



EUROPEAN
SCIENTIFIC NETWORK
ON HEALTH,
MIGRANTS AND POVERTY



NIHMP

*National Institute for Health, Migrants and Poverty
Via di San Gallicano, 25/a - 00153 Rome*

**REPORT OF THE EUROPEAN CONFERENCE ON
“EUROPEAN SCIENTIFIC AND TECHNICAL
NETWORK ON HEALTH, MIGRANTION AND
PEOPLE IN POVERTY” (*)**

Rome, 23 December 2008

(*) The present Report highlights the main conclusions and recommendation adopted by the European Conference organized in Rome (Italy), from 24 to 26 November 2008, by the Italian National Institute for Health, Migrants and Poverty (NIHMP), in collaboration with the European Commission - D.G. SANCO and the Italian Ministry of Labour, Health and Social Policies with the participation, in addition to invited experts, of the representatives from 20 E.U. Member States and 6 International and European Organizations.

TABLE OF CONTENTS

1. SUMMARY

2. FOREWARD

3. SCOPE, PURPOSE AND FUNCTIONS OF THE NETWORK

4. MAIN PRIORITY PROJECT AREAS OF THE NETWORK

6. ARCHITECTURE OF THE NETWORK

7. DATABASE ACCESS

8. THE WAY FORWARD

1. SUMMARY

From 24 to 26 November 2008, the representatives designated by the Competent National Authorities for Migrants and People in Poverty from 20 E.U. Member States (Annex 1) and by 6 International and European Organizations (Annex 2) met, together with invited experts (Annex 3), at the seat of the Italian Institute for Health, Migrants and Poverty (NIHMP), Rome (Italy) in a Conference organized to discuss usefulness, feasibility and optimal options to establish in the E.U. a Scientific and Technical Network to minimize the effects of poverty and other determinants on health and integration of migrants and other people.

The debate during the Conference highlighted the many important factors and topics underlying migration, health and poverty, considered both individually and in the light of their complex interactions. A general consensus emerged during the Conference on the usefulness and importance of the establishment, as soon as possible, of an ***“European Scientific and Technical Network on Health, Migration and People in Poverty”***, a highly innovative tool to promote, through a close interaction and collaboration of all the EU Member States, among themselves and with International and European Organizations, a series of projects aiming at supporting decision-makers, health/social professionals and other interested Parties in achieving their tasks to improve health and social integration of the socially-excluded migrants, Roma, the homeless and other very poor and highly-disadvantaged population groups.

The main and essential tasks of the above-mentioned Network were identified as follows:

- Creating a platform for sharing of the evidence base for addressing the health of the above-mentioned population groups, consisting of: (i) an annual Conference for bringing together Member State representatives, other networks and academic consortia, and civil society to share evidence on specific issues and review research tools and policy instruments and best practices; (ii) a Newsletter that serves as a platform for connecting all networks working on migrant health issues; and (iii) a Web site for health professionals’ queries on different aspects of the evidence base.
- Developing frameworks for a variety of tools and modules for training health and social sector professionals on addressing the health of migrants and other population groups and providing guidance on how these could be adapted to the different country contexts. These could be produced through inter-country collaboration and then be made available online, and support could be offered by an expert team to help countries adapt them to local contexts.
- Identifying main knowledge gaps and priority research programmes and promoting scientific and technical knowledge by sharing information, data, experiences and documents through an *ad hoc* repository.

Six different project areas have been extensively discussed as priority issues of the ***“European Scientific and Technical Network on Health, Migration and People in***

Poverty”, each one by an *ad hoc* Working Group convened during the Conference. The outcomes of the six Working Groups, which have been very successful in providing ideas and proposals, are summarized in the Annexes from 4 to 9.

The Network, providing a common working IT environment to all participants, should be based on standard Internet connections, with dedicated mailboxes in all partner institutions in the EU, through which information, data and documents will be acquired and shared. The system should allow seamless visualization and insertion of information, data and documents. To participate in the Network, the only hardware needed is an internet connected computer, whereas the central server of the Network should be established only in the Institution operating as overall coordinator of the Network.

