Vitality Interventions for Migrants

vitalityintervention.eu

Transnational Report

Stocktaking and needs analysis carried out in partner countries

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Introduction

VIM stands for Vitality Interventions for Migrants and is a 24-month project that aims to promote information on a healthy lifestyle among migrants and increase their confidence in using the health system of the receiving country. By this, the project aims to increase the European integration of migrants. Staying in good health, adopting healthy life styles and being informed about the health system of the host country as well as having confidence to make use of it are pre-requisites for successful integration of refugees and newly arrived migrants into their European host societies.

VIM wants to promote and improve the health among migrants by improving the level of information on health related topics and the health system of the host country. To this end, the project will develop, pilot and disseminate ready-made, easy-to use micro-learning and information units which educators working with the target group in integration courses, language learning courses, labour market trainings and social and educational activities other subjects can easily integrate into their teaching. Special focus will be placed on family healthcare and on the gender dimension.

The micro-learning units will be made available on the VIM Hub that will also include further educational resources and will also provide the opportunity upload own content and to contact colleagues across Europe.

In the first project months VIM partners carried out comprehensive research activities. These were based on national desk research to identify examples of good practice in terms of promoting health among migrants in the partner countries and qualitative interviews with educational and social professionals and expert.

The general aim of the stocktaking and needs anayslsis excercise was to inform the project partnership with regard to the next steps to be taken, as it explored current situations in terms of challenges, problems, training needs, health related aspects etc. in the partner countries.
This research report is, in the first place, an internal working document with recommendations for the ensuing development work. It thus lays the foundation of the whole project.

The VIM partners carried out 61 interviews with educational and social professionals in the six partner countries. The aim was to identify barriers that prevent migrants from accessing the available health service and define the learning needs of migrant adults in terms of most relevant health education topics.

Each partner set up a national report including the national results of the qualitative interviews and two good practice examples. The lead partner of this activity compiled all national reports and summarised the findings and draw the conclusions in a way to be a source of information and inspiration for the subsequent development tasks.

1. General summary

Upon completion and collection of national desk researches, several common transversal points as well as more particular national needs have been found regarding the overall relationship between migrant collectives and the healthcare institutions of the countries involved.
Transnationally, the following aspects have been identified in all partner countries:

- Language barrier: Due to both the diverse profiles of migrants arriving to the examined countries and the specific national languages of the latter, communication becomes one of the main initial and ongoing struggles of migrants when dealing with healthcare as a whole. On the one hand, the language barrier keeps migrants at a distrance from healthcare institutions and facilities. On the other hand, it affects their awareness of their own health status due to the communication gap between patients and medical professionals. In this sense, we can state that the European healthcare institutions here analysed do not provide sufficient regular interpreting/mediating services e.g. provided voluntarily by NGOs or associations working with migrants and/or groups at risk of social exclusion or by professional interpretators.
- Failed healthcare information and campaigns targeting migrants: If communication is a highly problematic issue is not only because of the language barrier but also because of the different health conceptions and medical knowledge of a great proportion of asylum seekers, refugees and migrants. On the one hand, the diverse migrant collectives arrive with particular cultural backgrounds and socio-political circumstances and, consequently, healthcare systems and health perceptions. Thus, even though healthcare campaigns are lunched in different languages or migrants are already able to speak the national language, health-related information does not take into account cultural specificities and/or medical knowledge of non-Western subjects. As a consequence, campaigns are not effectively conveyed. On the other hand, healthcare professionals often do not show the necessary awareness and empathy when dealing with patients with a history of migration and do not adjust their expert knowledge. In this sense, very often migrant patients are not fully aware of their own medical status and/or the medical procedures they are undergoing. For these reasons, it is vital for the proper approximation of healthcare facilities and services for migrants that an integral, empathetic and intercultural communication is enacted by national healthcare institutions.
- Legal status and national healthcare rights for migrants: In order to properly make use of healthcare services, the legal status of migrants becomes a determining aspect. Even though every country examined provides different options regarding the regular or irregular situation of migrants, as a whole, there is a general tendency that migrants are highly conditioned and prevented from using healthcare institutions during the process of obtaining their legal residence. Throughout this transition, counselling services are very recommended in both practical and psychological matters, since it is surely a very stressful situation for migrants, who are overwhelmed without the required legal knowledge and very emotionally affected.
- Promotion of mental health and chronic diseases awareness: As stated above, migrants have very different health and body conceptions in contrast to European ones. This is becomes very obvious when it comes to certain health problems, e.g. mental health. Regardless of their traumatic migration experiences, usually migrants do not consider mental health as a priority but rather as a “craziness” issue. Along with mental health promotion, it is very relevant to foster awareness regarding the importance of chronic

diseases. It has been found out that a high number of migrants do not take chronic diseases as seriously as they should, thus having an irregular treatment. Therefore, the promotion of mental healthcare and positive mental health habits reveals itself as a very necessary step to implement in current European social and sanitary contexts.

- Sexual health and education: Several national reports have pointed out the need of implementing more effective sexual health and education practices specifically addressed to migrants within healthcare institutions. Due to particular traditions and cultural backgrounds of migrants, sexual health and education are topics needed to be covered but always with an intercultural perspective. In this sense, it would be of great importance to put into practice several sexual health educational practices that are able to inform migrants about sexual health rights and services available in the partner countries.
- Healthcare mediation practices: Due to the alienation of migrants from using foreign and complex healthcare institutions, regulated and formal mediation services are very necessary. These should be formally implemented in healthcare institutions so that migrants are able to make use of an individual and specialized help. Besides, it has been shown that this and other mediation services are greatly successful when managed by former irregular migrants that have experienced the same process. By providing "cultural ambassadors" as mediating agents, the distance between migrants and healthcare institutions can be significantly reduced.

2. Health education needs – findings from the interviews

In the framework of the needs analysis and stocktaking the VIM partners carried out 61 interviews with educational and social professionals in the six partner countries. The aim was to identify barriers that prevent migrants from accessing the available health service and define the learning needs of migrant adults in terms of most relevant health education topics. In the following paragraphs there is an overview of the number of interviews carried out in each partner country, the professional profile of interviewees, and their organisational background.

2.1. Summary of part I: general information

AUSTRIA

11 professionals interviewed.
Professsional profiles: experts in health/health consulting services and training/coaching.
Organisations:

- Researcher (female) of "Gesundheit Österreich GmbH" (https://goeg.at/), an Austrian research institution connected to the Federal Ministry of Health. Topics: health, health system, research activities about improving framework conditions and awareness activities.
- Head (female) of FEM-Süd (http://www.fem.at/FEM_Sued/femsued.htm) a centre for Health Services and consulting for women, girls, and parents. It has offices located in hospitals.

- 9 trainers of *die Berater* (2 women and 7 men, migrants, most of them 2 years working for *die Berater* in labour market and qualification courses, and coaching.

DENMARK

10 professionals interviewed.
Professsional profiles:

- Midwife
- Employee working in the field of smoking cessation and prevention of alcohol addiction
- Health care nurse
- Dentist
- Teacher/trainer at basic health care educational institution
- Volunteer in project for migrants from Nigeria. (Educated as a nurse in Nigeria)
- Project officer
- Language teacher
- Supervisor at language school

Labour experience: varied from 2 years to 30 years (more than 3, more than 20 years).

Organisations: the size ranges from 20.000 (health care professionals at the 10 regional hospitals of the Region) to about 70 persons.

- Municipal organisations
- Regional organisation
- Private organisation
- NGOs
- Red Cross asylum centre (for unaccompanied refugees under the age of 18 years)
- Social and health care colleges
- Language schools for migrants/refugees
- Danish Refugee Council

GERMANY

10 professionals interviewed.
Professsional profiles: 7 trainers working with migrant and refugees and 3 professionals from health sector (2 nurses and 1 doctor)
Organisations:

- Training organisations (language courses, soft-skills and employability trainings, and lead migrant women groups in order to foster their integration).
- A hospital
- A private practice

GREECE

10 professionals interviewed.
Professsional profiles:

- 6 from the health sector working with migrants in Athens and 4 (female) humanitarian aid workers who work in refugee camps in Thessaloniki.
- 2 of them are doctors, 2 hold a master degree in tropical health issues and 1 holds a master in environmental and occupational health.
- The others are working on site management support, translations, protection monitoring and in other relevant professions.

