensitized and incorporate the content into their programs, using trainers with first-hand experience of working with migrants. All the topics of the core curriculum of the training package should all be included in the training.
- Governance aspects of the training, i.e. duration, delivery, qualifications of trainers, accreditation / credits must be considered. This includes who will pay for the training, and where the resources will come from.
- Migrants and minority group members should be involved in teaching, including as guest speakers. It is also recommended to include them in planning the training.
- The type of delivery of the teaching material should be adapted to best suit the target audience.

Challenges ahead

The finalized materials represent only the beginning of what is needed. The recommendations point in the direction of intensifying follow up actions in all countries and regionally. The results of the project are just a first contribution to meet the larger challenges ahead.

Regarding the governance process, it was stated that the training packages are a public good. Therefore, it would not be beneficial to disseminate or administer them in a restrictive manner.

It is imperative to activate processes that can represent a true multiplier effect. As stated above, collective efforts are required to this end with regional and global enabling institutions (e.g. ECDC, EUPHA, IOM, WHO, CHAFEA, among others) becoming engines of dissemination as part of their work programmes.

The future location of the materials also demanded reflection. Participants stressed the importance of **determining the lasting elements of the training packages,** as information could be outdated very quickly. If the European Commission wish to take it further, it is important that all relevant EU agencies and institutions collaborate effectively.

There was agreement that it is **important to keep the packages updated**; this is a time-intensive task. To avoid duplication, WHO and the EU have to work together, as resources are too scarce to lose the outputs and reinvent the wheel.

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

DISSEMINATION WORKSHOP REPORT

The purpose of the dissemination workshop was to 1) share information, and 2) discuss how to make the training packages operational across the European Union (EU). The participants represented a mixed and interdisciplinary group drawn from 25 different European countries, national and international organisations, government agencies, and NGOs.

Dr Isabel de la Mata, Principal Advisor for Health at the European Commission's Directorate-General for Health and Food Safety provided a welcome address and explained that the conclusions of the dissemination workshop are important in order to finalise the training packages for health professionals put together by the MEM-TP consortium.

Project Coordinator, **Dr Riitta-Liisa Kolehmainen-Aitken,** thanked the participants on behalf of the project consortium and explained that MEM-TP was funded by the European Commission's Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under the 2008-2013 Health Programme. The aim of the project was to develop, test and evaluate training packages for health professionals with the purpose of improving access to services for migrants and ethnic minorities, including the Roma. The focus was on health professionals in first contact with these groups in primary care settings. She gave further information about the service contract (running from December 2013 to March 2016), which was implemented by a consortium. The Escuela Andaluza de Salud Pública (Granada, Spain) was the lead, with the universities of Copenhagen and Amsterdam, and Azienda Unità Sanitaria Locale di Reggio Emilia (Italy) as members. The consortium collaborated with the Jagiellonian University Medical College (Kraków, Poland), the National Institute of Public Health of Romania and Trnava University (Slovakia), the International Organisation for Migration (IOM), and the European Public Health Alliance (EPHA).

The project was structured into five Work Packages (WP1 – review of the situation; WP2- review of existing training packages; WP3- production of new training packages, WP4- training of trainers, pilots and evaluation, and WP5- final materials, evaluation, result); WP3 was piloted in six countries, Denmark, Italy, Poland, Romania, Slovakia, and Spain.

Dr de la Mata explained that the European Commission has been working on inequalities and health in the context of health professionals since 2003. Over the years, this has included work on vulnerable groups and the Roma integration strategies. Moreover, the Commission pursued its work on regular and irregular migration as part of the European Agenda on Migration. The MEM-TP project falls within the second overarching objective of EC's *Second Programme of Community Action in the Field of Health 2008-2013*, namely "to promote health and reduce health inequalities," and supports the EU policies on the reduction of such inequalities.[5] Provision was made in the 2013 Work Plan of the EU Health programme for training and capacity building projects for professionals in ethnic and migrant health.[6,7] The

[5] http://ec.europa.eu/health/social_determinants/policy/index_en.htm
[6] http://ec.europa.eu/health/social_determinants/docs/report_healthinequalities_swd_2013_328_en.pdf
[7] http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

MEM-TP training packages are meant to support a general training approach for all primary care professionals in first contact with migrants. The training packages do not address migrants' economic or legal status. Their final objective is to offer a workable, common training package across the EU, regardless of whether or not it will become part of curricula. The materials can, however, be promoted and made available to anybody who is interested, although the already 'converted' are not the priority target.

