London School of Hygiene & Tropical Medicine

Improving Health Worldwide

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

CENTRE FOR GLOBAL CHRONIC CONDITIONS

Research, teaching and capacity strengthening on migration and health

Thursday 21st June 2018 – morning session

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Thursday 21st June – Morning Agenda

Time	Theme/title	Presenter
09.30-09.35	Introduction	Bayard Roberts
	Migration in Europe	Chair: Jennifer Priaulx
09.35-09.50	Coping amongst internally displaced persons in Georgia	Maureen Seguin
09.50-10.05	Responsive mental health systems for Syrian refugees – the use of rapid appraisal methods	Daniela Fuhr
10.05-10.20	Mental health and harmful alcohol use amongst internally displaced persons in Ukraine	Bayard Roberts
10.20-10.35	Health systems responses to migration	Bernd Rechel
10.35-10.55	Break	
	Teaching and research capacity strengthening	Chair: Hazel McCullough
10.55-11.15	Strengthening research capacity building in humanitarian crises – the RECAP project	Hazel McCullough
11.15-11.30	Development of training modules for health professionals and law enforcement officers on migrant and refugee health	Karl Blanchet
11.30-12.30	Round table: How are Schools of Public Health responding to the migration crisis? How should they be responding?	Facilitator: Martin McKee

Migration in Europe

Introduction: Bayard Roberts
Chair: Jennifer Priaulx

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Coping and loss amongst conflict-affected Georgian women

Dr Maureen Seguin

Centre for Global Chronic Conditions

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Presentation outline

1. Georgian context
2. Methods
3. Resource Loss
4. Coping
5. Conclusion

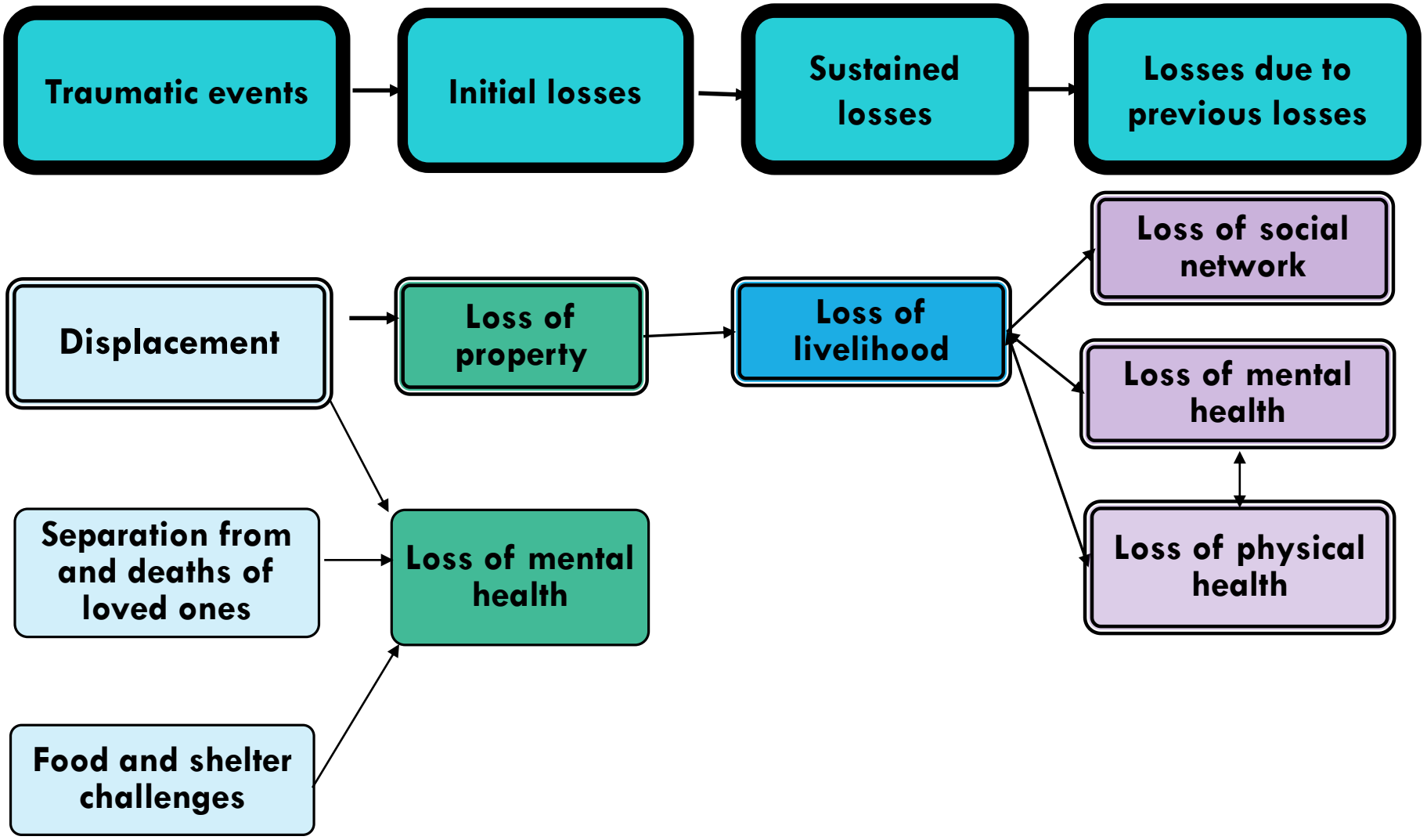
Source: Internal Displacement Monitoring Centre

Methods

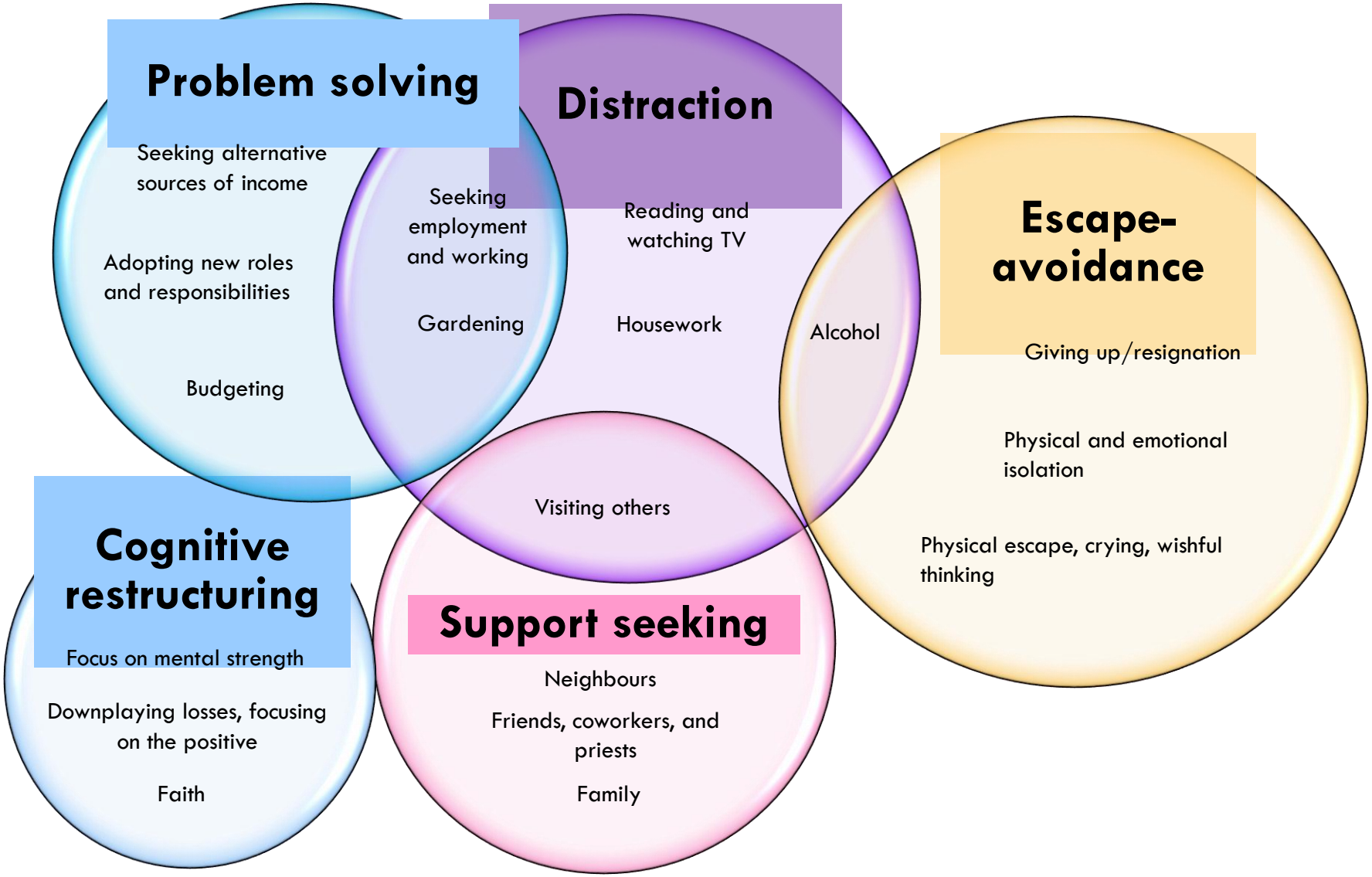
42 Semi-structured interviews with women internally-displaced by the 2008 war

- Conducted Nov 2012-Feb 2013
- Georgian audio content translated and transcribed to produce English transcript
- Open-coded transcriptions in NVivo
- Applied theoretical concepts
    - Hobfoll's 'Conservation of Resources' theory (1989)
    - Skinner et al. coping typology (2003)

Resource loss



COPING STRATEGIES



maureen.seguin@lshtm.ac.uk

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Seguin M, Lewis R, Razmadze M, Amirejibi T, Roberts B. (2017). **Coping strategies of internally displaced women in Georgia: A qualitative study**. Social Science and Medicine; 194: 34-41.

Seguin M & Roberts B. (2017). **Coping strategies used by conflict-affected adults in low- and middle-income countries: A systematic literature review**. Global Public Health; 12(7): 811-29.

Seguin M, Lewis R, Amirejibi T, Razmadze M, Makhashvili N & Roberts B. (2016**). Our flesh is here but our soul stayed there: A qualitative study on resource loss due to war and displacement among internally-displaced women in the Republic of Georgia**. Social Science and Medicine; 150: 239-47.