Organisations:

- International NGOs. Focused on sexual violence and mental health first aid.
- Public health and social services.

ITALY

10 professionals interviewed (8 of them health experts)
Professsional profiles: psychologists, social workers, doctors, educators and project managers.
Organisations:

- A doctor from the ASP ("Azienda Sanitaria Provinciale")
- A social assistant
- An ethno psychologist working in Palermo
- An ethno psychologist who works in Trapani and collaborates with international organisations
- A mediator
- A paediatrician who works in a hospital in Palermo and often cares for children of migrant families
- An operator of a reception center
- A psychologist
- 2 experts from the CESIE migration unit (political refugees and asylum projects, women and Young migrants).

SPAIN

10 professionals interviewed.
Professsional profiles: social workers, social educators, social inclusion technicians and one psychologist.
Labour experience: ranging from 1 to 15 years or more, most of them with more than 5 years of experience.
Organisations:

The entities cultural and leisure associations are:

- Abierto hasta el amanecer (Gijón). Inclusive and universal leisure activities.
- Mar de Niebla (Gijón). Educative and leisure programmes; labour maker inclusión; social inclusion.

Religious NGOs:

- Vinjoy Foundation (Oviedo). Education, training and social integration.
- Hogar de San José Foundation (Gijón). Internment center for minors with a certain percentage of migrants.
- Amaranta Foundation (Gijón). Working with women that practice prostitution with high rate of migrant women.

Non-religious NGOs:

- Asturias Acoge (Oviedo). Entity specifically focused on the overall inclusion of migrants with a special focus on education, healthcare and labour market inclusion.
- Red Cross (Gijón). As the previous entity, Red Cross has specific programmes addressed to migrants, providing share flats for recently arrived people.
- Médecins du monde (Oviedo). Within their wide offer for migrants, the interviewed profesional focuses on human trafficking for sexual slavery and reproductive rights.
- Las Golondrinas (Mieres). Entity specially devoted to the formation and inclusion of migrant women.
- Secretariado Gitano Foundation (Oviedo). This organisation works with the Roma community at all levels, providing their services to Roma people from Romania.

2.2 Summary of part II: Health prevention and intervention for migrants

Interviews were carried out in each country along previously established guiding questions. In the following paragraphs there is a summary of all interviews carried out in each partner country with the above listed professionals.

1. Do you work or have you worked with migrants or refugees? And if so, do you apply a specific focus or methodologies in the training or working with migrants, differently from the ones you make use with other collectives?

All professionals interviewed work within organisations who directly or indirectly address their actions towards migrant collectives. Thus, several specific focus and methodologies are implemented when working with migrants. Among the generally surveyed, the following one have proved to be the most common and effective ones:

- The cooperation with multipliers and parallel agents that are able to speak the mother tongue of migrants and/or come from their culture. In this sense, the appointment of cultural ambassadors or community leaders could be of great help.
- The introduction of specific health topics that are more explicit and informative than health modules addressed to national groups at risk of social exclusion.
- The implementation of participatory and interactive working methods that foster a proper interaction between both professionals and migrants and among migrants themselves, coming the latter from diverse cultural backgrounds.
- The relevance of adopting empathetic and non-judgmental attitudes on the part of social workers. This includes the awareness of being careful about communications issues and skills of migrants and also avoiding cultural prejudices and assumptions.

- The development of intersectional trainings for professionals working with migrants. Some organisations reported the importance of training for volunteers cooperating with them when it comes to the helping of migrant collectives to teach the former about the cultural values of the latter. In such trainings, an intersectional focus should be implemented to avoid Western-centered attitudes on the part of professionals.
- The use of online resources. Online resources are helpful but only as complementary tool. They should not substitute personal and collective services and dynamics.
- Face to face personal sessions. The provision of individual and personal sessions with migrants reveals itself as a highly beneficial method that facilitates an effective communication between professionals and migrants.
- The avoidance of treating migrant collectives as homogenous groups. One critical point that was very often stressed throughout the interviews is the importance of taking into consideration the particularities of migrants depending on their cultural backgrounds. Some organisations reported that addressing migrants as homogeneous groups invisibilises their singular cultural factors and, consequently, needs and required help.

2. Have you ever incorporated health-related topics in your trainings? If so, which ones?

Due to the specific programmes addressed to migrants provided by interviewed organisations, they do implement health-related topics. Among the examined ones, the following are the most commonly practiced:

- Healthcare system, functioning of sanitary institutions and healthcare rights for migrants and their families.
- Promotion of general healthy life-styles and physical habits: Here the following aspects were the most quoted ones: nutrition, hygiene, oral health, sleeping habits, sport routines and sugar consumption.
- Emphasis on mental health. Since mental health issues are generally ignored in many migrants' cultures, especially when it comes to the treating of men, organisations remark the importance of offering coaching and psychological counselling for the users of their services.
- Family planning and sexual health and rights dissemination. Regarding sexual contraception, sexual health and rights, organisations are very aware of the need of divulgating all related information and especially, the healthcare facilities covering the areas they can have access to.
- Drug consumption. Interviews have shown that migrants have very healthy attitudes regarding drug consumption. However, it is very important to foster among youth assertiveness in todays' Western drug tolerant cultures.
- Vaccination campaigns are critical, especially among children.
- Divulgation of gender-based violence and further relevant topics addressed for women regarding their social and legal equality and rights.

3. *What is your perception regarding health habits and wellness with the migrants you work with?*

All in all, professionals reported that migrants show in general a healthy appearance and wellness. There were, however, specific remarks regarding nutrition, oral health and specific diseases. On the one hand, some organisations pointed out the importance of divulgating information about local food and diets, so that migrants can have access to cheaper products and diversify their nutrition habits. This is also important from the point of view of oral hygiene and health, as damage to teeth after migration has been identified as a problem due to changes in water conditions, increased sugar consumption or changing eating habits. On the other hand, many migrants do not take chronic diseases seriously due to their particular cultural body and health perception. In this sense, it is critical to provide information on the importance of regular checks of chronic diseases and respective treatments.

4. What do you think are the most relevant topics regarding health education and health prevention for migrants? If you consider, for example, existing integration programmes and courses, which topics are necessary or do you miss out?

The most relevant topics are the ones delineated in the second question. Also related to the obstacles migrants face when having access to healthcare facilities, the raising of awareness for professionals about migrants' circumstances and health-related knowledge is highly relevant for education and health prevention for migrant collectives. Besides, it would be very advisable to incorporate health-related linguistic formulas that migrants can use when receiving healthcare attention.

5. What is health and healthy life from migrants' perspective? Do you think migrants have different perceptions concerning health-related topics, like health education, body perception, pregnancy/contraception…?

Although it is always problematic to generalize the perception of health among migrants due to their heterogeneous cultural backgrounds, some results show a cultural divide between Western countries and migrant collectives. The following conditions and considerations are of noteworthy importance:

- The socio-economic situation of migrants. Financing status prominently determines the access to medical resources like specific medicines or specialist services.
- Traditional or religious practices related to healthcare habits, remedies and beliefs. It has been commonly reported that some migrants have a profound belief in traditional rites of their places of origin in the treatment of health-related issues, especially chronic diseases like HIVAIDS. Such a belief entails a distance between them and their healthcare as a whole, complicating their medical treatments and follow-ups as well as distancing them from health institutions, professionals and services.
- Either the reluctant or insufficient use or the abuse of healthcare services. In many cases migrants do not properly make use of healthcare institutions because of their irregular situation, and, more socially remarkably, because of the distance and alienation they feel in relation to healthcare professionals and the overall healthcare system.

They also have racist internalised attitudes and are therefore afraid of being criticised or condemned for "spoiling" public services. On the other hand, there are other migrant collectives who, because of their basic medical knowledge, make excessive use of health services and cannot distinguish between serious and non-serious illnesses.

