

## Appendix A

### European collaborative projects on migrant and ethnic minority health

This appendix lists research projects in which issues concerning migrant and ethnic minority health are examined in a number of European countries.

#### 1. Published reports (in chronological order)

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Colledge, M., van Geuns, H.A., & Svensson, P.G. (1986). *Migration and Health: Towards an Understanding of the Health Care Needs of Ethnic Minorities*. Proceedings of a Consultative Group on Ethnic Minorities (The Hague, Netherlands, November 28-30, 1983). World Health Organization, Copenhagen (Denmark). Regional Office for Europe.

Summary: This book addresses the research and policy issues that emerge from the interface of different cultures as a consequence of migration. It includes articles on the following issues: (1) the contribution of the social sciences to an understanding of migrant health needs; (2) health care across cultural boundaries; (3) health care for labor immigrants; (4) philosophical considerations of health care policy and the position of ethnic minorities; (5) health care research and evaluation in a host country: The Netherlands; (6) health care and Moroccan and Turkish immigrants; (7) problems of health and health care research with particular reference to ethnic minorities; (8) health care research and evaluation from the country of origin: Turkey and Morocco; (9) social and health problems of migrant workers; (10) social and health care of Moroccan workers in Europe; (11) aspects of health care intervention in host countries; (12) advocating for migrants' health; (13) migrants' special needs in sexuality and family planning in Belgium and Germany; (14) health care and education aids for foreigners in the Netherlands; (15) mental health of migrants; and (16) psycho-social problems of migrants. The book concludes with recommendations for researchers and practitioners.

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Bollini, Paola (1992). Health Policies for Immigrant Populations in the 1990s. A Comparative Study in Seven Receiving Countries. *International Migration*, Vol. 30 (Special Issue: Migration and Health in the 1990s), pp. 103-119.

Bollini (1992) who studied the policy regarding Migration and Health in seven industrialized countries (France, United Kingdom, Switzerland, Italy, Sweden, United States and Canada) already indicated that these countries can be divided into two groups: those which have a passive attitude, that is, which expect immigrants to adapt to the health system designed for the native population (Italy, France, Switzerland and the United States); and those which have acknowledged the health problems posed by immigrant groups and who have actively tried to provide alternative solutions, for instance by providing interpreter services during medical encounters (United Kingdom, Sweden and Canada).

[From: Sandro Cattacin and Milena Chimienti, in collaboration with Carin Björngren Cuadra (2007). *Difference Sensitivity in the Field of Migration and Health: National policies compared*. Working paper 1, University of Geneva, p.11]

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Bollini, P., & Siem H. (1995). No Real Progress Towards Equity: Health of Migrants and Ethnic Minorities On The Eve of the Year 2000. *Social Science & Medicine* (41)6, 819-828.

Abstract--The paper reviews the available evidence on access to health care and two health outcomes, perinatal mortality and accident/disability, for migrant and ethnic minorities in selected receiving industrialized countries. The health of these communities is analyzed using the entitlement approach, which considers health as the product of both the individual's private endowments and

the social environment he or she faces. Migrants, especially first and second generations, and ethnic minorities often have reduced entitlements in receiving societies. Not only are they exposed to poor working and living conditions, which are *per se* determinants of poor health, but they also have reduced access to health care for a number of political, administrative and cultural reasons which are not necessarily present for the native population.

The paper argues that the higher rates of perinatal mortality and accidents/disability observed in many migrant groups compared to the native population are linked to their lower entitlements in the receiving societies. Policies aimed at reducing such health gaps need to be accompanied by a more general effort to reduce inequalities and to promote full participation of these groups in the mainstream of society.

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Reitz, J.G. (1995) *A Review of the Literature on Aspects of Ethno-Racial Access, Utilization and Delivery of Social Services*. Report was prepared as a joint project of the Multicultural Coalition for Access to Family Services, Toronto, and the Ontario Ministry of Community and Social Services.