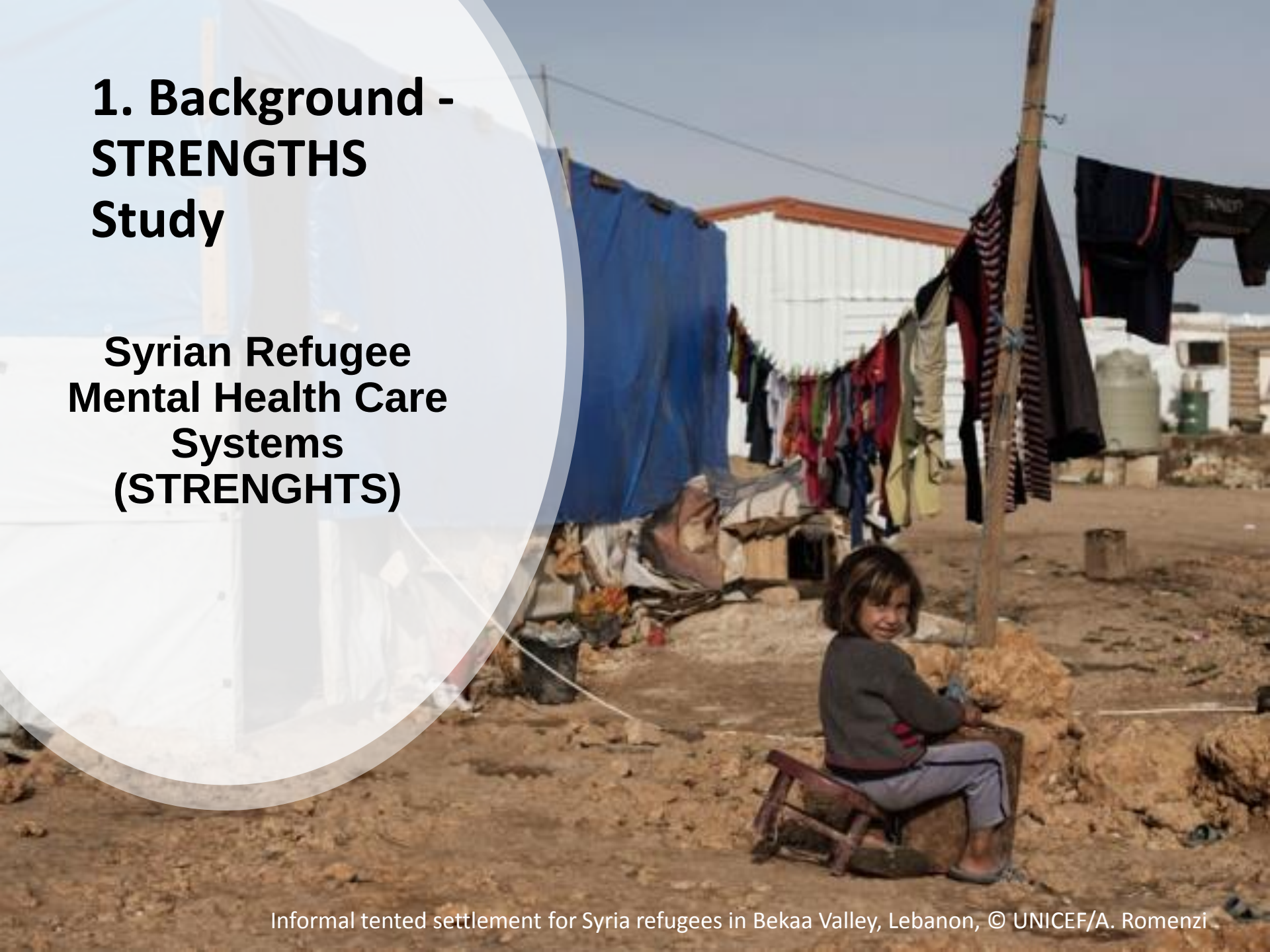
Responsive mental health systems for Syrian refugees – the use of rapid appraisal methods

21 June 2018

Daniela Fuhr

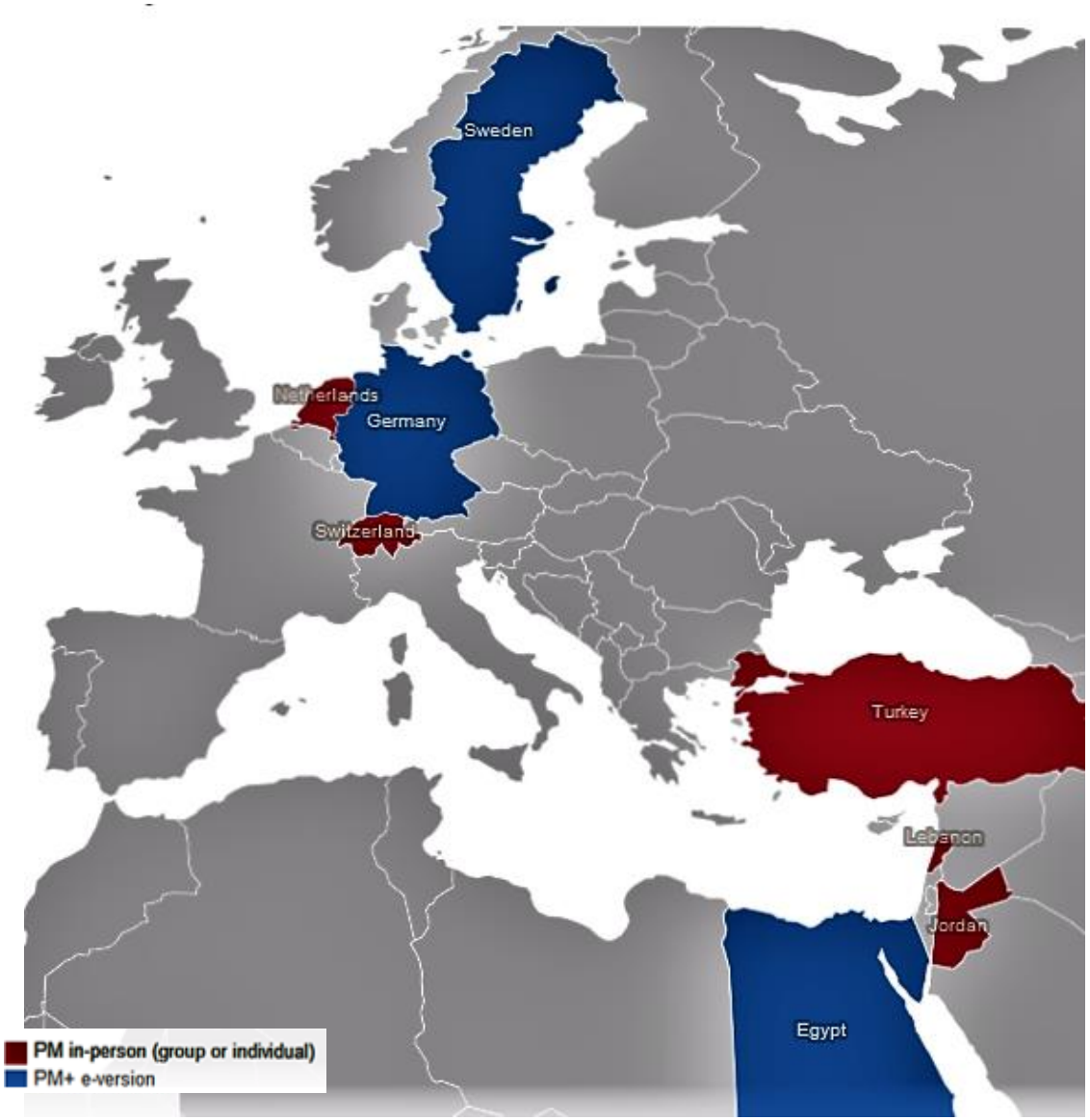
1. Background - STRENGTHS Study

Syrian Refugee Mental Health Care Systems (STRENGHTS)



Informal tented settlement for Syria refugees in Bekaa Valley, Lebanon, © UNICEF/A. Romenzi

1. Background - STRENGTHS Study



Aim:

To *provide effective community-based health care implementation strategies to scale-up the delivery and uptake of "Programme Management +" (PM+) in different countries*

SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES
STRENGTHS

1. Background - STRENGTHS Study

The potential to scale-up an intervention requires:

(i) Evidence on the **effectiveness** of the intervention

(ii) Evidence on the **cost/cost-effectiveness** of the intervention

(iii) understanding of the **process** of implementing the intervention

(iv) understanding of the **health system** in which it may be scaled-up (through rapid appraisals)

2. Rapid appraisal – aim/key objectives

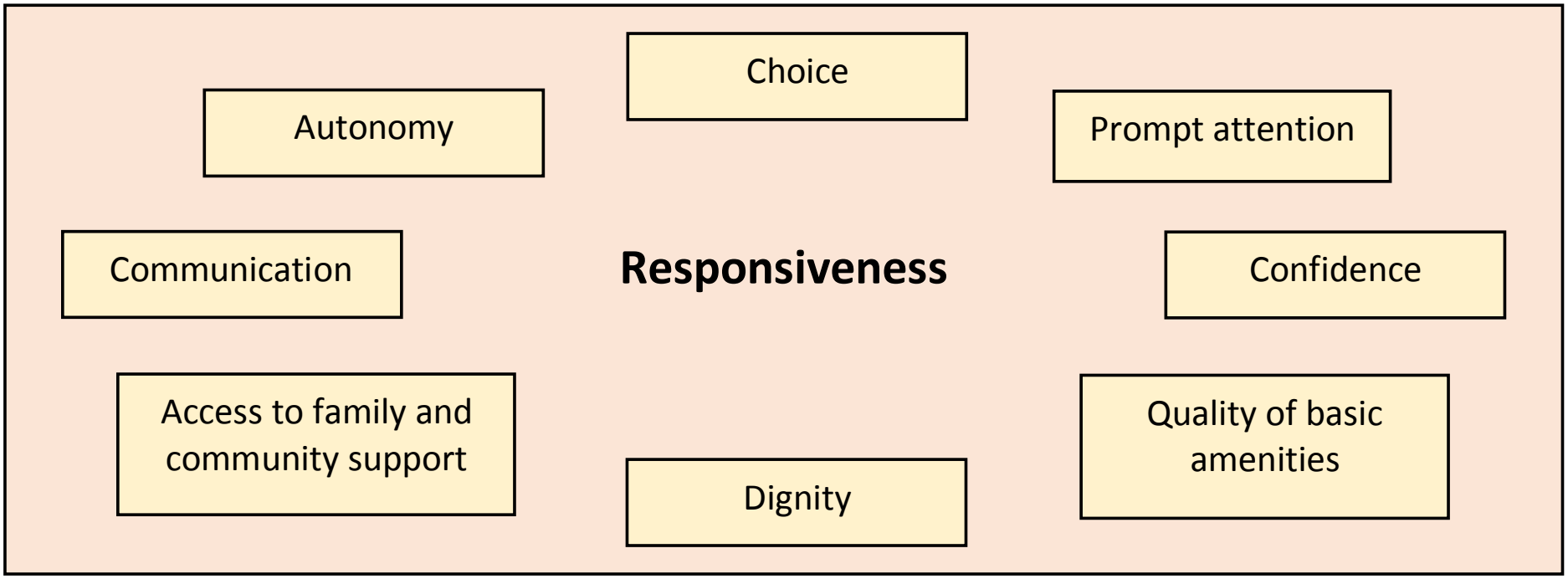
Aim: To assess the responsiveness of the health care system to the psychosocial needs of Syrian refugees in all countries, based on an assessment of the way Syrian refugees with mental health needs navigate the health care system

Key objectives:

- Assess how well MHPSS care is integrated within the health system generally and for Syrian refugees specifically
- Inform the implementation and scaling up of PM+ in partner countries

Health system responsiveness

Health system responsiveness: how a health system performs in terms of meeting or not meeting a population's expectations of how it should be treated by providers of health care



2. Rapid appraisal - methods

Methodology:

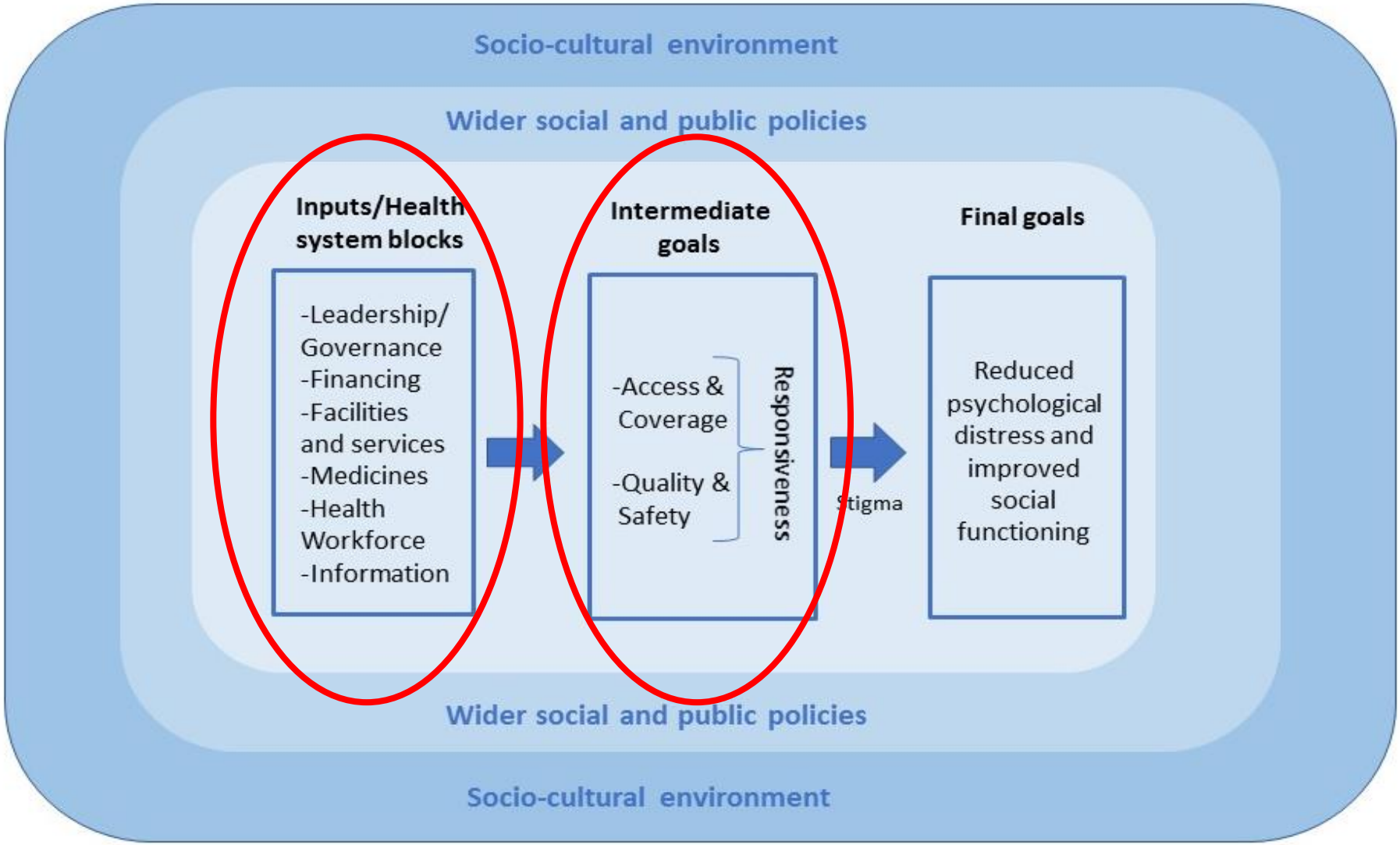
- Desk-based reviews of existing evidence, reports, policies, guidelines and data through systematic methodology

- Semi-structured interviews and focus groups with purposively selected key stakeholders in the project countries; in-country expert review

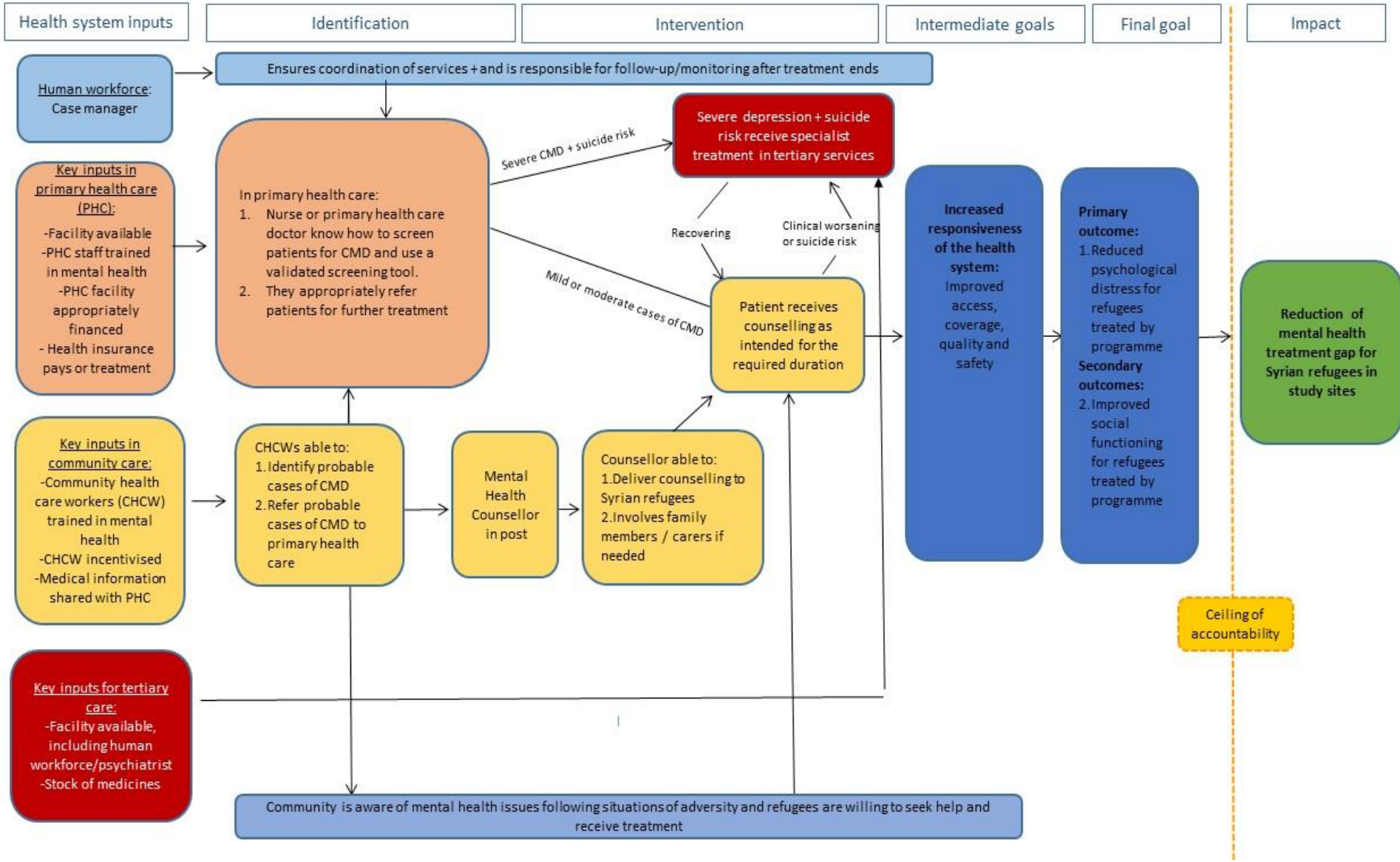
Balabanova D, McKee M, Koroleva N, et al. *Navigating the health system: diabetes care in Georgia. Health Policy Plann 2009;* ***24****(1): 46-54*

Murphy A, Chikovani I, Uchaneishvili M, Makhashvili N, Roberts B. *Barriers to mental health care utilization among internally displaced persons in the republic of Georgia: a rapid appraisal study.BMC Health Serv Res. 2018; 18: 306.*

Conceptual framework for health system analysis



Care pathways based on mhGAP



Focus of semi-structured interviews: Needs and respective requirements

Best practices based on mhGAP/care pathway	Needs and respective requirements	Associated Health System Block
e.g. Identifying people in need of treatment		
Patient gets registered in primary health care	- Primary health care facility available - Registration system in place - Patient has medical insurance or can pay out of pocket	Information Facilities and Services
Patient is screened by primary health care doctor or nurse in a private room with a validated screening tool, and receives correct diagnoses	- Nurse received training on screening tool, and received basic mental health training - Facility is big enough, offering a private room for screening purposes - Primary health care nurse has the time and motivation to screen for "probable" cases of depression/anxiety/PSTD	Facilities and Services Human workforce

Rapid appraisal strengths and weaknesses

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Weaknesses

- Not necessarily very rapid
- Superficial and predictable findings
- Reliability?

Strengths

- Relatively quick and inexpensive
- Simple & policy/programme relevant
- Seeks reliability through triangulation of multiple data sources
- Foundation for further research (e.g. scale up)

Thank you

MORE INFORMATION ABOUT STRENGHTS AVAILABLE AT:
https://strengths-project.eu/en/strengths-home/

FOLLOW US ON TWITTER:
@STRENGHTS_proj

Mental health and alcohol use disorder among internally displaced persons in Ukraine

21 June 2018

Bayard Roberts [1], Anu Ramachandran[1], Nino Makhashvili [2], Jana Javakhishvili [2], Andrey Karachevsky[3], Natalia Kharchenko[4], Marina Shpiker [4] , Nadine Ezard [5] , Daniela C Fuhr [1]

[1] London School of Hygiene and Tropical Medicine, Faculty of Public Health and Policy, Department of Health Services Research and Policy, United Kingdom.

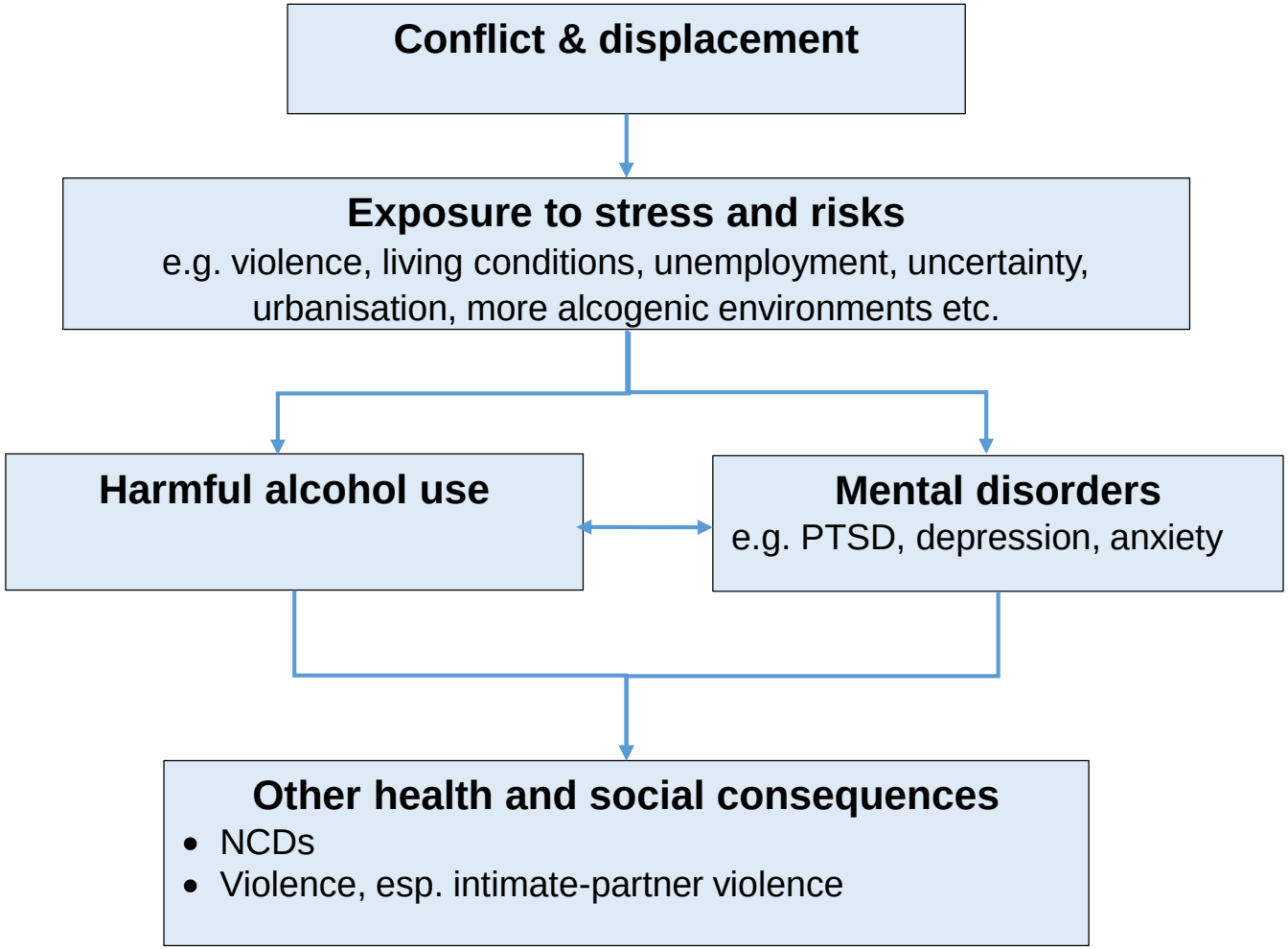
[2] Global Initiative on Psychiatry – Tbilisi, Georgia; Ilia State University, Tbilisi, Georgia.