- The responsibility of women for the health of the family. In many cases, women act as the head of the family in relation to the health status of all their members, very often over their own health status. For many women, this means an excess of responsibility and a strong negative impact on their health and self-care.
- General disregard for mental health issues. As already mentioned, mental health awareness is very limited and/or non-existent and, if so, very judgmental, as it is considered "insanity".
- Different conceptions regarding sexual health and family planning. Because of traditional, cultural and/or religious factors the awareness of contraceptive methods, pre-marital sex practices and overall sexual health and rights knowledge become very sensitive issues to touch upon.
- Different body conceptions. Some professionals reported to have attended migrants with very different body conceptions that complicate the treatment of illnesses, especially chronic diseases.
- Strong sense of community. For many migrant collectives, the sense of family and community are very important, looking after each other and knitting collaborative ties to help recently arrived migrants.

6. Could you describe your perception about the relevance of gender in relation to migrants' health?

The principal topics regarding gender show that **women** have different problems than men, such as:

- Use of mental health support (this is also a taboo sometimes because they are afraid of losing the custody of their children).
- Importance of health education concerning pregnancy, child birth, contraception and menopause.
- Health problems related to poor physical activities and overweight (problems in the locomotion apparatus). Sometimes they (specially married ones) are not allow to do fitness or other sports.
- Violence against women: domestic violence, sexual slave trade and prostitution, sexual violence (especially during the travel to Europe) and female genital mutilation.
- Different access to and interaction with society (especially Muslim women): permission of their husbands to go to the doctor, family planning, low language skills, etc.
- Women take care of the whole members of the family (children, etc.), placing a top priority in their health instead of the women's themselves.

Regarding **men**, they have diseases of the musculoskeletal system or cardio-vascular problems (related to the lifestyle, because often men do heavy physical work). Also, men know more about fitness and other sports (a lot of young migrant men do sports).

7. Which previous conditions do migrants show when they first access to your resources? Which are the obstacles migrants face when having access to health resources (for example, rural versus urban / sub-urban?)

The previous conditions and obstacles found out to be the most relevant are:

- Lack of knowledge and information (health system, etc.).
- Literacy and levels of schooling.
- Language barriers (explaining the diagnosis, treatments and responsibilities of the patient that need to be understood)
- Lack of trust in the health system and medical staff (e.g. due to a lack of empathy and awareness on part of the health professionals, or due the fear of racism and stigmatization).
- The lack of legal citizenship. Their legal status is decisive for their access to health services.
- The economic sector in which migrants live.
- Generally, the provision of medical services is better in urban areas than in remote rural regions.

8. Have you observed cultural differences between the different ethnic groups regarding health issues? Could you provide us some examples of cultural differences concerning healthy habits under the influence of their area of origin?

Since interviewed organisations generally work with migrants with very heterogeneous cultural backgrounds, there are many differences among migrants' behaviours and attitudes regarding healthcare. In this sense, it is always problematic to generalise. However, the following patterns have been pointed out:

- Regarding healthy sport habits, migrants do not often make us of bikes but rather of public transportation. In countries like Denmark or Germany where biking is very common as a means of transportation, migrants prefer to use the bus or train, thus not incorporating healthy locomotion habits.
- Regarding nutrition, there are remarkable differences among migrants' habits. People from Latin American countries differ a great deal from those from Asia or Northern Africa, the former consuming a higher degree of meat and fried products, whereas the latter have a higher consumption of vegetables, rice or other legumes.
- When it comes to drug consumption, it has been noticed that generally migrants do not take drugs. However, people from the Middle East and/or other Arab countries, especially in the case of adolescents or young adults, hookah smoking is very common. Furthermore, people ranging from 18 to 30 years old are at risk of consuming hashish.
- Medical privacy is also an issue in some ethnic communities. For example, in the case of Russian migrants, women often assume the responsibility of the whole family healthcare, controlling the medical strategy addressed to their husbands, who can even get prevented from knowing traumatic diagnoses. In Germany this is strictly limited to patients themselves, so such a practice would be officially dismissed.
- In relation to healthcare, some ethnic communities have shown remarkable differences among them and also between their culture and the one of the receiving society. For

example, some African migrants pay trips to go back to their places of origin to heal chronic diseases like AIDS, dismissing the treatment received at their receiving countries and relying on ritual practices. This would also be case of some Eastern European migrants, very influenced by their folkloric cultures.

- Regarding socialization some differences among migrants from diverse cultures have been mentioned. For example, young migrants from Northern Africa tend to socialize in ghettos, whereas young migrants from Mali or Ghana are more open-minded and willing to socialize with local people and their cultures.
- Regarding the adaptability to the new healthcare system, people coming from urban areas are more easily familiarized with healthcare institutions than people coming from rural areas. This would be the case of, for example, Armenian migrants in contrast to African migrants from small villages.
- In relation to sexual health and family planning, a common disregard of people from Romania and some African countries have been distinguished. More specifically there is a general lack of awareness about the consequences of frequent abortion practices.

9. Why do you think that there are so many difficulties to reach target groups? Could you think about some other way to improve the access to migrant groups?

As stated beforehand, the language barrier, lack of empathy of healthcare professionals, administrative procedures while waiting for the European citizenship, the different healthcare and body conceptions and an internalized racism, make migrants' experiences in European healthcare institutions typically very problematic for them. In this regard, there are different strategies to facilitate the interaction between migrants and healthcare services:

- To provide professional and official interpreters that help to mediate between patients and professionals. They should be a permanent element in healthcare institutions and should be free of charge for their users.
- To provide mediators, apart from interpreters, to develop accompany services for migrants that lack the knowledge of the healthcare system and need to know their health status and their treatments. A very effective solution in the mediating services would be the hiring of long-term migrants already skillful in the European language and very much aware of the local healthcare facilities.
- The raising of awareness for healthcare professionals when dealing with migrant patients. It would be of great benefit for both groups to be equipped with an intersectional instruction regarding the conditions, reasons for forced mobility and needs of migrants, who on the other hand need to be well informed about their health status.
- The launching of integral health campaigns that are not only translated into migrants' languages but also level the degree of medical knowledge attached. Since migrants usually have very different health and body conceptions, healthcare campaigns should be aware of this fact when addressing migrants so these can effectively inferred the content of the former.

10. Are you familiar with online tools aimed at education improvement and their easier access to labour market? Do you use particular ones?

Most of the interviewees are familiar with online tools (mapping for medical or translation services, watching a video, writing a document, listening a podcast, posting a picture etc.). However, they are not satisfied with the current tools available, consequently, there is a need for more concentrated information on health related topics.

Some of the online tools that the interviewed professionals pointed out are:

- Job search platforms
- Online training platforms such as the offered by Cajastur (bank), Médecins du monde, Red Cross and Caritas Internationalis.
- Public Employment Service and City Council's webpage.
- Employment Agency (orientation, tools in job search and intermediation with companies).

Regarding blended learning with migrants, there is some reluctance. Reasons mentioned are: lack of technical skills, language barriers limiting the capacity to navigate and to take up content and the potential frustration resulting from feeling overwhelmed. Also, it was recommended to involve the tools migrants already bring with them, like smart phones.

3. Best practice cases on existing health education resources for migrants and other disadvantaged group

In the following section several best practice cases regarding health education among interviewed professionals and organisations will be further examined.

GERMANY

CASE 1

PART 1	
Title	MiMi – Mit Migranten für Migranten (With migrants for migrants)
Country	Germany
Year of good practice	Since 2003
Duration	ongoing
Target group	Migrants, health professionals
Institutional framework	Ethno-Medical Centre (EMZ) Hannover
Short summary (incl. main activities and results)	The programme With Migrants for Migrants – Intercultural Health in Germany (MiMi) aims to level unequal long-term health opportunities by making the health system more accessible to migrants, increasing their health literacy and empowering them through a participatory process, thus promoting their individual responsibility for health and awareness of health issues. This is being achieved through culturally sensitive interventions in health promotion and prevention, together with the provision (in migrants' native languages) of information about healthy living, how to deal with the German health system and how to make use of its offers. Some migrants are being trained to become intercultural mediators expert in health issues relevant to them so that they can teach migrant communities about relevant health topics and the German health system. Additionally, health professionals are being trained to improve their awareness and knowledge of migrant communities and migrants' health issues. Training programmes are carried out in 48 cities in 10 states (*Länder*) with more than 60 partners, especially municipal health services.

