



# INTERHEALTH PROJECT

## Policy Recommendations Report



Co-funded by the  
Erasmus+ Programme  
of the European Union



This project (2016-1-EL01- KA202-023538) has been funded with the support of the European Commission. The information reflects the views of the authors, and Commission cannot be held responsible for any use which may be made of the information contained therein.

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## 1. Introduction

The InterHealth Policy Recommendations Report is aimed at providing comprehensive and well researched evidence to produce a set of recommendations and guidance for introducing intercultural competences in the health sector, so as to promote the efficient provision of healthcare to people with a diverse cultural background, foster their social integration and sensitize the decision makers of educational and health policies in the partner countries concerning the needs both of patients and healthcare providers.

The Report **provides 32 recommendations in three big areas:**

1. **Education policies**, with the intention of introducing non-formal methods in healthcare curricula and train healthcare professionals in intercultural subjects;
2. **Health policy**, with a set of recommendations to introduce and implement intercultural competences and contents into the daily medical practice, as well as to identify the exchange of experience and knowledge of intercultural issues within the health system; and
3. **Recommendations for social actors**, as they play a relevant role both as trainers based in their daily experience with migrants, asylum seekers, refugees and minorities, and as advocacy groups to raise awareness about the importance of developing and introducing intercultural competences in medical contexts.

These recommendations are directed to policymakers, medical staff and civil society organisations.

## 2. The InterHealth Project

### a. About the InterHealth project

**InterHealth project aims at increasing the intercultural competences of healthcare professionals and providers in Europe through non-formal training.** To this end, the project foresees the following objectives:

- Equip healthcare professionals with intercultural competences.
- Provide non-formal educational methods that can be combined with the formal education of healthcare professionals.
- Promote the efficient provision of healthcare to migrants, asylum seekers, refugees and ethnic minorities considering the significance of different perspectives on health and illness.
- Sensitize the decision makers of educational and health policies within the EU.
- Set off an international conversation and cooperation between healthcare professionals.
- Address current needs and challenges of healthcare professionals.

From December 2016 to December 2018, **five products have been developed to achieve the aforementioned objectives:** (1) a state of the art report, (2) the Curriculum for Intercultural Competences of Healthcare Professionals, (3) Forum for healthcare practitioners and patients in an intercultural setting, (4) Mobile Training application for autonomous learners and this document (5), the InterHealth Policy Recommendations Report.

Moreover, thanks to the dissemination and socialization activities, such as pilot sessions to test some of the products, and multiplier events, the project has reached out many

healthcare professionals in EU countries and created networks of professionals aware of the products of the project. This enabled to sensitize health professionals about the importance of intercultural competences and to encourage specific intervention with foreign patients.

The consortium of the InterHealth project is composed of social organisations, research institutes, a university and an IT company, from 5 countries: the leading partner, IASIS and The Technological Educational Institute of Athens (Greece), FVA (Italy), Institut de Formation et Recherche en Travail Social, Medico Social et Sanitaire (France), Solidaridad Sin Fronteras (Spain) and BFI - Institute for Vocational Advancement (Austria).

**This Policy Recommendation Report is closely related to all other outputs and activities of the Project**, adding up to all InterHealth products as it fosters the discussion about the policy context that allows this project and other similar initiatives; it is interconnected with the InterHealth Baseline Report and Training Curriculum, as it provides information about the scientific context of intercultural competences for healthcare professionals; and it involves tasks of major significance regarding dissemination, namely the Real Time Delphi Policy Panels which counted with the participation of relevant stakeholders at European level.

### a. Context/Policy Background

According to EU SKILLS PANORAMA (2014) report on the prospects for health professionals, **healthcare providers in Europe should develop their skills as far as societal trends and influences as well as human ethnicity and culture are concerned**. The need for intercultural competences has been stressed out by a lot of academics and researchers in the field. Anand and Lahiri (2009, p.388) argue that the key to an efficient healthcare is the “skills to learn about cultural and personal beliefs in a respectful way”. Spencer (2014) emphasizes the teachable dimension of intercultural skills and the importance of this aspect of professionalism for the satisfaction of the patient and the provider as well as for health outcomes. The inability to cope with different perceptions about illness and health may result in misdiagnosis and mistreatment (Ahmed, 2015). Therefore, **intercultural competences are a useful tool for all the healthcare providers in all the stages of practice**: prevention, treatment, management of illness and promotion of physical and mental wellbeing.

