



MEM-TP project final report

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

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Executive summary

The European Commission has long actively supported Member States and other stakeholders in their efforts to tackle health inequalities. Action to address the health of specific groups that could be in a vulnerable situation, such as migrants and ethnic minorities is at the core of the EU approach to address health inequalities.¹ The European Commission, as part of the European Agenda on Migration, works with Member States on issues related to regular and irregular migration. The recent large refugee flows have made this an area of increasing concern to policy makers and planners. The second overarching objective of the *Second Programme of Community Action in the Field of Health 2008-2013*² specifically targets the promotion of health and reduction in health inequalities.

Sustainable health systems that provide high-quality health care can increase societal cohesion and boost economic growth by reducing inequalities and keeping people healthy and active longer. Substantial inequalities remain, however, between and among the Member States in quality of care and access to health services. Migrants and ethnic minorities are particularly vulnerable groups that often face considerable access barriers to good quality care. Inequalities will increase, if the health system does not adequately meet the needs of these groups.

Health professionals need appropriate competencies to address the health care needs of migrants and ethnic minorities. Training in the required competencies is therefore essential, but not commonly available in most Member States. This was recognised by the Council, which in 2010 invited the Member States and the European Commission to develop actions to “enhance public health capacities and promote training on the equity in health approach.”³ Provision for training and capacity building projects for professionals in ethnic and migrant health was made available in the 2013 Work Plan of the EU Health Programme.

The Member States subsequently launched various initiatives focused on improvements in migrant and ethnic minority health. These include training initiatives, which vary considerably; only very few have been evaluated. Analysing the training initiatives and developing and testing appropriate new training packages were seen to provide added value to the EU. Hence in 2013, the European Commission published a tender for a service contract, called *Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma*. This service contract (called MEM-TP) was specifically aimed at improving access to and quality of health services for migrants and ethnic minorities. It focused on reviewing, developing, testing and evaluating training in migrant and ethnic minority health for front-line health professionals in primary care settings, as well as the dissemination of these materials.

The MEM-TP contract was awarded in December 2013 to a consortium of four organisations. The Andalusian School of Public Health (EASP) was the lead organisation with the Faculty of Health Sciences at the University of Copenhagen, Academic Medical Centre of the University of Amsterdam, and Azienda Unità Sanitaria

¹ http://ec.europa.eu/health/ph_determinants/socio_economics/documents/com2009_en.pdf

² http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm

³ *Council conclusions: Equity and Health in All Policies: Solidarity in Health.*
http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/114994.pdf

Reggio Emilia as the other members. The International Organisation of Migration (IOM), European Public Health Alliance (EPHA), Institute of Public Health at the Jagiellonian University in Poland, National Institute of Public Health in Romania, and Faculty of Health Care and Social Work in Trnava University in Slovakia worked as subcontractors. The contract had a budget of €595.528 with activities scheduled over 27 months.

The MEM-TP project had four main objectives:

1. Provide an overview of the issues of relevance to the development of training for health professionals by reviewing the migrant and ethnic minorities' situation in the EU and identifying common challenges and best practices,
2. Select and assess existing good quality training programmes, which address the particular issues related to improving access and quality of health care delivery for migrants and ethnic minorities,
3. Building on previous experience, create a framework, training programme and validated teaching-learning materials for front-line health care providers, aimed at improving the accessibility, quality and appropriateness of care provided to migrants and ethnic minorities in the EU, and
4. Develop and apply a structured process that enables those with primary responsibility for the training and continuing education of health care providers in each country to take ownership of their training programme through active adaptation of the materials to their local situation and needs.

The MEM-TP project was structured into five work packages and ten deliverables. The work packages are listed below:

- WP1: Review of the migrant and ethnic minorities' situation in the EU and identifying common challenges and best practices to feed into the training programmes,
- WP2: Training materials development: Review of existing training materials,
- WP3: The content of new training materials, and production of the training package,
- WP4: Training of trainers, pilot training programmes and evaluation, and
- WP5: Final versions of the materials, an evaluation report summarising the challenges and opportunities during the pilot trainings, and dissemination of the results.

The ten deliverables of the MEM-TP project were:

- Deliverable 1 (D1): Migrant and ethnic minorities review report,
- Deliverable 2 (D2): Training review report,
- Deliverable 3 (D3): Training programme for health professionals and health care providers (content and planning),
- Deliverable 4 (D4): Training workshop programme and content,
- Deliverable 5 (D5): Report of the evaluation of the piloting of training programme in 6 Member States,
- Deliverable 6 (D6): Interim Report,
- Deliverable 7 (D7): Dissemination workshop for government experts,
- Deliverable 8 (D8): Report from the dissemination workshop to share the results with national authorities,

- Deliverable 9 (D9): Final Report, including the final training package, training materials in English and the 6 other EU languages, training programme evaluation, an executive summary, and a Power Point presentation, and
- Deliverable 10 (D10): Final Administrative Report.

The University of Copenhagen took the lead in preparing the migrant and ethnic minorities review report (Deliverable 1). The review analyses available data on the characteristics of migrants and ethnic minorities in Europe, state of their health and health determinants, relevant legal and policy frameworks, barriers to access, factors undermining the quality of health service delivery, and good practices in addressing such barriers and factors. In addition, the review provides an outline for a proposed framework for European collaboration for training health professionals. The report appendices include detailed statistics on the distribution and demographic characteristics of the European migrant and ethnic minority populations, epidemiological findings on the main diseases and health problems affecting these populations, and relevant information on legal and policy frameworks, health service utilisation, access barriers and good practices.

The D1 report points out that migrants and ethnic minorities represent a wide range of groups. While few generalisations can be made, there is a consensus that these groups in general have a lower economic status and higher risk of many chronic and acute health conditions, when compared with the majority population. Life expectancy of the Roma across Europe, for example, is estimated to be 7-20 years less than that of the non-Roma. Many of these inequalities in health are on the rise, especially in countries where austerity fiscal measures have been implemented in response to the economic crisis. There is a growing consensus that if the inequalities are to be tackled, the increased health risks of these populations have to be identified and the underlying causes investigated. This will require substantial capacity building concerning knowledge and expertise on the challenges posed by increasingly diverse populations and the health problems they face.

The following issues were identified as most important in equipping health professionals to better meet the needs of migrants and ethnic minorities:

- Socioeconomic factors need to be taken into consideration in any interventions to tackle health inequalities.
- Health professionals need to receive background information for their country on migrants and ethnic minorities, as well as on their health needs, because the size and characteristics of migrant and ethnic minority populations vary from country to country in Europe.
- Services and interventions should be specifically targeted to migrant and ethnic minority populations, or their success may be limited. This is especially the case for vulnerable groups, such as the Roma.
- Health professionals at all levels of an organisation should be aware of the barriers that migrants and ethnic minorities face. Individual health workers without the support of the whole organisation cannot make improvements in the quality of care.
- Training materials should reflect and describe the shift towards 'diversity sensitivity' (an intersectional approach), rather than remain exclusively focused on 'cultural' differences.
- Health professionals should work in an intersectoral way wherever possible in order to tackle health inequalities.

- Developing a European framework for collaboration on migrant and ethnic minority health could encourage countries to mainstream the adaptation of health systems to the needs of these groups.

The existing training materials review (Deliverable 2) was aimed at identifying, selecting and assessing existing good quality training programmes that address the particular issues of improving access and quality of health care delivery for migrants and ethnic minorities. The review covered the last 10 years, and included an assessment of the quality of the identified training programmes. The criteria applied in the quality assessment covered the pedagogical approach and structure of the training, its educational content, participant characteristics, and evaluation. The report also includes an action guide for the development and delivery of effective training.

Low levels of participant involvement in training development, delivery, or evaluation were found to characterise the training programmes on migrant and ethnic minority health. The general tendency is to address a multi-professional audience; health professionals, however, remain the main professional groups targeted. Cultural competence is the broad conceptual approach for most training programmes, but alternate approaches (e.g. intersectionality and person-centredness) are emerging. Overall, the training programmes do not systematically focus on outcomes in training design, implementation and evaluation. They are also poorly linked to key organisational and policy support mechanisms.

The preparation of a new training programme (Deliverable 3) was the focus of the third work package. The development of this programme was based on the findings of the first two reports (D1 and D2). The new training package consists of a curriculum model, training needs assessment tool, guides for trainers and trainees, extensive training materials (e.g. PowerPoint slides, exercises, and additional references), and a training outcome evaluation instrument. The common core of the training package includes four main modules and two additional ones. Each module is made up of a set of teaching units.

The four main modules and their respective teaching units are:

- **Module 1: Sensitivity and awareness of cultural and other forms of diversity**
 - Unit 1: Diversity
 - Unit 2: Intercultural competence and diversity sensitivity
- **Module 2: Knowledge about migrants, ethnic minorities and their health**
 - Unit 1: Migrants' and ethnic minorities' health problems and health determinants
 - Unit 2: Migrants' and ethnic minorities' use of health care
- **Module 3: Professional skills**
 - Unit 1: Intrapersonal skill development
 - Unit 2: Interpersonal skill development
- **Module 4: Knowledge application**
 - Unit 1: Strategies and procedures for people-centred health care services oriented towards cultural and ethnic diversity
 - Unit 2: Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities
 - Unit 3: Public health, health prevention and promotion from multidisciplinary perspectives

- Unit 4: Quality of health care taking diversity into account
- Unit 5: Community - based approaches, promotion of user and community participation and involvement
- Unit 6: Intersectoral approach

Module 1 focuses on understanding cultural and other important types of diversity, such as ethnicity, national origin, social class, gender, age, migration history and background. It covers the different factors of discrimination and social inequality that lead to discrimination and stigma. It also includes training in intercultural competence and diversity sensitivity, touching on topics such as identifying positive contributions of interculturality and developing appropriate strategies for health promotion and health education.