<http://ceris.metropolis.net/Virtual%20Library/other/reitz1/reitz4.html>

From the Summary: This review of nearly 400 publications from Canada, the US, Britain and Australia has identified a large number of studies supporting the conclusion that very often, recent immigrant groups experience low rates of utilization of many important social and health services, despite evidence of significant need. The barriers most often identified include those related to language, lack of information about services, cultural patterns of help-seeking, lack of cultural sensitivity by service providers, financial barriers, and lack of service availability.

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Huisman, A., Weilandt, C. & Geiger, A. (eds.) (1997) *Country Reports on Migration and Health in Europe*. Wissenschaftliches Institut der Ärzte Deutschlands e V, Bonn. Compiled on behalf of the Commission of the European Communities.

Contains country reports on Belgium, France, Germany, The Netherlands, Spain, Sweden, and the UK as well as other chapters.

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Carballo, M., Divino, J.J. & Zeric, D. (1998). Migration and health in the European Union. *Tropical Medicine and International Health* 3, pp. 936-944.

Summary of a review requested by the European Commission in 1997.

Abstract - The paper gives a brief overview of a wide spectrum of health issues and problems, ranging from communicable disease to mental health and family formation, which affect migrants and host countries.

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Vulpiani, P., Comelles, J.M. & van Dongen, E. (2000) *Health for all, all in health*. Cidis/Alisei, Perugia.

First report of the project "Salute per Tutti" 'Health for all, all in health - European experiences and strategies against social exclusion of immigrant people by health care services'.

Countries covered: Italy, Spain, Sweden, Belgium and the Netherlands

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Watters, C. (2002). Migration and mental health care in Europe: report of a preliminary mapping exercise. *Journal of Ethnic and Migration Studies*, Volume 28 (1), pp. 153-172(20).

Abstract: This paper offers an examination of mental health services for migrant groups in a number of European countries. It draws on a range of recent studies to highlight some of the key and emerging issues in relation to the provision of mental health services within an increasingly multi-ethnic and multicultural Europe. The results of a preliminary mapping exercise of mental health services for migrant groups are presented and their broader implications are considered. The aim of the mapping exercise was to collect and examine information on mental health services for migrant groups against a backdrop of broad policy developments in the mental health field and the emergence of multicultural approaches in public policy. The results of a questionnaire survey of service providers in 16 European countries are summarised, with special attention to three of the participating countries, Sweden, the Netherlands and Spain. The information from it is placed in a context of current research in the field of race, culture and mental health. In examining the results of the preliminary mapping exercise, key areas for policy development and service provision are identified and an agenda for future research in this area is suggested.

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Watters, C., Ingleby, D., Bernal, M., De Freitas, C., De Ruuk, N., Van Leeuwen, M. & Venkatesan, S. (2003). *Good practices in mental health and social care for asylum seekers and refugees*. Final Report of project for the European Commission (European Refugee Fund). Canterbury: University of Kent, 344 pp.  
Available online at [www.ercomer.eu/ingleby](http://www.ercomer.eu/ingleby)

Contains country reports on the UK, Netherlands, Spain and Portugal, also some material on Canada and Australia.

The results of this project are also summarised in:

C. Watters & D. Ingleby (2004) Locations of care: meeting the mental health and social care needs of refugees in Europe. *International Journal of Law and Psychiatry* 27, 549-570.

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Van Dongen, E. (2004) *If you are not satisfied, go back to your country: Experiences of discrimination in health care*.  
[www.salutepertutti.org/researcherreport.pdf](http://www.salutepertutti.org/researcherreport.pdf)

Research report of "Partners for Health, Phase II" Combating discrimination in health care.

Extract: A qualitative study on experiences of discrimination and exclusion has been done in the countries of the five participants of the project: Italy, Spain, Sweden, Belgium and the Netherlands. The history of migration, the origin of migrants, the focus of research on migrants and health care in general and development of health care for migrants differ to a large extent between the five countries. Therefore, it was decided to focus on migrant groups that belong to the field of expertise of the participants in the project, or that were determined as groups, which have clear problems of accessibility of health care. In Italy the research population was migrant women, with a focus on reproductive health. In Spain the research focused on migrant users of primary health care and hospitals. In Sweden the researchers focused on women from the Middle East and Somalia. In the Netherlands research was done in mental health care, in particular focused on Cape Verdean migrants. In Belgium, the researchers focused on mental health care for Turkish women with somatic complaints.