Apart from the generally acknowledged need for development of intercultural competences in the healthcare sector, **the current social context in Europe**, which has changed over the last years, with the rising presence of people with a diverse cultural background, **underlines the need for provision of healthcare that is adjusted to the patients’ characteristics**.

There are different areas of healthcare that are increasingly supported by demographic development in the field of intercultural competences. Doctors, nurses, psychologists, dentists, but also social workers are all faced with major challenges for bringing intercultural competences into their professional environment.

To cope with the aforementioned needs, the project develops training methods in order to alter the skills of healthcare workers, so as to put in practice intercultural competences toward patients with diverse values beliefs and behaviours. In this sense, **the InterHealth Policy Recommendation Report is aimed at giving the main directions to enable this at European, national and regional levels**.

## b. The process of drafting the Policy Recommendations Report

To carry out the InterHealth Policy Recommendations Report, SSF, the leading partner of this product, established a work programme, followed by a draft policy recommendations report, based on the recommendations of the previous Intellectual Outputs (1, 2, 3 and 4) developed by the partners of the project. This allowed to define some of the recommendations of this Policy Recommendations.

Subsequently, with this information, partners from 4 countries (Austria, France, Greece and Spain), applied the **Policy Panels of Experts**, using the **Real Time Delphi (RTD) method**, which is a structured and interactive method and a communication system designed to gather opinions from experts on a specific topic by using a questionnaire, which is answered online. The partners agreed to elaborate 5 questions that were sent by email to a number of experts in different areas: medical staff, academics and policy makers in the educational and medical fields. The answers were discussed later in a panel of experts, **in person**. Once the answers to the given questions were discussed separately in each country, the partners of the project carried out an online simultaneous discussion with key stakeholders across partner countries. Finally, **the answers given by the experts were integrated in this InterHealth Policy Recommendations Report**.

## c. Summary of Recommendations

Below there is a table that synthesizes the recommendations made in the Report, classified by themes and topics, and accessible by clicking in the recommendation:

3.1 Education Policy	
3.1.1. Non-formal educational methods	
1.	Introduce and mainstream the usage of non-formal education methods and experiential learning approaches in the formal educational system of healthcare
2.	Encourage the introduction of non-formal and experiential methods in medical settings to enhance the intercultural awareness of healthcare professionals
3.1.2. Incorporating intercultural competences into the curricula of the different healthcare professions	
3.	Introduce a number of topics/module into the Curricula to acquire the necessary intercultural skills and competences by future healthcare providers
4.	Incorporate more practical contents and balance them with theoretical aspects
5.	Mainstreaming gender approach in all contents of the Curricula
3.1.3. Training Improvements for Healthcare Professionals	
6.	Carry out more training activities based on interculturality and how to improve the interaction with people from diverse cultural background
7.	Provide specific training to health professionals on gender violence in migrant women and minors, from an intercultural perspective
8.	Increase the awareness among medical staff about the rights and mechanisms of access to healthcare of migrants, asylum seekers and refugees
3.1.4. Communication Skills of Healthcare Providers	
9.	Develop training aimed at improving communication skills with patients and family environment from a diverse cultural background
3.1.5. Increase the use of new technologies in healthcare provision to groups with a diverse cultural background	
10.	Develop or increase training sessions on new technologies for healthcare providers in topics related to intercultural competences
11.	Enhance and increase the usage of already existing apps and resources for easing the communication with people with a diverse cultural background

### 3.2 - Health Policy

#### 3.2.1. Migrants, Asylum Seekers and Refugees' Rights to Health

12. Recognise and protect the right to health of migrants, asylum seekers and refugees by the European Institutions and national authorities
13. Healthcare providers should inform migrant patients about their rights and how to use them, especially as long as the situation of deprivation of health access card lasts
14. Translate informative documents that patients have to sign in the languages of the most important migrant groups in each country

#### 3.2.2. Implementing the intercultural competences into the daily practice in a medical setting. Changes in Protocols

15. Introduce an intercultural approach into the protocol of action in the emergency system, medical consultation and primary health care
16. Encourage the creation of specialized welcome groups in all health care services
17. Take into account the importance of family environment during the whole process of health care (diagnosis, etc.)
18. Carry out a social assessment and evaluation of every patient and offer social training oriented to the most sensitive cases
19. Increase the awareness about possible ethical dilemmas when treating a patient from a different cultural background
20. Creation/increase of the relevance of clinical ethic committees in the health sector

#### 3.2.3. Deepen the exchange of experiences and knowledge about intercultural issues and health within the health system