[3] Shayk National Medical Academy, Kiev, Ukraine.

[4] Kiev International Institute of Sociology (KIIS) Kiev, Ukraine.

[5] University of New South Wales, Sydney; and St Vincent's Hospital, Sydney

Background:
Forced migration & harmful alcohol use



Background:
Forced migration & harmful alcohol use

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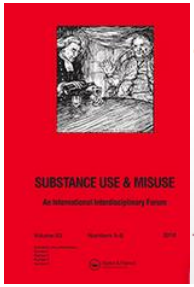

A Systematic Review on Harmful Alcohol Use Among Civilian Populations Affected by Armed Conflict in Low- and Middle-Income Countries

Janice Lo, Preeti Patel, James M. Shultz, Nadine Ezard & **Bayard Roberts**

Pages 1494-1510 | Published online: 04 May 2017

Addiction

SSA SOCIETY FOR THE STUDY OF ADDICTION

EDITORIAL

doi:10.1111/add.12869

Why are we not doing more for alcohol use disorder among conflict-affected populations?

Background:
Internally Displaced Persons (IDPs) in Ukraine

Photo: Bloomberg.com

Aim and methods

Aim: To estimate the prevalence of and risk factors for alcohol use disorder (AUD) among Ukrainian Internally Displaced Persons (IDPs), and investigate the relationship between AUD and mental health service utilisation

Study design: Cross-sectional

Population: IDPs aged 18+

Sampling: Time-Location Sampling (TLS)

Location: Nationally representative random sample of IDPs in Ukraine

Data collection:

- Face-to-face enumerator administered interviews
- March to May 2016
- 89% response rate

Methods cont.

Outcomes/measures:

- Alcohol use disorder (AUDIT, volume/frequency)
- PTSD (PCL-5; cut-off ≥32)
- Depression (PHQ-9; cut-off ≥10)
- Anxiety (GAD-7; cut-off ≥10)
- Functional disability (WHODAS-2)

Health service access and utilisation questions

Demographic, socio-economic and trauma exposure

Analysis: descriptive and multivariate regression analysis

Results

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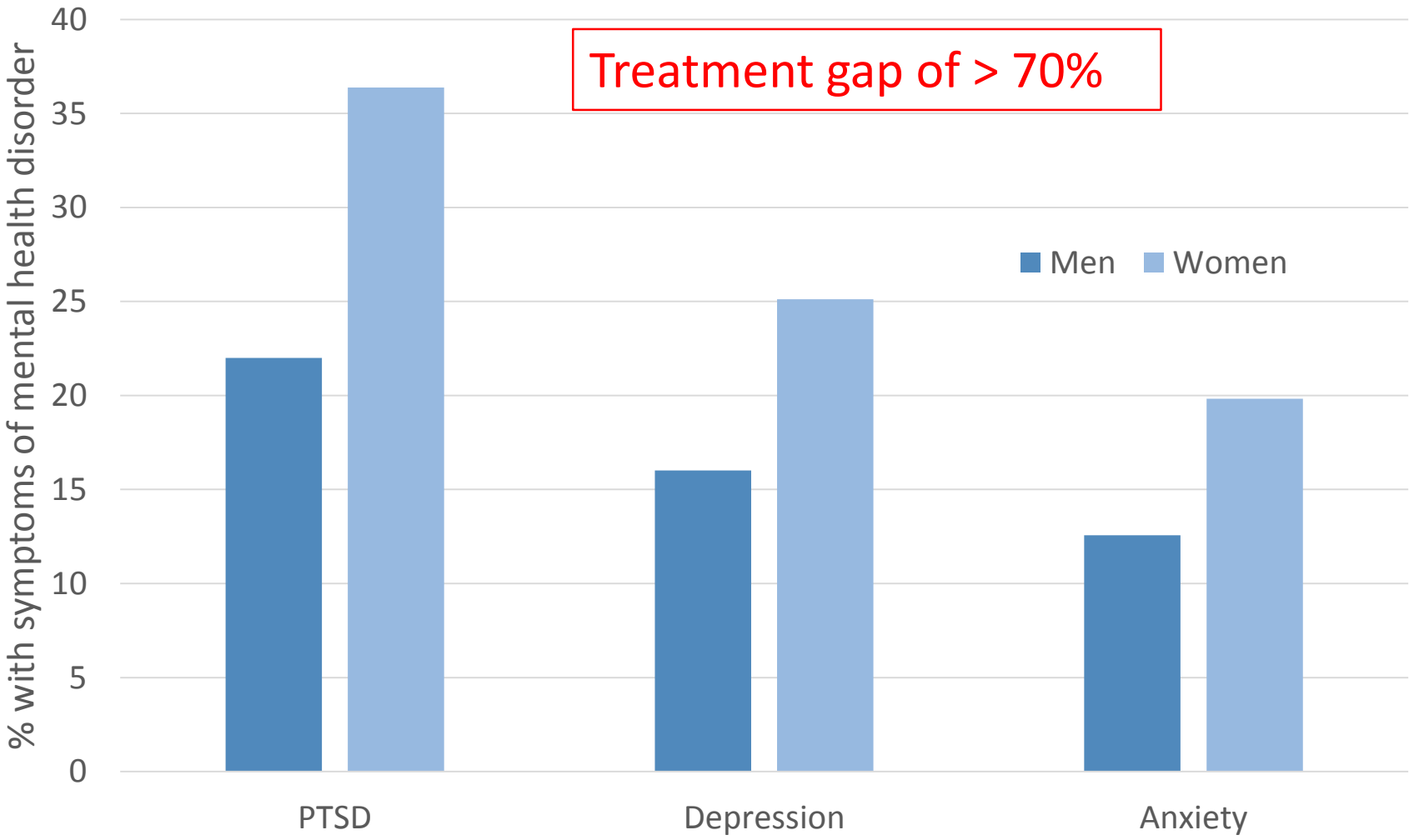
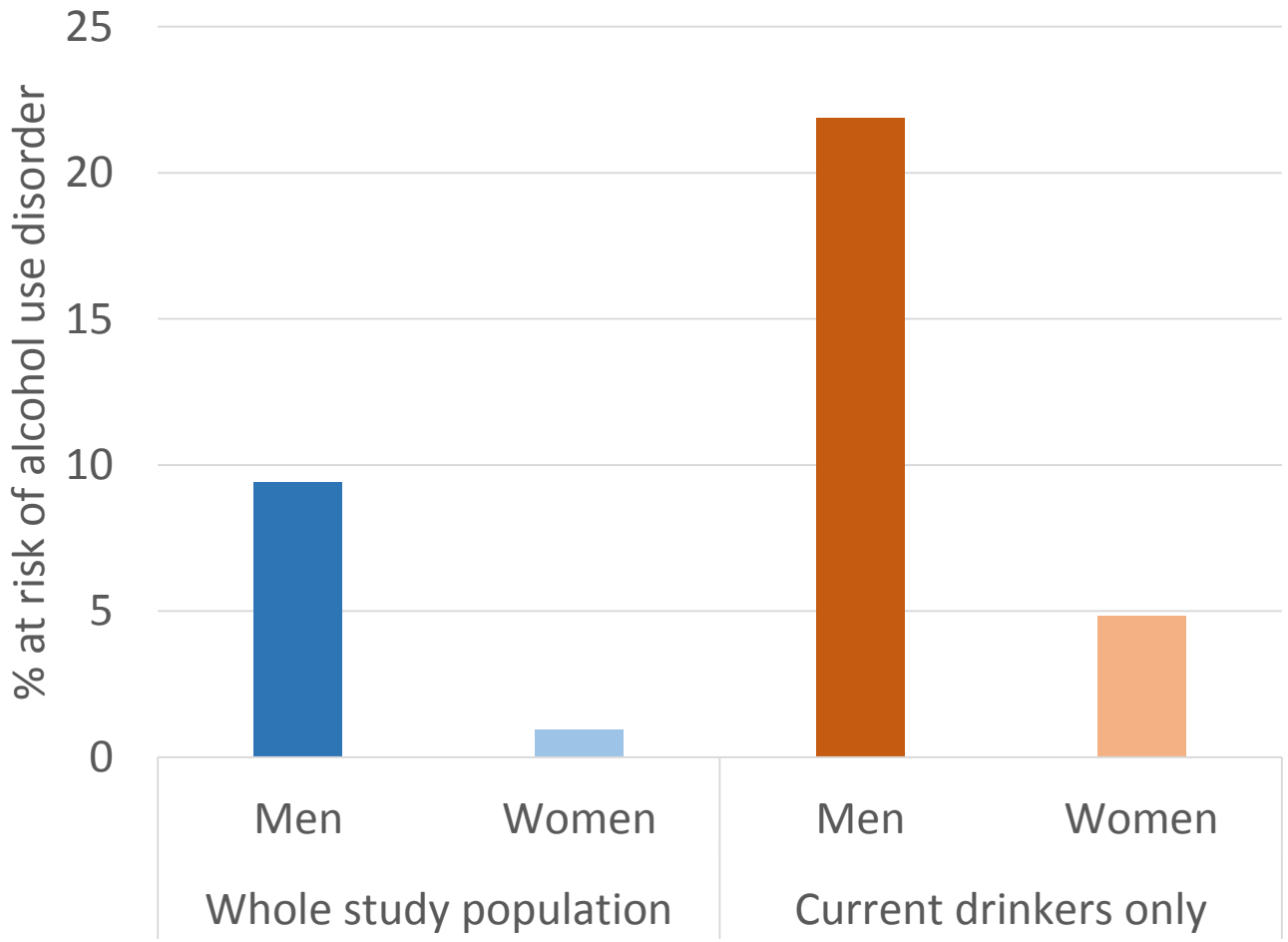
Prevalence of mental disorders among IDPs, by gender (N=2203)



Results

Prevalence of risk of alcohol use disorder (AUDIT >7), by gender (N=2203)



Factors associated with Alcohol Use Disorder among men only (N=730)

Variable	OR	p-value
Age group:		
18 to 30	Ref	
31 to 45	0.57	0.075
46 to 59	0.34	0.006
60+	0.28	0.006
Cumulative trauma exposure:**		
0-4 events	Ref	
5-9 events	2.8	<0.001
10+ events	4.2	0.005
Anxiety (GAD7 >9):		
No	Ref	
Yes	2.11	0.005

* Using Multivariate regression.** LEC-5.