The Network should consist of separate IT environments (segments), each one being specifically devoted to one of the themes listed above. Responsibilities for coordinating each Network segment and developing related work packages should be attributed by one or more interested Institutions in different Member States, whereas contributions to each Network segment should be as large as possible by all interested organizations.

To this end, “**European thematic coordination structures**” should be established for each segment of the Network, consisting of a group of qualified professionals with the following tasks: (i) identification of data and information providers in collaboration with National Coordinators (see below); (ii) direct provision of data and information of their competence ; and (iii) check that only relevant data from qualified sources are inserted and edited in conformity with the agreed format(s) and procedure(s). Moreover, “**National Coordinators**” should be established in all the Member States participating in the Network to facilitate the identification and involvement of relevant partners in the Network (e.g. Public Institutes, Universities and other stakeholders). Another important management tool could be the establishment of a “**Management board**” of the Network, consisting of: (i) National Coordinators for all EU Member States; (ii) representative participating International and European Organizations; and (iii) representatives of other participating stakeholders.

While the financial resources to build up the hardware of the IT Network are estimated to be of a modest entity, more expensive are likely to be the human resources necessary to carry out the different activities foreseen. Moreover, there will be a need for additional financial resources for meetings, travels and other expenditures as necessary for the different project undertaken by the Network. A joint contribution of interested Institutions in Member States and of European Institutions could be the most practical approach to implement such an initiative.

2. FOREWARD

From the 24th to the 26th of November 2008, the Representatives from 20 European Member States (see Annex 1), a number of European and International Organizations (see Annex 2) and invited experts met in Rome to discuss the feasibility and potential support of establishing a Scientific Network in Europe aimed at addressing Health, Migration and Poverty. This report provides a summary of the aspirations of the participants to make a fundamental difference to the lives of the most disadvantaged people, particularly linked to migrant communities, within their own countries and across Europe.

Historically many Member States have had communities made up of people from different ethnic and sub-national backgrounds, and many of these communities have been in the country for several generations. In this report we use a variety of terms to describe our main target populations, Migrants; Roma, Ethnic Minorities; people in poverty. In each of our countries we will recognise some of these terms and at the same time may use different terminology to describe the people we work with. We would ask you when you read this report to understand that we aim to include the people within your country and across Europe who most need our support and assistance as a result of migration and those members of our communities who experience the hardships of poverty. Discrimination does not respect borders, either geographical or cultural, migrant people will come from a wide range of backgrounds including those with high levels of educational qualifications and yet they may all experience discrimination leading to poor health and social outcomes.

The effects of poverty are a serious global issue, the seriousness of which is reflected in the report of the WHO Global Commission on the Social Determinants of Health published in August 2008. There are compelling global humanitarian reasons for addressing these issues as well as country self interest and this network can contribute to these efforts.

*The debate during this meeting highlighted the sensitivities which attach themselves to the topics of migration, health and poverty. Each one can be viewed separately and yet we know there can be linkages between them. This was reflected in the discussions on the title for the network and a 'working' title was agreed which was: **“European Scientific and Technical Network on Health, Migration and People in Poverty”**.*

This is a large and complex area and the report shows the initial stages of a long term plan to establish a Scientific and Technical Network. We are at the beginning of our journey, sections B-G of the report indicate the first steps on our journey and over the first year we will refine a work programme and plan small but significant programmes of work with realistic outcomes.

It would be an impossible task to address all the issues identified in this report at one time and we will not attempt to do this but with your support we will over the coming years be able to consider an active and vibrant programme which will, we believe, make a significant difference to the lives of many people in our communities.

Aldo Morrone
Director General NIHMP

3. SCOPE, PURPOSE AND FUNCTIONS OF THE NETWORK

There was a general consensus in the Conference on the usefulness and innovative value associated with the establishment of a scientific and technical network to promote and sustain a close interaction and collaboration of all the EU Member States, among themselves and with International and European Organizations, aiming at supporting decision-makers, health/social professionals and other interested Parties in achieving their tasks to improve health and social integration of the socially-excluded migrants, Roma, the homeless and other very poor and highly disadvantaged population groups.