21. Create a European platform that brings together good practices and training resources in intercultural competences in healthcare
22. Ease and promote the exchange of experiences between the training institutions (universities, vocational schools) and hospitals
23. Encourage and facilitate the spaces for sharing experiences and intercultural knowledge in medical settings
24. Develop or increase the interchanging programs among healthcare professionals at European and international levels

#### 3.2.4. Communication between healthcare professionals and patients with a diverse cultural origin

25. Adapt the communication protocols in health environment to ease the sanitary attention and understanding of information by people with a diverse cultural background.
26. Favour effective attention to people with a diverse cultural background in the health system increasing the number of mediators in medical settings

### 3.3 - Social Actors

27. Increase the training on intercultural competences on the staff dealing with people with a diverse cultural background
28. Build bridges between civil society organisations and public sector throughout the EU to advocacy for policy changes in intercultural health issues
29. Make greater efforts to put into the political agenda the importance of intercultural competences of healthcare providers
30. Develop raising awareness campaigns related to interculturality and health provision to groups with a diverse cultural background
31. Increase the advocacy campaigns of migrant, asylum seeker and refugees' rights to health throughout the EU
32. Involve immigrants in decision making, through their organisations

### 3. Policy Recommendations and Guidelines

The following recommendations are structured in three big groups: the first two groups are related to the policies where these recommendations should be applied, the educational and health policies, and the last group are recommendations for social actors, such as professional associations in the field of health, civil society organisations and IT companies in the medical fields.

Each recommendation contains a table where is described the level of its implementation (at European, National and/or Regional levels) and the actors who should be involved in its application, namely governments (in the abovementioned levels), health sector, that is to say, national and/or regional health systems (publicly or privately funded), and social actors, such as civil society organisations and professional organisations in the field of healthcare.

#### 3.1 - Education Policies

The education policy is one of the pillars to introduce intercultural competences among the future and current healthcare providers, especially for the first group, who will access to a health system where users have changed over the last years. **Currently there is a divergence between the contents of the Curricula of health professions and what is the social reality in the health sector:** while the profile of users has diversified and become more complex, namely due to the presence of people from a diverse cultural background, in general terms neither the curricula nor the training have changed accordingly.

Moreover, **it is important to introduce non-formal educational methods and experiential resources in healthcare professions**, since they provide many possibilities in these disciplines, and constitute a very appropriate framework to teach and develop training programs in intercultural competences.

It is important to mention that intercultural competences should be tackled alternatively. It must be worked on different strands at the same time. Today we know that one-sided approaches are themselves inefficient or become ineffective. Therefore, an overall strategy should be kept in mind, and be set at different branches.

##### 3.1.1. Non-formal educational methods in healthcare university careers

The potential and importance of non-formal and experiential techniques are clear when it comes to the healthcare professions, as they provide a series of competences that formal methods cannot offer in the same way and with the same acuity.

**Recommendation 1: Introduce and mainstream the usage of non-formal education methods and experiential learning approaches in the formal educational system of healthcare professions**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

During the whole implementation of the InterHealth Project, and specifically on the process of consultation with experts in the fields of healthcare and policymaking, **the introduction of non-formal education and experiential methods as a part of the healthcare careers as well**

**as in the training contents for current professionals has been considered a primary task**, since they enhance self-exploration and self-awareness and provide students with the necessary knowledge related to distinct situations which are definitely relevant for healthcare practice, as well as social skills and tools to deal with the future challenges related to medical practice.

In this regards, most of them agreed on the fact that this should be a top-down process, where **European institutions may play a relevant role**, either stablishing new legislation that every member State has to transpose to its national educational laws or providing guidance recommendations, as many European reports have pointed out (Council of the European Union, 2012). National authorities should legislate accordingly and ease its introduction in the formal educational system of healthcare professions.

**Recommendation 2: Encourage the introduction of non-formal and experiential methods in medical settings to enhance the intercultural awareness of healthcare professionals**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

One crucial aspect that has been detected throughout the development of the project is that **healthcare professionals are not used to non-formal education methodologies**: they prefer or are more comfortable with more academic contents for their training. Yet, it is also important to work on a greater familiarization with non-formal education methodologies in medical settings, since they give the possibility to learn about different situations that may occur daily in a medical contexts where intercultural competences are required.

The introduction of non-formal methods and experiential approaches in medical settings should be under the sphere of national and regional educational departments, but again, European institutions should encourage its introduction.

