

# Mapping Initiatives on Health and Migration in Europe

(A matrix of European migration health projects)

**EU-Level Consultation on Migration Health – “Better Health for All”**  
**24-25<sup>th</sup> September 2009, Lisbon**

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## Aims and Background

- Mapping of migration health initiatives at European level to identify gaps, foster synergies and inform future strategies
- Recommendation of 2<sup>nd</sup> Meeting of the Advisory Group on Migration and Health (Luxembourg, Feb 2008)
- Collaboration proposed by EAHC to IOM within the framework of the AMAC Project
- 1<sup>st</sup> mapping attempt: analytical model for increasing volume of migration health initiatives

## Health and Migration Projects Included (19)

### DG SANCO Public Health Programme (incl. CfP 2006 and 2007)

- MEHO, MIGHEALTHNET, PHBLM, Nowherecare, Roma Health, Tampep 8, AMAC, EUGATE, HUMA Network, Aids and Mobility, Healthy Inclusion (all without HM)

### DG RTD FP6 Programme\* and COST action

- IMISCOE, FeMiPol, Prominstat, Cinefogo, FEMAGE, HOME

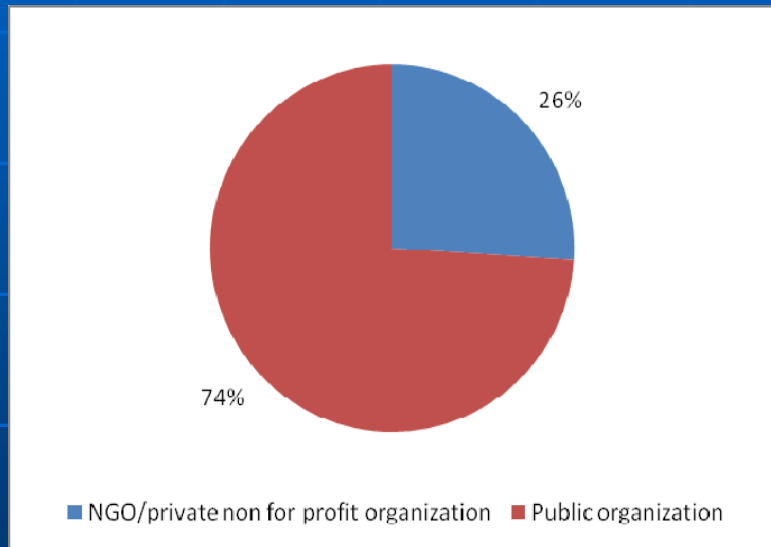
### Other EC-funded projects

- Aamee, Healthquest

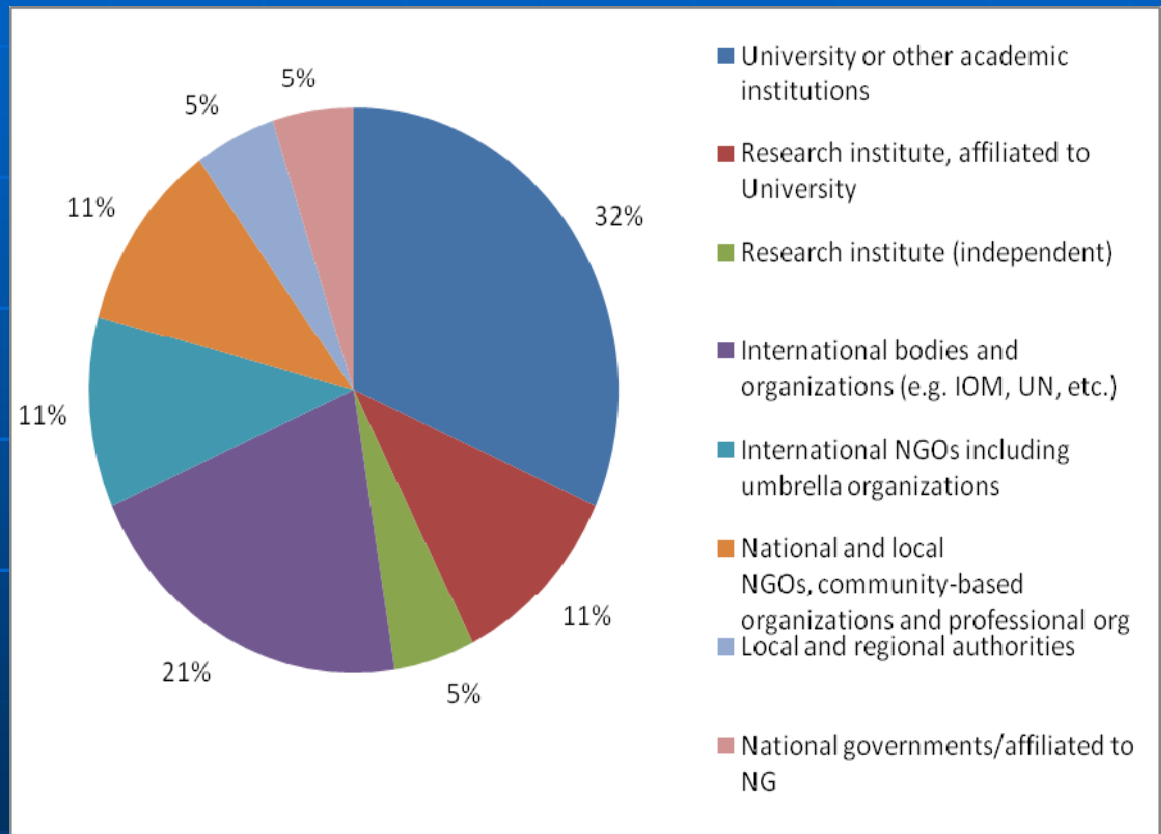
## Methodological approach and Outline of variables