The main tasks of the Network, emerged through the work carried out during the Conference, are as follows:

- Creating a platform for sharing of the evidence base for addressing the health of the above-mentioned population groups. This platform would consist of:
 - (i) Annual conference for bringing together Member State representatives, other networks and academic consortia, and civil society to share evidence on specific issues (e.g. in 2009-training of health professionals in migrant health) and review research tools and policy instruments and best practices;
 - (ii) Newsletter that serves as a platform for connecting all networks working on migrant health issues, where each can submit activity updates and products on a bimonthly basis and this can be disseminated in each country by the National Coordinator (see below);
 - (iii) Web site for health professionals' queries on different aspects of the evidence base; in addition to providing direct replies, the site could link to the work of all of the networks working on this issue and queries could be transferred to them as appropriate.
- Developing frameworks for tools and modules for training health and social sector professionals on addressing the health of migrants and other population groups and providing guidance on how these could be adapted to the different country contexts. These could be produced through inter-country collaboration and then be made available online, and support could be offered by an expert team to help countries adapt them to local contexts. Modules could address issues including:
 - (i) tools for engaging other sectors for action on migrant health (HIA, equity impact assessments, intersectoral planning exercises);
 - (ii) ensuring that diagnostic and treatment protocols account for cultural, including schools and undergraduate education, considerations and adverse community and living conditions, as well as burden of disease that may be more frequent in migrants' countries of origin.

- Identifying main knowledge gaps and priority research programmes and promoting scientific and technical knowledge by sharing information, data, experiences and documents through an *ad hoc* repository.

Main activities of such a Network should be further refined through a consensus priority setting approach, when available resources will be known.

Possible means for stabilizing the Network should be also considered throughout the experimental phase. Particular attention should be paid to avoiding any overlaps with already existing European projects and networks.

In view of the specific scientific and technical nature of the proposed Network and of the need to build up on existing experiences, it would be important to establish close links of the proposed Network with existing sector-based European Networks and projects, concerning the above-mentioned population groups, to make possible optimal exploitation of their results and ensure continuity in time of their efforts.

As clearly indicated by the above-mentioned activities, there are several main functions for the European Scientific and Technical Network on Health, Migrants and Poverty. They are as follows:

- Providing a common working IT environment in which to carry out the different activities and projects that will be included in the consensus work plans to be developed.
- Hosting a data base developed by integrating selected technical and scientific information and data sources on migration, poverty and health to make relevant information elements readily available to all EU Member States through an easily accessible comprehensive repository. The nature of data and documents relevant for each theme, as highlighted by the above-mentioned working groups, should be identified by consensus and harmonized format(s) and be agreed upon for data insertion/editing and retrieval.
- Being a tool to convey questions/queries relative to specific subjects and to receive answers.
- Publishing on the Network a periodic newsletter to keep all interested people easily updated in relation to recent developments.
- Providing a platform for training.
- Organizing Working Groups, Conferences and other communication events and tools.

4. MAIN PRIORITY PROJECT AREAS OF THE NETWORK

The following broad themes have been considered as priority project areas of the Network by the Conference:

- **Theme n.1** - Sharing best practices in all policies to promote health and integration of migrants and socio-economically disadvantaged population groups in different Member States;
- **Theme n.2** - Developing a data base on specialised structures competent in different countries for providing health care and information to migrants and socio-economically disadvantaged population groups and assessing the presence of such groups in Europe and their characteristics and health status;
- **Theme n.3** - Improving diagnostic and treatment protocols for specific diseases of migrants and socio-economically disadvantaged population groups;
- **Theme n.4** - Developing tools and modules for (distance) training of different categories of professionals charged with care of migrants and socio-economically disadvantaged population groups;
- **Theme n.5** - Mapping and widely diffusing of all EU Public Health Programmes, WHO initiatives, National and main local projects in the field of Migration and Health as well as in the field of socio-economically disadvantaged population groups and establishing a common data base of the “communication and information” materials concerning migrants and socio-economically disadvantaged population groups in different Member States;
- **Theme n.6** - Validating research tools advocacy and empowerment instruments.