### 3.1.2. Incorporating intercultural competences into the curricula of the different healthcare professions

One of the main objectives of the InterHealth project is to foster policy changes regarding the use of intercultural training for the efficient delivery of healthcare to all patients/users/beneficiaries, regardless their origin or culture, at national and European levels. However, it seems that **policymakers as well as some health sectors are not aware of the importance of introducing intercultural topics into the main Curricula of healthcare education**.

Carefully designed educational programs –based, for example, on the Curriculum of Intercultural Competences produced in the context of InterHealth project- would enable the learning and implementation of intercultural tools into the daily medical practice, and thus **adapt the Curricula to the current social needs and increase the confidence of migrants and refugees**: to communicate with healthcare care professionals, use health services and receive high quality care.

**Recommendation 3: Introduce a number of topics/module into the Curricula to acquire the necessary intercultural skills and competences by future healthcare providers**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Intercultural education modules should be part of the curricula of every healthcare-related profession. Current professionals are not properly nor enough trained in these issues.** As a result, on the one hand, they are not able to address the challenges they face every day when treating and dealing with migrant patients or with a diverse cultural background; on the other hand, these groups are not confident when they are in a medical setting, as there are not the necessary elements to communicate effectively and on a confident manner with medical staff and thus to exercise their rights to health.

**These conclusions are backed by the vast majority of the experts that participated in the InterHealth project, and this is precisely the main need detected by the project.** This is the reason the InterHealth Curriculum for Intercultural Competences of Healthcare was conceived for, a non-formal tool to acquire the necessary intercultural skills and competences by healthcare providers who treat patients/users/beneficiaries who have a culturally different background, available at: <http://www.interhealth.eu/en/curriculum/>.

As further developed in the InterHealth Curriculum, the project recommends the inclusion of modules/topics related to: interreligious competences; intercultural communication and counselling; transcultural psychology; self-awareness for healthcare professionals; and management in healthcare settings.

If future professionals are trained in these topics they will be able to identify the different perceptions associated with health, death and illness among patients of foreign origin, adapt the treatment or the consultation according to the cultural and religious beliefs, avoid misunderstandings and providing adapted diagnosis and treatments.

In any case, it should be noted **that the inclusion of intercultural competences would lead to a broader revision of the whole curricula of healthcare professions.** The professionals and students surveyed during the project have pointed out that **intercultural competences should be considered as a strong educational tool, not an optative subject.** This task should be encouraged at European level and designed and implemented by national and regional governments. In this sense, these contents should be integrated into the public health system (hospitals, primary health care facilities, etc.).

**Recommendation 4: Incorporate more practical contents and balance them with theoretical aspects**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Many professionals and experts consulted pointed out the importance of introducing more practical contents in the regular curricula of healthcare professions, based on content-**

related exercises, examples of the theoretical contents in the daily practice in medical settings, web resources, etc. so as to have a better balance with theoretical contents.

This should be encouraged by European bodies in the field of educational policies and designed and implemented by national and/or regional governments.

**Recommendation 5: Mainstreaming gender approach in all contents of the Curricula**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

In addition to the necessity of incorporating intercultural topics, the mainstreaming of gender approach in the general curricula has been consistently pointed out by many professionals as a fundamental point during the whole duration of the project. **Gender is a relevant issue in healthcare:** men and women react physically differently to disease, there are more prevalence of some illnesses, and respond to and express differently about pain.

In most societies in the world, women have a lower social status than men, which translates into unequal power relations. Women have a lower degree of access to public resources, and a lower weight than men in decision-making. Therefore, **it is important to pay due attention to women patients**, especially those who may face additional barriers to healthcare (language, cultural barriers, etc.).

The mainstreaming of gender approach in the curricula is a matter where all the actors may get involved in different ways: it is evident that governments, at local and/or regional levels, should include gender approach in any future revision of the curricula, while European bodies and civil society organisations have the necessary resources and knowledge to support governments and health sector in the accurate definition and mainstreaming of the gender approach.

**3.1.3. Training Improvements for Healthcare Professionals in Intercultural Topics**

In order to fulfil the health needs of culturally diverse groups of people it is necessary to change the beliefs, feelings and values of healthcare professionals regarding these people by means of wider and better training. Assuming an intercultural approach in healthcare means, among many other things, to know more about other illness cultures and beliefs, be ready to treat patients which different conceptions of health and thus **adapt** the way they interact and treat patients. This does not mean that healthcare professionals should shift their values to adapt to others' beliefs, but to be **empathic, flexible and respectful** to them.