Module 2 aims to increase participants' knowledge about migrants, ethnic minorities and their health. It examines their health needs and frequent types of health problems, morbidity and mortality patterns, health services usage and barriers of access to health care.

Module 3 seeks to improve professional skills of health professionals working with migrants and ethnic minorities. The skills include both intrapersonal skills, such as effective communication and cultural self-assessment, as well as interpersonal skills, for example techniques to improve negotiating abilities and conflict resolution.

Module 4 targets the application of the acquired knowledge to health strategies and to service delivery. The content covers strategies for people-centred health services, planning and implementing actions related to one's own workplace and daily professional practice. Issues related to public health, prevention, promotion and community involvement are also addressed.

Two additional modules form part of the total training package. These modules aim to help health professionals to identify and improve their own ability to work with target groups and specific health concerns. The modules and their units are:

- **Additional module 1: Target groups**
 - Unit 1. Ethnic minority groups, including Roma and Sinti communities, and among them, those who migrate
 - Unit 2: Migrants in an 'irregular' situation
 - Unit 3. Refugees and asylum seekers
 - Unit 4. Vulnerable groups.
 - Subunit: Children's health
- **Additional module 2: Specific health concerns**
 - Unit 1. Chronic diseases
 - Unit 2: Communicable diseases
 - Unit 3: Mental health
 - Unit 4: Sexual and reproductive health

Finally, three units of helpful material on teaching methodology were compiled and used in training the trainers (ToT). These units focus on key elements of ToT methodology, adult learning, and assessment of training programmes.

The model training package described above was used to train three selected trainers from each of the six countries participating in the follow-on pilot training. The countries were Denmark, Italy, Poland, Romania, Slovakia, and Spain. The ToT workshop was held 28-30 January 2015 in at the EASP in Granada, Spain.

Following the ToT workshop, the trained trainers planned the piloting in their own countries. They adapted the content and activities of the model training package for a 20 hour face-to-face training that suited their own particular setting. Each pilot country was informed what modules had to be included in all piloted courses. The course planners were free to choose additional content or change the time distribution of units. They were encouraged to use local examples in training exercises, videos, etc., as much as possible. At least 50% of the training sessions had to be in the local language. The focus of the training was on skills development and management of change. Therefore, an experiential and participatory pedagogical approach was to be applied. The proposed distribution between presentations and activities was expected to be 50%/50%.

In addition to advice on the format and content of training, the pilot countries were given guidance on how to contact local authorities and recruit participants to the pilot course. The six country pilots took place between March and May 2015, with a total number of 208 participants (38 in Denmark, 32 in Italy, 29 in Poland, 37 in Romania, 42 in Slovakia and 30 in Spain).

The evaluation of the pilots assessed the training materials, development of the pilot training, opportunities for knowledge transfer, professional profile and training needs of participants, as well as the trainees' satisfaction regarding the perceived quality of the teaching activities. The health professionals participating in the pilots had a double role. First, they assessed the training materials as participants of the piloting process. Second, as trainees, they took part in the evaluation of professional profile, training needs, quality of teaching and satisfaction. The training materials assessment questionnaire was filled by 120 of the 208 participants (12-29 individuals per country). They evaluated the materials' clarity, understanding and legibility; adequacy of length given to the material; their accuracy and credibility, quality of design and adequacy of images, as well as consistency between the training content and activities in relation to the objectives.

The most important findings and lessons learnt from the evaluation are listed below:

- Adapting to local and professional contexts is key to a successful uptake of the training, because health professionals in the EU countries can have very different educational profiles and experiences.
- The heterogeneity of the trainees adds diversity and brings different perspectives into the classroom, but it also makes it more difficult to target training to the needs of the participants.
- Organising the training in three consecutive days poses a problem, preventing some professionals from attending.
- Ensuring that health professionals with little knowledge of or interest in the topic are also trained requires a management decision on the relevant levels of health services.
- Designing two different levels of the training package, one for "ab initio" trainees and another for "more expert trainees," would be useful.
- Time allotted for the training was insufficient given the quality and quantity of content that had to be delivered.

- Managers and decision makers should also be involved in the training, not only the health professionals.
- The pilot was very useful to test the trainees' interests, to provide rich information to them, and to enhance collective work and discussions. The successful involvement of the trainees showed both their interest in the topic and the quality of the training package.
- The multidisciplinary composition of the training teams had a positive effect on the individual trainers and trainees. It opened up views to different perspectives and understandings on health and health care for migrants and ethnic minorities.
- A new module on bringing about organisational change would be relevant, coupled with more hard evidence on patient safety and financial arguments for improving diversity sensitivity and cultural competence at the organisational level.

The evaluation findings resulted in the following summary recommendations:

- Adapt the training content to the local context and specific needs of the health professionals,
- Find a balance regarding the heterogeneity / homogeneity of trainees, according to the country-specific priorities,
- Organise a schedule that fits with the working commitments of the attending professionals, and
- Promote the participation of health professionals with a low level of previous knowledge on or interest in the topic.

A Dissemination Workshop was held in Brussels on 2 October 2015, following the completion of the pilots. It was aimed at sharing information on the MEM-TP project and the training package, and discussing how to make the training package operational across the EU. The participants consisted of an interdisciplinary group, drawn from 25 different European countries, national and international organisations, government agencies, and NGOs. Their main recommendations are shown below.

Recommendations regarding the future enrichment, updating and periodic revisions of the training materials:

- Advocacy elements should be introduced in the training packages to provide tools to health professionals for promoting migrants' rights.
- Tools for health professionals and managers to engage in organisational 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 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.
- 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.

- 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 organisation 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. In enriching the material, there must be a transition from raising awareness, promoting responsibility, and providing knowledge to building up increasing competence.

Recommendation regarding the dissemination, mainstreaming and institutionalisation of the training course and materials:

- Specific campaigns should be organised at national and regional levels to promote the rollout of the training packages.
- Multiple constituencies need to be brought into the picture in an interactive effort. There is a need to segment audiences, target them effectively, and also identify and target sources of resistance.
- More EU collaboration with international and national agencies should be encouraged, and 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 also be consulted.
- 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.
- Educational institutions need to be sensitised and incorporate the content into their programs. 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. 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.

1. Introduction

1.1 Background and context of the contract

The European Commission has long actively supported Member States and other stakeholders in their efforts to tackle health inequalities. Action to address the health of specific groups that could be in a vulnerable situation, such as migrants and ethnic minorities, is at the core of the EU approach to address health inequalities.⁴ The European Commission, as part of the European Agenda on Migration, works with Member States on issues related to regular and irregular migration. The recent large refugee flows have made this an area of increasing concern to policy makers and planners. The second overarching objective of the Second Programme of Community Action in the Field of Health 2008-2013 specifically targets the promotion of health and reduction in health inequalities.

As pointed out in various European Commission documents,^{5,6,7} sustainable health systems that provide high-quality health care can increase societal cohesion and boost economic growth by reducing inequalities and keeping people healthy and active longer. Substantial inequalities remain, however, between and among the Member States in quality of care and access to health services. Migrants and ethnic minorities are among the most vulnerable groups, and often face considerable access barriers to good quality care. The linguistic, cultural and health needs of foreign-born individuals⁸ and ethnic minorities, such as the Roma, are frequently quite different from those of the native population. If the health system does not adequately meet these varied needs, inequalities will increase.

Health professionals, both health managers and health service providers, have an important role in shaping a country's health system and in providing health services. These professionals need appropriate competencies to address the health care needs of migrants and ethnic minorities. Such competencies are also important for the professionals' willingness and ability to support the building of a robust health system in their country. Training in the required competencies is therefore essential, but not commonly available in most Member States. This was recognised by the Council, which in 2010 invited the Member States and the Commission to develop actions to "enhance public health capacities and promote training on the equity in health approach."⁴ Provision for training and capacity building projects for professionals in ethnic and migrant health was made available in the 2013 Work Plan of the EU Health Programme.

⁴ http://ec.europa.eu/health/ph_determinants/socio_economics/documents/com2009_en.pdf

⁵ Commission Communication – Solidarity in Health: Reducing Health Inequalities in the EU, http://ec.europa.eu/health/social-determinants/policy/commission_communication/index_en.htm, (COM 2009 567) and Investing in Health, SWD(2013)43, http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf

⁶ Investing in Health, SWD(2013)43, http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf

⁷ Council conclusions: Equity and Health in All Policies: Solidarity in Health. http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/114994.pdf

⁸ 10,1% of the total population in the 27 countries of the European Union in 2013

The Member States subsequently launched various initiatives focused on improvements in migrant and ethnic minority health, including training initiatives. These vary considerably, and only very few have been evaluated. Analysing the training initiatives and developing and testing appropriate new training packages are actions that were seen to provide added value to the EU. Hence in 2013, the EC published a tender called *Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma*. This service contract (called MEM-TP) was specifically aimed at improving access to and quality of health services for migrants and ethnic minorities. It focused on reviewing, developing, testing and evaluating training in migrant and ethnic minority health for front-line health professionals in primary care settings, as well as the dissemination of these materials.

The contract was awarded in December 2013 to a consortium, consisting of the Andalusian School of Public Health (EASP) as the lead, and the Faculty of Health Sciences at the University of Copenhagen, Academic Medical Centre of the University of Amsterdam, and Azienda Unità Sanitaria Reggio Emilia as members. The International Organisation of Migration (IOM) and the European Public Health Alliance (EPHA) supported the consortium's work as subcontractors. The Institute of Public Health at the Jagiellonian University in Poland, the National Institute of Public Health in Romania, and the Faculty of Health Care and Social Work in Trnava University in Slovakia were other subcontractors with major responsibilities in adapting and pilot-testing the teaching-learning materials. The contract had a budget of €595.528 with activities scheduled over 27 months.