The six above listed themes have been discussed each one by an *ad hoc* Working Group convened during the Conference. The Working Groups have been very successful providing many ideas and proposals. The outcomes of the Working Groups are summarized in Annexes from 4 to 9.

5. ARCHITECTURE OF THE NETWORK

The Network could be based on standard Internet connections, with dedicated mailboxes in all partner institutions in the EU, through which information, data and documents will be acquired and shared. The system should allow seamless visualization and insertion of information, data and documents. To participate in the Network, the only hardware needed is an internet-connected computer, whereas the central server of the Network will have to be established only in the Institution operating as overall coordinator of the Network.

The Network could consist of separate IT environments (segments), each one being specifically devoted to one of the themes listed above. Responsibilities for coordinating each Network segment and developing related work packages should be taken, on a voluntary basis, by one or more interested institutions in Member States, whereas contributions to each Network segment should be as large as possible by all interested organizations.

Therefore, for each main group of activities described in previous section C, there should be one or more specific institution(s) responsible for coordinating the relevant activities for that segment, including:

- (i) the identification of data and information providers in collaboration with National Coordinators (see below);
- (ii) the direct provision of data and information of their competence ;
- (iii) the check that only relevant data from qualified sources are inserted and edited in conformity with the agreed format(s) and procedure(s); and
- (iv) in particular, when new data and documents are inserted in the Network database, a signal would be activated. In case the new data and documents proposed for insertion are not deemed by the coordinator to be appropriate for the Network, they should be sent back to the sender, suggesting, where possible, the necessary modifications.

To this end, “**European thematic coordination structures**” should be established for each segment of the Network, consisting of a group of professionals with needed skills.

“**National Coordinators**” should be established for three years in all the Member States participating in the Network to facilitate the identification and involvement of relevant partners in the Network (e.g. Public Institutes, Universities and other stakeholders). Where possible, establishing a national database of institutes working on health, migration and poverty issues, in each country would be highly desirable.

Another important management tool could be the establishment of a “**Management board**” of the Network, consisting of: (i) National Coordinators for all EU Member States; (ii) representative participating International and European Organizations; and (iii) representatives of other participating stakeholders.

Training modalities for all those participating in the management of the Network will have to be agreed upon as necessary to ensure skill of users to register, connect, insert and edit data, news and documents.

6. DATABASE ACCESS

The Network should allow an easy access for inserting and updating data, news and documents or simply to retrieve data and information under the supervision of the competent European thematic coordination structures. *Ad hoc* procedures will have to be defined to carry out each one of these activities.

Three options should be considered:

- To insert new data, information and documents in the area of interest to make them as much as possible accessible;
- To edit previously inserted data, information and documents;
- To view, browse, search of and access to data information, and documents.

It is expected that all the users of the European Scientific and Technical Network on Health, Migration and Poverty will have to register by compiling a form creating a user id and password. To this end, a username and password will be attributed to each applicant. A link to registration will also be available where users will find instructions and the registration form. An area to ask for the European Scientific and Technical Network on Health, Migration and Poverty newsletter should be also made available.

Considerations should also be paid to the possibility of allowing as widely as possible access to the Network, not only to users in the EU Member States, but also to Third Countries, particularly the ones of origin of migrants and of the transit ones.

7. THE WAY FORWARD (NEXT STEPS)

The establishment and functioning of the European Scientific and Technical Network described in this paper will depend on the availability of financial resources that should be made available, preferably, by a joint effort of interested Institutions in Member States and of the European Commission.

While the financial resources to build up the IT Network are estimated to be of a modest entity, more expensive are likely to be the human resources necessary to carry out the different activities foreseen. Moreover, there will be a need for additional financial resources for meetings, travels and other expenditures as necessary for each project undertaken by the Network.