**Recommendation 6: Carry out more training activities based on interculturality and how to improve the interaction with people from diverse cultural background**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**More training activities about intercultural competences are a clear necessity and a demand by the healthcare professionals, managers, patients and experts consulted by the InterHealth Project.** Since most of the healthcare professionals didn't receive an appropriate intercultural training in University, now it is crucial that they receive constant training in topics related to interreligious competences; intercultural communication and counselling; transcultural psychology; self-awareness for healthcare professionals; management in healthcare settings; among others, as the InterHealth Curriculum does.

National and/or regional bodies with competences in education and training, as well as the health sector, should legislate and encourage the development of training programs in intercultural subjects for professionals, as a part of their regular training. Social and professional associations may play an active role in providing the contents and training in these topics.

**Recommendation 7: Provide specific training to health professionals on gender violence in migrant women and minors, from an intercultural perspective**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

As previously mentioned, **women suffer discrimination just because they are women, which has a clear impact on their access to social services and health.** This is clear when they suffer gender violence, and even more regarding migrant women, who may not aware of the legal framework in this topic. Regardless the protocols that exist in some European countries when healthcare staff deal with women that may suffer or have suffer gender violence, **the most important thing is how they have to react, behave and act,** specifically with migrant women, to demonstrate empathy, sympathy and emotional support. This should be extended to minors, as they might be suffering physical violence and psychological problems.

National and/or regional governments, together with the health sector, should encourage the development of training programs in this topic. In this sense, social organisations that are familiar working with migrant women suffering gender violence are the most indicated to carry out the training.

**Recommendation 8: Increase the awareness among medical staff about the rights and mechanisms of access to healthcare of migrants, asylum seekers and refugees**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Despite some European countries have a are more inclusive and accessible public health system than others, it is also true that some other countries are more restrictive while some groups are falling outside the system. **Professionals dealing directly with these groups in medical settings should be aware of this diversity of legal situations, as well as the rights and mechanism for enabling access to health to migrants, asylum seekers and refugees.**

This should be carried out by the health sector (hospitals, clinics, etc.), providing periodically information to healthcare professionals about the legal framework in this subject, as well as

by social actors, such as professional associations and organisations working with migrants, giving training to professionals, which is in line with the recommendations made by the World Health Organization - European Region (2018).

### 3.1.4. Communication Skills of Healthcare Providers

**Communication skills are very important when healthcare professionals deal with people with a diverse cultural background.** Overcoming language barriers is not only a duty for those persons that does not speak fluently the language of the hosting country, but also it is crucial for professionals that usually work with these groups. Besides, communication skills goes beyond language, even more in the case of medical professions, where it is fundamental to understand how a patient express him/herself and being understood by them.

*Recommendation 9: Develop training aimed at improving communication skills with patients and family environment from a diverse cultural background*

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Healthcare professionals should be trained in improving their communication skills when interacting with people from diverse background,** not only with patients but also with their families. The ideal professional, as presented through the InterHealth participants, should be respectful towards patients, able to keep the boundaries between she/he and the patient, to be patient, protective, diligent, responsive and flexible.

**These skills should cover two dimensions: the communication with patients,** such as empathy, active listening and conflict management; **and those skills aimed at providing emotional self-regulation of professionals,** as well as the proper communication between healthcare professionals.

These training activities should be established by national and regional authorities, mainstreamed by the health system and provided by the latter and professional organisations and/or civil society organisations.

### 3.1.5. Increase the use of new technologies in healthcare provision to groups with a diverse cultural background

New technologies are constantly changing the way of medical practicing. While new technologies have a general good reception when it comes to the development of new machines for easing and improving the diagnosis, **there is more reluctance among healthcare professionals regarding the use of new technologies for communication and interaction with patients and colleagues.**

**The majority of health professionals** contacted during the implementation of the InterHealth Project **showed high interest to acquire new knowledge on the topic;** however, **there is a technological gap grounded on the age:** professionals under 45 show more openness and interest in using new gadgets for their daily practices than those above this age. In any case, **special training on new technologies is highly recommended,** not only in terms of overcome reluctances but also because it is important that professionals acquire

and use these new technologies. The possibilities are even greater regarding intercultural competences, as they are already existing gadgets to ease the communication among people that don't speak the same language, among other possibilities they may offer.