Ingrid Stegeman and Caroline Costongs (2004) *Promoting Social Inclusion and Tackling Health Inequalities in Europe, an overview of good practices from the health field*. Report by Eurohealthnet.

<http://www.eurohealthnet.eu/>

This publication presents an overview of evidence gathered from 52 good practices that reveal how the health field can foster social inclusion. The largest numbers of good practices focus on ethnic minorities residing in the country for a significant period of time, or illegal or newly arrived migrants.

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Ingleby, D., Chimienti, M., Ormond, M. & de Freitas, C. (2005). The role of health in integration. In M.L. Fonseca and J. Malheiros (eds.), *Social integration and mobility: education, housing and health*. IMISCOE Cluster B5 State of the art report, Estudos para o Planeamento Regional e Urbano n° 67, pp. 88-119. Lisbon: Centro de Estudos Geográficos.  
<http://www.ercomer.eu/downloads/ingIV.doc>

Contains an overview of theoretical issues as well as country reports on The Netherlands, Switzerland, Greece and Portugal.

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Mladovsky, P. (2007) *Migration and health in the EU*. Research note for EC Directorate-General Employment, Social Affairs and Equal Opportunities. Unit E1 - Social and Demographic Analysis.

[http://ec.europa.eu/employment\\_social/spsi/docs/social\\_situation/rn\\_migration\\_health.pdf](http://ec.europa.eu/employment_social/spsi/docs/social_situation/rn_migration_health.pdf)

Very extensive report (55 pp.), containing detailed information on some 14 European countries.

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Médecins du Monde (2007) *Report on the access to health care of undocumented migrants in Belgium, Spain, France, Greece, Italy, Portugal, UK, Netherlands, Germany*.

Available for download from <http://www.medecinsdumonde.org/gb>

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PICUM (2007) Report: *Access to Health Care for Undocumented Migrants in Europe*.

Available for download from <http://www.picum.org/>

Contains reports on Austria, Belgium, France, Germany, Hungary, Italy, Netherlands, Portugal, Spain, Sweden, United Kingdom

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*Euro Observer* (Winter 2007 issue). “Migration and health in EU health systems - case studies from the Netherlands, Italy and Spain”.

Published by WHO European Observatory on Health Systems and Policy

<http://mighealth.net/eu/images/2/29/Euro.pdf>

Three countries’ migrant health policies were described, revealing considerable differences. The issue of undocumented migrants and their access to health care systems in those three countries was also addressed.

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Huber, M., Stanciole, A., Bremner, J. & Wahlbeck, K. (2008). *Quality in and Equality of Access to Healthcare Services: HealthQUEST*. Brussels: DG Employment, Social Affairs and Equal Opportunities.

[http://www.euro.centre.org/detail.php?xml\\_id=866](http://www.euro.centre.org/detail.php?xml_id=866)

The report compares data from Finland, Germany, Greece, Netherlands, Poland, Spain, Romania, and United Kingdom. Access and quality of care is examined for the following vulnerable groups:

- Migrants, asylum seekers and illegal immigrants
- Older people with functional limitations
- People with mental health problems.

The report begins with an in-depth analysis of the factors which may undermine access and service quality, and shows how these factors may affect each group in turn, using data from the 8 countries surveyed.

More detailed country reports are in preparation (see [http://www.euro.centre.org/detail.php?xml\\_id=866](http://www.euro.centre.org/detail.php?xml_id=866) )

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## 2. Current projects

### A. Projects co-funded by DG SANCO (11)

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#### **MIGHEALTHNET Information network on good practices in health care for migrants and minorities in Europe.**

[www.mighealth.net](http://www.mighealth.net)

The MIGHEALTHNET project aims to stimulate the exchange of knowledge on migrant and minority health through the development of interactive data bases in each of the participating countries. These 'wikis' will contain the following sorts of data:

1. Background information concerning migrant and minority populations
2. The state of health of migrants and minorities
3. The health care system and the entitlement of migrants and minorities to health care
4. Accessibility of health care
5. Quality of care: 'good practices' developed to improve the matching of service provisions to the needs of migrants and minorities
6. Centres of expertise, general reports and policy documents, journals, training programmes, E-mail groups etc.