Ms Claire Mock-Muñoz de Luna (U of Copenhagen) proceeded to present WP1. This work package focused on describing the general situation regarding migrants and ethnic minorities in the EU, and identifying the common challenges and compiling best practices for the training packages. The work was undertaken together by the University of Copenhagen's Research Centre for Migration, Ethnicity and Health (MESU), the *Academisch Medisch Centrum* Amsterdam (AMC) and the Amsterdam Institute for Social Science Research (AISSR). The findings primarily relied on desk research, including grey literature, and a review of many EU funded projects on similar topics, plus two COST actions, HOME and ADAPT.

Ms Mock-Muñoz de Luna next presented the different chapters of the WP1 report. Chapter 1 provides demographic data on migrants and ethnic minorities, terminological definitions and information on migration developments and the 'ethnic group' concept. Chapter 2 describes findings regarding migrants' state of health and health determinants. Chapter 3 discusses legal and policy frameworks, including migrant status and entitlements granted at national level and policy initiatives impacting on health systems. Chapter 4 explores barriers to accessing health services including health literacy and discrimination, and offers good practices to address them. Chapter 5 examines challenges that undermine the quality of services, including language, working with interpreters, and dealing with prejudices. Finally, chapter 6 develops a European framework for collaboration on migrant and ethnic minority health, including a sharing platform and assessment evaluation tool.

Prof Allan Krasnik (University of Copenhagen) concluded by delivering the WP1 report's 'take-home messages':

1. 'Health in all policies', diversity and intersectionality are increasingly recognised. Socio-economic factors need to be addressed to tackle health inequalities, including education and labour market participation.
2. Country-adapted training packages need to take into account national health system features, the characteristics of migrant populations present in the country, as well as local context.
3. There is a difference between entitlement and access – targeted services and interventions are essential, including prevention and health promotion.
4. Barriers to access and quality remain, e.g. related to organisational structures. Thus, the primary responsibility remains with organisations and health systems.
5. The materials should reflect and describe the shift towards diversity sensitivity (intersectional approach), rather than teaching curricula based on cultural differences.
6. The health system is only one of the determinants impacting on health outcomes. There is a need for a joined up, intersectoral way of working, including social services, schools, families and community organisations.

Dr Antonio Chiarenza (Reggio Emilia Health Department) presented the WP2 report, developed by his team together with University of Amsterdam. This report reviewed existing training programmes and materials with the aim of identifying, selecting and assessing good quality programmes. He stressed that the objective was to produce a directory with quality criteria, and to propose recommendations and action guidelines. An extensive literature review was conducted, and a conceptual framework adapted (Horvat et al, 2014), based on 7 key domains describing core components of training programmes. Mr Chiarenza presented the findings for each domain (training descriptions; training development and delivery; participant characteristics; approach; educational content; training course structures; evaluation and outcomes). Various quality dimensions were taken into account, and 40 training programmes were selected for the directory.

Dr Chiarenza summarised the recommendations for MEM-TP based on the WP2 review:

- Adopt a holistic and systemic approach, when defining objectives,
- Involve service users and stakeholders in training development and delivery,
- Address training to a multi-professional audience,
- Develop a clear rationale and pedagogical approach,
- Avoid passive acquisition of knowledge about different ethnic groups,
- Integrate cultural competence with other approaches,
- Link training programmes to key organisational support mechanisms,
- Choose a participatory and experiential training delivery method, and
- Focus on outcomes in training design, implementation and evaluation.