1.2 Objectives of the project

The MEM-TP project had four main objectives:

1. Provide an overview of the issues of relevance to the development of training for health professionals by reviewing the migrant and ethnic minorities' situation in the EU and identifying common challenges and best practices,
2. Select and assess existing good quality training programmes, which address the particular issues related to improving access and quality of health care delivery for migrants and ethnic minorities,
3. Building on previous experience, create a framework, training programme and validated teaching-learning materials for front-line health care providers, aimed at improving the accessibility, quality and appropriateness of care provided to migrants and ethnic minorities in the EU, and
4. Develop and apply a structured process that enables those with primary responsibility for the training and continuing education of health care providers in each country to take ownership of their training programme through active adaptation of the materials to their local situation and needs.

1.3 Project deliverables

The MEM-TP project had ten deliverables; all were completed. The deliverables consisted of the following:

- Deliverable 1 (D1): Migrant and ethnic minorities review report,
- Deliverable 2 (D2): Training review report,
- Deliverable 3 (D3): Training programme for health professionals and health care providers (content and planning),

- Deliverable 4 (D4): Training workshop programme and content,
- Deliverable 5 (D5): Report of the evaluation of the piloting of training programme in 6 Member States,
- Deliverable 6 (D6): Interim Report,
- Deliverable 7 (D7): Dissemination workshop for government experts,
- Deliverable 8 (D8): Report from the dissemination workshop to share the results with national authorities,
- Deliverable 9 (D9): The Final Report, consisting of the final training package, training materials in English and the six other EU languages, training programme evaluation, including an executive summary, Power Point presentation, and
- Deliverable 10 (D10): Final Administrative Report.

All deliverables were posted on the project website (<http://www.MEM-TP.org>), which the EASP hosted during the course of the project. Discussions to explore options for hosting these materials after the project's end were held with DG SANTE and CHAFEA.

2. Structure of the work packages and roles

The MEM-TP project was structured into the following five work packages:

- WP1: Review of the migrant and ethnic minorities' situation in the EU and identifying common challenges and best practices to feed into the training programmes,
- WP2: Training materials development: Review of existing training materials,
- WP3: The content of new training materials, production of the training package,
- WP4: Training of trainers, pilot training programmes and evaluation, and
- WP5: Final versions of the materials, the evaluation report summarising the challenges and opportunities during the pilot trainings, and dissemination of the results.

The four consortium partners and the International Organization for Migration collaborated in the two reviews (WP1 and WP2), and in developing and finalising the training package (WP3 and WP5). The University of Copenhagen took the lead on WP1. Azienda Unità Sanitaria Reggio Emilia and the Academic Medical Centre of the University of Amsterdam were co-leads on WP2. The lead on WP3, WP4, and WP5 was the Andalusian School of Public Health. Summaries of the work packages are provided in the following sections; full content can be found in the annexes to this report.

The consortium partners in Denmark, Italy and Spain arranged the piloting in their own countries in WP4. The Institute of Public Health at the Jagiellonian University, the Romanian National Institute of Public Health, and the Faculty of Health Care and Social Work in Trnava University, respectively, conducted the pilots in Poland, Romania and Slovakia.

The MEM-TP Dissemination Workshop (component of WP5) was organised by the IOM, while the EPHA took main responsibility for drafting the Dissemination Workshop report.

3. Review of migrant and ethnic minorities situation in the EU (Work package 1)

The search that formed the basis of the migrant and ethnic minorities review covered EU projects and project reports, as well as information from national authorities and international organisations in Europe. It also included publications on good practice during the last 10 years with special relevance for training programs in Europe. The Ministry of Health web sites of all European Member States and all relevant EU Agencies and international organisations were examined. EU Member States were contacted through the contact points identified in the technical proposal. The full report can be found in Annex 2 to this report.

The review covers the characteristics of migrants and ethnic minorities in Europe, their state of health and health determinants, relevant legal and policy frameworks, barriers to access, factors undermining the quality of health service delivery, and good practices in addressing such barriers and factors. It concludes by suggesting a European framework for collaboration on migrant and ethnic minority health. The report appendices include detailed statistics on the distribution and demographic characteristics of the European migrant and ethnic minority populations, epidemiological findings on the main diseases and health problems affecting these populations, and relevant information regarding legal and policy frameworks, health service utilisation, access barriers and good practices.

The WP1 report points out that migrants and ethnic minorities represent a wide range of groups. While few generalisations can be made, there is a consensus that these groups in general have a lower economic status and higher risk of many chronic and acute health conditions, when compared with the majority population. Life expectancy of the Roma across Europe, for example, is estimated to be 7-20 years less than that of the non-Roma. Many of these inequalities in health are on the rise, especially in countries where austerity fiscal measures have been implemented in response to the economic crisis. There is a growing consensus that if the inequalities are to be tackled, the increased health risks of these populations have to be identified and the underlying causes investigated. This will require substantial capacity building concerning knowledge and expertise on the challenges posed by increasingly diverse populations and the health problems they face.

The report emphasises that the following factors are important in equipping health professionals to better meet the needs of migrants and ethnic minorities:

1. Socio-economic factors need to be taken into consideration in any interventions to tackle health inequalities.
2. Health professionals need to receive background information for their country on migrants and ethnic minorities, as well as their health needs. This is because the size and composition of migrants in Europe vary from country to country.
3. Services and interventions should be specifically targeted to migrant and ethnic minority populations; otherwise their success may be limited. This is especially the case for very vulnerable groups, such as the Roma.

4. Health professionals at all levels of an organisation should be aware of the barriers that migrants and ethnic minorities face. Individual health workers cannot make improvements in the quality of care without the support of the whole organisation.
5. Training materials should reflect and describe the shift towards 'diversity sensitivity' (an intersectional approach), rather than remain exclusively focused on 'cultural' differences.
6. Health professionals should work in an intersectoral way, wherever possible, in order to tackle health inequalities.
7. Developing a European framework for collaboration on migrant and ethnic minority health could encourage countries to mainstream the adaptation of health systems to the needs of these groups.

4. Review of existing training materials (Work package 2)

The main aim of the training materials' review was to identify, select and assess existing good quality training programmes that address the particular issues related to improving access and quality of health care delivery for migrants and ethnic minorities. The review covered the last 10 years. It comprised of four main stages: (1) a review of published and unpublished literature; (2) a survey addressing national contact persons, and representatives of international organisations and NGOs aimed at identifying and describing existing training programmes; (3) an analysis of information collected; and (4) an assessment of the quality of the training programmes identified. Annex 3 includes the full training materials review report.

The quality assessment was done using criteria that covered the pedagogical approach of the training, educational content, structure of the training, participant characteristics, and evaluation. Good training practices produced in EU Member States were identified as part of the review. The report includes an action guide for the development and delivery of effective training.

The final WP2 report points out that training programmes are characterised by low levels of participant involvement in training development, delivery, and evaluation. The main professional groups addressed are health professionals, but the general tendency is to address training programmes to a multi-professional audience. Cultural competence continues as the broad conceptual approach for training programmes, but alternate approaches such as intersectionality and person-centredness are emergent. Training programmes are not systematically focusing on outcomes in training design, implementation and evaluation. They are also poorly linked to key organisational and policy support mechanisms.

The report's recommendations are presented below according to the four quality dimensions. These are individual development, organisational development, community development and policy development.

INDIVIDUAL DEVELOPMENT:

- Promote the construction of argumentative knowledge and collaborative learning.
- Promote training that addresses a multi-professional and multi-disciplinary audience.

- Develop a clear rationale and a consistent pedagogical approach for the training programme.
- Embed a focus on outcomes in training design, delivery and evaluation methods.

ORGANISATIONAL DEVELOPMENT:

- Develop a diversity responsiveness management framework.
- Develop a diversity responsiveness assessment framework.
- Ensure training is linked to organisational policy and support mechanisms.
- Allocate appropriate resource funding to the training.

COMMUNITY DEVELOPMENT:

- Promote cooperation and integration between health services and relevant stakeholders.
- Involve service users and stakeholders in training planning, development and evaluation.

POLICY DEVELOPMENT:

- Embed training in policy and legislative requirements.
- Promote the implementation of a whole-organisation and health-system approach.
- Promote the engagement of university, government agencies and international organisations.

Finally - while not a topic of the review - the report points out that students in medical and nursing schools should also be trained in diversity responsiveness and that curricula should systematically address these issues.

5. New training package (Work package 3)

5.1 Production of the new training package

The production of the new training package followed the "Training of Trainers" (ToT) methodology, and consisted of the following steps:

1. Setting up an Expert Working Group (EWG) to review WP1 and WP2 reports, define priorities for new contents or content needing revision, and develop the training package.
2. Developing the products listed below in working sessions using the projects' web site (www.mem-tp.org). The sessions were organised by the EWG, and the products finalised in close collaboration with the contracting authority.
 - Draft Outline for the new training package,

- Draft timeline for the pilot training,
- Training package for the ToT workshop. The contents were reviewed by the EWG and the contracting authority via the WP3 web forum, updated, and made available on the web to all ToT participants, and
- Evaluation tool using a survey online platform (“Limesurvey”).
- Training of Trainers Workshop in Granada.
- Revising the training package in English for pilot testing, incorporating contributions of the ToT participants.

Summary of the process:

2014		2015				
November	December	January			February	March
24 th	22-30 th	11 th	23 rd	28-30 th	8 th	2 nd
Outline of contents approved	Upload of the first draft version of the training materials	Deadline for Expert Working Group's review on first draft	Upload of the ToT version of the training materials	ToT	Deadline for ToT participants' review	EC/CHAFEA's contributions

5.2 Content of the new training package

The new training package consists of a curriculum model, training needs assessment tool, guides for trainers and trainees, extensive training materials (e.g. PowerPoint slides, exercises, and additional references), and a training outcome evaluation instrument.