- Questionnaire (and SPSS data preparation)
  1. General project information: EC strand, priority area
  2. Leading Partner – type of organization, country (inc. leading partner(s) # beneficiaries - yes/no variable)
  3. Partners – type of organization
  4. Participating countries (EU, accession, EEA, Balkans)
  5. Countries of coverage
  6. Key deliverables (outputs)
  7. Main objectives (outcomes)
  8. Beneficiaries
  9. Target areas of study/action
  10. Stakeholders (target audience, broad partnership)

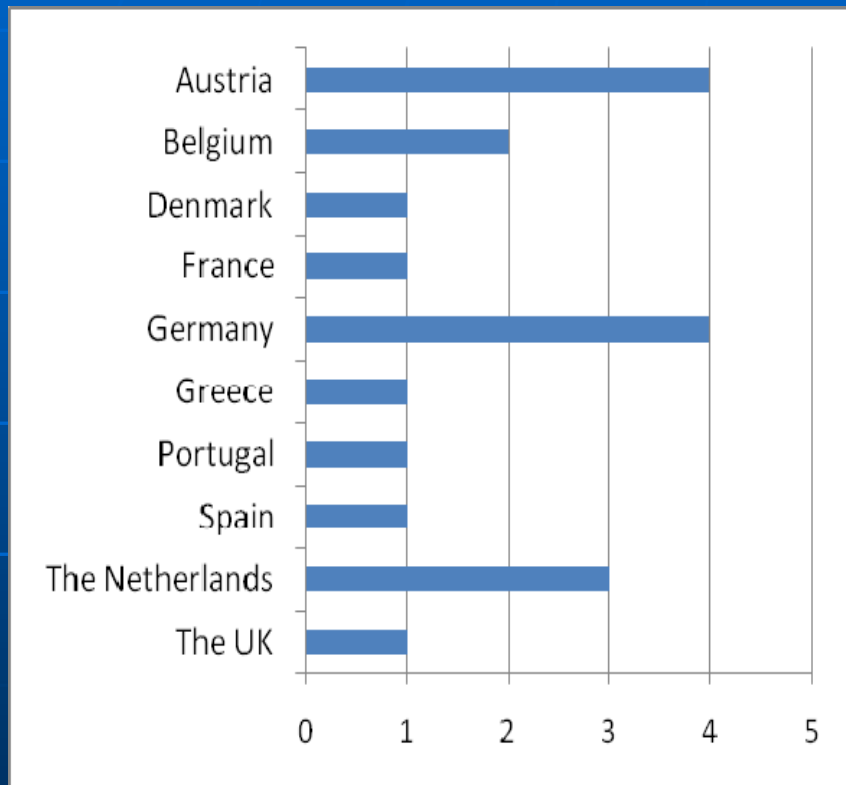
## Primary type of organization of leading partner