By facilitating the transfer of knowledge and expertise and stimulating network formation within and between European countries, the project hopes to further the development of good practices concerned with the health of migrants and minorities.

Countries participating: Belgium, Bulgaria, Czech Republic, Denmark, Germany, Greece, Hungary, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Sweden, Switzerland, Turkey and the United Kingdom.

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#### **Healthcare in "NowHereLand": Improving services for undocumented migrants in the EU.**

[http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel\\_id=58](http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=58)

This project aims at improving the level of health protection for the people of Europe by addressing migrants' and immigrants' access, quality and appropriateness of health and social services as important wider determinants for health, focusing on healthcare services for undocumented migrants (UDMs) as an especially vulnerable group, an increasing public health risk and a group providing difficulties for healthcare providers and health policy.

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#### **MEHO: Migrant and Ethnic Health Observatory.**

<http://www.meho.eu.com/>

The main objective of MEHO is to develop indicators to monitor the health status of immigrant/ethnic minority groups in Europe. Therefore existing health related databases and surveys will be used and an European network of epidemiological observatories on migrants' health will be established. This network will generate an European overview of comparable and exchangeable data on sociodemographic and health profile of immigrant/ethnic minority groups for selected health problems. Specific attention will be paid to the conceptual, methodological, ethical and practical issue of identifying immigrants and ethnic minorities in health databases and to the assessment of valid comparisons between these groups within countries and between countries.

We do not only include immigrant/ethnic minority groups in Western Europe but also the Roma population in Central and Eastern Europe.

We focus on five critical health areas for which we know already that ethnic specific health data is available: mortality, cardiovascular diseases and diabetes, infectious diseases, cancer, self-perceived health and health care use.

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**EUGATE: Best practice in access, quality and appropriateness of health services for immigrants in Europe.**

[http://mighealth.net/eu/index.php/EUGATE\\_contact\\_details\\_and\\_associated\\_partners](http://mighealth.net/eu/index.php/EUGATE_contact_details_and_associated_partners)

EUGATE (in 16 countries) aims to provide a European-wide definition of what is meant by ‘migrant’, explore legislation, policies and funding arrangements relating to migrants and minorities, investigate organisation and utilisation of services, describe evaluation and monitoring methods, and identify and compare models of best practice. In addition they are going to develop a ‘tool kit’ for improving access, quality and appropriateness of health and social services for migrants and ethnic minorities, as well as creating a multi-lingual, searchable website on best practice.

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**Health and migrations in the European Union**

[http://mighealth.net/eu/index.php/Health\\_and\\_migrations\\_in\\_the\\_EU\\_-\\_contact\\_details](http://mighealth.net/eu/index.php/Health_and_migrations_in_the_EU_-_contact_details)

The project aims to:

- improve the knowledge about the health status of immigrants coming from third countries, and its health determinants considering: demographic dynamics of migratory processes and their impacts, the specific political and legal frameworks at the national and international levels;
  - identify best practices about immigrants’ access to healthcare (including health promotion, prevention and healthcare services);
  - contribute to the definition of health policies and strategies that could be implemented both at the EU and Member State level, aiming at better migrants’ integration.
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**AMAC: Assisting migrants and communities: analysis of social determinants of health and health inequalities.**

[http://mighealth.net/eu/index.php/AMAC\\_contact\\_details](http://mighealth.net/eu/index.php/AMAC_contact_details)

The project aims to consolidate the outputs of the vigorous 2007 migration health agenda in Europe and promote multi-stakeholder dialogue and engagement to fight health inequalities linked to migration. In parallel to this policy dialogue, the project will review, through seven background papers developed around three workshops, priority health issues affecting migrants across Europe such as mental health, maternal and child care, care for the elderly, as well as legislation and research in the field, bioethics and training for health professionals. In the “Health in All Policies” spirit, the AMAC initiative will also expand the dialogue beyond health professionals to include stakeholders in linked fields such as education, social affairs and interior. The project will conclude with a final EU-level consultation in May-June 2009 and a final report including the consultation’s conclusions and recommendations.