The common core of the training package includes four main modules and two additional ones. Each module is made up of a set of teaching units. The modules, their respective teaching units and key content are outlined below:

MODULE 1: SENSITIVITY AND AWARENESS OF CULTURAL AND OTHER FORMS OF DIVERSITY

Unit 1: Diversity

- a. Cultural and other important types of diversity,
 - Ethnicity, national origin, social class, gender, age, migration history and background, etc.
- b. Intersectionality,
 - Intersection of different factors of discrimination and social inequality
- c. Construction of discrimination and stigma,
- d. Improving the minorities' knowledge about their health rights and fighting discrimination and stigma.

Unit 2: Intercultural competence and diversity sensitivity

- a. Influence of cultural backgrounds on health professionals' and patients' perceptions and behaviours (understanding individual values, beliefs, behaviours and basic assumptions),
- b. Addressing one's own identity and prejudices,
- c. Identifying aspects related to the positive contribution of interculturality and diversity sensitivity,
- d. Developing strategies for health promotion and health education based on cultural diversity and interculturality.

Note: The contents include the following issues mentioned in the technical specifications of the service contract:

- Better understanding of the cultural background of migrants and ethnic minorities relevant to their health (e.g. health literacy, self-perception of health, health seeking behaviour, social exclusion, and access to health promotion and health prevention programmes),
- Gender issues specific to migrant and ethnic minority populations pertinent to their health status,
- Health promotion and prevention services (e.g. screening for cancer, other chronic diseases and infectious diseases).

MODULE 2: KNOWLEDGE ABOUT MIGRANTS, ETHNIC MINORITIES AND THEIR HEALTH

Unit 1: Migrants' and ethnic minorities' health problems, health determinants and use of health care

- a. Social determinants of health relevant for migrants and ethnic minorities,
- b. Social context of migrants and ethnic minorities,
- c. Needs and frequent types of health problems of migrants and ethnic minorities: Acquired, adaptive, genetic, and imported health problems,
- d. Morbidity and mortality patterns,
- e. Patterns of health services usage,
- f. Barriers of access to health care (cultural, legal, linguistic, socio-economic, structural, financial, etc.).

Note: The contents include the following issues mentioned in the technical specifications of the service contract:

- Awareness of health conditions prevalent in migrant or ethnic minority populations (e.g. infectious diseases (HIV/STI, tuberculosis, viral hepatitis, mental health issues, genetic diseases, like sickle-cell trait/thalassaemia in migrants from sub-Saharan Africa and the Mediterranean region) in order to improve the screening, diagnosis and management),
- Gender issues specific to migrant and ethnic minority populations pertinent to their health status,
- Behavioural health and lifestyles [e.g. addiction (tobacco, alcohol and drugs), nutritional disorders and physical activity],
- HIV/AIDS, tuberculosis, viral hepatitis, sexually transmitted infections, vaccine preventable diseases (rubella, hepatitis B),

- Chronic diseases, including cancer, cardiovascular and metabolic diseases (hypertension, stroke, diabetes), mental health,
- Environmental and occupational health (e.g. illness and injury in seasonal migrant populations working in agriculture, such as heat stress or exposure to pesticides, exposure of construction workers to lead or accidents and of vulnerable groups living in poor housing conditions),
- Mental health (e.g. depression, suicide, domestic violence, addiction), and
- Health promotion and prevention services (e.g. screening for cancer, other chronic diseases, including female genital mutilation, and infectious diseases).

MODULE 3: PROFESSIONAL SKILLS

Unit 1: Intrapersonal skill development

- a. Development of skills for attending to cultural and ethnic diversity at one's own workplace, coping with potential stress factors, avoiding discrimination and promoting interculturality,
- b. Techniques for an effective communication (assertiveness, empathy and active listening),
- c. Cultural self-assessment, reflection and deconstruction of stereotypes.

Unit 2: Interpersonal skill development

- a. Key elements in communication,
- b. Barriers and facilitators to communication,
- c. Negotiation / collaboration,
- d. Breaking bad news,
- e. Conflict regulation,
- f. Interaction with communities.

Note: The contents include the following issues mentioned in the technical specifications of the service contract:

- Gender issues specific to migrant and ethnic minority populations pertinent to their health status,
- Better understanding of the practical problems migrants and ethnic minorities face (e.g. language issues, difficulties to understand the health system structure, difficulties to request an appointment on-line, etc.).

MODULE 4: KNOWLEDGE APPLICATION

Unit 1: Strategies and procedures for people-centred health care services oriented to cultural diversity

Unit 2: Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities

Unit 3: Public health, health prevention and promotion programmes from multidisciplinary perspectives

Unit 4: Quality of health care taking diversity into account

Unit 5: Community-based approaches and promotion of the users' and communities' participation and involvement

Unit 6: Intersectoral approach

Note: The contents include the following issues mentioned in the technical specifications of the service contract:

- How to improve health services organisation and management to meet the needs of migrants and ethnic minorities,
- Continuity of care,
- Delivering patient-centred health services by fostering continuity of care, including when the population is mobile,
- Change management,
- Health promotion and prevention services (e.g. screening for cancer, other chronic diseases, including female genital mutilation, and infectious diseases).

ADDITIONAL MODULES

ADDITIONAL MODULE 1. TARGET GROUPS

- a. Ethnic minority groups, including Roma and Sinti communities, among them those who migrate (mobile populations),
- b. Migrants in an irregular situation ("irregular" migrants),
- c. Refugees and asylum seekers,
- d. Vulnerable groups.
 - Subunit on children's health

Note: The contents include the following issues mentioned in the technical specifications of the service contract:

- Children's health (e.g. vaccination, nutrition and physical activity, mental health issues related to bullying, poisoning by lead),
- Gender issues specific to migrant and ethnic minority populations pertinent to their health status (e.g. the issue of barriers for antenatal care, screening during pregnancy, female genital mutilation in immigrants from some African and Asian countries, early age pregnancies and multiple pregnancies in Roma populations, barriers for screening of cervical and breast cancer and family planning),
- Prison health (availability of health services for migrants and ethnic minorities in prison and continuity of care in the community),
- Vulnerable groups, including the elderly, unemployed, trafficked people, unaccompanied minors, and victims of harassment and hate crimes.

ADDITIONAL MODULE 2. SPECIFIC HEALTH CONCERNS:

- a. Chronic diseases
- b. Communicable diseases
- c. Mental health

d. Sexual and reproductive health

Note: These contents include the following issues mentioned in the technical specifications of the service contract:

- HIV/AIDS, tuberculosis, viral hepatitis, sexually transmitted infections, vaccine preventable diseases (rubella, hepatitis B),
- Chronic diseases, including cancer, cardiovascular and metabolic diseases (hypertension, stroke, diabetes), mental health,
- Mental health (e.g. depression, suicide, domestic violence, addiction),
- Sexual and reproductive health (e.g. the issue of barriers for antenatal care, screening during pregnancy, female genital mutilation in immigrants from some African and Asian countries, early age pregnancies and multiple pregnancies in Roma populations, barriers for screening of cervical and breast cancer and family planning).

In addition, three units of helpful material on teaching methodology were compiled and used in training the trainers. They were:

Unit 1: Key elements of training of trainers' methodology,

Unit 2: Teaching and learning methodology for adults (diverse and interactive educational activities),

Unit 3: Assessment of training programmes.

6. Training of trainers and piloting the training package (Work package 4)

6.1 Training of trainers

The training of trainers' workshop was held at the Andalusian School of Public Health in Granada, Spain from 28th to 30th of January of 2015. Annex 11 includes the programme schedule and the content headings. All training materials were prepared in English. The ToT programme and training materials were developed in close collaboration with the contracting agency.

The following aspects were considered in designing the ToT:

- The ToT design was led by professionals and institutions with proven experience,
- Trainees were considered to be trainers and treated as such,
- The teaching materials were specifically designed and tested for use by trainers.

In the ToT, three selected health trainers from each of the six pilot countries were trained in the use of the training package. Each country's trainer team complied with the following criteria:

- Priority given to selecting professionals interested in improving health care directed at migrants and ethnic minorities,
- English language knowledge and skills (in order to be able to interact with other trainers),
- Availability to engage in developing training activities in the country of origin,
- Recognised trajectory in health care / clinical practice,
- Theoretical and conceptual competences: Capacity to understand the contents to be transmitted afterwards to other people,
- Psycho-educational and methodological competences: Capacity to transmit knowledge, availability of different didactic resources and ability to develop strategies or adaptations for differentiated publics,
- Social competences: Capacity to communicate and cooperate with other people in a collaborative way. Skills for group working, team working, negotiation, interpersonal relationship, and leadership,
- Capacity to plan training actions relating them to other actions that take place in the local context,
- Capacity to contribute actively to improve the quality of training,
- Knowledge and skills in using Internet, e-mail and text editors (basic use).

The main learning objectives of the training of trainer's strategy were:

1. Improve knowledge regarding specific issues on migrant and ethnic minority health and intercultural competence, and
2. Develop training skills and techniques.

The methodology used to achieve these objectives involved participative techniques used in adult education (controlled discussion, theoretical presentations, role play, video analysis, etc).

The training was supported by a virtual platform. This platform provided a space for trainers that housed all the necessary tools they needed to provide effective training. These tools included complementary lectures, monitoring exercises, and know-how exchange forums, as well as tools to deliver a training session (teaching guides, audio-visual materials, and PowerPoint presentations).

6.2 Piloting the training package

The EASP team, together with its partners, commenced the planning of the country-level pilot training programme concurrent with planning the ToT workshop. This included designing a brochure on the training content, format for inviting participants, guidelines for recruiting them, and face-to-face training sessions.

Each pilot country was informed what modules had to be included in all piloted courses. At least 50% of the training sessions had to be in the local language. The course planners were free to choose additional content or change the time distribution of units. They were encouraged to use local examples in training exercises, videos, etc., as much as possible. The focus of the training was on skills development and management of change. Therefore, an experiential and participatory pedagogical

approach was to be applied. The proposed distribution between presentations and activities was expected to be 50%/50%.