AUD treatment seeking

Of the 82 men and women screened with AUD:

- 15 (18%) reported having spoken to someone about their concerns regarding drinking.
- 7 (9%) reported seeking treatment for their alcohol use.
- The most common reasons for not seeking care were:
  - thinking they could improve on their own
  - not being able to afford services
  - not knowing where to get help
  - feeling embarrassed about seeking help

Association between current alcohol use and utilization of mental health services from a multivariate regression model (N=634)*

	OR	p-value*
PTSD, Depression, or Anxiety symptoms:		
Non-user	Ref	
Current alcohol user	0.59	0.01
Anxiety only symptoms:		
Non-user	Ref	
Current alcohol user	0.52	<0.001
PTSD only symptoms:		
Non-user	Ref	
Current alcohol user	0.62	0.04
Depression only symptoms:		
Non-user	Ref	
Current alcohol user	0.85	0.49

* Adjusted for: age, sex, education, household economic situation, severity of PTSD, depression and anxiety

Limitations

- Cross-sectional design means cannot prove causation
- Screening instruments used – presence of symptoms does not necessarily indicate a need for treatment (particularly more mild symptoms)
- Low numbers of those screened with AUD limits analysis
- Stigma surrounding mental illness and alcohol use may limit responses and result in underestimations of prevalence
- Did not have information on what treatment services were available for AUD (if any)
- Did not capture alcohol use for those aged <18 years
- Likely to have excluded IDPs with more severe AUD

Key messages

- AUD among forcibly displaced populations is neglected
- AUD a concern among current drinking male IDPs in Ukraine
- Treatment seeking for AUD is very low
- AUD negatively influences seeking mental health care
- Comorbidity with anxiety suggests opportunities for integrated treatment

Acknowledgements:

- Survey respondents
- Marina Shpiker & Natalya Kharchenko (KIIS)
- Dr. Irina Pinchuk (Ukraine MoH)
- International Alert
- European Union funding

Thank you

Health systems responses to migration in Europe

London, 21 June 2018

Bernd Rechel

Hurdles to migrants' access to health services

- **Formal barriers:**
  - Legal restrictions, esp. for asylum-seekers and undocumented migrants
  - Bureaucracy / administration
  - User fees

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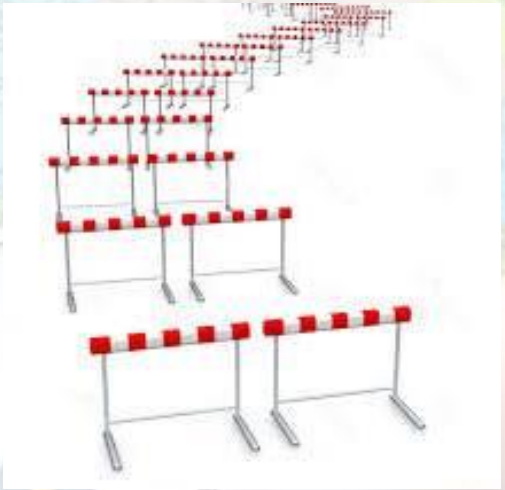
Hurdles to migrants' access to health services



- **Informal barriers:**
  - Language
  - Communication
  - Discrimination
  - Unfamiliarity with health system
  - Highly variable across different types of providers and patients, context dependent

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Measures to overcome informal barriers: service providers and users

- Interpretation and translation
- Cultural support staff
- Staff training
- Cultural competence
- Information on health system
- Health literacy
- Targeted health promotion

– Many examples of good practice, but very few robust evaluations

Measures to overcome informal barriers: health policy

- 2007: Portuguese EU Presidency theme; integration part of Lisbon Treaty
- By 2009 only 11 of 25 European countries had specific policies addressing migrant health
- Huge variation across (and sometimes within) countries regarding:
  - population groups targeted
  - health issues addressed
  - whether targeting patients or providers
  - variation did not appear to be based on evidence of need
  - lack of monitoring of implementation
  - no policies in Eastern Europe

Country	Year of policy intro-duction
Italy	1998
Netherlands	2000
Switzerland	2002
Sweden	2004
Austria	2005
England	2005
France	2006
Germany	2007
Ireland	2007
Portugal	2007
Spain	2007

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Measures to overcome formal barriers: legal entitlements

- Asylum-seekers
- Undocumented migrants

- Right to health
- WHO constitution
- International human rights law
- European Convention on Human Rights
- EU Charter of Fundamental Rights

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What else can health systems do?

- Collect disaggregated data to improve evaluation and research

- Lobby for change in other sectors:
  - asylum, residency and citizenship policies
  - education
  - employment
  - anti-discrimination legislation

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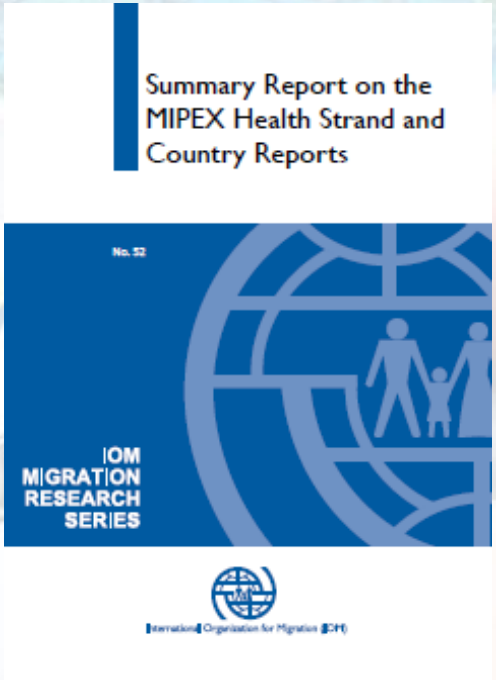
Migration Integration Policy Index (MIPEX)

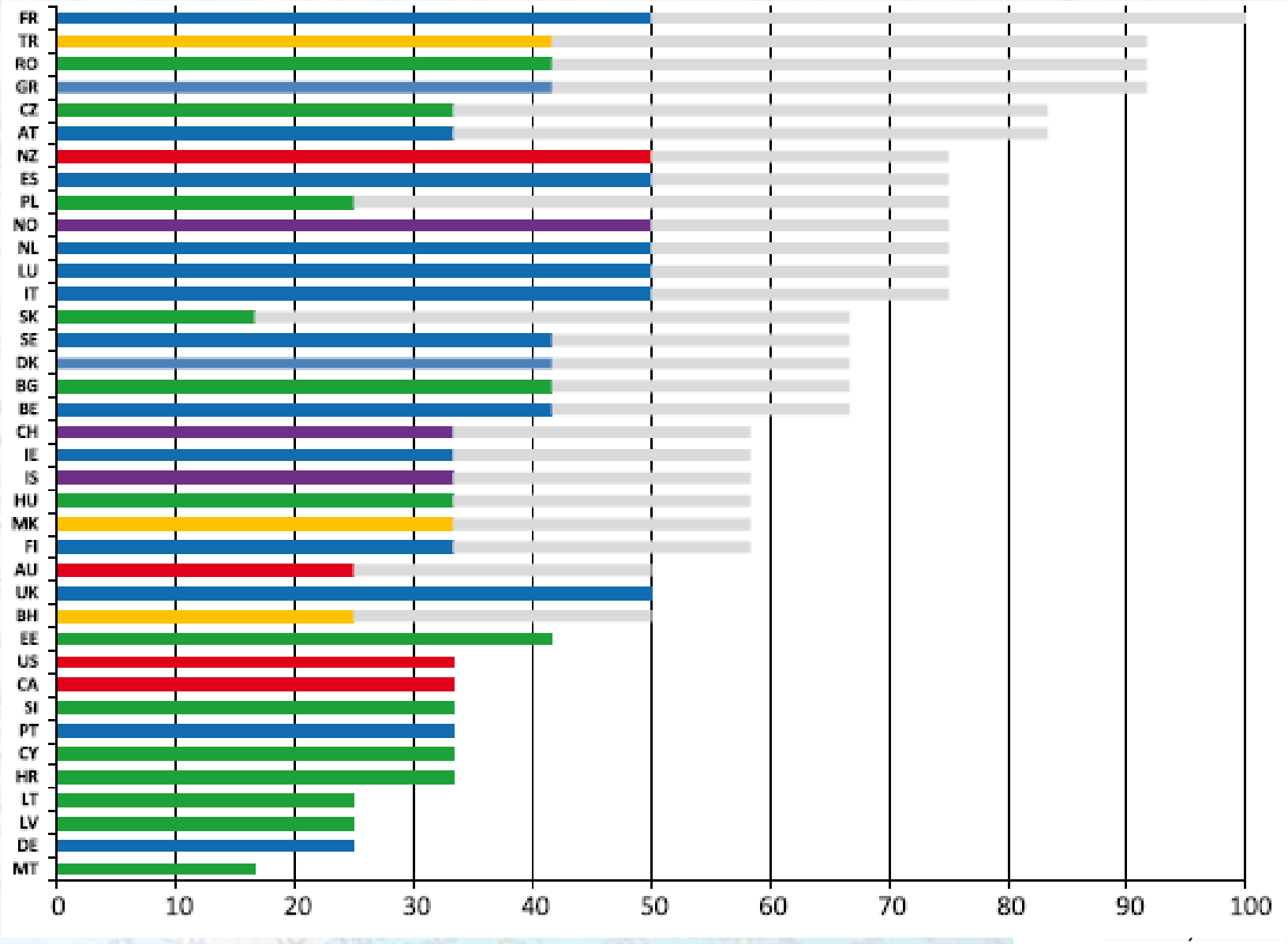
- An instrument for measuring integration policies
- Since 2015 including a health strand
- Based on 34 country reports



