



European  
Commission

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

*Inception Report of EC contract no. 2013 62 09*



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

**EC contract no. 2013 62 09**

## **Introduction**

The MEM-TP project, as its name makes clear, aims to improve access and quality of health services for migrants and ethnic minorities in the European Union. To achieve this aim, the project's five work packages consist of reviewing, developing, testing and evaluating training for health professionals in the area of migrant and ethnic minority health, and of disseminating the project results.

The European Commission awarded the tender for the MEM-TP project to a consortium of institutions in late December 2013. The consortium includes Andalusian School of Public Health (EASP) as the lead partner, and University of Copenhagen (Faculty of Health and Medical Sciences), Azienda Unità Sanitaria Locale Reggio Emilia in Italy and University of Amsterdam (Academisch Medisch Centrum) as consortium members. Implementation planning commenced in January 2014. The kick-off meeting with the EC was held in Luxembourg on 26 February 2014.

## **Implementation planning**

The lead partner, EASP refined the project management structure, which had been proposed in the consortium's response to the project tender. This was done in collaboration with the other consortium members. The refined structure consists of an Operational Management Group (OMG), an Advisory Group (AG), and a project director, supported by a Technical Secretariat. The OMG is made up of named representatives of the four consortium members, and will meet quarterly via teleconference. The first meeting of the OMG took place on 18 February 2014. The AG consists of the four representatives of the consortium members, and the representatives of the five subcontractors. The subcontractors are the International Organization of Migration (IOM), European Public Health Alliance (EPHA), Jagiellonian University in Poland, National Institute of Public Health of Romania, and Trnava University in Slovakia. The AG will meet every six months. The AG held its first meeting via teleconference on 21 February 2014. It will exceptionally meet next in person in Granada, Spain on 9 April 2014, prior to the 5<sup>th</sup> European Conference on Migrant and Ethnic Minority Health.

EASP drafted a consortium agreement, which all consortium members will sign. Subcontracts were drawn up with IOM, EPHA, and the partners in Poland, Rumania and Slovakia. Terms of reference were developed for each consortium member and subcontractor, and a Manual of Rules and Procedures written. All these documents were sent to the consortium members and subcontractors for their comments. The Terms of Reference were slightly modified following the feedback from the kick-off meeting with EC in Luxembourg. EASP expects to have both the consortium agreement and the subcontracts signed shortly.



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### **Luxembourg kick-off meeting**

The kick-off meeting between the EC and the contractor (represented by the lead partner) took place in Luxembourg on 26 February 2014. Annex 1 includes the minutes of the meeting. The following decisions, taken in the meeting, were subsequently incorporated into project planning:

- The contractor will send the drafts of the deliverables for WP1 and WP2 to EC by 15 August 2014. A teleconference to discuss them will be held on 16 September 2014.
- The timeline for WP3 was extended to December 2014, and the following activities adjusted accordingly, because EC considered the timeline proposed by the contractor too short to fully benefit from the results of WP1 and WP2.



- The first criterion of selecting trainees for the pilot training programmes was modified to “professionals in health care.” This is because EC emphasised that these trainees must be regular, front-line health workers.
- EC approved the contractor’s request for a slight modification in the financial proposal. As Annex 2 shows, the modification consists of changes in the number of days allotted to certain work packages without changing the overall budget total. At EC’s request, the contractor subsequently submitted the request in writing to EC.
- An interim meeting will be held between EC and the contractor in early June 2015.



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### **Work plans for WP1 and WP2**

The draft work plans for WP1 and WP2 were revised following the kick-off meeting. The revised work plans are included in Annex 3.

### **Timeline**

As already mentioned, the timeline was modified in light of the feedback received in the kick-off meeting. Annex 4 shows the revised timeline.





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## **Annex 1 Minutes of Luxembourg meeting**

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

**EC contract no. 2013 62 09**

**Minutes of the kick-off meeting  
CHAFEA, Luxembourg, 26.2.2014**



Attending:

Cinthia Menel-Lemos, CHAFEA

Isabel de la Mata, EC/SANCO

Hana Horka, EC/SANCO

Riitta-Liisa Kolehmainen-Aitken, EASP

Maritxu Pando Letona, EASP

1. SANCO message (Isabel de la Mata)



European Council 2010 noted that while health indicators in Europe in general have improved, many inequities remain between and within countries. The MEM-TP project is one of the actions EC is taking to address such inequities. EC wants to get a clearer definition of what is happening at the EU level in relation to training health professionals to address the needs of migrants and ethnic minorities, and to identify good practices, which can be shared between countries.