## Particular type of organization of leading partner



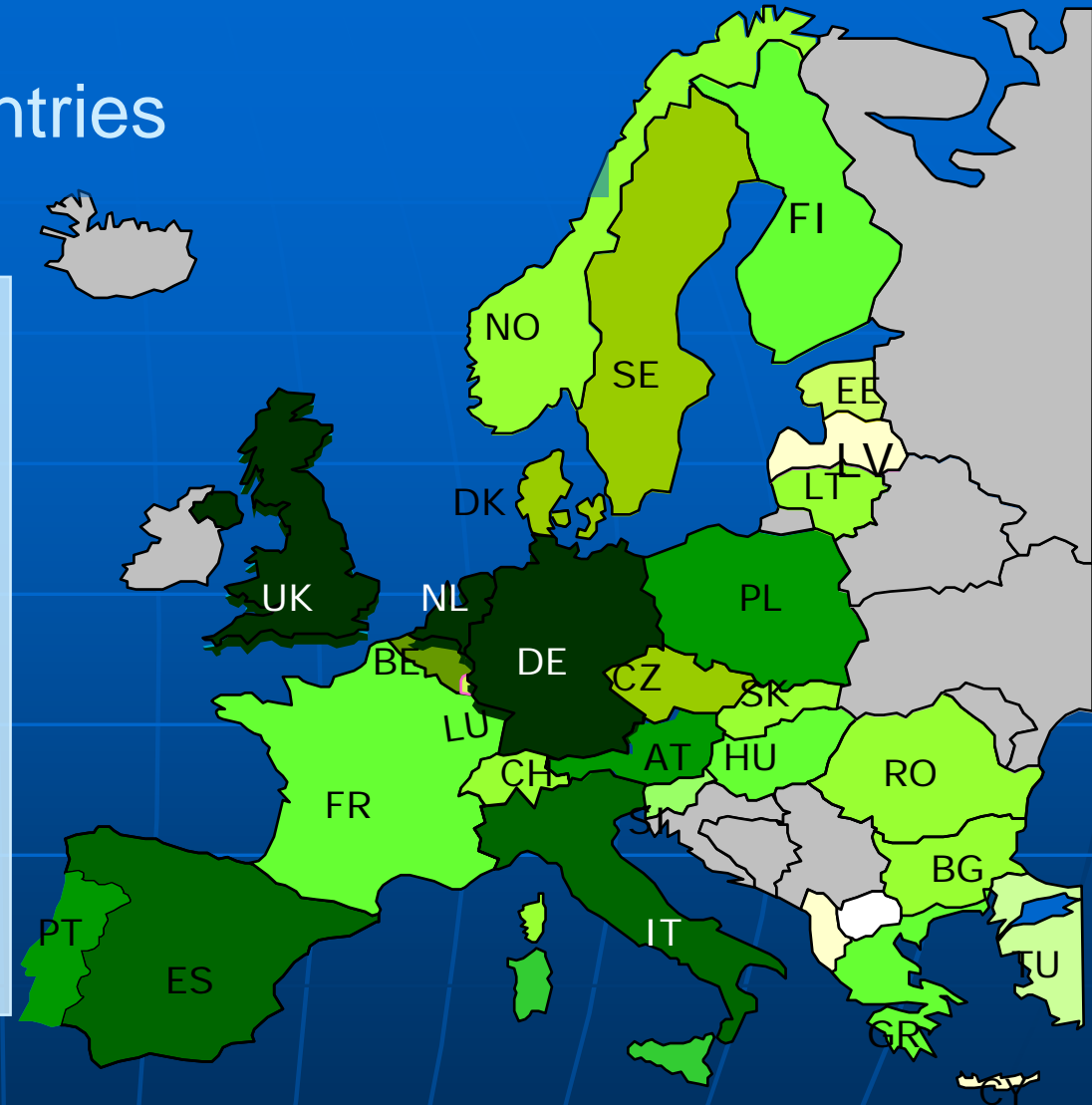
## Country of leading partner



- Main countries, leading migrant health projects are Austria (4), Germany (4) and the Netherlands (3);
- 72% of project partners report that they are not direct beneficiaries of the project outcomes
- The majority of associate/collaborative partners are Universities; research centres, affiliated to universities; independent research institutes. Low participation as partners: international bodies or organizations; local and regional authorities; hospitals, clinics, medical centres and other health care;