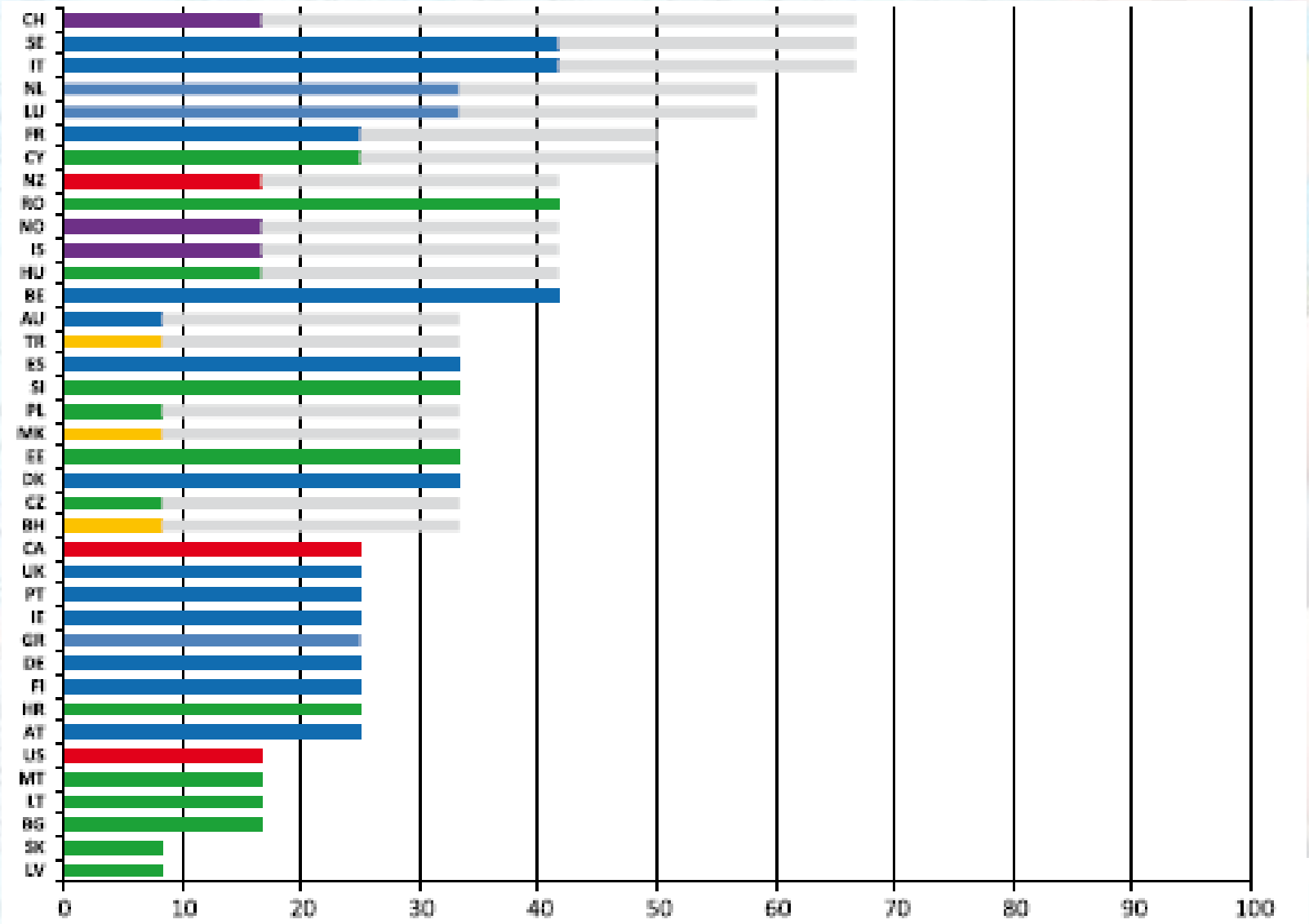
MIPEX health strand

- Legal entitlements to health care
- Accessibility of services
- Appropriateness and acceptability of services
- ‘Flanking measures’ to improve the first three sections

MIPEX entitlement score – asylum-seekers



MIPEX entitlement score – undocumented migrants



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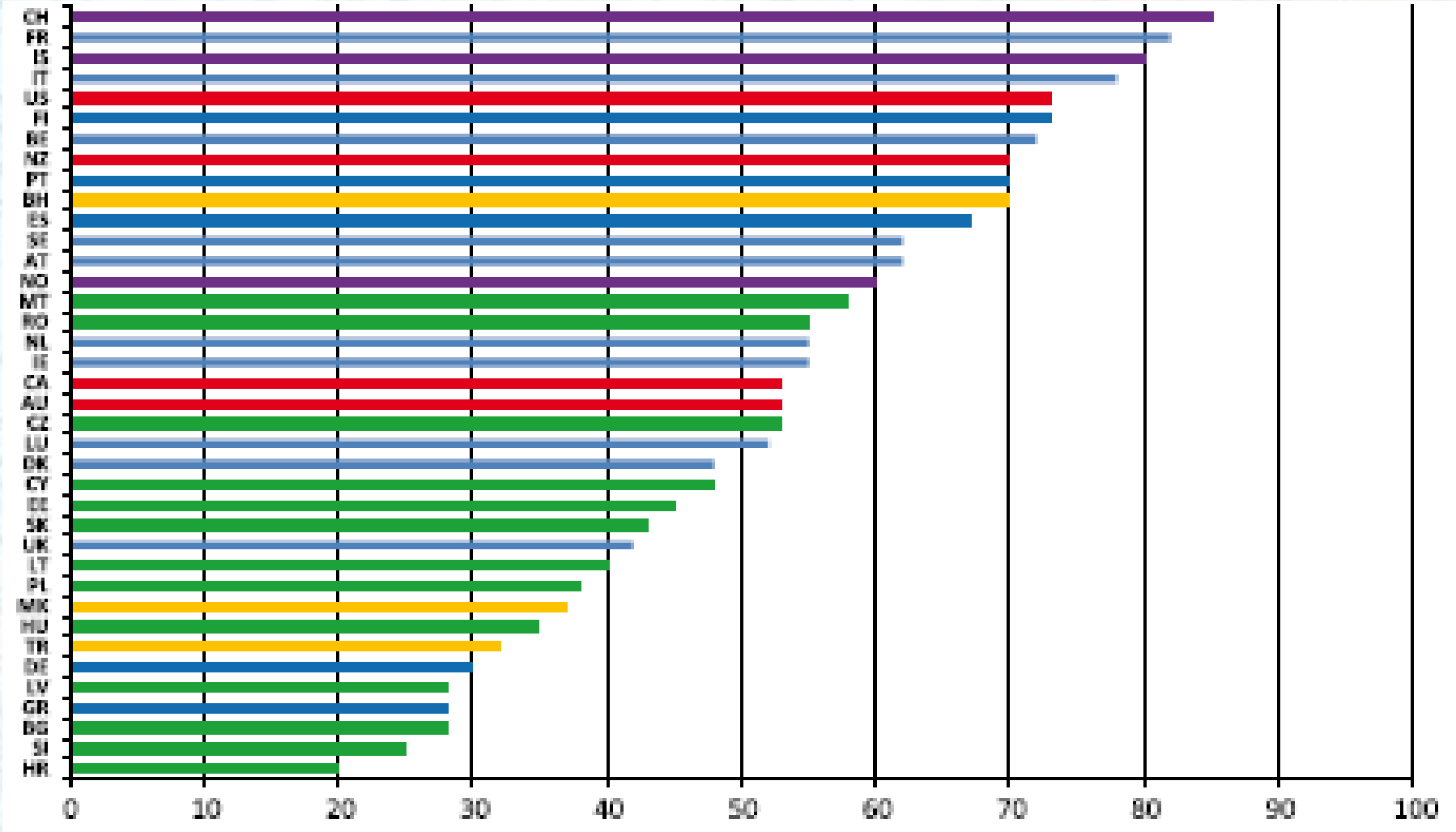
MIPEX accessibility score



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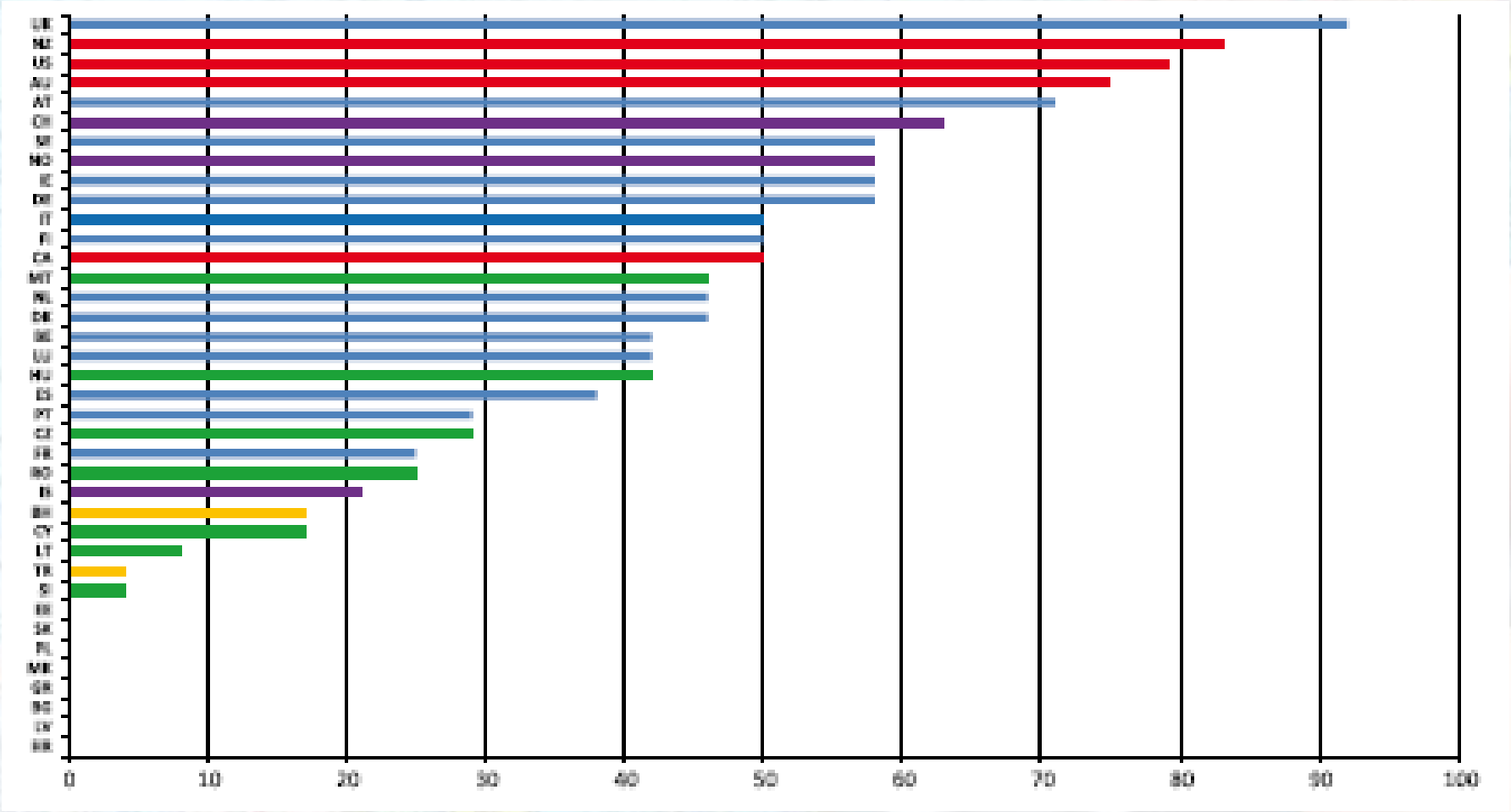
MIPEX responsiveness score