The MEM-TP project calls for the preparation of quality training materials for training health professionals who work in national health systems. The focus of the project is the *provision of health care* (including promotion and prevention), not the rights of migrants and Roma to such care or advocacy for such rights. Special emphasis must be given to primary health care, emergency care, obstetrics and gynaecology, and paediatrics. The population groups to be covered include both regular and irregular



migrants and the Roma. The Roma consist of nationals of a country, third country nationals, and those moving between countries.

## 2. Tenders and grants

Cinthia Menel-Lemos provided a clarification of the differences between tenders and grants in purpose, procedure, legal outcome, EU financial contribution, ownership and profit. (See Annex 1.)

## 3. Review of the work plan

EC uses the tender mechanism to purchase a defined set of outputs. Therefore, a contractor must follow the tender specifications closely. For example, the training



materials review under WP2 must cover the last 10 years, as stated on page 7 of the tender specifications.

EC expects to be actively engaged in the MEM-TP project. Therefore, it wants to receive draft deliverables of all required tools and reports, comment on them, and participate in meetings to discuss them before they are finalised. EC must have the draft deliverables two weeks prior to any such review meeting, which will be held via teleconference. In view of the proposed project timeline and EC staff availability, EC needs to have the draft deliverables of WP1 and WP2 by August 15, 2014. It was agreed that the teleconference between EC and the consortium partners to discuss them be held on September 16, 2014.



EC requires all work plans to contain the information that is indicated by the headings in the EC work plan template it has made available. EASP informed EC that it had already sent the template to the Consortium members.

EC provided the following clarifications of what it expects from each work package:

- a) WP1 Review of migrant and ethnic minority situation
  - o Work plan must include a search strategy/protocol that defines how the review will be conducted, sources used (e.g. which EU documents, scientific journals, ministry of health web sites, etc.), criteria applied to select information, etc.



- All DGSANCO projects must be included in this review. EC will provide a list of health inequality actions and the contractor is invited to consult the project database at:  
*<http://ec.europa.eu/eahc/projects/database.html>*
- All EU member states must be contacted through the contact points, identified in the technical proposal (EPHA support is essential here),
- EC is especially interested in identifying the countries with good experience ("best practice") in patient centred care. It is also keen to obtain up-to-date information on the particular needs of those countries that are struggling with recent waves of migrants.



- EC expects to receive a directory of publications, which lists the health needs of targeted migrant or ethnic minority groups and topic or topics covered by the content.
- b) WP2 Training materials review
  - Work plan must include a search strategy/protocol that defines how the review will be conducted, sources used, criteria applied to select information, variables used to assess the quality of the training material, etc.
  - All EU member states must be contacted for information through the contact points identified in the technical proposal (EPHA support is essential here),





- EC wants an overview of what good quality material exists in EU countries. While the aim is not to undertake an in-depth analysis of every country, the review must ensure that all good quality material has been identified and considered. This inventory should be carried out in different available languages. This will become a repository of good practices, which can be used as a reference for further reading.
- The review should cover the training materials developed for training health professionals (including health mediators for the Roma or migrants). It should not include material that has been developed specifically for information or education of migrants or ethnic minorities themselves (with the exception of the Roma health mediators), as the focus is on delivery of health care, and not on individual behaviour.



- EC expects to receive a directory of quality training materials, which lists the following information for each component:
  - Topic or topics covered by the content,
  - Targeted migrant or ethnic minority groups,
  - Training resources (tools, websites, etc.) developed,
  - Where the material was used and for which group of health professionals,
  - Whether the material has been evaluated,
  - Language of the material,



- Availability, e.g. on the web,
- Contact person, etc.

c) WP3 Production of training package

- EC considers the proposed timeline for WP3 too short if it is to fully benefit from the results of WP1 and WP2. EC pointed out that work on WP3 can be extended without delaying the overall work, because work for Deliverable 5 (evaluation report) should not require three months and work for Deliverable 6 (interim report) can start before Deliverable 5 is completed. The contractor agreed to revise the timetable by extending WP3 to December 2014 and adjusting the following activities accordingly. The contractor will send the revised timetable to EC.