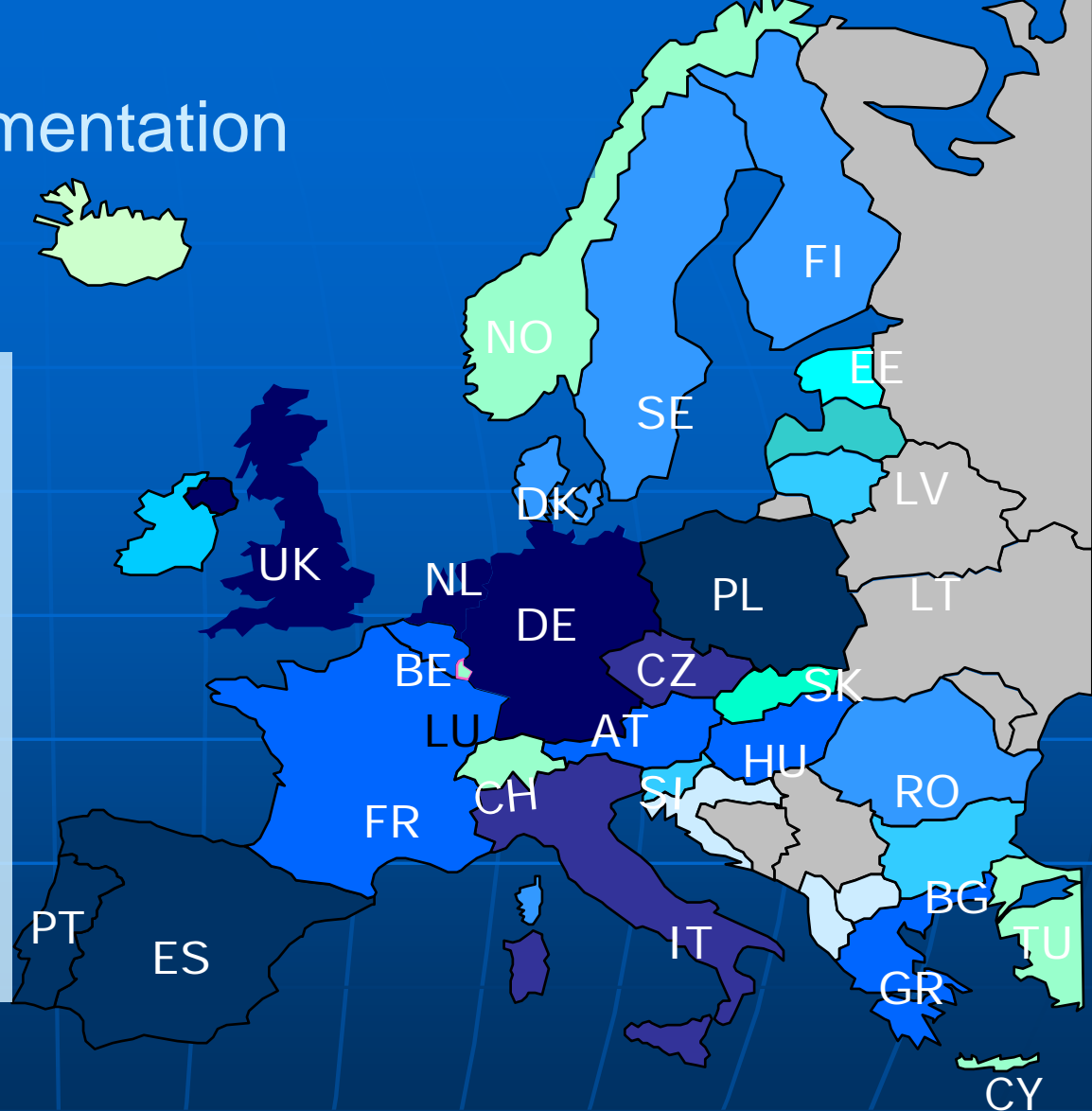
# Participating countries

- 14 projects: The Netherlands, UK, Germany
- 13 projects: Spain
- 12 projects: Italy
- 11 projects: Austria, Poland, Portugal
- 10 projects: Belgium, Greece
- 9 projects: Czech Republic, Denmark, Sweden
- 8 projects: Finland, France, Hungary
- 6 projects: Bulgaria, Romania, Slovakia, Slovenia
- 5 projects: Lithuania, Norway, Switzerland
- 4 projects: Estonia, Malta
- 3 projects: Cyprus, Ireland, Turkey
- 2 projects: Latvia
- 1 project: Luxembourg, FYROM, Georgia, Israel



Note: BASE 19 valid cases

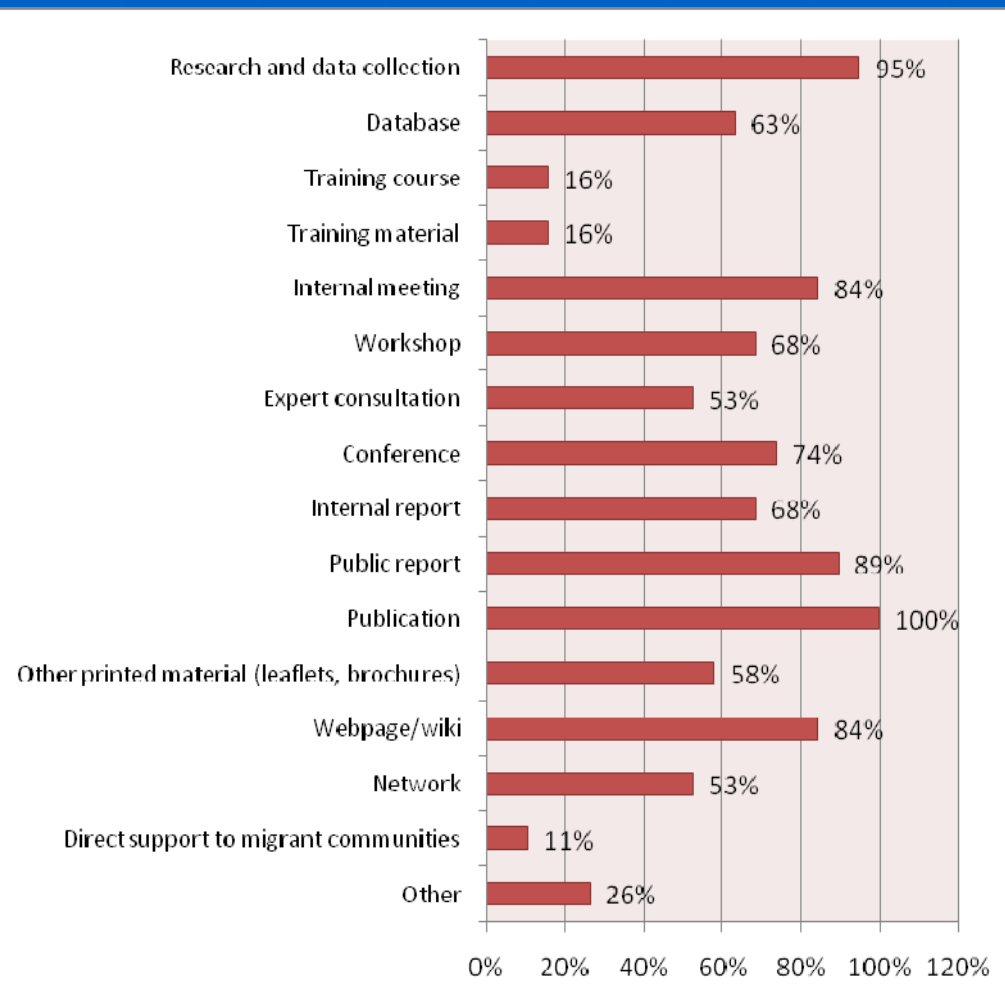
# Countries of implementation



Note: BASE 19 cases

# Key Deliverables

- Majority of projects deliver research and data collection, databases, public website and conference (except internal meetings, workshops, internal reports)
- A few projects report training courses and materials and direct support to migrant communities