**One good example of these possibilities new technologies offer to healthcare professionals is the InterHealth App (<http://ihapp.fvaweb.eu/>), an interactive application that promote autonomous learning of healthcare professionals about intercultural perspective on health and illness. Through the IHApp health professionals are able to identify the challenges related to the different dimensions of intercultural healthcare settings by recognizing the prevalence of a cultural model for patients/users/beneficiaries.**

The IHApp is a very good way of mainstreaming the contents of the InterHealth Training Curriculum into a more adaptable and usable format for the daily practice of healthcare professionals, and it was very good rated by them during the testing phase of the app and subsequent use.

**Recommendation 10: Develop or increase training sessions on new technologies for healthcare providers in topics related to intercultural competences**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Nowadays, the existence of new technologies for providing insights for cultural based interventions and facilitate the work in medical settings are growing. However, there are one barrier to cope with: **the manifest need for training of healthcare professionals in this field.**

It is important that social actors such as IT companies, civil society organisations and public bodies build bridges in order to provide proper training to healthcare professionals in new technologies

**Recommendation 11: Enhance and increase the usage of already existing apps and resources for easing the communication with people with a diverse cultural background**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**The lack of information about new gadgets among healthcare providers constitutes as well a barrier.** When dealing with people with diverse cultural background the fact is that, if available, some professionals prefer to derive the responsibility to translators or mediators, but there are always a restricted number of those professionals in medical settings, while **the availability and usage of apps and electronic tools would dramatically ease the communication with patients and their families.** However, it is important to start by training the medical staff in these new technologies to foster their usage.

National and regional public bodies in the field of education, innovation and IT, together with the health sector, should be responsible of making known the diversity of the already existing gadgets with respect to the communication between healthcare providers and people with a diverse cultural background. Each hospital, clinic, etc. should be able to decide which tools

suit their needs regarding intercultural issues, but every national public health system should provide a common offer to this end.

## 3.2 - Health Policy

**Health policy is decisive to contribute to the wellness of society, particularly for those that are in risk of exclusion.** Today, health systems in Europe are facing several common challenges, some of them are prevalent, some other are relatively recent depending on the context of each country. The increasing figures of migrants, refugees and asylum seekers, as well as the already existing presence of people from diverse cultural background in Europe, are only some of the factors that are showing the problems and limits of the current health policies. **The so-called universalist principle of the health systems, based on one allegedly culture and traditions within a country or at European level is colliding with the current social reality in Europe, diverse and plural.** Consequently, health systems have to perform an adaptation to this reality.

Regarding health policies, this adaptation does not mean the change of the whole system to the great diversity of cultures and beliefs that exist in regards to health, illness and disease. Some general principles that look for protecting the patients' life must remain and, certainly, healthcare professionals should keep the germ/biomedical paradigm and ethical codes as the only way for their labour. Nevertheless, **universal measures should be combined with targeted actions to improve the access to health of migrants, asylum seekers and refugees.**

Below are described a number of measures that would enable to adapt more the health system to the current social context in Europe.

### 3.2.1. Migrants, Asylum Seekers and Refugees' Rights to Health

It is not possible and inconsistent to move forward to a health system friendly and with contents for people with a diverse cultural background if there are still barriers to the access of healthcare to migrants, asylum seekers and refugees in many countries in Europe.

**Recommendation 12: Recognise and protect the right to health of migrants, asylum seekers and refugees by the European Institutions and national authorities**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

When it comes to the right to health of migrants, asylum seekers and refugees in Europe, the fact is that each country has its own regulation, from those that have an almost universal public health system which health services for all, other countries that have various restrictions and some other that ban the access to health to some of these groups, mainly asylum seekers and migrant with an irregular status.

**European institutions should play a crucial role to envisage more protective health systems all over the EU, based on a right-based approach.** This would result on the harmonisation and extension of the right to health of migrants, asylum seekers and refugees within all

countries of the EU. National governments would count on less margin to ban the access to health to these groups, keeping also in mind that health is a human right.

**Recommendation 13: Healthcare providers should inform migrant patients about their rights and how to use them, especially as long as the situation of deprivation of health access card lasts**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Healthcare providers, social workers and, in general, professionals working on a daily basis with migrants, refugees, asylum seekers and minorities, consulted all along the implementation of the InterHealth project, agree on the fact that **these groups are not sufficiently informed of their rights in general, and right to health in particular**. Moreover, there is also unawareness in the majority of healthcare professionals regarding the rights that newly arrived migrants have, especially as long as the situation of deprivation of health access card lasts.