	The MiMi programme is an example of how a culture-sensitive intervention can be used to enhance the access of a specific population group to existing mainstream health services without the need for a new and/or targeted service. This is done through two key strategies: 1. improving migrants' health literacy and knowledge so as to improve their access to health services; and 2. building the capacity of health service providers to be responsive to the particular needs of different migrant communities.
Link	
PART 2	
Impact	At present, MiMi is represented at 57 locations in 10 federal states, including state programmes in Schleswig-Holstein, Hamburg, Lower Saxony, Hesse, North Rhine-Westphalia, and Bavaria, each of which has different focal themes. In 2012, the tried and tested MiMi concept was transferred to Austria, so that the 58th MiMi location was established in Vienna in cooperation with Volkshilfe Wien. So far, the MiMi health project has primarily been aimed at migrants in 15 languages, in which the Ethno-Medical Center provides training materials. In total, more than 1000 migrants from over 40 countries have been trained to become Intercultural Health Mediators. The information campaigns carried out by them reached another around 32,000 migrants. According to orders, more than 150,000 persons have been demonstrably reached by the brochure "Health Hand in Hand". Thus, MiMi was able to make a valuable contribution to the integration of migrants in the German health system. For this success, the EMZ and the MiMi project have already been awarded several prizes. As a best practice example, the MiMi project is the subject of both a WHO Web feature and a recent Europe-wide WHO case study, which has shown that the design of the MiMi programme is a very cost-effective intervention, i. that MiMi has succeeded in demonstrating that the health care of migrants in Germany can be ensured cost-effectively and in terms of quality through cultural and language-specific concepts. In addition, the evaluation of surveys of migrants shows that programmes based on the concept of MiMi facilitate the acquisition of knowledge or information (for example in the areas of health literacy or financial literacy).

Inspiration: What can we learn from it? Aspects transferable to VIM	- Integration works from both sides – both cultures have to make a contribution. - Training migrants to be ambassadors of health - Learn from Brochures - Become aware of the relevance of networks
Gender perspective	The gender perspective is addressed in the distinct materials developed in the frame of MiMi, but not explicitly mentioned in the project design.
Influence of cultural differences	Is at the core of the programme. The initiative makes use of it by involving ethnic groups as ambassadors between cultures to make differences transparent and workable.
Other influential aspects, such as religion or age.	Subsumed under answer above
Transferable resources to VIM project	Training materials in MiMi were developed by migrants for migrants. Thus the educational resources can be a good inspiration for VIM.
Comment	MiMI is an excellent example how much impact can be reached when individuals, associations and public authorites join forces.

CASE 2

PART 1	
Title	Health promotion for migrants
Country	Bonn, Germany
Year of good practice	2006
Duration	Ongoing since 2000
Target group	Migrants
Institutional framework	Carried out by pro familia Bonn, and funded with support of the Office of Integration of the City of Bonn
Short summary (incl. main activities and results)	The offer "Health promotion for migrants" exists since 2000. The target group are people, who are hardly or not reached by (especially preventive) regular offers in the medical and psychosocial area. The project has three priorities: Women's Health, Men's Health and General Family Health. The work reaches out to the communities and consists mainly of group events in the district in which people live. On the one hand, it deals with general topics such as the German health system, contents such as nutrition and exercise, as well as check-ups, vaccinations, etc. The goal is to promote health awareness and action for yourself and your children. A special feature of the offer is the combination of language and health promotion: In important health areas, German words are taught (Body, disease symptoms, doctor's visit, pregnancy, childbirth) to make a visit to a doctor as independent as possible. From the vocabulary, information follows. Personal advice is possible after the event, and also independently. In addition, the existing offers of the pro familia counseling center and other providers are taught.
Link	https://www.profamilia.de//angebote-vor-ort/nordrhein-westfalen/bonn/migrantinnen-und-migranten/gesundheitsfoerderung-fuer-migrantinnen.html

PART 2	
Impact	The programme was initiated 18 years ago and is still ongoing. Though there were no numbers or success indicators available, the duration itself speaks for its success
Inspiration: What can we learn from it? Aspects transferable to VIM	Several success factors make this project unique: - Gender sensitive, covering family topics together with men - Meeting people in familiar surroundings/their own neighbourhood, low threshold for participation - Combining health information with teaching of respective vocabulary
Gender perspective	Men and women are addressed together on these general topics, including children's health. Separate groups will then tackle more gender-specific issues, such as reproductive health.
Influence of cultural differences	Offer specifically designed for migrants, staff now with long term experience on cultural specifics of certain regions
Other influential aspects, such as religion or age.	Open to all
Transferable resources to VIM project	Connect vocabulary and health information
Comment	There are similar initiatives in other German cities

CASE 3

PART 1	
Title	The Refugee Toolbox (as sub directory of the Med-Box - the aid library)
Country	International, initiated and hosted in Germany
Year of good practice	Ongoing, started in 2013
Duration	As long as enough funds can be raised to maintain the platform
Target group	MEDBOX is targeting national and international actors of health action in humanitarian assistance and development contexts alike. This includes governmental and non-governmental institutions and their employees. It is also directed towards teachers and learners.
Institutional framework	Network of large scale institutions in the field of health
Short summary (incl. main activities and results)	Medical Mission Institute in Wuerzburg initiated the creation of an open-access website where all the relevant health documents are collected and readily available for everyone and everywhere in 2008. Finally, in October 2013, the vision became reality and MEDBOX went online. The MEDBOX team of the Medical Mission Institute received support by over a dozen internationally active humanitarian and development organisations to start this innovative project. The MEDBOX is comprised of 6 main categories and a collection of toolboxes on specific topics. These are: Key resources: basic documents on topics such as WASH and Hospital Hygiene, Food Security and Nutrition, Humanitarian Aid, Disaster Preparedness, as well as information on how to conduct Needs assessments, how to plan, implement, monitor and evaluate projects (for this purpose check the subcategories Project Cycle Management, Quality Control & Assurance and Monitoring & Evaluation). Furthermore, you can find here relevant documents to Emergency Health Kits and Training Manuals. Clinical guidelines: Modern medical guidelines are based on the examination of current evidence and aim at guiding decisions regarding the prevention, management and treatment of specific

	diseases. The MEDBOX database provides guidelines and recommendations on best practice in health care and management of Communicable and Non-communicable diseases (NCDs) and other medical fields such as Paediatrics, Gynaecology & Obstetrics, Mental Health, Surgery & Anaesthesia, Internal Medicine, Dental Care and Neglected Tropical Diseases (NTDs). Women & Child Health: The category covers important topics like Child Health, Maternal Health and Reproductive Health, including documents related to pregnancy, newborn care, breastfeeding, contraception, etc. Pharmacy & Technologies: The management of pharmaceuticals is an important part of public health and a fundamental component of both modern and traditional medicines. To promote the safety, effectiveness, good quality and rational use of medicines, the MEDBOX has collected useful material that can be used by pharmacists and medical practitioners around the world. The topics covered in this category include Essential Medicines Lists, Quality Assurance, Rational Use of Medicines, Drug Safety & Pharmacovigilance, Antimicrobial Resistance of Antibiotics, Substandard and Counterfeit Medicines, Pharmaceutical Supply Chain, Medicines Donations, Pharmaceutical Assessments, Laboratory Technologies and Waste Management. Public Health: The focus of public health lies on the improvement of health and quality of life through prevention and treatment of diseases and other physical and mental health conditions. This category incorporates interdisciplinary approaches to Primary Health Care, Disease Prevention and Control, Health Care Financing, Epidemiology, Community and Public Health and Climate Change related topics. Additionally, it contains useful documents for the care of elderly people and people with disabilities, as well as to Physiotherapy & Rehabilitation and Traditional Treatment. Countries: In this category you will find country-specific information such as treatment guidelines, public health policies, essential drug lists, community health information, IEC material etc. Toolboxes: The toolboxes are a specialized feature of the MEDBOX allowing rapid access to one particular context or topic. In response to some acute crises, toolboxes such as the Cholera Toolbox or the Syria Toolbox were created to increase the access to high quality materials like guidelines, practical tools or manuals related to the specific country or crisis. The Ebola Toolbox for example was generated as early as April 2014, comprising all publicly available disease-specific documents to ease access for the teams on the