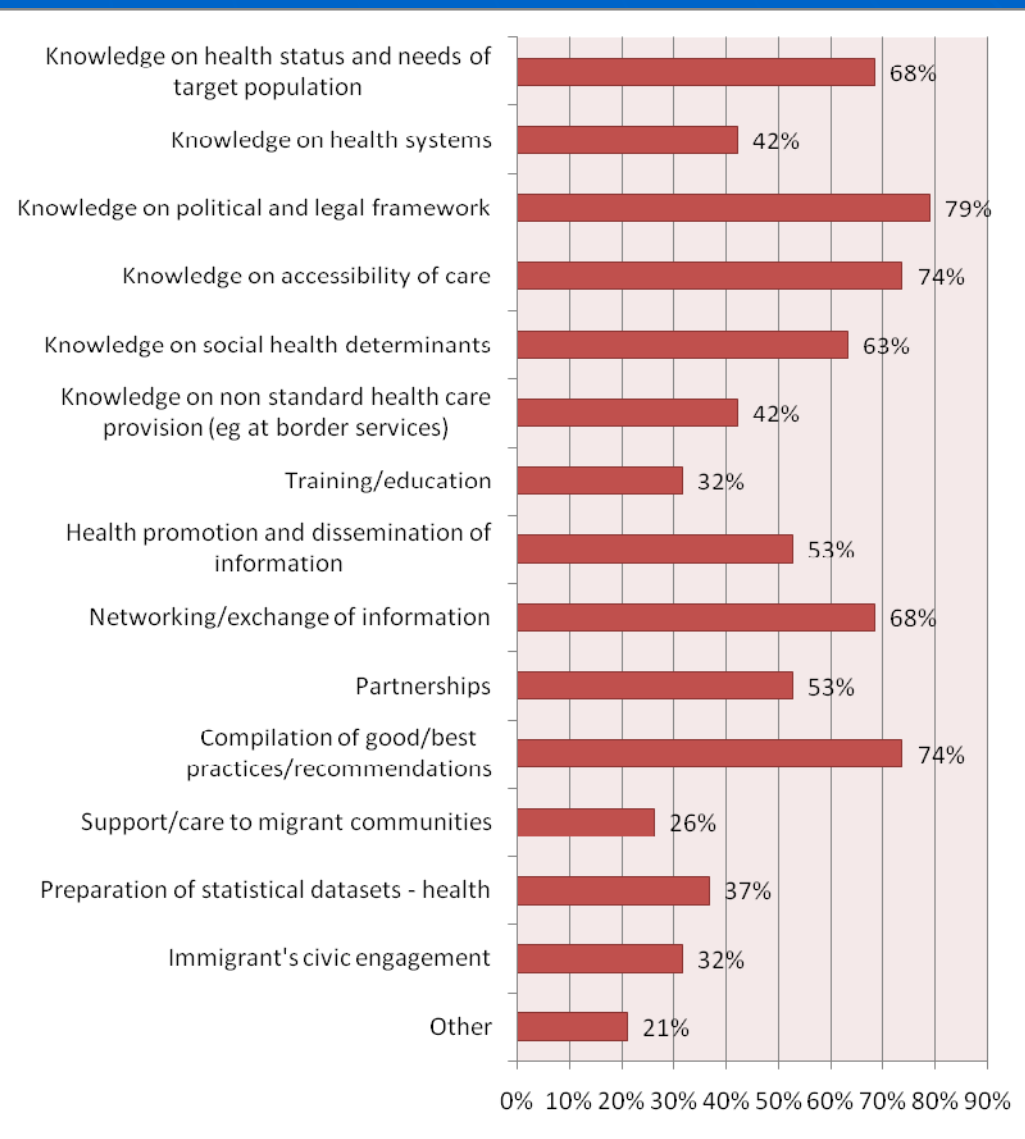


Note: BASE 19 valid cases

The total % is higher than 100% as the projects have declared more than one deliverable

## Main Objectives

- Major focus: knowledge on political and legal framework; accessibility of care; compilation of good/best practices/recommendations; network/exchange of information and knowledge on health status and needs of target population
- Less involvement in: training/education; support/care to migrant communities, preparation of statistical datasets, health and immigrant's civic engagement