Every institution was responsible for providing a certificate verifying participation in the piloting, if it was required. The training received accreditation by the Slovak medical chamber and by the Slovak chamber of nurses. Slovak participants received nationwide credits from the accreditation committee within the Continual Medical Education for medical doctors, nurses and public health professionals. In Italy, each participant in the piloting gained 25 continuing education credits (ECM).

The table below shows the progress of piloting, starting Month 1 at the EC approval of the training contents and the Interim Report, which released the necessary funding. The responsible entity is shown in brackets.

MONTH 1 starting with the EC approval of the training contents and Interim Report	MONTH 2	MONTH 3	MONTH 4 and 5
Inclusion of contributions from ToT participants and EC (EASP); Contact with authorities (Piloting countries)	Model training course adapted and translated (Piloting countries)	Adapted training course organised and evaluated (Piloting countries)	Overall evaluation of all pilots and evaluation report (EASP)

6.2.1 Contact with authorities

The pilot countries were given guidance on how to contact their local authorities, and ask them to nominate participants to the pilot training. The following list shows the contacts made by each country.

Denmark:

- All hospitals in the Capital Region and the Region of Zealand
- All municipalities in the Capital region and the Region of Zealand

Slovakia:

- Slovak medical chamber
- Slovak chamber of nurses
- Ministry of health of the Slovak Republic
- Slovak Medical University in Bratislava
- Slovak Public Health Association
- Faculty hospital in Trnava
- Regional hospitals in Piešťany, Skalica, Senica
- Main university hospitals in Bratislava
- Healthy City Trnava office (Committee for health and social issues)
- Public Health Authority of the Slovak Republic
- Regional Public Health Authorities
- GPs working at health centre in Trnava

Italy:

National authorities, such as the Ministry of Health and the National Commission for Medical Training (AGENAS), were not the ideal bodies to contact in Italy, because of the current decentralisation of the health sector. For this reason, the Italian team contacted the health departments of the 21 regions and autonomous provinces of

Italy, as well as the Italian IOM office in Rome. Each regional health department contacted its local health authorities. All regions did not, however, respond. IOM helped in recruiting participants in Sicily.

Poland: Main organisations organising continuing education:

- For organisational support: Medical Centre for Continuing Education
- Chamber of physicians and chamber of nurses and midwives
- For emergency professionals, several professional organisations which do not have the status of “chamber”
- Hospitals
- Ministry of Health, Department of Science and Higher Education.

Romania: The national authorities (Ministry of Health), District Public Health Directorates from six districts of Romania (Botosani, Neamt, Giurgiu, Calarasi, Gorj, Dolj) and community health coordinators from the district level.

Spain: Autonomous Communities (ACs), prioritised based on the size of migration in the region and budget estimate of travel costs, officials of the Regional Ministries of Health.

6.2.2 Piloting timetable

Denmark chose to do the training on three separate dates separated by two weeks, while the other pilots were arranged on three consecutive days. The table below shows the timetable for the pilots.

Denmark:	March 12, March 26 and April 9, 2015
Italy:	April 27 – 29, 2015
Poland:	April 24 – 26, 2015
Romania:	May 25 – 27, 2015
Slovakia:	May 18 – 20, 2015
Spain:	May 7 – 9, 2015

Table 1. Piloting dates

6.2.3 Online Campus

Each pilot country had access to its own online “campus.” The EASP Webmaster managed the trainees’ access to this campus. All training contents were uploaded and as necessary, updated, after they had been adapted and translated. The updated Modules 1-4 and Additional modules 1 and 2 were available in English on the virtual platform of each country.

An example of the Spanish virtual campus is shown below.



Image 1. Virtual campus (Spain)

7. Evaluation of pilot training (Work package 5)

This section provides a summary of the evaluation. See Annex 12 for the complete Evaluation Report.

The piloting teams were provided a set of evaluation tools that had to be applied without modifications in order to guarantee comparability. Final versions of these tools and the trainees' manual were uploaded by 31 March 2015 in order for the teams to translate them to the local language. Translated versions were then sent to EASP, which prepared the online version in the Limesurvey platform, as well as the virtual campus. The Italian team used a specific evaluation questionnaire because it provided continuing education credits.

7.1 Objectives and methodology

The evaluation process had the following objectives:

- Assess the training materials,
- Evaluate the development of the pilot training,
- Evaluate the opportunities for knowledge transference,
- Evaluate the professional profile and training needs of the participants before or after the training, and
- Assess the quality and satisfaction of the trainees regarding the teaching activities.

The assessment methodology included three levels:

- Assessment of the training materials by the participants and coordinators of the pilot trainings, including an evaluation of the training materials, activities, development of the pilot training and opportunities for knowledge transference. This assessment level is specific for the piloting process. The proposals for improvement

were included in the final versions of the training packages (English version and country versions).

- Evaluation of the professional and demographic profiles / training needs by the training participants. This assessment level was implemented with the objective of piloting the assessment tools to be applied in future uses of the training package, as well as to evaluate the appropriateness of the training contents in relation to the profile and knowledge level of the participants.
- Assessment of the quality of teaching and satisfaction by the training participants.

The participants of the pilot trainings had a double role:

1. As participants of the piloting process, with the task of assessing the training materials.
2. As trainees, following the evaluation process of professional profile, training needs, quality of teaching and satisfaction to be applied in future uses of the training packages.

The following assessment tools were used:

- Assessment of training materials
 - Training materials questionnaire (participants)
 - Template for a qualitative evaluation of the pilot training, training materials and transference (trainers)
 - Qualitative feedback in the website forum (participants)
- Evaluation of professional and demographic profile / training needs.
 - Pre-Test: Professional and demographic profile / training needs questionnaire (participants)
 - Post-Test: Training needs questionnaire (participants)
- Assessment of quality of teaching and satisfaction
 - Quality of teaching and satisfaction questionnaire (participants)

The results of the evaluation process include the assessment of the training materials (quantitative and qualitative assessment), the evaluation of the professional profile and training needs, as well as the assessment of the quality of teaching and satisfaction.

7.2 Assessment of training materials

The assessment of the training materials includes the results of the quantitative training materials questionnaire, as well as the results of the qualitative assessment tool.

There were 120 responses to the training materials questionnaire in total. The following table shows the number of responses per country.

Country	Number of participants	Number of responses	% of responses
Denmark	38	17	44,7%
Italy	32	21	65,6%
Poland	29	21	72,4%
Romania	37	20	54,1%
Slovakia	42	12	28,6%
Spain	30	29	96,7%
Total	208	120	57,7%

Table 2. Responses per country

Module 4 (Knowledge application) received the lowest scores in the evaluation of the different aspects, as presented in the following table.

	Module 1	Module 2	Module 3	Module 4	M1	M2	M3	M4
Clarity, understanding and legibility	4,34	4,31	4,31	4,22				
Adequacy of length	4,14	4,12	4,09	4,05				
Accuracy	4,28	4,21	4,27	4,16				
Credibility	4,32	4,30	4,21	4,28				
Consistency between the contents and the objectives	4,22	4,16	4,22	4,21				
Quality of design	4,17	4,19	4,17	4,10				
Adequacy of images	4,25	4,23	4,21	4,16				
Consistency between the activity(ies) and the objectives	4,24	4,16	4,22	4,18				

Table 3. Evaluation of the training modules

The highest valued aspect overall was *Clarity, understanding and legibility*. Module 4 was an exception with *Credibility* valued highest. *Adequacy of the length* was the least valued aspect overall. See Annex 12 for the comparison by country.

7.3 Qualitative assessment of the pilot training, training materials and transference

The results of the qualitative assessment of pilot training, training materials and transference are summarised below. The questions that were asked of the coordinators of the pilot training and the main findings are presented under each subheading.

7.3.1 Adaptation of the model training materials

How did you adapt the training materials? Which contents and/or activities have you added to the core contents? How would you assess the adaptation process? Did you experience any obstacles or difficulties in the process?

- The team of trainers selected by every leader institution adapted and translated the core contents.
- Many contents were reorganised and activities changed to better fit the audience and invite their participation.
- Country-specific contents, statistical data and resources were added, according to the context-specific priorities.

- Contents from Modules 1 and 3 remained mainly unaltered, although activities were adapted to include practical cases in local context.
- Module 2, Additional Module 2 and Module 4 were adapted in most cases to include country-specific data (migrant and ethnic minorities demography, disease patterns, health determinants, access to health services, local programmes and community projects).
- Content from Additional Module 1 was inserted when relevant to the local context.
- The order of the modules was modified in some countries.
- Most of the materials were translated.
- Activities were selected according to the country-specific priorities.

The coordinators pointed out that adaptation was time-consuming, but at the same time highlighted its relevance.

7.3.2 Piloted training materials

How would you assess the training materials in regard to relevance and adequacy of the contents, length, clarity and understanding, consistency with the objectives, and design? Did you experience any obstacles or difficulties? Which aspects would you change?

- Content was found relevant and generated a lot of interesting discussions. However, some parts were not suitable in all national contexts. This depended on the trainees' previous knowledge.
- Many original slides were found to include too much content. It took time to reduce the number and simplify them.
- The orientation of the training contents was considered as being too theoretical. The inclusion of more practical aspects and Good Practices examples was proposed, as well as the limitation of the contents to a selection of relevant topics.
- Training teams had to adapt training materials during piloting to meet the learning needs of the audience, after the trainer had gained a better sense of the overall level of the participants.
- Some contents were oriented to health services management. Participants asked for tools to help them take back to their organisation the knowledge and tools acquired in the training, and to integrate these into the aims/vision and daily practices of the organisation.