	ground. So far, over 700 documents relating to Ebola were collected making this Toolbox the most comprehensive collection of hands-on, ready-to use documents in the whole internet.
Link	https://www.medbox.org/refugee/toolboxes/listing
PART 2	
Impact	Since its launch in 2013, MEDBOX has achieved a remarkable reputation. So far, more than 590,000 visitors worldwide have used MEDBOX, over 1,000 per day! The documents in MEDBOX have been viewed more than 2.1 million times in total and were downloaded over 2.8 million times!
Inspiration: What can we learn from it? Aspects transferable to VIM	We find a lot of resources with specific cultural or gender dimension, as the offer is mainly directed to the field of humanitarian aid
Gender perspective	See above
Influence of cultural differences	See above
Other influential aspects, such as religion or age.	It is a meta offer for practitioners of various fields across the world, which provides open access to a variety of relevant publications and guidelines for numerous health issues around the world.
Transferable resources to VIM project	See above Copyright disclaimer from website: Our website and its contents are subject to Federal Copyright Law. Unless expressly permitted by law (§ 44a of the copyright law, Urheberrechtsgesetz, UrhG), every form of utilising, reproducing or processing works subject to copyright protection on our website requires the prior consent of the respective owner of the rights. Individual reproductions of a work are allowed only for private use and must not serve either directly or indirectly, commercial activities. MMI and MEDBOX follow the philosophy of

	creative commons licencing and open access.
Comment	Similar resource databases exist with focus on Germany on federal and state , e.g. the Info portal Migration and Health of the BZGA (Federal information office for health information, URL: https://www.infodienst.bzga.de/?uid=6c64854dd03760a7d6a7bc505440e21c&id=teaserext3.17) , or the mediathek "Migration and health" of the ministry of health of Lower Saxony (http://www.gesundheit-nds.de/index.php/arbeitsschwerpunkte-lvg/migration-und-gesundheit)

Interesting links and external resources:
http://www.amase.eu/wp/about-amase/
Gute Besserung!" Language guide for visiting the doctor. URL: http://pointandtalk.de/editionen/gute-fahrt/

CASE 1

PART 1	
Title	**PHILOS – Emergency health response to refugee crisis**
Country	**Greece**
Year of good practice	**2017/2018**
Duration	**1 year**
Target group	The wider refugee population
Institutional framework	"PHILOS – Emergency health response to refugee crisis" is a programme of the Greek Ministry of Health, implemented by the Hellenic Centre for Disease Control and Prevention (HCDCP) and funded 100% by the Asylum, Migration and Integration Fund (AMIF) of EU's DG Migration and Home Affairs. The total budget of the project is 24,180,928 euros and the project is foreseen to be completed in May of 2018.
Short summary (incl. main activities and results)	The programme "PHILOS – Emergency health response to refugee crisis" is an initiative of the Greek State to deal with the refugee crisis, by addressing the sanitary and psychosocial needs of people living in open camps. A number of health professionals have been recruited including medical doctors, nurses, midwives, social workers, drivers/rescuers, as well as scientific and administrative personnel. The personnel of PHILOS are distributed on seven health districts (YPE) of the National Health System in mainland Greece, including the National Center for Emergency Care (EKAB). The main activities and results of the project is: • the reinforcement of the capacity of the public health system and the enhancement of the epidemiological surveillance structures. • the provision of on-site healthcare and psychological services to the refugees • the strengthening of the health structures accompanied by a system of record keeping

	of hospitalization and health services provided to nationals of third-countries.
Link	https://philosgreece.eu

PART 2	
Impact	The programme PHILOS is the frontline of the Greek medical system to assist refugees in terms of medical care. In this context, the programme achieved to provide a minimum standard of medical services to refugees across Greece. Roughly 57,000 refugees/migrants are stranded in Greece at this point of time, assigned to 48 open camps.
Inspiration: What can we learn from it? Aspects transferable to VIM	The project PHILOS is a big project in a national context and targets the wider refugee population. The philosophy of the programme is to promote good practices implemented in the EU concerning the prevention of disease transmission with respect to the Human Right to health. Additionally, a system of epidemiological surveillance from migrant health points of care is under development by the Hellenic Centre for Disease Control and Prevention. Based on preliminary data, the most common reported syndromes include respiratory infections and gastroenteritis, followed by suspected scabies. In this context, the VIM project can take into consideration the most common diseases and offer suggestions towards prevention.
Gender perspective	Regarding women and children, the National Public Health School (ESDY) applied a short-term intensive training programme for the health professionals in the refugee camps, in order to train them in cultural competencies, detection signs and therapy of sex trafficking and war victims, age assessment of unaccompanied minors, psychosocial and medical tests for communicable diseases, vaccinations, etc.
Influence of cultural differences	The project addresses all refugees and migrants, irrelevant of cultural or other background. However, professionals in the open camps must deal with various cultures and therefore needs to be aware of cultural differences.
Other influential aspects, such as	In accordance with UNHCR data, 38% of the total refugee/migrant population in Greece is children under 15 years old, plus 2.5% newborn babies and

religion or age.	pregnancies, i.e. 25,000 and the PHILOS programme takes it into account by focusing a lot on vaccination structures.
Transferable resources to VIM project	In the context of Sub-action II: Risk assessment of public health events, one of the objectives is the development of an electronic platform to foster the submission of epidemiological surveillance data from the refugee/migrant camps, which could appear helpful for the VIM project in terms of development of tools related to risk assessment and the strengthening of the diagnostic capacity of professionals. In the context of Sub-action III the PHILOS programme provides training to health care professionals in refugee camps which are short and intensive. The focus is on cultural competencies, detection signs and therapy of sex trafficking and war victims, age assessment to unaccompanied minors, psychosocial and medical tests for communicable diseases, vaccinations, etc which could be used in the planning of the small training units of VIM.

CASE 2

PART 1	
Title	**CARE – Common Approach for Refugees and other migrants' health**
Country	**Italy, Greece, Malta, Croatia, Slovenia**
Year of good practice	**2016/2017**
Duration	**1 year**
Target group	The project adheres to the wider refugee population and in particular to the health needs of fragile subgroups, such as minors, pregnant women and victims of violence.
Institutional framework	The project received funding from the European Union's Health Programme (2014-2020) and was coordinated by the Italian Institute for Health, Migration and Poverty (INMP) with the participation of the Italian Ministry of Health, the Italian Red Cross,

	the Istituto Superiore di Sanità (ISS), the AOU Meyer Pediatric Hospital, the Bambino Gesù Pediatric Hospital (OPBG), Oxfam Italia (OIT) from Italy. Furthermore, from Greece, Praksis NGO, the National School of Public Health (NSPH), SYN EIRMOS NGO of Social Solidarity, CMT Prooptiki (CMT) and the Hellenic Center for Disease Control and Prevention (HCDCP) participated. In addition, the National Institute of Public Health (NIJZ) from Slovenia, the Ministry for Health of Malta and the Croatian Institute of Public Health (CIPH) were included in the CARE Consortium.
Short summary (incl. main activities and results)	The project "CARE – Common Approach for Refugees and other migrants' health", aimed to promote a better understanding of the health condition of refugees and migrants, to support the adaptation of the appropriate clinical attitude towards their health needs and in particular towards the health needs of fragile subgroups, such as minors, pregnant women and victims of violence. Its main results included adapted, more appropriate health care aspects, enhanced control of the risk of infectious diseases and better care of migrants' health over the European territory.
Link	http://careformigrants.eu/
PART 2	
Impact	The CARE project started in April 2016 and was implemented in five countries, which were affected by large migration waves (i.e. Italy, Greece, Slovenia, Croatia and Malta). Key public health challenges related to migratory fluxes to Europe were addressed through healthcare provision for migrants/refugees, monitoring of communicable diseases, training of relevant professionals and production and distribution of information and awareness raising materials. The CARE project was also able to issue targeted public health recommendations.
Inspiration: What can we learn from it? Aspects transferable to	At community level, the CARE project has developed information material for the public, in order to combat and demystify stereotypes regarding migrants' health as well as material for migrants and refugees focusing on their right to health. In addition, training seminars addressed to professionals working with migrants/refugees took place