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**AVERROES Network: Improving access to health care for asylum seekers and undocumented migrants in the EU.**

[http://mighealth.net/eu/index.php/AVERROES\\_contact\\_details\\_and\\_associated\\_partners](http://mighealth.net/eu/index.php/AVERROES_contact_details_and_associated_partners)

The project contributes to enhancing the EU general population's health, by improving asylum seekers' and undocumented migrants' access to healthcare. The project is also strategically relevant since Portugal has decided to focus on "Migration and Health" issues, during its EU presidency. Actually, the Portuguese National Institute of Health has even recently selected the MdM European Network observatory and advocacy project as a best practise for its "Health and Migration" programme, funded by the Community Action Field of Public Health. To achieve its objective the project proposes to create an NGO network covering 19 member states, that will carry out research, field surveys, awareness raising and advocacy activities at national and EU levels. By doing this, the network intends to sensitize the main stakeholders to the project's advocacy message as well as to convince and encourage policy-makers to favour the elaboration of binding community regulations to improve asylum seekers' and undocumented migrants' access to healthcare in the EU.

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**Health and the Roma community: analysis of the situation in Europe.**

[http://mighealth.net/eu/index.php/Health\\_and\\_the\\_Roma\\_community\\_-\\_contact\\_details\\_and\\_associated\\_partners](http://mighealth.net/eu/index.php/Health_and_the_Roma_community_-_contact_details_and_associated_partners)

The project will:

- contribute to the reduction of health inequalities affecting the Roma community in Europe; obtain reliable and objective data about the social/health situation of the Roma population and the use made of healthcare resources available for the mainstream society;
  - identify factors considered vital in improving the Roma situation and promote equity;
  - promote synergies between public/private sphere (health centres, hospitals, social organisations, public administrations, etc.).
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**TAMPEP - European Network for HIV/STI prevention and Health Promotion among Migrant Sex Workers**

<http://www.tampep.com/>

A Network of community-based service providers, public health and social services cooperating in 26 European countries. Main objective: To reduce HIV vulnerability of migrant and mobile sex workers across Europe.

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**Aids & Mobility Europe (A&M) 2007-2010**

<http://www.aidsmobility.org/index.cfm>

A network for the support of European organisations that provide HIV/AIDS prevention and care to mobile and migrant populations. A&M pays special attention to young migrant people.

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## **PHBLM**

### **Increasing Public Health Safety Alongside the New Eastern European Border Line**

Funded under the European Commission's 2006 Public Health Programme (PHP), this IOM project aims to increase the public health safety of all EU member states, build the capacity for border management, and support appropriate health provision to border guards and healthcare to migrants entering the European Union border area as a fundamental human right. The project is being implemented with the University of Pécs in Hungary, in partnership with the governments of targeted countries, and is collaborating with the European Centre for Disease Prevention and Control (ECDC), Frontex, and the World Health Organization (WHO).

Running from June 2007 to December 2009, the PHBLM project includes four main components: situational analysis of the current public health conditions and border management procedures; development and regional testing of a training module; development of minimum public health standards and a proposal for structural changes; and dissemination of the project results. The project focuses on the eastern external border of the enlarged European Union where the Schengen criteria are currently being implemented (Hungary, Poland and Slovakia). Romania will also be included in the preliminary situation analysis as well as in the regional testing of the training module.