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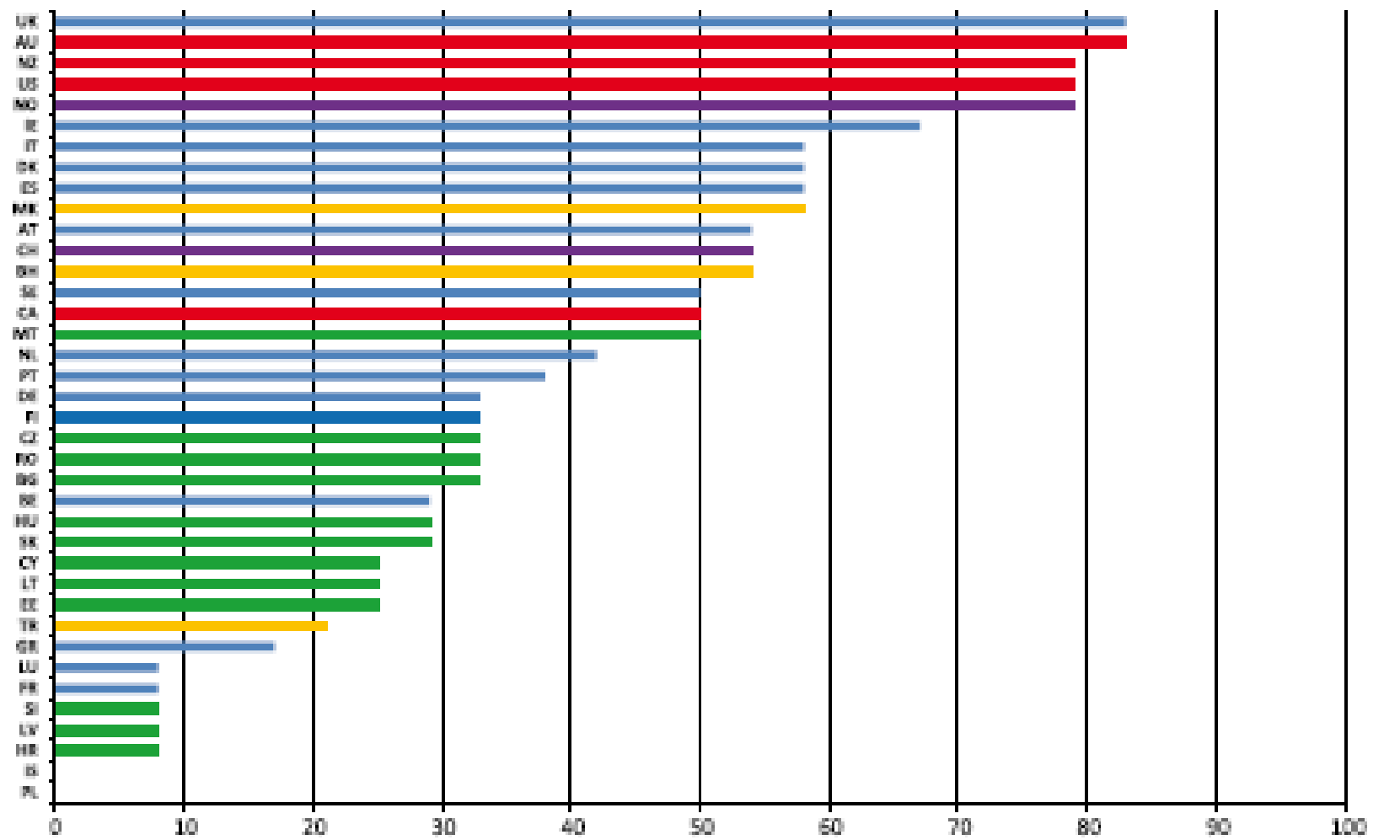
MIPEX flanking measures score



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Overall context of migration…

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Thank you
for
your attention
Analysing
Health
Systems and Policies

Teaching and research capacity strengthening

Chair: Hazel McCullough

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Strengthening research capacity building in humanitarian crises – the RECAP project

Hazel McCullough

Improving health worldwide

www.lshtm.ac.uk

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https://www.lshtm.ac.uk/recap

EXPLORE MORE CENTRES, PROJECTS AND GROUPS

Welcome About Research Capacity building

RECAP

Research capacity building and knowledge generation to support preparedness and response to humanitarian crises and epidemics.

Share

Contact us

Professor Bayard Roberts, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine.

RECAP
HELPING TO IMPROVE HUMANITARIAN RESPONSE

GCRF
Global Challenges Research Fund

RESEARCH COUNCILS UK

Background:

- DFID funding for research to support international development
- Focus on cross-sectoral and multi-disciplinary research
- Strong emphasis on research capacity building

RECAP rationale:

- Effective & timely decision-making vital in humanitarian response
- Impeded by limited data, research capacity, guidance, accountability

RECAP scope:

- Health and protection sectors
- Multi-disciplinary research approach
- £7.85 million; 4 years from October 2017

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Who we are and where we will be working

RESEARCH

WP1: Improved metrics for agency and sector performance

WP2: Modelling techniques for epidemic preparedness & response

WP3: Economic methods to inform decision making

WP4: Use of data and evidence in decision making

WP5: Accountability frameworks and enforcement measures

WP6: Ethical preparedness and provision

CAPACITY

WP7: Training on specific research methods relating to WPs 1 - 6

WP8: Institutional Research Capacity Strengthening

WP9: Individual Research Capacity Strengthening

WP10: Building UK capability

IMPACT

Strengthened research capacity and capability to generate evidence and knowledge to support preparedness in humanitarian crises and epidemics

Generated research evidence is used to inform policy and decision making in response to humanitarian crises and epidemics

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Capacity building

An Ebola burial worker in Bombali, Sierra Leone. © 2014 Peter Kilmarx. Courtesy of Photoshare

Contact us

Professor Bayard Roberts, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine.

Professor Abla Mehio Sibai, Department of Epidemiology & Population Health, Faculty of Health Sciences, American University of Beirut.

Professor Mohamed Samai, College of Medicine and Allied Health Sciences.

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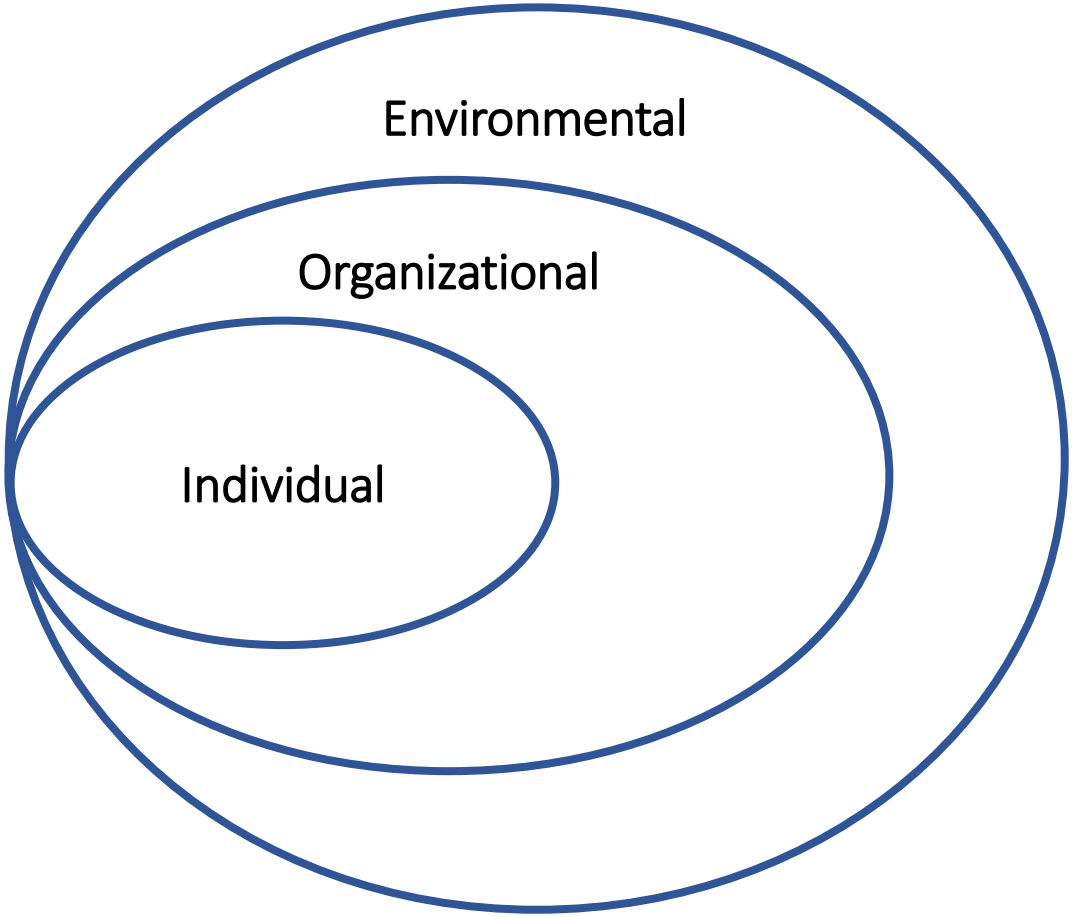
HELPING TO IMPROVE HUMANITARIAN RESPONSE

RECAP Approach

- Partnerships – equitable and collaborative
- Integrated approach
- Ownership – Institutional strengthening owned and led by partners
- RCS is context and needs driven
- Build on existing capacity
- Sustainable development
- Impact – work for mutual benefit

Research Capacity Strengthening Model



Source: Bulletin of the World Health Organization, 2004

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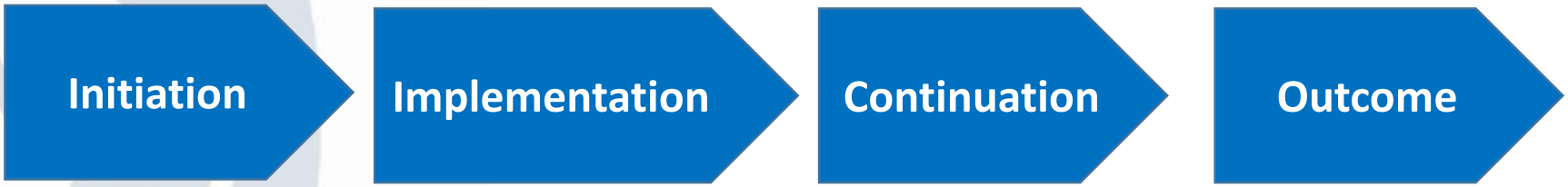
Action Research

Theoretical approach Capacity Strengthening



Change agents, advocacy, need for change

Stakeholder involvement, understanding complexity of change

Embedding change into structures, and establishing procedures for continued support

Changes in skills, thinking and committed actions

Fullan, 1982. Theory for Educational Change.

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Global Challenges Research Fund

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WP7: Training on specific research methods

Capacity strengthening activities:

Developing specific methods training in:

- Qualitative and quantitative methods
- Economic evaluation
- Humanitarian ethics
- Developing and publishing online open-access materials
- Training for decision makers
- Training the trainer
- Developing competencies for assessment
- Dissemination events

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WP8: Beyond training – institutional strengthening

Capacity strengthening activities:

- Capacity Strengthening Groups
- Institutional strategic buy-in and support
- Baseline assessment - Review existing capacity & identify gaps
- Develop, implement, M&E institutional needs-specific action plans – aligned with strategic plans, priorities and objectives
- Establish institutional MD research groups to grow humanitarian research and networks
- Embed developed capacity within institutional policies and practices
- Plans to support institutional uptake post RECAP

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WP9: Individual strengthening – partner institutions

Capacity strengthening activities:

- Support 2 postdoctoral fellowships
- Competitive funding – award 2 small grants
- Placement scheme short research exchange placements
- Training: Core training – early & mid-career researchers
- Knowledge transfer for key decision makers
- Research Leadership Programme
- Support researcher career progression: PDP, mentorship
- Training the Trainer workshops

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WP10: Building UK Capability in humanitarian response

Capacity strengthening activities:

- Build and sustain network of MD researchers in humanitarian-related research
- Develop research networks - academic and NGO partners
- Connect researchers across the RECAP partnership - strengthen understanding of different needs, priorities and challenges
- Build researcher capability in
  - responsiveness to evolving crises
  - more rapid generation of research evidence to inform decision making
- Events to foster research collaboration between the RECAP partnership