VIM	during October, November and December 2016 in the participating countries, Greece inlcuded. Finally, the CARE project has developed recommendations on the strategic Public Health planning regarding migrant and refugee populations and the role of civil society organisations.
Gender perspective	One of the specific target subgroups of the project are pregnant women and also victims of violence, the largest group of which is traditionally women.
Influence of cultural differences	The multidisciplinary teams of the CARE project working in the targeted hotspots and migrants' / refugees' centres in Greece and Italy, delivered healthcare services to the needs of migrants/refugees, using the clinical protocols developed within the framework of the project. In a training seminar in Catania, the aspects that were included related to the concepts of health, illness and care in different cultures, intercultural communication, cross-cultural mediation in health care and the relationship between operators and migrants were examined.
Other influential aspects, such as religion or age.	One of the objectives of the project was to promote the health literacy and knowledge of migrants with specific focus to their right to access public health care services and to facilitate delivery of age appropriate services to migrants.
Transferable resources to VIM project	Different National health care system organisations were studied and potential barriers to health care access were considered and discussed with partners as well as good examples of migrants' empowerment on this issue underlined. Consequently, information material for migrants in regard to health care access in different Countries (Italy, Greece, Malta, Croatia, and Slovenia) was produced. The material was delivered into the migrants' centres and in relevant health access points. In this regard, it would be helpful for the VIM project to take into consideration this information material in order to develop the training units.

CASE 3

PART 1	
Title	**ORAMMA: Operational Refugee And Migrant Maternal Approach**
Country	**Greece, UK and Netherlands**
Year of good practice	**2017- 2019**
Duration	**2 years**
Target group	Refugee pregnant women, their families and their communities
Institutional framework	ORAMMA is a 2-year project, funded through the European Union's Health Programme, to develop an approach to maternal healthcare for migrant and refugee women. The project will develop an approach and tools to address specific maternal healthcare problems faced by migrants and refugee women in Greece, the Netherlands, and the UK. Partners are the following: TEI of Athens, CMT Prooptiki, European forum for primary care, Impuls-Netherland Center for Social Care Research, European Midwives Association, Sheffield Hallam University and TEI of Crete.
Short summary (incl. main activities and results)	The project "ORAMMA: Operational Refugee And Migrant Maternal Approach" aims to promote safe motherhood, to improve access and delivery of maternal healthcare for refugee and migrant women and to improve maternal health equality within European Union.
Link	http://lahers.seyp.teicrete.gr/oramma/
PART 2	
Impact	The general objective of the ORAMMA project is to promote safe pregnancy and childbirth through helping the access of migrant and refugee women and their newborn babies to skilled care. Moreover the project aims to enhance maternal healthcare and to promote

	the involvement of the community in health care models for migrant and refugee populations community-based health care models.
Inspiration: What can we learn from it? Aspects transferable to VIM	For the majority of the refugee pregnant women, their families, and their communities health care is not their primary concern and they might not be empowered to be healthy and maintain a good health. Care, especially maternal might be minimal and gender constraints may prevent some women from expressing the need for medical or psychological care during the perinatal period. This gender aspect is something that VIM focuses on and as a result the gender and cultural perspective of this project will be very useful.
Gender perspective	While more males than females seek asylum in Europe, 55% of those travelling are women and children and approximately 10% of refugee women entering europe are pregnant. Female refugees and migrants to the EU are more likely to have complex health needs including mental health, family and social circumstances, experience of trauma and violence, and underlying health conditions that could affect their pregnancy. It becomes evident that a good practice of this project is the involvement of women and their training in order to assist and act as intercultural mediators and advocates for pregnant women during the whole perinatal and antenatal period and this should be used in VIM for adressing the gender and cultural aspect.
Influence of cultural differences	Similarly to the above.
Other influential aspects, such as religion or age.	The project is directed to all refugee pregnant women, irrespective of age or cultural background.
Transferable resources to VIM project	The ORAMMA project develops an integrated, mother cantered, and holistic approach for all phases of the migrant and refugee women perinatal healthcare. In this vein, the VIM project could also act as a further enhancement and extra care, regarding pregnant women and their needs.

CASE 1

PART 1	
Name	"***Gesundheit kommt nach Hause***" ***(EN: Health comes to home)***
Location	Vienna/lower Austria
Duration	2010: 6 months programme 2011: 2 * 6 months Programme
Target group	Women/mothers with a low level of education, socio-economically disadvantaged, mainly with moslem background, often with a lack of German knowledge. The usually make no use of provided services and information on health, they don´t read (often are not able to read) and are not able to understand package information leaflets for medication
Framework (short description)	The project is funded by the FGÖ – Fond Gesundes Österreich (Austrian Health Fund) – it was mainly chosen because of its methodological approach. Multipliers close to the target group work in this project and visit these women at home. For the facilitation they work with 10 illustrated books in easy German language, that cover helath related topics by telling stories from a families daily life. Corresponding to the stories, specific info-sheets are distributed – in german and turkish translation. Topics covered: Physical activity; nutrition; children development; learning; emotions and wellbeing; vaccination; preventive medical check-ups; communication, consumer behaviour; body awareness; sexuality; pregnancy; stress; use of mobile and online devices; first aid; dental hygiene
Link	***http://www.beratungsgruppe.at/index.php?SID=11***

PART 2	
Impact	Using multipliers and the visiting approach are an important impact to the target group
Aspects transferable to the VIM	VIM is also working with a kind of scouting approach – reaching the target group where they already are...in labour market courses.
Gender perspective	For women with migrant backround the methodolgy to find them at home (or maybe in parks, laygrounds....) is crucial since due to cultural or traditional reasons this is the place where they are most likely to reach.
Influence of cultural difference	Female multipliers close to the target group act as Health-tutors. As the tresults of there search also show, a common background is supportive in building a relationship of trust.
Other influential aspects, such as religion or age.	In this project the target group comes mainly from a moslem background
Transferable resources to VIM project	Resources not available But it can be interesting to use the idea of illustrating or telling stories about daily life situations/family situations and use them in conenction with information about health

CASE 2

PART 1	
Name	***MigrantInnen helfen MigrantInnen - Volkshilfe Wien*** ***(EN: Migrants helping Migrants - MiMi)***
Location	Vienna
Duration	
Target group	Migrants/Refugees

Framework (short description)	Many refugees are overextended with the austrian Health care system, which is very complex - also in the adminstration. „MiMi-Health Guides" support them. 15-20 persons are annually qualified to work as MiMi Health Guides for migrants. They receive specific qualification on Health issues (e.g. children's health, diabetes,....) MiMi Health guides work in migrants/refgugee communities and inform the target group on these specific health issues – the health system opportunities for medical prevention check up, vaccination, nutrition, ... and about all existing medical services.
Link	*http://www.volkshilfe-wien.at/migrantinnen-helfen-migrantinnen/*
PART 2	
Impact	Again in this project the multiplier approach is chosen. Actors close to the target group (cultural background, language knowledge) asre qualified in health education to support other migrants. Through knowing their language, understand8ng their situation etc. a trustful relationship can be built.
Aspects transferable to the VIM	General information on the health system of the new country of living – often differs a lot from the system people know from their country of origin.
Gender perspective	No focus in this project
Influence of cultural difference	See above (impact)
Other influential aspects, such as religion or age.	See above (impact)
Transferable resources to VIM	No resources available

project	

CASE 3

PART 1	
Name	***DURCHBLICKer in – Gesundheitskompetenz für Frauen und Männer in der Erwachsenenbildung*** ***(Health competence for women and men in adult education)***
Location	Vienna
Duration	July 2017 – Dec 2019 10-15 Training units
Target group	Trainers/Participants (beneficiaries) of labour market courses (lower level of qualification)
Framework (short description)	Project in cooperation with the Vienna Social Heath Insurance, City of Vienna/Department for Health, FEM (Health consulting Institution) The aim of the project is to improve the health literacy of particpants in qualification courses. These people often show a low level of education, often migrant background. Apart from this in the project the trainers of these courses will be qualified in a way, that they can support the awareness raising process for health related topics. The programme consists of 3 modules: -The Austrian Health System - Communicaiton with medical staff - Patient rights
Link	-
PART 2	
Impact	Similar to VIM and Health Box, the approach of this project is to reach socially disadvantaged target groups where they already are - in qualification courses of the labour market service. The aim is not to make them health experts, but to

	improve their health literacy, and general information level on the health system. The given information should be oriented specially at the needs of the target group
Aspects transferable to the VIM	See above
Gender perspective	Offer is provided for women and men Focus on women with migration background in German laguage courses
Influence of cultural difference	
Other influential aspects, such as religion or age.	Challenges like different cultural background/different level of German language knowledge
Transferable resources to VIM project	No resources avaiable online – but contact with project manager. Very interested in VIM project and hopefully opportunity for an exchange of project work experience