Ms Ainhoa Ruiz Azarola (Escuela Andaluza de Salud Pública) presented the training package created under WP3, highlighting its different stages between November 2014 and March 2015. She explained that the essential core contents are grouped into four modules and two additional modules, the latter going more deeply into specific target groups and health concerns, Each of the four modules (1. sensitivity and awareness of cultural and other forms of diversity; 2. knowledge about migrants, ethnic minorities and their health; 3. professional skills; 4. knowledge application) is composed of units, and comprises guidelines, presentation slides and activity templates. The first three modules are comprised of two units each. Module 4 contains six units, including strategies and procedures for people-centred healthcare services, strategies for planning and implementing actions, public health, quality of health care, taking diversity into account, community-based approaches, and adopting an intersectoral approach. Additional module 1 features units dealing with issues pertaining to ethnic minority groups, including Roma and Sinti communities, 'irregular' migrants, refugees and asylum seekers, and other vulnerable groups, with a sub-unit on children's health. Additional module 2 has four units, and includes content related to specific chronic diseases, communicable diseases, mental health, and sexual and reproductive health.

Ms Olga Leralta (Escuala Andaluza de Salud Pública) provided a brief overview of the piloting process, which took place between March and May 2015. The pilots in Denmark, Italy, Poland, Rumania, Slovakia and Spain were evaluated by both trainees and trainers. Training materials were frequently adapted to fit the local situation. Modules 2 and 4 were changed according to country specific data, and content from additional modules was inserted, if relevant. Ms. Leralta concluded by describing the assessment of the training materials, and how professional profiles, training needs, quality of teaching and satisfaction were evaluated pre- and post-testing.

Mss. Mock-Muñoz de Luna and Winther Frederiksen described the Danish piloting experience in more detail. Open invitations were sent to hospitals, municipalities, and GPs, marketing the event as a free, state-of-the-art cultural competence workshop for health professionals, involving three days spread over one month. Of more than 40 interested applicants, 38 qualified. They included nurses, GPs, physiotherapists and others. Module 2 was adapted to the Danish healthcare system and migration patterns, module 3 was changed to include more real-life cases, module 4 was shortened, and the additional module on vulnerable groups was included. Some concepts and activities (e.g. communication skills) were perceived to be too basic or theoretical for Denmark.

Participants' mixed professional backgrounds received both positive and negative feedback from the trainees, since different professions were used to different ways of learning. Participating health professionals appreciated the integration of international perspectives, requested more content on how to change the system and organisational approaches, and on convincing policy makers. A peer-mentor approach helped fill the perceived lack of a pedagogical approach, regarding turning knowledge into competences and linking these with past experiences.

Ms Anna Szetela (Jagiellonian University) reported that in Poland, 28 professionals from different regions, professions and profiles had participated in the pilot, which took place over three days. The materials were translated and adapted in line with available statistical, demographical and epidemiological data of migrant groups in Poland, and Polish examples were used wherever possible. Physicians, nurses and midwives obtained educational points for the training - but not emergency professionals -; all participants, however, received a certificate of participation and a diploma issued by the Medical Centre for Continuing Medicine. In terms of format, role play and activity-based work (including homework) and exchanging experiences were well received. However, the emphasis on intersectionality was initially difficult for participants. The breadth of content necessitated making choices, and being able to change the sequence of modules was good.

Dr Chiarenza explained that in Italy, participants were invited via regional health governments to achieve a broad geographical spread. The adaptation process became an opportunity to jointly reflect on how to better train specific professions (e.g. sociologists, medical anthropologists, public health experts). It also triggered some adaptations (e.g. reduced content, improved fluidity, reorganisation of modules, translation).

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

Ms Roumyana Petrova Benedict (IOM) next described the EQUI-HEALTH action (Feb 2013 – Feb 2016), which is based on a consultative methodology. EQUI-HEALTH aims to foster harmonised approaches for improving the access and appropriateness of health services, health promotion and prevention of migrants in the EU. Its three sub-actions include migrant health at southern EU borders, Roma health and migrant health; its training components target professionals working with migrants' first reception points. In terms of 'lessons learned' for MEM-TP, the EQUI-HEALTH action confirmed the need to target various professionals working with migrants, because both health professionals and 'enforcement officers' displayed a lack of knowledge about migrants' vulnerabilities. Training should comprise such elements as overcoming communication problems, identifying migrant sub-groups (e.g. unaccompanied minors, victims of trafficking), and overcoming stereotypes. Aiming to show that migrants are ordinary people in an extraordinary situation, EQUI-HEALTH modules (e.g. migration health, occupational health and wellbeing, intercultural competence) include training to dispel myths and false perceptions.