- EC agrees with the contractor that the training package will consist of a common core with a set of additional modules that focus on issues specific to particular migrant or ethnic minority groups and/or health concerns. EC asked EASP to prepare a draft outline of the training package, identifying the topics that in its expert opinion should be included in the common core and those that should be addressed in additional modules. This first draft should be sent to EC by August 15, 2014 so that it can be discussed in the teleconference on September 16, 2014.

d) WP4 Pilot training programmes



- EC emphasised that the trainees in the ToT workshop, who in turn will be the trainers in the pilot training programmes, must be selected in collaboration with national authorities,
- EC stressed that the object of the national pilots is not to train the participants, but to test the training materials. Therefore, evaluation of the pilot training programmes is very important, and the ToT must include a component on training evaluation methodology.
- The trainees in the pilot training programmes must be regular health professionals, those working on the front line, primary health care, GP clinics, emergency services, paediatricians, gynaecologists, mental health practitioners, etc., and not experts already working on special



services for migrants and ethnic minorities. Therefore, the first criterion in Annex 2 (National Pilot Training Programme) of the Terms of Reference must change to “Professionals with experience in health care.” (It currently states, “Priority will be given to professionals with experience on health care for migrants and ethnic minorities.”)

- EASP informed EC that the Danish consortium member questioned the necessity of translating the training material into Danish, because reportedly health workers in Denmark are trained in English. The contractor agreed to clarify with the member, whether it indeed, feels that translation to Danish is unnecessary. EC, for its part, stated that the contract includes translation into six languages, not five. It



therefore raised the possibility of selecting an additional language for translation if Danish is excluded.

- EC indicated that it wants to attend some of the training events, and the contractor agreed to inform EC of the training schedule.

#### 4. Preparatory work undertaken thus far

The contractor informed EC about the meeting of the Management Group (OMG) on February 18, 2014, and the meeting of the Steering Committee (SC) on February 21, 2014. In order to better clarify management roles and reduce the number of required meetings, the SC decided to change its name to Advisory Group (AG) and to have the



functions revised accordingly. The AG will meet every six months, with the first meeting to take place on April 9, 2014 in Granada.

#### 5. Administrative and legal issues

- a) The contractor informed EC regarding the consortium agreement to be signed by all consortium members, and the service contracts to be signed by all subcontractors,
- b) The contractor proposed changing the number of days allotted to certain work packages without changing the budget total. EC accepted the change verbally, and asked the contractor to inform them in writing,
- c) Payment will follow the criteria stated in Article I.4 of the Service Contract,





- d) Changes between budget lines within a single work package (as defined in the Financial Offer) are allowed,
- e) EASP as the lead partner must have an invoice from each partner for the services provided,
- f) The four consortium members have to keep all original financial documents related to the project for five years, as stated in Article II.18.2 of the General Conditions for Service Contracts,
- g) The subcontractors will present invoices to EASP, but are not required by EC to keep receipts justifying expenses.
- h) Trnava University had asked whether the beneficiary organisation could be changed from the university itself to an associated NGO in order to facilitate



administrative procedures. EC stated that changing the consortium partners is not allowed, but that the consortium partners are allowed to subcontract work if national laws and the statutes governing the consortium partner allow this. EC stressed, however, that in such a case, the consortium partner itself (in this case, Trnava University) would remain legally responsible for any work undertaken and the institution that would sign and forward the corresponding invoices to the EASP.

- i) It was decided that the interim meeting between EC and the contractor should be planned for early June 2015.

## 6. Other business



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- a) Meeting in Granada at noon on April 9, 2014: Isabel de la Mata arrives in Granada too late to attend the meeting, but would like to meet the consortium partners, if possible. It was agreed to go ahead with the April 9 meeting as planned, but to have EASP check whether the partners could make themselves available during one of the free slots in her calendar.



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## Annex 2 Modification of financial proposal



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**EAHC/2013/Health/03**

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

**MEM – TP**



## **Annex 3 Work plans for Work Package 1 and Work Package 2**

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

***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***

### **Workplan**

*Main time frame:*



1. March – 15. May 2014: Collection of information from a series of sources (documents, publications, web pages, informers representing European (international) projects, EU agencies and international organizations as well as relevant ministries in countries with many national Roma populations).
16. May – 15. July: Review and analyses of collected information and initiating the writing of the report.
16. July – 15. August: Completing a preliminary draft of the report and distributing the draft for comments.
1. – 30. September: Revising and finalizing the report.