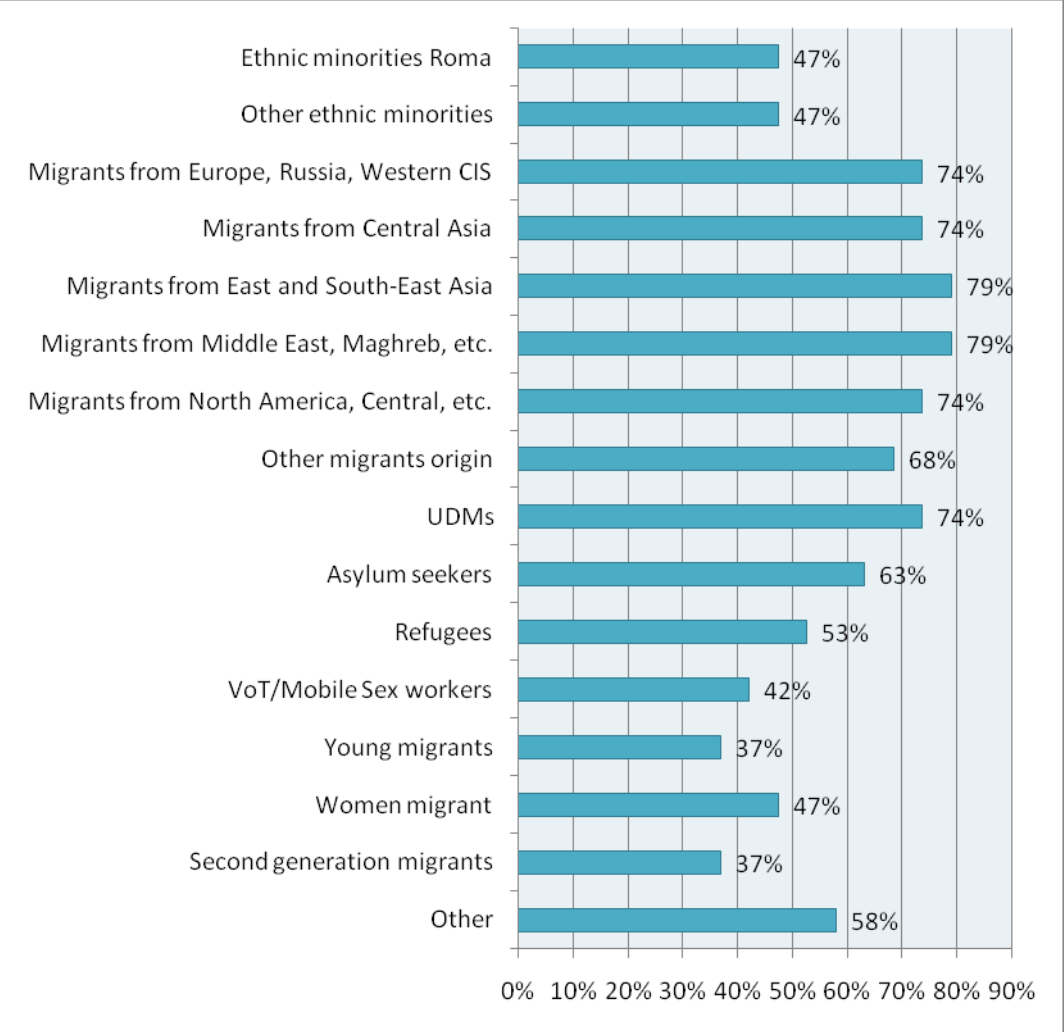


Note: BASE 19 valid cases

The total % is higher than 100% as the projects have declared more than one main objective

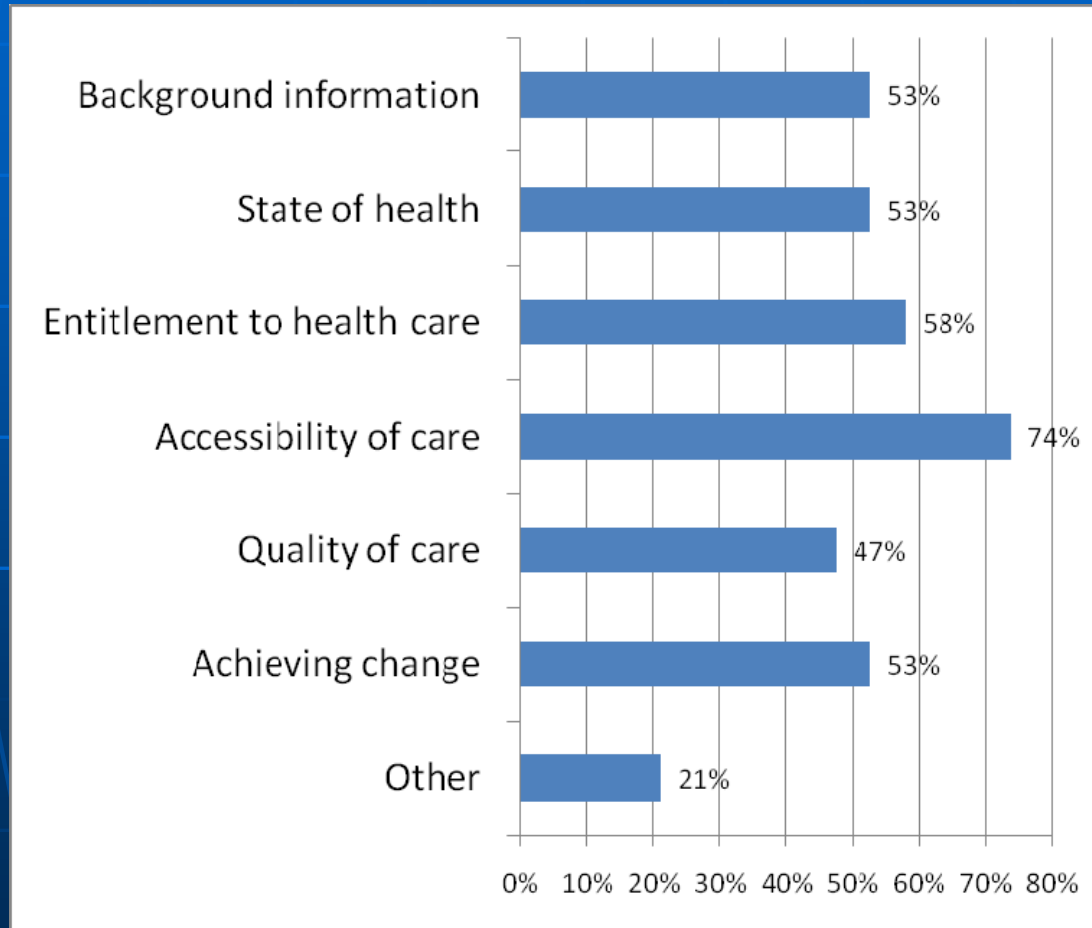
# Beneficiaries

- Broad concept of “migrant” used in most projects
- Young migrants, VoT/Mobile Sex workers, women migrants and second generation migrants less often listed as beneficiaries