7.3.3 Training activities

How would you assess the training activities in regard to appropriateness of the methodologies, length, clarity and understanding, and consistency with the objectives? Did you experience any obstacles or difficulties? Which aspects would you change?

- Depending on the national context, the standardised skills activities did not fit the learning needs of all health professionals, as these differed according to type of role and years of experience.
- The adaptation to the local context was considered relevant.

- The methodology allowed participants to be very active and share perspectives and experiences.
- Activities based on real-life materials (such as participants' narratives about their experiences or discussion of real-life transcribed interactions) made it possible to deal with the full complexity of situations, which the trainees may face.

7.3.4 Evaluation methodology

How would you assess the evaluation methodology? Did you experience any obstacles or difficulties? Which aspects would you change?

- The evaluation plan was considered appropriate, but faced several challenges in execution.
- There were some doubts regarding the focus of the assessment (on the original contents or the adaptation), as well as the function of the pre-test / post-test methodology.
- The assessment tools were not used adequately by all six countries due to different circumstances (online format, lime survey platform, availability of accurate participant data, lack of information to participants, number and length of questionnaires).
- Centralised management of the four online evaluation questionnaires generated additional difficulties due to the use of six languages and the number of participants involved.

7.3.5 Main findings and lessons learnt

Which are the most important findings and lessons learnt from the training?

- Health professionals in the EU countries can have very different educational profiles and experiences. Adapting to local and professional contexts is key to the successful uptake of the training. It may be possible to design a training program with a more flexible approach to encompass the needs of health professionals throughout EU. Such a design should leave room for extensive adaptations in the local training material and set-up of the courses.
- The heterogeneity of the trainees adds diversity and brings different perspectives into the classroom. It also makes it more difficult to target the needs of participants as regards their professional backgrounds.
- Three consecutive days of training poses a problem for the health services involved and prevents some professionals from attending.
- A broader coverage to ensure that health professionals with little knowledge on / interest in the topic are also trained requires a management decision on the relevant levels of health services to facilitate their participation.
- Designing two different levels of the training package would be worthwhile, given the heterogeneity in participants' previous knowledge.
- Training time was insufficient for the quality and quantity of content that had to be delivered. The risk of an information overload can reduce the impact of training. Modules require more time than provided to fully exploit all the training materials and to allow enough time for further explanation and answering the participants'

questions. There should be always enough time for participant discussions and sharing experiences.

- There is a need to involve not only health professionals, but also managers and decision makers.
- The successful involvement of the trainees shows both the trainees' interest in learning and the quality of the training materials, methodology and presentations. The pilot was very useful to test the trainees' interests, to provide rich information for them, and to enhance collective work and discussions.
- The multidisciplinary composition of the training teams had a positive effect on the individual trainers and on the trainees. It opened up views to different perspectives and understandings on health and health care for migrants and ethnic minorities.
- A new module would be relevant on bringing about organisational change, coupled with more hard evidence on patient safety and financial arguments for improving diversity sensitivity and cultural competence at the organisational level.

7.3.6 Recommendations

Which are your recommendations for the review of the training package and future trainings?

- Adapt the training contents to the local context and specific needs of the health professionals.
- Find a balance regarding the heterogeneity / homogeneity of trainees, according to the country-specific priorities.
- Organise a time schedule that fits with the working commitments of the attending professionals.
- Promote the participation of health professionals with a low level of previous knowledge on / interest in the topic.
- Design two different levels of the training package, one for "ab initio" trainees and the other for "more expert trainees".
- Select the contents in order to avoid information overload, and give time for participant discussions and sharing experiences.
- Involve not only health professionals, but also managers and decision makers.
- Build up training teams with multidisciplinary composition.
- Include a new module on organisational change, coupled with evidence on patient safety and financial arguments for improving diversity sensitivity and cultural competence on an organisational level.
- Simplify the evaluation tools, including a qualitative part.

7.4 Evaluation of the professional profile and training needs

The participants from Italy, Poland, Romania, Slovakia and Spain completed the Pre-test professional profile and training needs questionnaire, as well as the Post-test training needs questionnaire.

The evaluations would ideally have been conducted on the same day or shortly after. This could be done only in the last three pilots. Non-respondents were actively encouraged to fill in the questionnaires in order to improve the response rate. A number of participants, however, saw the four evaluation questionnaires as “too much” or “too lengthy.” The use of the electronic platform also proved too complex.

The questionnaires were designed ad-hoc as assessment tools for this training, but the implementation faced several challenges. Some piloting had already started, when the questionnaires were launched. All training settings did not have computers available to fill in the online questionnaires. Four questionnaires proved to be too much and some too lengthy to be filled in in a short period of time. In addition, centralised management of the online platform by the EASP left little room for partners to monitor events themselves.

The Danish pilot was conducted in March, but the online evaluation forms were not available to students until some weeks after the training. Due to time limitations, the Danish and Polish teams focused on the participants filling the training materials questionnaire, because they considered it to be the most relevant for the purposes of the piloting. The Italian team decided to use a specific evaluation questionnaire, because each participant gained continuing education credits. The results of the Italian questionnaire are shown in Annex 13.

7.4.1 Pre-Test: Professional and demographic profile

Professional profiles (basic training and current occupation) of the participants are shown in the following table. Note that the numbers do not match exactly those in section 7.2. This is because filling the training needs questionnaire was not compulsory, and therefore some participants failed to fill it. This is also the reason for missing information on the gender of several participants.

Basic Training	Current Occupation	Denmark	Italy	Poland	Romania	Slovakia	Spain	Subtotal	Total
Dietician	Dietician	1						1	1
Engineer	Analyst				1			1	1
Jurist	Jurist				2			2	2
Medical Assistant	Economist				1			1	14
	Inspector				3			3	
	Medical Practitioner				8			8	
	Medical Assistant				2			2	
Medical Doctor	Dentist			1				1	74
	Emergencies						1	1	
	Epidemiologist				2			2	
	Gynaecology and Obstetrics			5				5	
	Hygiene and Public Health		1					1	
	Infectious diseases		1					1	
	Inspector				1			1	
	Medical Practitioner			2	8	1	11	22	
	Neonatology			1				1	
	Pediatric					1	3	4	
	Psychiatry		1	2			1	4	
	Public Health	1					1	2	
	Surgery			2				2	
	Medical Doctor		11	6	4	1	3	2	
Nursing	Emergencies						1	1	58
	First Aid		2					2	
	Gynaecology and Obstetrics		1	1			2	4	
	Infectious diseases			1				1	
	Midwifery	1		3			2	6	
	Neonatology		1					1	
	Pediatric						1	1	
	Pneumology		1					1	
Nurse	15	7	2		12	5	41		
Physiotherapists	Physiotherapist	8						8	
Psychologist	Psychologist		3		2			5	
Social Work	Psychiatry	1						1	3
	Social worker		1				1	2	
N/A	-					2		2	2
Total		38	25	24	31	20	30		168

Table 4. Professional profiles

An analysis of participants by gender showed 49 women, 22 men and 59 individuals who did not indicate their gender.

7.4.2 Comparative pre-/post-test evaluation

The evaluation of the pre/post-test training needs is summarised in the following table and figure.

		Average POST-Test	Average PRE-Test
MODULE 1	SENSITIVITY AND AWARENESS OF CULTURAL AND OTHER FORMS OF DIVERSITY	4,44	4,11
MODULE 2	KNOWLEDGE ABOUT MIGRANTS, ETHNIC MINORITIES AND THEIR HEALTH	4,34	4,02
MODULE 3	PROFESSIONAL SKILLS	4,39	4,21
MODULE 4	KNOWLEDGE APPLICATION	4,33	4,07
	I understand...	4,34	3,61
	When I work, I'm able:	4,19	3,55

Table 5. Pre/Post-Test questionnaire results

Figure 1 below compares pre-test results in the selected core contents with the post-test ones. See Annex 12 for country-specific results.

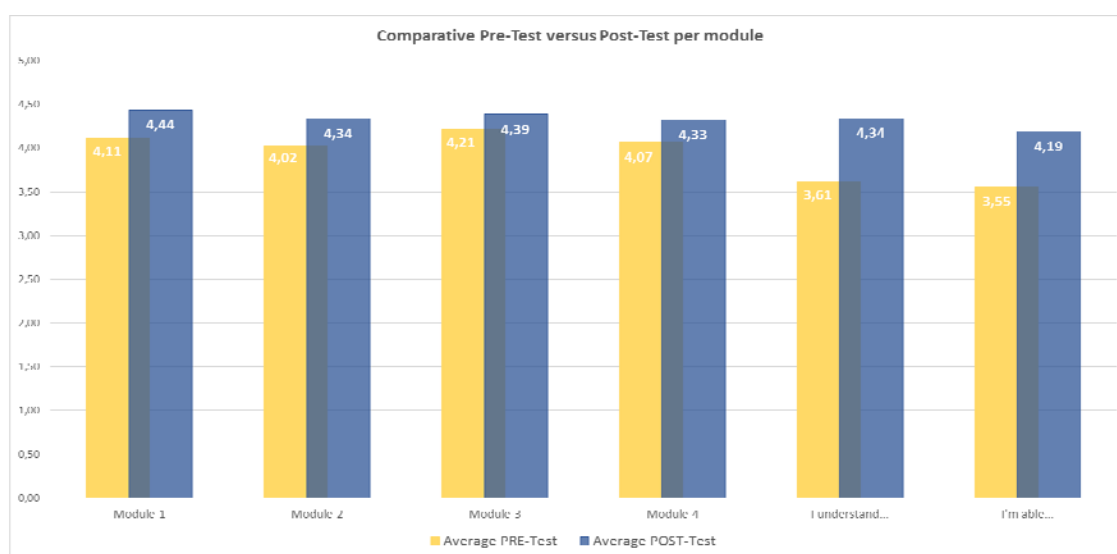


Figure 1: Post-Test questionnaire results

The highest differences is observed in 5.2. (The concept of “intersectionality” and “intersectoral action”), the lowest in 1.8. (“Developing strategies for health promotion and health education based on cultural diversity and interculturality”), 3.2. (Communication and interpersonal skills: Empathy, Active/Reflective listening) and 4.5. (Access to and quality of health care for migrants and ethnic minorities).