In the context of Europe's southern border, training materials should also include such issues as burnout experienced by front liners 'cut off' from the health system, and feelings of loss experienced by migrants. In addition, the issue of communicable diseases was brought up.

Working Groups

Following the lunch break, workshop participants were split into **Working Groups**. The methodology used for the Working Groups was based on a nominal group technique, because it lends itself well to identifying priorities for decision making as part of group discussions.

The groups were intended to have three different participant profiles. The first group included policymakers working at international level, the second comprised country level policymakers, and the third featured training experts. In the event, there was a high degree of fluidity between the groups, which is also reflected in their recommendations (see below).

All three groups were asked to reflect on two common questions from the perspective of their expertise:

1) Based on participants' experiences, suggest what in the current training package could be strengthened, incorporated or dropped in future revisions; and
2) Identify possible steps to disseminate and mainstream the training packages internationally.

Working Group members were asked to draw up concrete recommendations corresponding to their group profiles, i.e. strategies to prioritise and implement training plans at EU level (WG1), strategies for integrating the MEM-TP training packages into country level training plans (WG2). They were also asked to make recommendations regarding the best formats to implement the MEM-TP training packages (WG3).

Final plenary discussion

The final plenary was moderated by **Dr Daniel López-Acuña.** He opened the plenary by pointing out that the MEM-TP project aligns well with the recommendations of a global consultation on migrant health, which the World Health Organization (WHO), IOM and the Government of Spain convened in 2010 in Madrid. One of the four priority areas for action was the need to build capacity to develop migrant-friendly health services. The development of health professionals' competences to better serve migrants and ethnic minorities is an essential component of building such capacity.

In the plenary, the key recommendations elaborated during the three parallel Working Groups were identified and discussed. The three group rapporteurs[8] first summarised the discussions of their respective Working Groups including the recommendations. These were then discussed. They are grouped together in the following section.

Main recommendations of the Dissemination Workshop

On the future enrichment, updating and periodic revisions of the materials:

- **Advocacy elements** could be integrated and standardised across all packages so that health professionals have tools at their disposal for promoting migrants' rights, both towards governments and for adopting a general approach.

- Tools for health professionals and managers to engage in organisational change, policy revision, and improved community relations should be included. **Improving individual competencies as a strategy needs to be part of a system that wants to improve** services towards migrants. Health professionals need to know the potentials and structural limitations of the system in providing care to migrants and ethnic minorities.

- Aspects related to migrants' and minorities' sexual and reproductive health (e.g. FGM) could be strengthened in future revisions, while also taking into account gender and equal rights perspectives during the training itself.

[8] WG 1: Prof Allan Krasnik, U of Copenhagen; WG 2: Mr Stephen Flanagan, North East & North Central London Health Protection Team; and WG 3: Prof Eleni Hatzidimitriadou, Canterbury Christ Church University.

- Certain aspects of communication as they relate to migrants and minorities could be improved, e.g. addressing disability and taking into account different cultural practices (e.g. food cultures).

- The pedagogical approach could be better addressed in the packages in order to explain how they are of value to professionals with mixed backgrounds and at different stages of their careers, and to describe how theory translates into skills and competences.

- Linkages could be established between migrant sensitive health care practices and health promotion actions at local level in order to advance **intersectoral approaches. The training should stimulate and promote that** health workers seek to maximise their impact by creating synergies with municipal authorities and community-based organisations.

- Health professional **ethical dilemmas and elements of deontology** should be made more explicit in the training, as doctors or nurses could easily become silent witnesses. Regulatory codes of professional bodies of health and social workers are important in this regard.

- In revising the material, it is important to **take a public health approach, and not have too narrow a view** of who is a 'front line' health worker. The entire health service teams should benefit from this approach. This includes health professionals working in health monitoring (epidemiology), health protection (health in all policies), health promotion and health education.