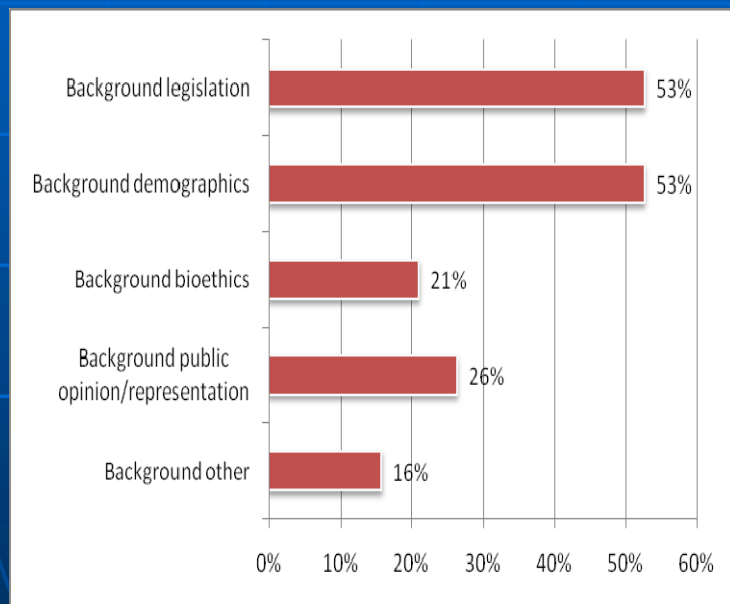
Note: BASE 19 valid cases  
 The total % is higher than 100% as the projects declare more than one stakeholder