As a next step to better define the structure and tasks of the Network, a Report, including the proceedings and the conclusions, will be circulated among all the

participants in the Conference and a draft project will be work out, circulated electronically early next year.

ANNEX 4

MAIN CONCLUSIONS AND RACCOMANDATIONS OF THE WORKING GROUP ON

“SHARING BEST PRACTICES IN ALL POLICIES TO PROMOTE HEALTH AND INTEGRATION OF MIGRANTS AND SOCIO-ECONOMICALLY DISADVANTAGED POPULATION GROUPS IN DIFFERENT MEMBER STATES”. (Chairman: Seppo Koskinen - FI)

- 1) Focus should be on health problems of
 - a) vulnerable groups of migrants and
 - b) other groups in an equivalent position (e.g. poor ethnic minorities)

- 2) It is important to consider:
 - universal policies (covering the whole population) which are particularly relevant to vulnerable groups (e.g. free school meals);
 - policies specifically targeted to (vulnerable) immigrants and/or corresponding other groups (e.g. poor ethnic minorities);
 - policies in the countries of origin of migrants;
 - EU, national, regional and local policies as well as some common practices;
 - prevention and promotion policies including: (i) the “determinants of determinants” (e.g. poverty, education, employment); (ii) other environmental or macro level factors (dealing with e.g. working environment, prices of commodities beneficial or detrimental to health); (iii) behaviour on the individual or a group level;
 - treatment and rehabilitation policies.

- 3) Major themes to be dealt with should be defined (key determinants of health inequalities).

- 4) Country coordinators should be appointed to identify persons, projects, institutions and other stakeholders in their country, who should be incorporated in the collection and/or assessment of promising/effective policies; these country coordinators should be provided with strong support the central coordinating centre of the network.

- 5) Theme coordinators should be appointed to look particularly for projects/institutions already carrying out collaborative work concerning the (evaluation of) major determinants of health problems of vulnerable groups in order to build on work that is already going on.

- 6) A central coordinator of the whole Network should be appointed to plan, bring together and coordinate the work, to support the national coordinators and the theme coordinators, working in close connection with WHO/EURO, and ensuring that work done elsewhere is utilized and not replicated.
- 7) Information on good policies/practices should be gathered in particular making use of a questionnaire on how specific determinants have been addressed in different Countries and, for example, to find out why certain health problems do not exist in specific countries and how this was achieved.
- 8) Criteria of good policies/practices should be defined by finding out how, in different Countries:
 - a) the health dimension was included in migration/citizenship/integration policies;
 - b) migrant health features in the national action plans for social inclusion and
 - c) health policy for key priority public health concerns (e.g. mental health) addresses the needs of migrants
- 9) A concrete working plan should be worked out and adequate resources raised. Within two years a follow-up meeting should be arranged, and possibly also a book on the major achievements could be produced. Furthermore, an electronic template should be available.
- 10) Characteristics of good policies/practices should be defined paying attention to
 - a) what is being done;
 - b) where;
 - c) for whom;
 - d) by whom;
 - e) with whom;
 - f) process evaluation;
 - g) outcome evaluation;
 - h) how strongly are they confined to specific contexts vs. are they generalizable and relevant in other situations;
 - i) how has a health focus been included in the policy (win/win situation?);
 - j) describe also bad examples so that others won't make the same mistakes.

**MAIN CONCLUSIONS AND RACCOMANDATIONS
OF THE WORKING GROUP ON**

“DEVELOPING A DATA BASE ON SPECIALISED STRUCTURES COMPETENT IN DIFFERENT COUNTRIES FOR PROVIDING HEALTH CARE AND INFORMATION TO MIGRANTS AND SOCIO-ECONOMICALLY DISADVANTAGED POPULATION GROUPS AND ASSESSING THE PRESENCE OF SUCH GROUPS IN EUROPE AND THEIR CHARACTERISTICS AND HEALTH STATUS”. (Chairman: Ramazan Salman - DE)

1) A number of international activities in this field were identified:

- International study on perinatal health;
- Hosthome network (health and social services for migrants and ethnic minorities);
- Echim (trying to develop health indicators);
- His or Her (Health examinations);
- Several meetings based on best practice studies;
- Case studies connected to equity in health issues;
- AIDS & Mobility;
- Bordernet project of migrant health data base in cross-border settings (detention centres);
- Migrant friendly Hospital;
- MigHealthNet.