In order to avoid legal issues and provide an accurate information to migrants, asylum seekers and refugees about their rights, **health authorities at national and regional levels should keep informed and updated healthcare professionals about the legal framework in this topic**. In addition, social actors, such as professional associations and organisations with expertise in legal counselling to migrants, may play an important function training professionals in this issue.

**Recommendation 14: Translate informative documents that patients have to sign in the languages of the most important migrant groups in each country**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

When it comes to perform an *adaptation* of the health system to the current social context in most countries of Europe, there is usually a discussion on what is best: to increase the number of mediators or to find a more effective or affordable solution. Although both are not excluding options, **in terms of cost-effectiveness it is recommended to carry out a translation of those informative documents** that patients have to sign when accessing a medical setting and to create leaflets on health provision in the languages of the most important migrant groups in each country.

### 3.2.2. Implementing the intercultural competences into the daily practice in medical contexts. Changes in Protocols

One of the biggest challenges detected during the implementation of the InterHealth Project is to adapt the intercultural competences into the daily practice in a medical setting: **the type of patient/user/beneficiary has changed over the years, but it seems that protocols haven't changed accordingly**.

Protocols of action in medical settings should be improved and adapted to the new social realities in the EU. In this sense what is really needed is that **protocols foreseen individualized care**, taking into account the diverse opinions of patients of diverse cultural origin, and not only practical techniques for adjusting care in the need of culturally diverse populations.

In the same way, a **"migrant" person is not conceived here homogeneously**: there are many considerations to keep in mind when dealing with patients with a diverse cultural background, many different needs, legal status, many cultures about health and illness in the world. The latter should not imply, in any case, changing the whole health system and protocols in the EU, but it would be counterproductive to think that it should stay as it is now.

**Recommendation 15: Introduce an intercultural approach into the protocol of action in the emergency system, medical consultation and primary health care**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Providing a good service and a proper diagnosis in a medical setting includes considering cultural particularities of patients and their relatives. **It is important that healthcare providers offer specific and singular attention to the patient of foreign origin**, being able to discern needs according to religion, culture, nationality, language, traditions, etc. This should also include gender differences on the existing protocols.

Moreover, carrying out a correct medical assessment and a social evaluation of the patient is one of the keys for a good therapeutic attitude, as well as the subsequent diagnosis and treatment. Adapting the protocols of action to the social context would help healthcare professionals to perform better diagnosis and avoid blocking situation related to cultural differences, as it could drive to a wrong diagnosis.

Introducing an intercultural approach into the protocols should be derived of the actions that national and regional governments, as well as the health sector, should take in order to adapt the health policy and training needs to the social reality in each EU country.

**Recommendation 16: Encourage the creation of specialized welcome groups in all health care services**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Creating welcome groups**, composed of doctors, nurses, psychologists, mediators and/or translators, **may help both patients from a different cultural background as well as health professionals**: while patients would feel more comfortable and explain better their symptoms, practitioners would have more tools to be aware of the needs and particularities of patients with different culture in order to provide a safe diagnosis.

In terms of cost-effectiveness it is important to carry out a good analysis of the needs and resources available in the health sector of each country to introduce this recommendation, since depending on the staff available the welcome groups would have more or less members from different specialities.

**Recommendation 17: Take into account the importance of family environment during the whole process of health care (diagnosis, etc.)**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

In the majority of EU countries **protocols don't take into account the importance of the relatives of patients with a diverse cultural background at all phases**, from the admission, the diagnosis, the treatment, until the end of the process of healthcare. Medical staff should talk with patients' relatives, familiarising them with the local health system and involving them in some parts of the decision making. Besides, it is probably that if the patient is not fluent enough in the language of the hosting countries, some relatives could help professionals to understand better the symptoms and feelings of patients, acting as translators or mediators.

**Recommendation 18: Carry out a social assessment and evaluation of every patient and offer social training oriented to the most sensitive cases**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Carrying out a social assessment of every patient**, particularly for those with a diverse cultural background, **may lead to a better diagnosis, relationship between healthcare providers and patients, as well as a good therapeutic attitude and the subsequent diagnosis and treatment.** Also, it is important to offer social training oriented to the most sensitive cases, such as gender violence in immigrant women and minors, from an intercultural perspective.

The improvement in the coordination of resources and social service would allow a better evaluation and social assessment of the patient. To enable this, it is important that the health sector, national and/or regional authorities and social services coordinate better with themselves. Therefore, a good interpretation and consistent coordination with the social resources can influence the therapeutic success, as well as in the social intervention process.