ITALY

CASE 1

PART 1	
Name	CARE – Common Approach for REfugees and other migrants
Location	Organisations from five European Countries (Italy, Greece, Malta, Croatia, Slovenia)
Duration	2016-2017
Target group	minors, pregnant women and victims of violence.
Framework (short description)	The project "CARE – Common Approach for Refugees and other migrants' health", which has received funding from the European Union's Health Programme (2014-2020), aimed to promote a better understanding of refugees and migrants' health condition as well as to support the adaptation of the appropriate clinical attitude towards refugees and migrants' health needs and in particular towards the health needs of fragile subgroups, such as minors, pregnant women and victims of violence. Participating countries were those facing the greatest burden of the migration crisis at the time. In fact, they were either in the middle of the Mediterranean sea (Italy, Greece, Malta) or on the Balcanian route of refugees/migrants, and their policy and actions had clearly the highest impact also on neighboring Countries, depending on the actual ability to take care of the arrivals or at least to reduce and manage such an impact. The CARE project was designed and implemented in close cooperation with the national and local authorities of the involved countries and was also coordinated with the ongoing activities for the migrant population, where already existing, in order to complement them and to introduce added values of EU cooperation, increased use of multidisciplinary approaches and improvements in the monitoring of activities and potential health risks. Its main results included more appropriate health care deliveries, increased control of infectious disease risk at the early phase of migrant's care and better taking care of

	migrants' health over the European territory will have been obtained.
Link	http://careformigrants.eu/
PART 2	
Impact	• Sustain the establishment of a multidisciplinary team in Hotspots and migrant's Centres • Ensure the rapid detection of disease outbreaks and potential public health emergency • Realize a prototype of an integrated system for tracking and monitoring the health status of migrants/refugees at the moment of their arrival • Raise knowledge and awareness in general public • Empower health professionals and non-health personnel • Promote migrants health literacy • Support the development of integrated Public Health plans
Aspects transferable to the VIM	The WP realized by CARE project could be taken into consideration in order to increase the impact of VIM project, indeed: "The CARE project, which counted upon the endorsement of European governments experiencing strong migration flows, deployed its potential throughout 8 Work Packages (WPs), all tailored to address different aspects of migrant's health, with a view to hosting societies. Among them, three WPs were cross-cutting, namely coordination, results dissemination and evaluation. Other WPs focused on sustaining the health of migrants within the hotspots and migrants' centres, producing evidence based instruments to manage health threats and syndromic surveillance, offering a way for tracking migrant's health on the move, producing training and information material for health staff, general public and migrants as well as intervene into the public/private relationships to promote a new governance model for migration public policies."
Gender perspective	There is a focus related to women but the project seems to be very balanced in terms of gender perspectives.
Influence of	\\

cultural difference	
Other influential aspects, such as religion or age.	\\
Transferable resources to VIM project	Training module material: http://careformigrants.eu/wp-content/uploads/2017/05/D7.1-Training-material-part-2-training-modules.pdf

CASE 2

PART 1	
Name	CARE – Common Approach for REfugees and other migrants
Location	Italy
Duration	Beginning in 2017
Target group	Migrants with a particular focus on: minors and women.
Framework (short description)	The Programme contributes to the improvement of health conditions and the psycho-physical wellbeing of migrants arriving or staying in Italy, with particular attention to women and minors, promoting on the territory the development, dissemination and exchange of models and innovative tools of intervention.
Link	http://www.osservatorio-ois.com/sanita-di-frontiera
PART 2	
Impact	Promote on the Italian territory the development, dissemination and exchange of innovative intervention models and tools to support the health of migrants and host communities (i.e.

	through frontal and distance learning, exchanges of good practices, new research models). Improve access to health and psychological care for migrants on Italian territory, with particular focus on the psycho-physical health of migrant women, minors and unaccompanied minors, in the initial reception and integration phase.
Aspects transferable to the VIM	Creation of a SMARTPHONE AND TABLET APPLICATION (called AMICA - Migrant's Friendly Health Record), integrated with the technological platform already developed and used by the Italian Red Cross, able to systematize the clinical-diagnostic data of the migrant in a single technological tool and allow them easy use and sharing by all the operators involved, as well as by the migrants themselves.
Gender perspective	There is a focus on women
Influence of cultural difference	\\
Other influential aspects, such as religion or age.	\\
Transferable resources to VIM project	Important documentation at Italian national level: http://www.osservatorio-ois.com/wp-content/uploads/2018/01/Rapp_Traumi_Ignorati_140716B.pdf http://www.osservatorio-ois.com/wp-content/uploads/2018/01/C_17_pubblicazioni_2599_allegato.pdf

CASE 1

PART 1	
Name	Healthcare-seeking Behaviour among Newly Arrived Adult Migrants
Location	Denmark
Duration	4 years (start 2013)
Target group	Newly arrived migrants
Framework (short description)	A prospective randomized study design was used. The randomization was implemented by assigning newly-arrived migrants to one of three groups who receive: I) a course of 10 hours on access to and optimal use of the Danish healthcare system based primarily on course material developed by the National Board of Health; II) written information in their mother tongue on the Danish healthcare system versus III) no information (current situation).
Link	http://sulim.ku.dk/research/wp6/
PART 2	
Impact	On the basis of the findings 1) The info material: „Information about Danish doctors and hospitals" was developed in Danish, English, Arab, Urdu, Turkish, Thai, Polish, Mandarin and Filipino language 2) Information/training material of a high quality has been developed adressing the different educational levels among migrant: „Knowledge on health and disease, doctors and hospitals in Denmark" 3) A Teacher's book and grading instructions
Aspects transferable to the VIM	Material, teachers book
Gender perspective	-

Influence of cultural difference	-
Other influential aspects, such as religion or age.	-
Transferable resources to VIM project	It has become clear to us that some of the things we planned to do in VIM have actually been done by others already □. The material is now in the process of being introduced to Danish language schools

CASE 2

PART 1	
Name	Frivillig-projekter
Location	Several cities in Denmark
Duration	Ongoing
Target group	Refugees
Framework (short description)	Danish Refugee Council has organized volunteers in implementing many different projects related to • physical activities, • buying cheap but healthy food • growing vegetables and fruit and getting familiar with, and used to, using local Danish fruit and vegetables • cooking The approach is that the volunteers do not only talk about the things – They DO it together with the refugees
Link	https://flygtning.dk/media/2791986/ frivillig_1_2016_web.pdf

PART 2	
Impact	The immigants take part in the activities – and start changing their attitude and their conduct
Aspects transferable to the VIM	The idea of not just handing out material to, not just talking to BUT ALSO actually showing and DOING together with them
Gender perspective	-
Influence of cultural difference	-
Other influential aspects, such as religion or age.	-
Transferable resources to VIM project	The above mentioned approach

Examples of GOOD PRACTICES

Apart from the two-three practices that are described in the templates other good practices were mentioned during the interviews:

- Offering training facilities to migrants for free (municipalities) and supporting them when they arrive.
- Organizing walks in the forest.
- Meeting them with respect and show them you like them when you tell something to them or do something for them.
- Adjust the traditional offers to something they are a little more familiar with and feel confident with (for instance when you organize groups for new mothers, or swimming)
- Tell and DO together, not only tell (for instance teeth brushing).
- Play games and sing songs about healthy life
- Joint activities where we show how to make healthy food.