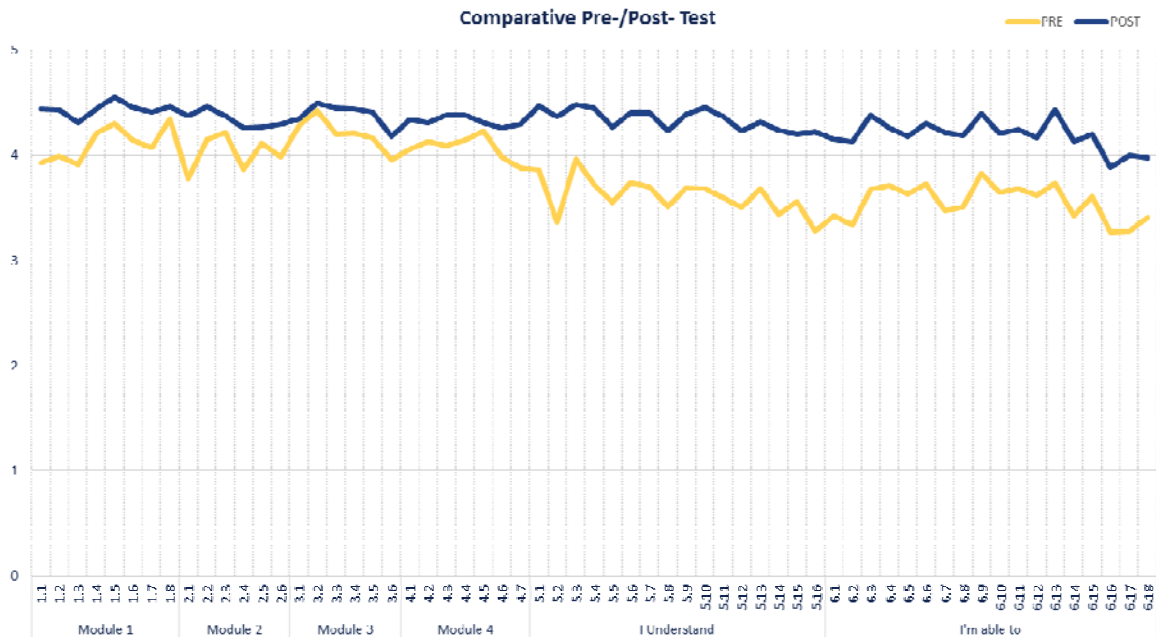


Figure 2: Comparative Pre-/Post-Test Evaluation

7.5 Quality of teaching and satisfaction questionnaire

The participants in Romania, Slovakia and Spain answered the *Quality of teaching and satisfaction questionnaire*. The following chart compares the results in each country. For open-ended answers, see Annex 12.

In general, the participants in Romania gave the highest scores and the participants in Spain the lowest. Exceptions to this finding were P9 (Relevance of the course bibliography), P12 (Level of expertise of the teaching staff in relation to the course content) and P 19 (Quality of the treatment given to students on the part of the teaching staff). The Spanish participants rated these higher than those in Slovakia. The differences in the scoring level may depend on intercultural aspects, rather than differences in the perceived quality of teaching and satisfaction.

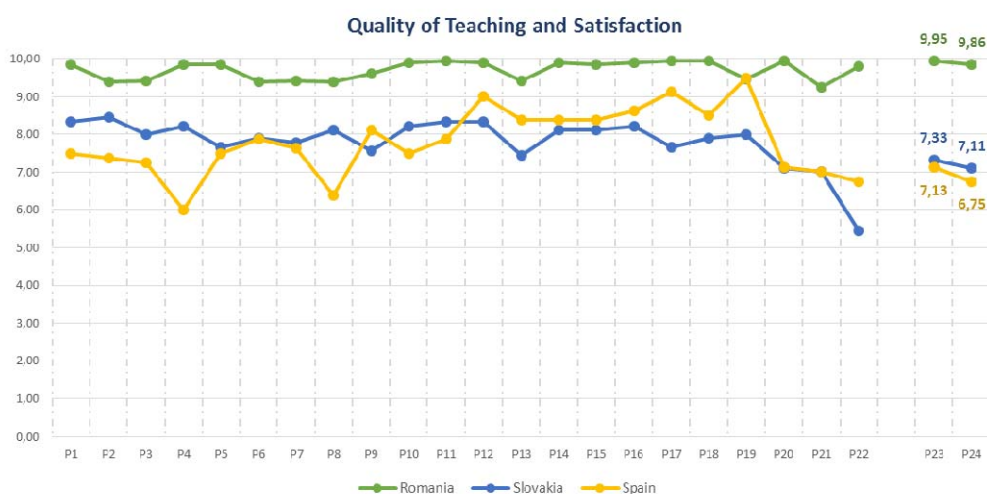


Figure 2: Quality of teaching and satisfaction

		Romania	Slovakia	Spain
OBJECTIVES	P1. Clarity of the objectives outlined in the course schedule	9,86	8,33	7,50
	P2. Level of attainment of the proposed learning objectives	9,38	8,44	7,38
THEMATIC CONTENT	P3. Suitability of the content developed for achieving the course objectives	9,43	8,00	7,25
	P4. Adequacy of the structure and organization of the course content	9,86	8,22	6,00
LEARNING-TEACHING METHODOLOGY	P5. Suitability of the methodology for fulfilling the course objectives	9,86	7,67	7,50
	P6. How useful did you find the practical cases used in the course?	9,38	7,89	7,88
	P7. Quality of the teaching resources used on the course	9,43	7,78	7,63
	P8. Quality of support provided by the EASP Online Platform	9,38	8,11	6,38
BIBLIOGRAPHY	P9. Relevance of the course bibliography	9,62	7,56	8,13
ORGANIZATION OF TEACHING	P10. Quality of the course coordination (Adequacy in terms of program design, organization of the teaching staff, and	9,90	8,22	7,50
COURSE ADMINISTRATION	P11. Efficiency of the course administration (Course logistics, attention given to the participants, etc.)	9,95	8,33	7,88
TEACHING TEAM	P12. Level of expertise of the teaching staff in relation to the course content	9,90	8,33	9,00
	P13. Quality of theoretical presentations given by the teaching staff	9,43	7,44	8,38
	P14. Quality of the methodological skills of the teaching staff	9,90	8,11	8,38
	P15. Adaptability of the teaching staff to the needs of the group	9,86	8,11	8,38
	P16. Suitability of individual guidance given by the teacher	9,90	8,22	8,63
	P17. Encouragement given by the teaching staff in terms of student participation in the teaching activities	9,95	7,67	9,13
	P18. The extent to which the teacher has displayed different points of view with regard to the given topics	9,95	7,89	8,50
	P19. Quality of the treatment given to students on the part of the teaching staff	9,48	8,00	9,50
	P20. Noteworthy aspects of the teaching team: Write: Name of the teacher / outstanding aspects (positive or negativ	9,95	7,11	7,13
	P21. How do you rate the level of learning that you have achieved throughout this course?	9,24	7,00	7,00
LEARNING LEVEL	P21. How do you rate the level of learning that you have achieved throughout this course?	9,24	7,00	7,00
USEFULNESS OF THE COURSE	P22. Usefulness of the course for your professional activities	9,81	5,44	6,75
GENERAL SATISFACTION	P23. In general, how satisfied are you with this course?	9,95	7,33	7,13
	P24. To what extent has this course met your expectations?	9,86	7,11	6,75

Table 6. Quality of teaching and satisfaction

8. Dissemination workshop (Work package 5)

8.1 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 were presented and discussed during the first part of the meeting. Next, the results of pilot testing the materials (WP4) were described and discussed. 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 emerged from the deliberation of the working groups and the final plenary session.

8.2 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 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 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 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.
- 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 organisation 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 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.
- More EU collaboration with international and national agencies should be encouraged to tackle the key challenges in the roll-out, including involving WHO-EURO. 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 also 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.
- Educational institutions need to be sensitised 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.

9. Table and annexes

Table 1: Updated list of submitted deliverables

- Annex 1: Project management
- Annex 2: Migrant and ethnic minorities review report (D1)
- Annex 3: Existing training materials review report (D2)
- Annex 4: Final training package (piloted and adapted D3) in English
- Annex 5: Denmark: Piloted training package
- Annex 6: Italy: Piloted training package
- Annex 7: Poland: Piloted training package
- Annex 8: Romania: Piloted training package
- Annex 9: Slovakia: Piloted training package
- Annex 10: Spain: Piloted training package
- Annex 11: Training of trainer's workshop programme and content (D4)
- Annex 12: Training programme evaluation (D5)
- Annex 13: Training programme evaluation in Italy (D5)
- Annex 14: Interim report (D6)
- Annex 15: Dissemination workshop agenda (D7)
- Annex 16: Dissemination workshop participants
- Annex 17: Dissemination workshop report (D8)

Table 1: Updated list of submitted deliverables

Del. N°	WP N°	Deliverable name	Month of completion	Submission with report	Deliverable uploaded on website?
1	1	Migrant and ethnic minorities review report	January 2015	Yes	Yes
2	2	Training review report	January 2015	Yes	Yes
3	3	Training programme for health professionals and health care providers (content and planning)	January 2015	Yes	Yes
4	4	Training workshop programme and content	January 2015	Yes	Yes
5	4	Report of the evaluation of the piloting of training programme in 6 Member States	December 2015	Yes	Yes
6	4	Interim Report	March 2015	No	Yes
7	5	Dissemination workshop for government experts	October 2015	No	Yes
8	5	Report from the dissemination workshop to share the results with national authorities	December 2015	Yes	Yes
9	5	The Final Report		N/A	N/A
10	5	Final Administrative Report	March 2016	N/A	N/A

Annex 1: Project management

The MEM-TP project was implemented by a four-member consortium. The Andalusian School of Public Health (EASP) was the lead partner, with the University of Copenhagen (Faculty of Health and Medical Sciences) in Denmark, Azienda Unità Sanitaria Locale Reggio Emilia in Italy, and the University of Amsterdam (Academisch Medisch Centrum) in the Netherlands as the members. The International Organization for Migration (IOM), European Public Health Alliance (EPHA), Jagiellonian University in Poland, National Institute of Public Health of Romania, and Trnava University in Slovakia collaborated with the project as subcontractors.