2) Data available on services, demographics and epidemiology vary from country to country. No country currently appears to be generating and collating data in all three areas (services, demographics and epidemiology). This is in part due to politically motivated non-discrimination (e.g. in Hungary a more detailed analysis is objected to by the Ombudsman), but also to a lack of combined data on migration status and health (e.g. in Germany no link between health insurance data and population statistics). The Scandinavian countries, while generally generating more detailed data, still lack a number of important topics precluding a more “ecological” insight into migrants health (e.g. in Sweden statistics of income and education do not appear to be reliable enough to allow a multi-factorial analysis). Data on undocumented migrants remain to be elusive in all countries. In addition to national specifics, the fact that there is no commonly accepted “taxonomy” for migrants makes it almost impossible to compare data between countries. There are numerous efforts to improve the knowledge on health issues of migrants and socio-economically disadvantaged populations, however, the working group is unable to create an overview.

3) A new scientific Network is needed and it should include a common data-base on:

- Data on health examination upon arrival should be collected to allow an entry assessment in order to provide a basis for prospective epidemiology;
- Best services should be identified and linked to be made accessible to migrants;
- Common issues and similarities should be at the focus of the research network (rather than looking at the societal differences);
- Data are needed to improve services and to create better health care.

4) Needs of migrants, barriers in access to care and preferences in health services need to be identified to be provided for evidence based policy making. A new network could better be focused on more concrete issues (e.g. cancer, HIV) or parts of the population (children, youth and women). A working definition of “migrant” is needed that reflects the aims of the research network. Issues to be reflected specifically considered in the future include:

- Guidelines needed for minimum requirements of reporting;
- Definitions needed for “migrant”;
- Standards to be developed on data collection;
- An overview of programs to become available;
- All actors (NGO’s, formal Organisations, Persons etc.) to be included;
- Focal Points (for specific subjects or for one country);
- Transfer of knowledge into practice to be respected;
- Asylum seekers and undocumented People; and
- Data on mental health diseases.

**MAIN CONCLUSIONS AND RACCOMANDATIONS
OF THE WORKING GROUP ON
“IMPROVING DIAGNOSTIC AND TREATMENT PROTOCOLS FOR
SPECIFIC DISEASES OF MIGRANTS AND SOCIO-ECONOMICALLY
DISADVANTAGED POPULATION GROUPS”. (Chairman: Aldo Morrone -
IT)**

The Network should provide guidance on how:

- 1) Protocols and guidelines for diseases diagnosis and treatment should be improved by taking into account cultural considerations, constraints of life conditions and other peculiar characteristics of migrants and socio-economically disadvantaged population groups. In other words, it should be avoided that “Protocols tend to treat everyone the same, instead of treating everyone as an individual”;
- 2) To involve civil society and representatives from the migrant community in the formulation of the above-mentioned protocols and guidelines;
- 3) To ensure training of health professionals in order to increase their ability as service providers of culturally-appropriate prevention and care;
- 4) To best carry out clinical examinations and provide appropriate cares upon arrival of migrants, while ensuring their appropriateness and timeliness;
- 5) To best address migrant health issues through information systems;
- 6) To review and consolidate existing know-how in this area and promote needed innovation in the interest of migrants.