*Distribution of tasks among partners:*

1. WP1 leadership and coordination: *University of Copenhagen (UCop)*



2. Collecting information and review of European projects: *UCop (with D. Ingleby) and Amsterdam MC*
3. Collecting information and review of information about EU Agencies: *UCop*
4. Collecting information and review of information about relevant international organizations and about national initiatives related to Roma populations: *IOM*
5. Desk review of legislation and national standards regarding rights of migrants to health and health care: *UCop (with D. Ingleby)*
6. Collection of existing evidence on migrants and ethnic minorities – socio-demographic data, health service activity and selected health statistics: *UCop and Amsterdam MC*





7. Collection of latest evidence from international publications on best practices on improving access and quality of health services for migrants and ethnic minorities, including the Roma: *AUSL RE and Amsterdam MC*
8. Assessing and analyzing the information and drafting the report: *UCop (with D. Ingleby)*
9. Commenting on the draft report: *All partners*
10. Finalizing the draft report: *UCop*

#### *Search strategies*

The time frame for the review does not allow any systematic review of international scientific literature, but will mainly include EU projects and project reports, information from international agencies in Europe and from national authorities and a wider search



for publications on good practice during the last 10 years with special relevance for training programs in Europe using selected MESH words in Pubmed (such as migration, minority, ethnicity, Roma – combined with health and health care). The search strategy will focus on being sensitive so that important information will not be missed and specific to ensure efficiency.

The review of European projects will include all projects listed in Annex A of the Tender specifications including the EU Leonardo Da Vinci programme, and all relevant EU Framework Programmes for Research. Special attention will be given to comprehensive, large projects/programs like: COST-HOME – “Health and Social Care for Migrants and Ethnic Minorities in Europe”, and COST-ADAPT – “Adapting European health systems to diversity”.



The search will also review all European member states Ministry of Health web sites, all relevant EU Agencies that address the needs of migrants and ethnic minorities including:

- European Union Agency for Fundamental Rights
- European Centre for Disease Prevention and Control
- European Monitoring Centre for Drugs and Drug addiction
- Directorate General for Employment, Social Affairs & Inclusion
- and International organizations active on migrant and ethnic minority health such as:
  - IOM, International Organization for Migration
  - Doctors of the World,
  - WHO Europe



The review will include all DG SANCO projects identified on the area of health inequality actions provided by EC.

Identified contact points from the technical proposal will be used to contact EU member states.

Information on national initiatives with a special focus on Roma will be collected through contacts to Ministries of Health, Ministries of Labour and Social Integration as well as national Roma focal points in the countries with large national Roma populations.

The review will have a specific focus on identifying the countries with good experience ("best practice") in patient centred care focusing on migrants. Priority will also be given to up-date information on the particular needs of countries like Spain, Italy,



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Greece in Southern Europe and Sweden in Northern Europe that are dealing with a recent increase in numbers of migrants.

Allan Krasnik  
Copenhagen, March 11, 2014



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**WP2: Training materials development: review of existing training materials**

**Work plan**

*Main time frame:*

1. March – 31. March 2014: Development of a search strategy/protocol defining how the review will be conducted.
1. April – 31. May: Review of published and grey literature on analysis of training programmes for health professionals in EU (including ROMA and intercultural mediators) in EU, covering the last 10 years.
1. April – 31. May: Collection of information on existing training programmes for health professionals (including ROMA and intercultural mediators) in EU, covering the last 10 years.



1. May – 15. July: Review and analyses of collected information from literature review, international organisations and Member States.
16. July – 15. August: Completing a preliminary draft of the report containing data analysis and an inventory of good practices.
1. September – 30. September: Revising and finalizing the report (16 Sept: Teleconference EC and consortium partners)

*Distribution of tasks among partners:*

1. WP2 leadership and coordination: *AUSL of Reggio Emilia and AMC, Amsterdam*
2. Development of a search strategy/protocol to identify relevant training materials of last 10 years: *AUSL of Reggio Emilia and AMC, Amsterdam*



3. Literature review of existing (analyses of) training programmes of last 10 years, including peer-reviewed publications and grey literature: *AMC, Amsterdam*
4. Review of projects/initiatives aimed at improving health providers' competence through training interventions developed by international organizations (WHO, IOM, EC,...): *AMC, Amsterdam, UCop (?)*
5. Contacting all EU member states for information through national focal persons, using HPH, COST-ADAPT, TF MFH networks, as well as using the support of EPHA: *AUSL of Reggio Emilia and AMC, Amsterdam*
6. Collecting information on training programmes developed in EU member states. Data sample will include training programmes developed at national and