Management structures of the project included the following:

- Organisational Management Committee,
- Advisory Group, and
- Project director, supported by a Technical Secretariat.

A consortium agreement was signed with all consortium members. All subcontractors signed a subcontract with terms of reference. A Manual of Rules and Procedures was developed and distributed to all partners.

The Andalusian School of Public Health designed a project website (<http://www.mem-tp.org>). Its purpose was to disseminate information on the development of the work packages, give updated information to the consortium members and CHAFAEA, and facilitate communication between them. A closed area allowed collaboration between the consortium members. The MEM-TP website contained all relevant project management documents and final deliverables. In addition, a communication plan was prepared to address internal and external communication issues.

The following meetings were held with DG SANTE and CHAFAEA:

- Kick-off meeting, 26 February 2014 in Luxembourg,
- Extraordinary meeting of the Advisory Group and a meeting with Dr. Isabel de la Mata, Principal Advisor for Public Health, EU/SANTE, in conjunction with EUPHA's 5th Conference on Migrant and Ethnic Minority Health, 11 April 2014 in Granada, Spain,
- Interim meeting, 18 June 2015 in Luxembourg,
- Presentation at the meeting of the EU Expert Group on Social Determinants and Health Inequalities, followed by a project meeting with DG SANTE and CHAFAEA, 18 November 2015 in Luxembourg,
- Final project meeting, 25 February 2016 in Brussels.

A peer review of the MEM-TP project was conducted by Dr. Mark Johnson of the De Montfort University in the UK and Dr. Giuseppe Costa of Servizio Epidemiologia of the Piemonte Region in Italy. This review was held on 25 February 2016 in Brussels prior to the final project meeting.

Annex 2: Migrant and ethnic minorities review report (D1)

http://www.mem-tp.org/pluginfile.php/1104/mod_resource/content/3/WP1%20Report.pdf
<http://www.mem-tp.org/mod/folder/view.php?id=439>

Annex 3: Existing training materials review report (D2)

http://www.mem-tp.org/pluginfile.php/873/mod_resource/content/3/WP2%20Report.pdf
<http://www.mem-tp.org/mod/folder/view.php?id=89>

Annex 4: Final training package (piloted and adapted D3) in English

http://www.mem-tp.org/pluginfile.php/1163/mod_resource/content/2/Core%20Contents%20WP3_sept%202015.pdf

Annex 5: Denmark: Piloted training package

<http://www.mem-tp.org/course/view.php?id=35>

Annex 6: Italy: Piloted training package

<http://www.mem-tp.org/course/view.php?id=41>

Annex 7: Poland: Piloted training package

<http://www.mem-tp.org/course/view.php?id=36>

Annex 8: Rumania: Piloted training package

<http://www.mem-tp.org/course/view.php?id=33>

Annex 9: Slovakia: Piloted training package

<http://www.mem-tp.org/course/view.php?id=32>

Annex 10: Spain: Piloted training package

<http://www.mem-tp.org/course/view.php?id=37>

Annex 11: Training of trainer's workshop programme and content (D4)

http://www.mem-tp.org/pluginfile.php/1160/mod_resource/content/1/D4%20Training%20workshop.pdf

Annex 12: Training programme evaluation (D5)

<http://www.mem-tp.org/mod/folder/view.php?id=717>

Annex 13: Training programme evaluation in Italy (D5)

MEM-TP evaluation Italy.pdf

Annex 14: Interim report (D6)

[http://www.mem-](http://www.mem-tp.org/pluginfile.php/1161/mod_resource/content/1/2013%2062%2009_MEM_TP%20Interim%20Report_March_2015.pdf)

[tp.org/pluginfile.php/1161/mod_resource/content/1/2013%2062%2009_MEM_TP%20Interim%20Report_March_2015.pdf](http://www.mem-tp.org/pluginfile.php/1161/mod_resource/content/1/2013%2062%2009_MEM_TP%20Interim%20Report_March_2015.pdf)

Annex 15: Dissemination workshop agenda (D7)

<http://www.mem-tp.org/mod/folder/view.php?id=727>

Annex 16: Dissemination workshop participants

Note: The workshop participants agreed to sharing the following personal data.

NAME	COUNTRY	INSTITUTION
Hans Verrept	Belgium	Head of the Intercultural Mediation and Policy Support Unit Psychosocial care - DG Health Care Federal Service of Health, Food Chain Safety and Environment
Dr Dirk De Groof	Belgium	Service International Relations and Public Health Emergencies, FPS Health, Food Chain Safety and Environment
Isabelle Coene	Belgium	DG Health Care Federal Service of Health, Food Chain Safety and Environment
Gabriela Agatiello	Belgium	Médecins du Monde
Angel Kunchev	Bulgaria	Chief State Health Inspector, Ministry of Health, Sofia, Bulgaria
Michaël Guet	CoE	Head of the I-CARE Unit
Jozo Schmuch	Croatia	International Federation of Medical Students Associations (IFMSA), Director Public Health
Tomislav Benjak	Croatia	Head of the Public Health Service - National Institute of Public Health
Daniela Pěničková	Czech Republic	Prague Charles University
Allan Krasnik	Denmark	University of Copenhagen
Hanne Winther Frederiksen	Denmark	University of Copenhagen
Claire Mock-Muños de Luna	Denmark	University of Copenhagen
Cinthia Menel Lemos	EC	CHAFEA
Isabel De La Mata	EC	DG SANTE
Freja Hagsund	EU	European and regional and local health authorities (EUREGHA)
Pascal Garel	EU	European Hospital and Healthcare Federation
Sarada Das	EU	Standing Committee of European Doctors
Pirkko Saloekkilä	Finland	Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health
Guillaume Bellicchi	France	Permanent representation of France to the European Union
Veta Lazarashvili	Germany/Georgia	Director - International Centre for Study of Migration and Health, Ilia State University
Elli Ioannidis	Greece	National School of Public Health
Apostolos Veizis	Greece	MSF
Annamária Ferenczi	Hungary	Office of the Chief Medical Officer
Andor Csaba	Hungary	Ministry of Human Capacities
Anthony Quilty	Ireland	Health Service Executive
Antonio Chiarenza	Italy	Reggio Emilia Health Department
Aigars Miežitis	Latvia	National Health Service
Yvonne Uwitonze	Luxembourg	Office luxembourgeois de l'accueil et de l'intégration

NAME	COUNTRY	INSTITUTION
Marc Schons	Luxembourg	Direction de la Santé/Division de l'Inspection Sanitaire
Marc Kremer	Luxembourg	Direction de la Santé/Division de l'Inspection Sanitaire
Marika Podda Connor	Malta	MEH, Primary health care
David Ingleby	Netherlands	Utrecht University & University of Amsterdam
Jeanine Suurmond	Netherlands	University of Amsterdam
Maria van den Muijsenbergh	Netherlands	Pharos (Dutch centre of expertise on health disparities)
Sascha Marschang	Organiser	EPHA - Policy Manager for Health Systems
Edoardo de Stefani	Organiser	EPHA
Giulia Vettore	Organiser	EPHA
Marina Rota	Organiser	IOM - Migration Health Officer
Roumyana Petrova Benedict	Organiser	IOM - Senior Regional Migration Health Manager for Europe and Central Asia
Isabelle Beauclercq	Organiser	IOM
Jordi Noguera	Organiser	IOM
Anna Szetela	Poland	Jagiellonian University
Edyta Wcislo	Poland	Polish Board of Medical Rescuers
Eva Falcão	Portugal	General Directorate for Health
Alexandra Cucu	Romania	National Institute of Public Health
Daniela Kállayová	Slovak Republic	Vice Dean for International Affairs - Faculty of Health Care and Social Work, Trnava University
Peter Letanovsky	Slovak Republic	Public Health Department
Tatjana Krajnc-Nikolic	Slovenia	National Institute of Public Health
Nuria Rodríguez Derecho	Spain	Fundación Secretariado Gitano
Riitta-Liisa Kolehmainen-Aitken	Spain	Escuela Andaluza de Salud Pública
Ainhoa Ruiz Azarola	Spain	Escuela Andaluza de Salud Pública
Olga Leralta	Spain	Tecnica de Proyectos - Escuela Andaluza de Salud Pública
Daniel López-Acuña	Spain	External conference speaker
María García Cubillo	Spain	Directora del Plan Integral de Formación del Sistema Sanitario Público de Andalucía.
Karina Godoy	Sweden	The Public Health Agency of Sweden, Vaccine Programs
Anna Stubbendorff	Sweden	Process Developer, region Skåne
Mehrnaz Aram	Sweden	Stockholm County Council - health care of asylum seekers and undocumented migrants in the county
Stephen Flanagan	UK	North East and North Central London Health Protection Team
Eleni Hatzidimitriadou	UK	Canterbury Christ Church University
Karin Rønning	Norway	Department of Infectious Diseases Epidemiology Norwegian Institute of Public Health

Annex 17: Dissemination workshop report (D8)

http://www.mem-tp.org/pluginfile.php/1304/mod_resource/content/1/MEM-TP_D%20DissWorkshopReport_final_161215.pdf