**MAIN CONCLUSIONS AND RACCOMANDATIONS
OF THE WORKING GROUP ON
“DEVELOPING TOOLS AND MODULES FOR (DISTANCE) TRAINING OF
DIFFERENT CATEGORIES OF PROFESSIONALS CHARGED WITH
CARE OF MIGRANTS AND SOCIO-ECONOMICALLY DISADVANTAGED
POPULATION GROUPS”. (Chairman: David Pattison - UK)**

1) Main phases, to be developed as co-operative tasks are:

- How to best transfer the needed know-how and ability to professionals who are responsible for, and are working with, migrant and socio-economically disadvantaged population groups;
- How to maximise the use of distance learning methods which are now sound and effective enough to provide a valuable tool for professional educational purposes;

And are based on the following concepts:

- E-learning platforms are the technological solutions to these needs and achieving this objective will be based upon their use and management;
- Available teaching content and modules will be made easily accessible or produced *as hoc* with the co-operation of the Networks focal point;
- Materials need to be classified according to common indexing terms;
- Available materials need to be adapted for uploading to the central training platform.

2) The working group tasks are to discuss and take forward with emphasis on Health, Migrants and Poverty:

- current approaches within countries including positive and negative issues;
- the range of topics/issues to be included; and
- methodologies which work.

3) The output expected from the group includes

- Notes on discussions;
- Short (2 pages) summary of key issues and actions needed to achieve the pursued objective; and
- Indication of who might work in collaboration to take the work forward.

4) What is the aim of Education/Training in this arena? Is it to provide an awareness/understanding of:

- Knowledge of various specific health issues;
- Cultural, social, religious and political differences;

- Understanding of host country health/social care systems;

Or to:

- Address our attitudes, values, beliefs and behaviours;
- Create understanding and challenge negative attitudes and behaviours of our system/colleagues;
- Ultimately provide Cultural, Social, Educational and Economically appropriate opportunities = HEALTH!

5) Summary thoughts:

- Need to link to the work underway with IOM on this area;
- There appear to be many programmes, some may overlap, BUT it would not appear that these are being shared across member states;
- Need for clear evaluation on the impact of the education/training HAS IT MADE A DIFFERENCE TO PEOPLE!
- Need to be clear on content (how generic, how specialised?) and what may be missing (gaps);
- Not just distance learning but linked to current school, community, further and higher education in each country;
- Evidence that migrant people and other groups were involved in developing the training/learning;
- Need to include 'informal' learning and make use of the skills many people within the communities of interest have;
- Possibly a 'core' module drawn from existing material available to be used but has to be made applicable to the persons/organisations context.
- E-learning more flexible for participants but the trainer must respond quickly;
- Materials must be flexible and match the needs of urban/rural populations;
- Some professionals may be reluctant to use this approach so need to market this approach;
- It should be clarified whether people will be able to access learning across countries;
- Systems and software issues;
- E-learning more successful as part of CPD so need to also link with 'real' time learning; and
- Unanimous agreement that the network should undertake more background work on the objective dealt with by the working group and take forward as appropriate.

**MAIN CONCLUSIONS AND RACCOMANDATIONS
OF THE WORKING GROUP ON**

“MAPPING AND WIDELY DIFFUSING OF ALL EU PUBLIC HEALTH PROGRAMMES, WHO INITIATIVES, NATIONAL AND MAIN LOCAL PROJECTS IN THE FIELD OF MIGRATION AND HEALTH AS WELL AS IN THE FIELD OF SOCIO-ECONOMICALLY DISADVANTAGED POPULATION GROUPS AND ESTABLISHING A COMMON DATA BASE OF THE “COMMUNICATION AND INFORMATION” MATERIALS CONCERNING MIGRANTS AND SOCIO-ECONOMICALLY DISADVANTAGED POPULATION GROUPS IN DIFFERENT MEMBER STATES”. (Chairman: Davide Mosca - IOM)

1) Working Group Subjects

- Mapping and widely diffusing of all EU Public Health Programmes, WHO initiatives, National and main local projects in the field of Migration and Health as well as in the field of socio-economically disadvantaged population groups;
- Establishing a common data base of the ‘communication and information’ material concerning migrants and socio-economically disadvantaged population groups in different Member States.