- Learn migrants – by showing and cooking together - to use the fresh vegetables grown in Denmark. For example, different cabbage types, potatoes, celery and leeks. Many of the vegetables you buy in the Arabian stores are very sugary. And often not fresh

Further reading:
https://videnskab.dk/kultur-samfund/saadan-kan-indvandrere-faa-langt-stoerre-viden-om-sundhedsvaesnet
https://www.sst.dk/da/udgivelser/2017/~/media/C76A9DB0CFB94B6692C22F3D4974620D.ashx
http://medarbejdere.au.dk/institutter/nyhed/artikel/hvad-er-erasmus/
https://www.medbox.org/refugee/toolboxes/listing
https://www.information.dk/telegram/2015/04/roede-kors-flygtninges-sundhed-boer-undersoeges-hurtigt
http://www.indvandrersundhed.dk/formaal/
http://www.indvandrersundhed.dk/formaal/

SPAIN

CASE 1

PART 1	
Name	"MultiplícaTE" ("Multiply YOURSELF") Amaranta Foundation
Location	Gijón (Asturias, Spain)
Duration	Ongoing Since May-June 2006
Target group	Migrant women working in prostitution
Framework (short description)	Training programme aiming to train this women in healthy and cultural habits, and also, train them as key informers in context of prostitution promoting this habits as "peer educators".
Link	http://www.fundacionamaranta.org/wp-content/uploads/2014/10/multiplicate.pdf
PART 2	
Impact	Bigger impact that when it is done by workers of the foundation. Women are close to the tarjet group (cultural

	background, language)
Aspects transferable to the VIM	• Using "peer educators" as key informers with migrants. • Standardise methodology and workshops materials
Gender perspective	Yes, all the foundation uses gender perspective transversally
Influence of cultural difference	Women must share cultural similarities in order to achieve a successful result of training
Other influential aspects, such as religion or age.	-
Transferable resources to VIM project	• Group methology • Recording and transcription for the systematization proceeding. • Workshop materials in the link.

CASE 2

PART 1	
Name	Health actions guides about Female Genital Mutilation prevention in the Community of Madrid Médecins du monde
Location	Madrid, Spain
Duration	Since 2017 (older guides also available)
Target group	Migrant women
Framework (short description)	Guide that collects a comprehensive approach about FGM for professionals. It informs about theoretical aspects, legislation, action guidelines (community intervention, individual intervention, intervetion with women at imminet risk and women with FGM already performed).

Link	https://www.medicosdelmundo.org/actualidad-y-publicaciones/publicaciones/guia-de-actuaciones-sanitarias-frente-la-mutilacion-genital
PART 2	
Impact	This guide is a first step in the articulation of a collective response, comprehensive and institutional, about this public health problem. Social and health fields are privileged spaces to take action against the FGM, so it is specific designed for this professionals.
Aspects transferable to the VIM	Training of peer educators, workshop materials, theoretical aspects, action guidelines (community intervention, individual intervention, intervetion with women at imminet risk and women with FGM already performed).
Gender perspective	Yes, also human rights perspective.
Influence of cultural difference	-
Other influential aspects, such as religion or age.	Religion is a crucial aspect in the FGM.
Transferable resources to VIM project	• Health education and sexuality workshops • Guide and protocols of action • Motivational interviewing • Detailed useful materials (webpages, leaflets, intercultural mediation, etc.) • Specific proceedings according to: women, pregnant women, girls and men. • Registration and codification

4. Conclusions for VIM

After analysing all the data contained in the partner countries' national reports, several common patterns and conclusions can be described:

- **Barriers to communication concerning the European health system, its functioning, its professionals and its strategies:** Upon arrival, migrants face a variety of challenges, which become even more complex due to their status as non-residents and lack of awareness of the health care system of the receiving country. On the one hand, many migrants do not have sufficient knowledge of the respective language of the host country and thus suffer from a deep linguistic and cultural isolation that affects both the correct communication of their illnesses and the awareness of their state of health and treatment received. On the other hand, migrants risk to be exposed to racism on part of health professionals, which is perceived when the general or administrative staff contacts them for the first time and later in the doctors' attitude towards them – they lack the necessary intercultural empathy (e.g. they do not express in simple terms or make an effort to speak slowly) when it comes to communicating medical conditions. Last but not least, communication barriers arise in the conduct of health campaigns which, even if translated into other languages, do not effectively reach migrants due to their different health conceptions and knowledge. Such campaigns should be targeted specifically at migrants and actively involve them in the preparation and implementation of the campaign.
- **Different healthcare and body conceptions:** Migrants come from heterogeneous cultural backgrounds and therefore have very different body and overall concepts in health care. Therefore, health campaigns and strategies should be specifically aimed at migrants and inform them step by step about medical services and conditions as well as how to access to them. In order to properly reach migrants and involve them in the health system, they need to receive some training on how it works, its services and when they can receive general or specialised medical assistance. In addition, it will be important to strategically address some internalised cultural attitudes to health care, especially in relation to chronic diseases brought from their countries or during their travels, such as diabetes, high blood pressure, respiratory problems or HIV/AIDS.
- **The need to treat migrants as specific patients and not as homogeneous collectives:** The various studies have shown that very often migrant patients are treated - consciously or unconsciously - as if they were all similar and had no cultural characteristics of their own. In addition, health professionals sometimes adopt impolite attitudes that ultimately discourage migrants from receiving health care attention. In this sense, with or without mediation or accompaniment, migrants must be treated as specific patients, people who need individual assessment.
- **Administrative and legal barriers:** Asylum seekers or refugees initially enter the country without legal residence status and must first apply for this in order to obtain full insurance. In some partner countries, migrants are prevented from receiving general or special medical assistance until they receive their residence card. Migrants suffer from great fears and emotional struggles both because of administrative challenges and because of waiting for residence permits. Therefore, administrative and emotional support becomes an important measure.

- **Importance of introducing campaigns for a healthy lifestyle:** As migrants come from countries fundamentally different from the European environment, they are often also far away from European lifestyles. In this sense, campaigns on healthy eating, sleeping and sporting habits are becoming very important both for the social integration of migrants and, above all, for improving their overall health.
- **The development of awareness-raising campaigns for health professionals:** To reduce the distance between health institutions and migrants, awareness-raising campaigns for health professionals are urgently needed. These campaigns should aim to foster intercultural empathy with migrant patients and train professionals in their communication skills with such vulnerable groups
- **Sexual health education:** Holistic sexual education, including contraceptive methods and family planning, is very important. Although there are many differences between migrants' awareness of sexual health, it is generally important to inform them, especially women, about the resources available to them for sexually transmitted diseases, pregnancy or abortion.
- **Gender awareness:** It has been noted that very often women are the heads of their families when it comes to the general health conditions of their relatives. In this context, and in the context of the previous point, women need specific emotional, educational and material support to effectively care for themselves. These include psychological therapy, sexual education and economic or material means (e.g. to help them with their motherhood).
- **Mental health:** Most migrants have experienced a high level of fear, trauma and depression due to their forced mobility. In many cases, however, there is no deep mental health conception and/or culture in their countries of origin. For this reason, and in order to improve their overall health status, it is crucial to promote mental health support and provide mental health support in a strategic way so that migrants do not reject it.
- **The promotion of assertiveness against drug consumption:** It was found that migrants do not usually consume drugs or alcohol because of their cultural backgrounds. However, it is precisely among young people that rejecting drug use can become a difficult challenge. Promoting assertiveness among young people for the long-term health of migrants would therefore be very useful.
- **Orientation and support provided by cultural ambassadors:** In order to effectively address migrants and improve their access to health care, the recruitment of "cultural ambassadors" – migrants who already live in the country and are linguistically and socially integrated – has proven to be a very successful measure. They can provide guidance and support to new migrants and, thanks to the cultural proximity, give them a sense of well-being and proximity to health facilities.
- **The avoidance of patronizing attitudes:** In order to promote the autonomous use of health services by migrant patients, the avoidance of patronising attitudes by social workers is also very important. In this sense, once migrants are relatively familiar with the destination country, they should be supported by their social organisations in the autonomous use of medical assistance.

As has been made clear, migrant collectives are undoubtedly very heterogeneous with specific needs and health conditions, but who face similar challenges and struggles in accessing health care. This is due to common problems arising from the cultural, linguistic and socio-economic conflict between migrants and European health facilities and institutions, mainly related to

communication barriers and different health and body concepts. In developing effective measures to improve the participation of migrants in the health systems they enter, the issues described above should be strongly taken into account.