Further information: contact Roumyana Petrova-Benedict at [rpetrovabenedict@iom.int](mailto:rpetrovabenedict@iom.int)

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## **2. Projects (co-)funded by other bodies (9)**

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### **HOME – Health and Social Care for Migrants and Ethnic Minorities in Europe COST Action IS0603**

[http://www.cost.esf.org/index.php?id=233&action\\_number=IS0603](http://www.cost.esf.org/index.php?id=233&action_number=IS0603)

The recent increase in the numbers of migrants in Europe has generated a growing volume of research on their state of health and the need to adapt care services to their needs. Scientific progress in this field, however, is held up by a lack of interdisciplinary and international collaboration. Moreover, the addition of a cross-national perspective can yield new insights into the causes of ill-health and can further the exchange of good practices. In Southern, Central and Eastern European Countries, work on migration and health is in particular need of strengthening and encouragement. This Action will bring together an international group of experts to consolidate and review work carried out so far, identify blind spots and persistent problems, and recommend ways forward. Its three Working Groups will be concerned with social and policy factors, migrants' state of health, and improvements in service delivery. The Action will produce 'state of the art' reports on the most urgent themes and will organise workshops, conferences, joint publications and training activities to discuss and disseminate its findings.

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### **Sixth Framework Network of Excellence CINEFOGO**

<http://www.cinefogo.org/>

Within this project, the University of Trento is investigating migrant health. They have a project "Giving new subjects a voice. Cultural diversity in the health-care system", financed by the Volkswagen Foundation and directed by Prof. Patrizia Nanz.

[http://www4.soc.unitn.it:8080/dart/content/e1366/index\\_eng.html](http://www4.soc.unitn.it:8080/dart/content/e1366/index_eng.html)

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## **BOMEME (Birth Outcomes of Ethnic Minorities in Europe).**

Coordinated by Anders Hjern, Adjunct Professor of Paediatric Epidemiology, National Board of Health and Welfare and Karolinska Institutet, Stockholm, Sweden ( [anders.hjern@socialstyrelsen.se](mailto:anders.hjern@socialstyrelsen.se) ).

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## **IMISCOE (International migration, Integration and Social Cohesion in Europe).**

<http://www.imiscoe.org/>

Cluster B5 has a group working on Migrant Health. Contact David Ingleby ( [j.d.ingleby@uu.nl](mailto:j.d.ingleby@uu.nl) ).

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## **WHO-HPH task force on migrant-friendly and culturally competent healthcare (MFCCH).**

[http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel\\_id=38](http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38)

The Task Force on Migrant Friendly and Culturally Competent Health Care is established within the international HPH network with a specific mandate for coordination assigned to the HPH regional network of Emilia-Romagna (Italy) by the General Assembly and the Governance Board of the international HPH network. The provider is the Health Authority of Reggio Emilia, which is the coordinating institution of the regional HPH network of Emilia Romagna.

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## **EUROMED European-Mediterranean Network on Migration and Mental Health.**

Newsletter: <http://mighealth.net/eu/images/f/f1/News.pdf>

Key areas of work:

1. Improvement of mental health services through research and training
  2. Prevention of mental health problems.
  3. Participation in policy development and future planning in issues related to migration and mental health.
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## **PROMO**

This project aims to review policies, services and best practice in the promotion of mental health and prevention of mental ill health of socially marginalised groups in Europe. The project is coordinated by Queen Mary University, London. (Prof. Stefan Priebe)

PROMO assesses best care for 'socially marginalised groups' with mental health disorders across Europe. The marginalised groups that are specifically studied are a) the long-term unemployed, b) homeless people, c) prostitutes, d) 'travellers', e) illegal immigrants, and f) asylum seekers and refugees. The study will identify relevant legislation and policies, assess all available health care and social services in representative areas, and evaluate the overall quality of care for each group. The ambitious aim is to develop recommendations for the European Commission for how care for socially marginalised groups is best organised and delivered. The project has partners in 14 European countries, is funded by the European Commission and will last three years. It is coordinated in the Unit for Social & Community Psychiatry in Newham. The Principal Investigator is Prof. Stefan Priebe, and the project manager is Donna Wright ( [D.J.Wright@qmul.ac.uk](mailto:D.J.Wright@qmul.ac.uk) ).

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## **EU Partnerships to Reduce Migrants' Vulnerability to HIV Infection**

Project funded by the Government of Portugal in 2007 and managed by IOM HQ and Brussels.