## Target health areas # David Ingleby’s framework of European research on migration and health

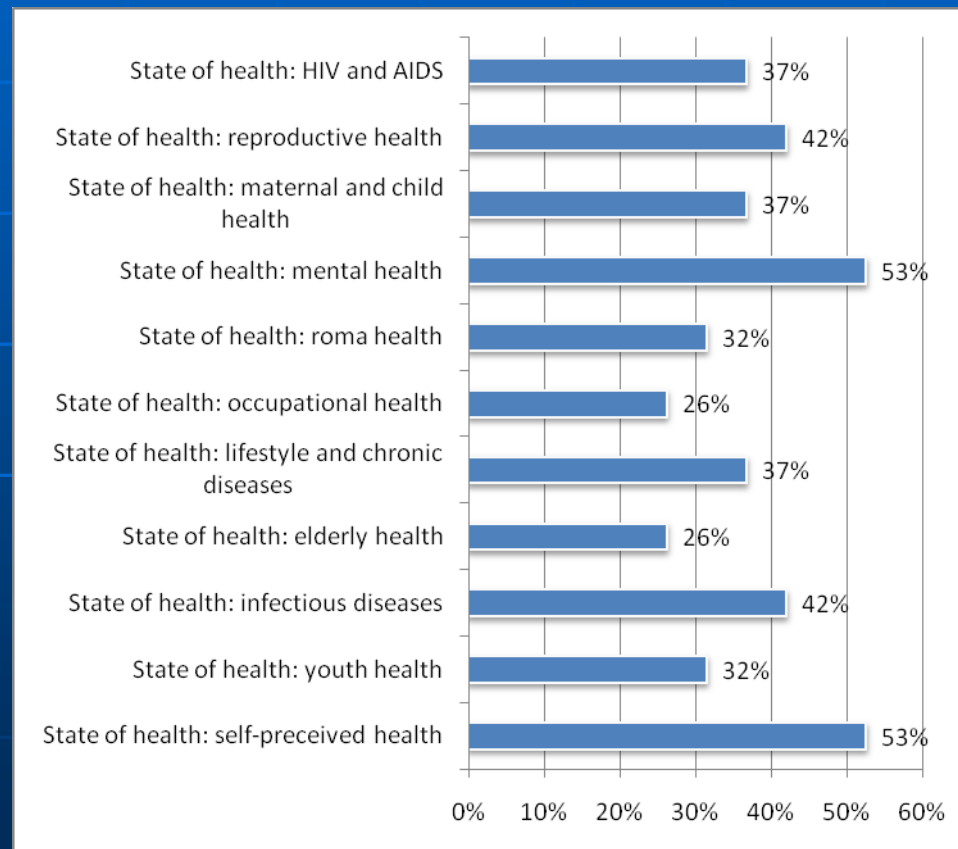


Note: BASE 19 projects

## Target health areas # Background information



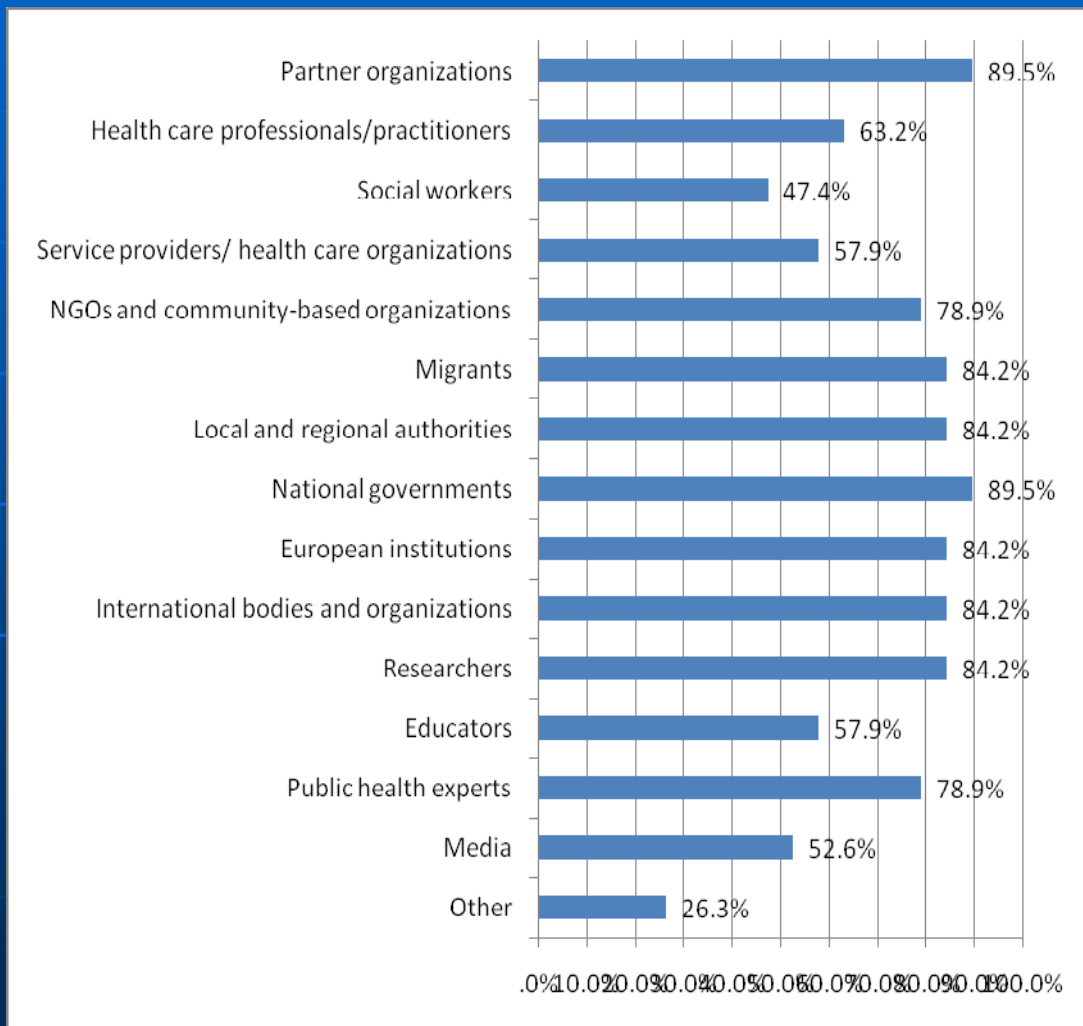
## Target health areas # State of health



Note: BASE 19 projects, 166 answers

# Stakeholders

- No clear-cut identification of concrete stakeholders
- Mainly partner organizations, European institutions, national governments, international bodies and organizations, researchers, and public health experts listed;
- Media, social workers and service providers/ health care organizations cited less often;



Note: BASE 19 valid cases  
 The total % is higher than 100% as the projects declare more than one stakeholder

## WHO Resolution on Health of Migrants – strategies for improving the health of migrants

- **Advocacy and policy development:** promoting migrant-sensitive health policies adhering to the principles of public health approach; advocating migrants' health rights; promoting equitable access to health protection and care; developing mechanisms to enhance social protection in health and safety; raising awareness of, and promoting international cooperation on, migrants' health;
- **Assessment, research and information dissemination:** assessing the health of migrants and trends; identifying and filling gaps in service delivery to meet migrants' health needs; encouraging health and migration knowledge production; documenting and disseminating best practices and lessons learnt in addressing migrants' health needs;
- **Capacity building:** sensitizing and training policy-makers and health stakeholders involved with migrants' health; promoting cultural, religious, linguistic and gender sensitivity associated with migrants' health among health service providers, creating a network of collaborating centres, academic institutions, etc. for research into migrants' health and for enhancing capacity for technical cooperation; and training health professionals about diseases and pathologies that prevail in the country of origin or return;
- **Service delivery:** Initiating/ reinforcing migrant-friendly public health services and health care delivery methods for migrants with special needs; strengthening health promotion and disease prevention initiatives to reach out to migrants in the community; establishing minimum standards of health care for all vulnerable migrant groups; and publicizing existing services.

## Prospects

- Regular **update/validation of data** via project managers
- Extension to **other EC funding programmes** (JLS/ERF, INTI etc.)
- Extension to **new initiatives** under DG Sanco/2008 CfP, DG RTD...
- Regular adjustment and **fine tuning** of analytical model
- **Your feedback** is very welcome! **THANK YOU!**