- European level by different type of providers (Health care organisations, Governmental agencies, Universities and NGOs). *AUSL of Reggio Emilia, IOM*
7. Adoption of a model for assessing the quality of the collected training materials: criteria will include: pedagogical approach of the training, education content, structure of the training, participant characteristics, and evaluation: *AUSL of Reggio Emilia, AMC, Amsterdam; UCop.*
  8. Review of the training programmes collected and identification of all good practices produced in EU member states. *AUSL of Reggio Emilia and AMC, Amsterdam*
  9. Assessing and analyzing the information and drafting the report: *AMC, Amsterdam and AUSL of Reggio Emilia*
  10. Commenting on the draft report: *All partners*



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*11. Finalizing the review report: AUSL of Reggio Emilia and AMC, Amsterdam*

*Search strategy*

*The search strategy/protocol will contain:*

Background, objectives, search methods and tools (see point 3-6), sources of information, selection criteria, criteria for assessing quality of training programmes (see point 7).

*Selection criteria will include:*



- Trainings are aimed at qualified health professionals and not at patients (with the exception of the Roma health mediators),
- Trainings that are developed and implemented by health services/organisations; Governmental agencies; Universities; and NGOs.
- Trainings that are developed at national and European level
- Trainings aimed at health care providers working in the settings of primary health care, emergency care, obstetrics and gynaecology, and pediatrics have preference



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*Review of the training programmes*

The review will include a directory of quality training material, listing the following information for each component:

- Topic or topics covered by content
- Targeted migrant or ethnic minority groups
- Training resources (tools, websites etc) developed
- Where the material was used and for which group of health professionals
- Whether the material has been evaluated



- 
- Language of the material
  - Availability, e.g. on the web
  - Contact person etc

Antonio Chiarenza, Lidia Horvat and Jeanine Suurmond  
March 07, 2014



### Annex 4 Timeline

MEM - TP	YEAR 2014												YEAR 2015												YEAR 2016			
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	
<b>WP 0</b> <b>Coordination and management</b>																												
<b>Deliverable 0 (D0)</b> - Inception Report (Issues related to the start of the work, including the implementation phase planning) after the kick-off meeting.																												
<b>WP 1 Review of the M&amp;E minorities' situation in the EU and identifying common challenges and best practices to feed into the training programmes</b>																												
<b>Deliverable 1 (D1)</b> – Migrant and ethnic minorities review report, including, a framework for European collaboration on migrant and ethnic minorities' health																												
<b>WP2 Training materials development: review of existing training materials</b>																												
<b>Deliverable 2 (D2)</b> - Training review report																												
<b>WP3 The content of new training materials, production of the training package</b>																												
<b>Deliverable (D3)</b> - Training programme for health professionals and health care providers to improve access and quality of healthcare services will include the training programme content and planning.																												



	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	
<b>WP4 Training of trainers, pilot training programmes and evaluation. Selection of trainers and trainees</b>																												
Training of trainers workshop													To	T														
<b>Deliverable (D4)</b> - Training workshop programme and content																												
<b>Deliverable (D5)</b> – Report of the evaluation of the piloting of training programme in 6 States																												
<b>Deliverable (D6)</b> – Interim Report																			FR									
<b>WP 5 Final versions of the materials, the evaluation report summarising the challenges and opportunities during the pilot trainings, and dissemination of the results</b>																												
<b>Deliverable 7 (D7)</b> – Dissemination workshop for government experts																												
<b>Deliverable 8 (D8)</b> – Report from the dissemination workshop to share the results with national authorities.																												
<b>Deliverable 9 (D9)</b> - The Final Report should include the final training package, training materials in English & the 6 other EU languages, training programme evaluation, including an executive summary, Power Point presentation																												
<b>Deliverable 10 (D10)</b> – Final Administrative Report shortly describing financial and administrative matters relating to the contract implementation																												











<b>EASP</b>		<b>ToT.</b> Training of trainers Workshops <b>FR:</b> Final Report <b>DR:</b> Draft Report
<b>All countries</b>		
<b>DK</b>		
<b>IT AND NL</b>		
<b>OIM</b>		