Consultation on EU Partnership to Promote Universal Access for Mobile Populations, IOM Headquarters, Geneva, 10-11 September 2007. (Contains Country Reports on Bulgaria, Germany, Hungary, Italy, Malta).

Portugal : <http://www.iom.int/jahia/Jahia/pid/1862>

Report of EU National AIDS Coordinators Meeting "Translating principles into action" in the WHO European Region and EU Neighbouring Countries, Lisbon, 12-13 October 2007.:

<http://www.eu2007.min-saude.pt/PUE/en/conteudos/programa+da+saude/technical+initiatives/conteudo2.htm>

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## **Active Ageing of Migrant Elders across Europe**

<http://www.aamee.eu/>

Project promoted by the Ministry of Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia, Germany, and the Directorate General for Employment, Social Affairs and Equal Opportunities, with a grant from the EU.

The AAMEE project focuses on the promotion of active ageing and social, cultural and economic integration of migrant and minority ethnic elders, emphasising volunteer activities and the emergence of new culturally sensitive products and services in the fields of, for instance, housing, care, education, leisure, culture and marketing. This will be done on the basis of a mixture of practical and scientific activities and a variety of approaches.

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## **3. Projects on Roma health (5)**

Two projects listed under (1) or (2) are listed again here

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### **MEHO: Migrant and Ethnic Health Observatory (DG SANCO)**

[http://www.meho.eu.com/health\\_of\\_roma\\_people\\_in\\_cee.php](http://www.meho.eu.com/health_of_roma_people_in_cee.php)

(The main project is described under category 1)

- Objectives:
  - to define the most important criteria identifying Roma health
  - to set an existing databases with available information on Roam health issues in CEE
  - to collect and analyze data on health of Roma comparison with the indigenous majority population
- Description of work:
  - to summarize outputs from all accessible health data characterizing Roma health group outputs, we suppose the data are very scarce and limited and needs to be summarized
  - to establish a database of organization and scientists dealing with Roma health issues in CEE, considering governmental, academic ,research, private and NGO sectors
  - to develop ethical issues particularly in reproductive health data
  - to support all kinds of structural; and targeted research dealing with Roma health

- to develop guidelines how to receive or extract data about Roma from routine health statistics
  - focus on at least 3 countries
  - focus at least on 3 critical health areas cardiovascular, infectious disease, reproductive health
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### **Health and the Roma community: analysis of the situation in Europe. (DG SANCO)**

Listed above under category 1.

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### **Open Society Institute (OSI) - Roma Health Project**

<http://www.soros.org/initiatives/health/focus/roma>

The OSI Roma Health Project (RHP) works to promote equal access of Roma to appropriate and quality health care services. The project focuses on the protection of the rights of the Roma population in the health care setting, by promoting involvement of Roma communities in advocating for access to health services, addressing discrimination against Roma in the health sector and raising visibility around the obstacles impeding access health care. RHP is working to affect the development of sound public health policies targeting Roma, and combating the perpetuation of myths and stereotypes about Roma communities and health.

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### **Building Healthy Roma Communities Project (IOM)**

Funded by the Government of Belgium, this IOM project was completed in February 2008 and targeted Hungary, Poland, Romania and Slovakia. The twelve-month, second phase aimed for the best possible utilisation of the research and training from phase one, through capacity-building of professionals and stakeholders working with Roma communities, specifically in the areas of health and social affairs.

The project implemented a country-level training course in each of the target countries during 2007. These courses were led by the trainers certified during the project's first phase and supported by the project's Expert Team. A pilot community centre (Equality Support Unit) was also established in Romania, whose goal is to provide assistance for the Roma community while also encouraging self help, health promotion and awareness, and ensuring dissemination of information.

Powerpoint presentation on the whole project: <http://mighealth.net/eu/images/3/3a/Iom22.pdf>

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### **Euroma - European Network on Social Inclusion and Roma under the Structural Funds**

<http://www.euromanet.eu/>

In January 2008 twelve countries of the EU together with a wide representation of the European Commission launched in Seville (Spain) a transnational Network aiming at the promotion of the use of Structural Funds (SF) to enhance the effectiveness of policies targeting the Roma and their social inclusion.