- **Targeting the audience** needs to be considered in adapting the context to national and specific audiences. Different professionals have different expectations. Therefore, 'one size fits all' is not a good principle for educating such different types of professionals working in different countries. Students and trainees should also be included in the target groups. Moreover, identifying appropriate training participants is essential in communities where trust is not easily gained (e.g. Roma communities).

- **Updating and access to the materials must be ensured** to keep the issue on the agenda. In enriching the material, there must be a transition from raising awareness, promoting empathy, and providing knowledge to building up increasing competence.

On dissemination, mainstreaming and institutionalisation of the training course and materials:

- **Specific campaigns** should be organised at national and regional levels to promote the roll-out of the training packages.

- Multiple constituencies need to be brought into the picture in an interactive effort. There is a need to **segment audiences** and target them effectively to maximise the dissemination impact. This requires work and continuity, and is time and resources consuming. There is also a need to identify and target sources of resistance to this area of practice.

- The EU level should guide the implementation process and provide national Ministries of Health with a recommendation to ensure uptake of the training packages.

- The integration of MEM-TP into national health strategies or health plans should be considered, as well as their insertion into migrant health and Roma integration strategies.

- More **EU collaboration with international and national agencies** should be encouraged to tackle the key challenges in the rollout, including involving WHO-EURO.[9] Inter-agency and inter-country actions should be improved. National health authorities should work in collaboration with international organisations. The Council of Europe's Ad Hoc Committee of Experts on Roma Issues (CAHROM) could be consulted, as they could target an entire group of countries.

- NGOs, migrant organisations and patient organisations must be involved in the dissemination.

- Dissemination of the training course and materials should involve both social media and traditional media.

- European professional organisations have a particularly important role to play in dissemination. The training packages should be linked up with / supported by regulatory codes of conduct, patient safety guidelines and concrete implementation guidelines.

- Educational institutions need to be sensitised and incorporate the content into their programmes, using trainers with first-hand experience of working with migrants. All the topics of the core curriculum of the training package should be included in the training.

- Governance aspects of the training, i.e. duration, delivery, qualifications of trainers, accreditation / credits, must be considered. This includes who will pay for the training, and where the resources will come from.

- Migrants and minority group members should be involved in teaching, including as guest speakers. It is also recommended to include them in planning the training.

- The type of delivery of the teaching material should be adapted to best suit the target audience. Regular 'refresher' courses should be offered, as well as opportunities for networking for previous course participants.

Challenges ahead

Participants noted that the finalised materials represent only the beginning of what is needed. The recommendations point in the direction of intensifying follow-up actions in all countries and regionally. The results of the project are just a first contribution to meet the larger challenges ahead.

[9] See http://ec.europa.eu/health/eu_world/docs/2015_who_euro_cooperation_en.pdf

Regarding the governance process, it was stated that the training packages are a public good. Therefore, it would not be beneficial to 'administer' them in a restrictive manner.

It is imperative to activate processes that can represent a true multiplier effect. To this end, collective efforts are required, including regional and global enabling institutions (e.g. ECDC, EUPHA, IOM, WHO, CHAFEA, among others) becoming engines of dissemination as part of their work programmes.

The future location of the materials also demanded reflection. Participants stressed the importance of **determining the lasting elements of the training packages,** as information could be outdated very quickly. If the European Commission wish to take it further, it is important that all relevant EU agencies and institutions collaborate effectively.

There was agreement that it is **important to keep the packages updated**; this is a time-intensive task. To avoid duplication, the EU and WHO have to work together, as resources are too scarce to lose the outputs and reinvent the wheel.

Participants also confirmed that the concerns raised by **the ongoing refugee crisis** should be used as a stimulus to arouse interest in the training packages. Economic crises in some countries exposed the structural inadequacies of their health systems. Such countries, as well as many others in Europe now suddenly have to improve the adequacy of their health services for the new migrants. In this regard, it is imperative to demonstrate the cost-effectiveness of the training to relevant decision-makers.

Finally, there was agreement that **the real work begins now**, e.g. dissemination, sustained effort in updating the materials, and reaching all possible target audiences. Building up a critical mass of trainers was seen as particularly beneficial.

Following a final discussion about the recommendations, Dr de la Mata thanked the participants for their contributions and closed the workshop.