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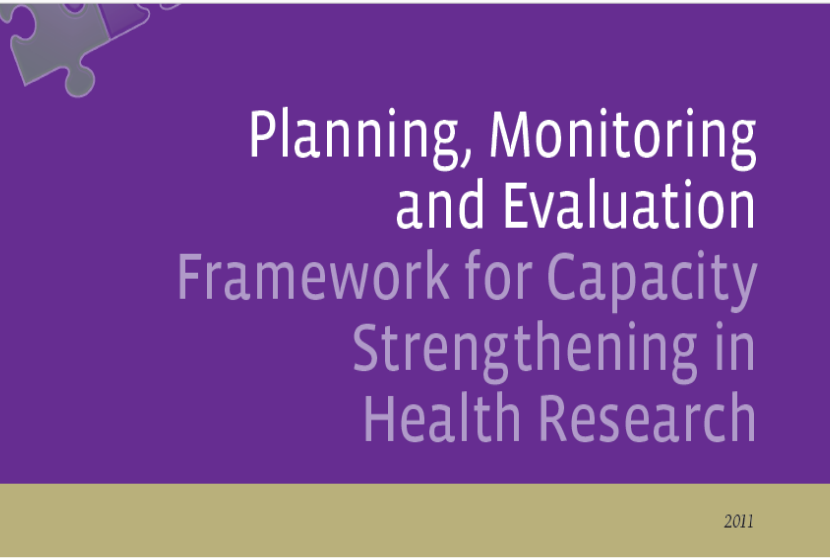
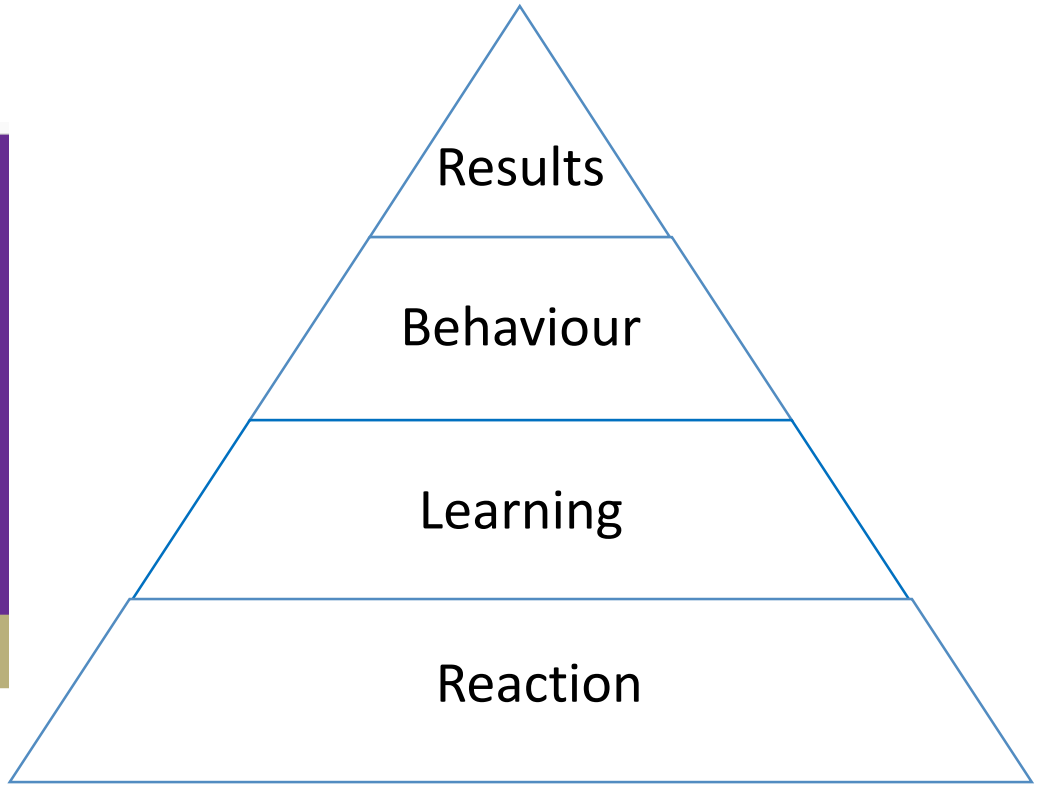
Monitoring and evaluation

ESSENCE Framework (2011) monitoring RCS activities





Evaluation framework:
Four-levels of Evaluation, *Kirkpatrick (2005)*

ESSENCE on Health Research

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Benchmarking standards and using best practice

The Concordat

to Support the Career Development of Researchers

An Agreement between the Funders and Employers of Researchers in the UK

vitae
realising the potential of researchers

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Vitae Researcher Development Framework

The RDF articulates the knowledge, behaviours and attributes of successful researchers and encourages them to aspire to excellence through achieving higher levels of development.

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Become a researcher	Developing as a researcher	Supporting researcher development	Supervising and managing researchers	Employing researchers





List of documents in policy section

Concordat to Support the Career Development of Researchers

HR Excellence in Research Award

A brief history of researcher development in the UK

European Research Area

Innovation Union

European Charter and Code

Horizon 2020

EURAXESS

European Research Council

Independent review of the Concordat to Support the Career Development of Researchers

European Charter and Code

The European Charter for Researchers and Code of Conduct for the recruitment of researchers launched in 2005 aim to give individual researchers the same rights and obligations wherever they may work throughout the European Union. They address researchers as well as to employers and funders in both the public and private sectors. They are key elements in the European Union's policy to make research an attractive career.

The Charter and Code sets out 40 general principles around the roles, responsibilities and entitlements of researchers, employers and funders with regard to research careers.

Institutions and employers adhering to the Code of Conduct are committed to being a fair, responsible and respectable employer with a clear intention to contribute to the advancement of the European Research Area. The European Commission maintains a list of organisations which have endorsed the principles of the Charter and Coder from 37 countries, and international organisations.

The European Commission have recognised that in endorsing the principles of the Concordat to Support the Career Development of Researchers, UK organisations adopt the principles of the 'European Charter for Researchers and Code of Conduct for the Recruitment of Researchers'.

The Human Resources Strategy for Researchers (also known as HRS4R), introduced in 2010 is the mechanism through which the European Commission

The RECAP Team

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

This project is funded by the European Union

"Development of specific training modules for health professionals, law enforcement officers and trainers, on migrants' and refugees' health, addressing communicable diseases and mental health problems"
Contract nr. 2016.71.20

Development of training modules for health professionals and law enforcement officers on migrants' and refugees' health (MIG-H Training) 2017-2018

Karl Blanchet

& IOM Migration Health Division, RO Brussels

London, June 2018

Purpose

- To develop, pilot and evaluate an advanced training package for health professionals, law enforcement officers and trainers of trainers' on mental health communicable diseases in migrants and refugees

Preparation and connection with previous and on-going EU work

- Review of relevant previous and current EU-funded initiatives on mental health and infectious diseases for migrants and refugees.
- 10 training programmes assessed.
- 78 key experts surveyed and 15 interviewed.

Systematic review of scientific literature

- Review the prevalence rates of MH & CD conditions amongst migrant, refugee and asylum/seeker populations in EU and the countries participating in the 3rd Health Program;
- Determine which age groups and gender differences about prevalence and treatment of MH & CD conditions;
- Review latest evidence on diagnosis, triage and interventions of the most common MH & CD conditions.

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ASPHER The Association of Schools of Public Health in the European Region

Experts views on existing and future training

- Review of existing training materials developed over the last 10 years.
- Delphi survey with 78 experts followed by two panel discussions on MH and CD.
- Objectives of Delphi:
  - Assessment of current training programmes
  - Suggestions on content and format of MIG-H

Development of the advanced training modules

- The training package tailored to first line responders conducting search and rescue operations and working with migrants and refugees mainly reception centres.
- For *Mental health modules- IOM*
  - a core component for both health and law enforcement officials,
  - different specific modules for each group.
- Same structure for *Communicable diseases modules* -LHSTM

MIG-H TRAINING

<table>
<tr><th></th><th>DAY 1</th><th colspan="2">DAY 2</th><th colspan="2">DAY 3</th><th>DAY 4</th></tr>
<tr><td rowspan="2">Morning</td><td>• Registration
• Welcome
• Introduction</td><td>MH for LEOs
- Law enforcement and Migration
- Communicating with Migrants in distress</td><td>ID for HPs
- TB and acute respiratory infections
- Gastrointestinal parasitic diseases
- Malaria
- Dermatological infections</td><td>MH for HPs
- Introduction to all modules and their organization
- Mental health services for migrants</td><td>ID for LEOs
- Infection Prevention and Control
- Recognizing and triaging the unwell person</td><td>Occupational health / staff care – common</td></tr>
<tr><td>Mental Health - common
Introduction to Migration and Mental Health</td><td colspan="4"></td><td>Didactic and adult learning methodology – common (LSHTM - De Monfort University)</td></tr>
<tr><td rowspan="3">Afternoon</td><td>Infectious Diseases- common
Infectious diseases in the migrant context

Confronting Discrimination (UNAIDS)</td><td>MH for LEOs
- Guidelines for comprehensive system of MHPSS care for migrants on the move
- Interpretation</td><td>ID for HPs
- History-taking/Communication skills
- Introduction to high-consequence pathogens and multi-resistant organisms
- Mock OSIR</td><td>MH for HPs
Social Support, migrant’s coping mechanisms, SGBV</td><td>ID for LEOs
Introduction to disease outbreaks</td><td rowspan="3"></td></tr>
<tr><td>ID for HPs
- Infection prevention and control
- Introduction to OSIR</td><td>ID for LEOs
Introduction to infectious diseases and transmission</td><td colspan="2">Introduction to the module on substance abuse and migration - common</td></tr>
<tr><td colspan="2"></td><td>ID for HPs
- HIV, HBV, and HCV
- STIs</td><td></td></tr>
</table>

MIG-H TRAINING

Training of Trainers (ToT) on specific training modules addressing communicable diseases and mental health problems of migrants and refugees

20-23 March 2018 Athens, Greece

41 trainers trained

30 HPs
11 LEOs

22 Communicable Diseases Experts

12 Mental Health Professionals

7 Other professional background

10 Countries

Bulgaria
Croatia
France
Greece
Italy
Malta
Norway
Serbia
Slovenia
Spain

Institutions

MoI (Bulgaria, Croatia, France, Italy, Malta, Norway, Slovenia, Spain),
MoH (Greece, Malta, Norway),
National Institute/School of Public Health (Greece, Slovenia, Serbia),
Universities, **Hospitals**, **CSOs**, etc

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London School of Hygiene Tropical Medicine

IOM • OIM

ASPHER The Association of Schools of Public Health in the European Region

Review of content

- **Face-to-face approach**
- **interactive** and including a **range of different activities such as role plays, problem solving, case scenarios etc.**
- Consensus on a **one-off training** event.
- Achieving learning objectives through **pre and post assessments**.

Communicable Diseases Training

- Epidemiology/ burden of infectious/communicable diseases in migrants and refugees
- Scope of infectious/communicable diseases, understanding terms and transmission dynamics
- Infection prevention and control
- Control of outbreak

Mental Health Training

- Epidemiology/ burden of mental health problems in migrants and refugees
- Scope of mental health problems in migrants and refugees
- Dealing with mental health problems in migrants and refugees
- Epidemiology/ burden of mental health problems in migrants and refugees

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Next steps

- In-country piloting of MIG-H between May and July 2018.
- First piloting in Malta in May followed by Belgrade, Serbia and Ljubljana at the end of May.
- Piloting will take place mid-June in Zagreb, Croatia; Oslo, Norway and Andalusia, Spain.
- Piloting will be held in Harmanli, Bulgaria and in Rennes, France at the end of June.
- Rome, Italy mid-July followed by Greece.

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Round table session 11.30-12.30

How are Schools of Public Health responding to the migration crisis? How should they be responding?

Henrique Barros (University of Porto, Portugal)

Laurent Chambaud (EHESP, France)

Olivier Razum (University of Bielefeld, Germany)

Ewelina Wierzejska (Poznan Medical University, Poland)

Alkiviadis Vatopoulos (National SPH, Greece)

Roumyana Petrova-Benedict (MHD IOM Brussels)

Facilitator:
Martin McKee