2) Relevance of Objectives

- Ambitious proposal, but too many objectives for a single Network to manage;
- Need to prioritize objectives; the ‘mapping’ seems to be one to be prioritized;
- Such objectives should be linked to other core objectives, such as ‘Sharing best practices’ and ‘Developing a data-base on specialized structures competent...’.

3) Health of Migrants vs. Health of Disadvantaged Groups (the Poverty dimension)

- Valid holistic approach, recognising the social determinants in health;
- Risk of a too broad perspective for a ‘mapping exercise’;
- Risk to overlook groups disadvantaged on a ‘legal ground’ (undocumented migrants);
- Need to analyze pros and cons of competing perspectives;

3.1) Mapping

- To support policy changes;
- To identify gaps (actors, focus, target groups, funding, etc.)
- To monitor how national policies, international resolutions, etc. are translated into action;
- To establish a reference system for implementing new programs;
- To share relevant best practices.
- Need for a leading group, and country focal entities to facilitate entry to national/local networks;

- Move from a too research-oriented focus to an operational one (involve service-providers, communities and community-based actors);
- Build on existing experiences (AMAC, MigHealthNet, etc.);
- Enter information in a coherent and user-friendly way;
- Analyze information and highlights, trends, gaps, results;
- Extensive, systematic data collection not necessary; important, however, an active search for information at country and international level;
- Bring digested results (Conference) to network stakeholders, at least once a year;
- Have as much as possible a multi-sectoral approach in programs mapping, and start country dialogue.

3.2) Common data-base on 'communication and information' materials

- Ethnic-specific, cultural-specific;
- Potentially useful, but secondary priority;
- Probably different from a country to another, based on differences in target groups and access to health systems;
- Formats unlikely to be modelled by different actors;
- Experiences better shared informally in appropriate venues (Network Conferences);

4) Final Comments:

- Need to identify core actors for global management based on on-going positive experiences, assets, capacity and entry to sources;
- Need to identify country-focal facilitators to enter local networks;
- Operational focus;
- Consider sustainability of initiatives (funding expiring for on-going programs).

**MAIN CONCLUSIONS AND RACCOMANDATIONS
OF THE WORKING GROUP ON
“VALIDATING RESEARCH TOOLS ADVOCACY AND EMPOWERMENT
INSTRUMENTS”. (Chairman: Sonia Dias - PT)**

1) Is the objective relevant?

- The group felt that the network could aim to identify priority research projects;
- However, it should be linked with specific objectives, such as the objective on mapping EU and national projects;
- To our knowledge there are no other initiatives or networks dealing specifically with the identification of priority research projects on migration and health. So this could be an innovative task of the proposed network;
- Establish a dialogue and information exchange about the conceptual framework of policies, research projects and interventions.

2) Should the network promote cooperation of institutions in Member States to implement the identified research projects?

- Yes, identified research gaps could help policy makers aware of the needs and possibly provide funding for implementing the projects on national level;
- In so doing, there is a great need to include migrant communities in the identification of research needs, as they in part will help implement these projects;
- This network could be modeled on the Civil Society Forum to the EU Think Tank on HIV/AIDS. In doing so this network could be the first to give the opportunities to migrant communities in influencing the research priority setting, as well as influencing policy makers on migrant issues;
- At the same time there is a great need to initiate and implement more community based studies.

Finally, the Group considered that it would be very difficult to identify new policies at this early stage in the Network; therefore, as a first step, it was suggested to share good policies to other Member States in this network and raise awareness to decision makers.

In a practical way, two main tasks of the Network were identified:

- First, to identify what Countries are doing in terms of actual practice and how this could be translated into migration policy;
- To implement the policies that exist on National and EU level;

3) General comments:

There is a need to discuss the concept of validation as it could be interpreted in different ways in different countries and to reach agreement in this network on minimal data collection in order to have comparable indicators across the EU.

This objective is, as some of the other objectives proposed, too comprehensive and would need to be more focused. The objectives proposed are seen as processes, meaning they can be approached step by step.