**Recommendation 19: Increase the awareness about possible ethical dilemmas when treating a patient from a different cultural background**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Cultural particularities and illness beliefs are a critical issue when making a diagnosis or a procedure to a patient with a diverse cultural origin, as well as when following the treatment.** It is very likely that these particularities and beliefs collide at some point with Western ethical concepts or even with the deontological code of medical professions.

Other aspects, such as organ donation in different cultures, abortion, euthanasia, professional misconduct, confidentiality, professional relationship with relatives, or region, should be taken into account to improve health intervention.

This type of answers or cultural differences should be anticipated and respected by medical staff but, in any case, **put over the medical responsibilities, the deontological code and the legal obligations, without entering into the cultural background.**

**Recommendation 20: Creation/increase of the relevance of clinical ethic committees in the health sector**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Closely linked with the previous recommendation, many professionals and experts consulted in different events during the implementation of the InterHealth project pointed out the necessity of establishing clinical ethics committees in those EU countries where still are not created. **These committees may be one of the most effective ways to implement ethic and migrant questions into daily work routine.**

National governments should introduce this measure (and implemented by regional governments in some other EU countries), together with the presence of representatives of the health system.

### 3.2.3. Deepen the exchange of experiences and knowledge about intercultural issues and health within the health system

Currently there are a lot of publications, papers, research, projects and experiences in the topic of intercultural competences in healthcare in the EU and at international level. However, and despite the huge possibilities that new technologies bring to create a meeting place for this, **there are not strong nor well-structured online and offline channels that would allow to a better and deeper exchange of experiences and knowledge of medical staff regarding intercultural issues.** The combination of more traditional channels to do so, together with new ways of sharing knowledge, would avoid some detected unwillingness for using new technologies by senior medical staff and will permit explore the great possibilities of online forums to this end, preferably at European level.

**Recommendation 21: Create a European online platform that brings together good practices and training resources in intercultural competences in healthcare**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**There is not an online platform that bring together good practices, results, papers, research news and the results of projects in the field of intercultural competences in healthcare at EU level.** As a consequence, these resources remain ignored for most of the healthcare professionals in all EU countries.

**This digital database could help professionals to keep in touch with all new developments all around Europe and internationally,** containing links to open resources, best practices,

case studies, apps, etc., in different sections related to interculturality in healthcare, keeping in mind that it is not always easy or even possible to transpose data/materials/tools to all countries due to their legal framework.

**This initiative should be fostered by the European institutions**, both indirectly, funding the creation of the digital database (i.e., in the framework of a European project), and directly, encouraging its usage and disseminating it to be widely used. National and regional authorities, together with the health sector, should also encourage and disseminate the platform, making it available and published in medical centres. Social actors should also play an important role, supporting the development of the online platform (civil society organisations) and its dissemination (professional associations).

**Recommendation 22: Ease and promote the exchange of experiences between the training institutions (universities, vocational schools) and hospitals**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

In most countries of EU, training institutions, such as universities or vocational schools and the health sector work isolated when it comes to sharing and exchanging knowledge and experiences. It should be promoted therefore the exchange of experiences: training institutions could organize seminars or webinars where trainers, professors, students, beneficiaries, public bodies and administrative staff from the hospitals could be invited to talk and share experiences in any kind. **This will result on the mainstreaming of new theories and approaches into the daily practice of healthcare professionals and, on the other side, more experienced-based contents for students.**

To this end, the national health system, together with social actors, such as universities or vocational schools, should foster the creation of these non-formal spaces and seminars. Professional associations may play a key role to build bridges between the two sectors.

**Recommendation 23: Encourage and facilitate the spaces for sharing experiences and intercultural knowledge in medical settings**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Healthcare professionals have always very busy schedules and long shifts; they don't have the necessary time for being involved in forums or in social media, thus it's better to meet in person in meetings, conferences etc. Without prejudice of using Internet, via social media for example, **most of the experts and professional consulted agree on the fact that general face to face communication is the best way of bringing together the professionals in order to exchange options and experiences.**

In this regards, it is important to promote the creation of spaces and conferences by the health sector to sensitize health personnel about the importance of offering specific and singularized care to patients of foreign origin, being able to discriminate needs according to religion, culture, nationality, language, traditions, etc.

**Recommendation 24: Develop or increase the interchanging programs among healthcare professionals at European and international levels**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

The professional interchange of healthcare professionals should be encouraged and promoted in those EU countries where it does not exist this possibility. Always on a voluntary base, **interchanging programs, for several weeks or months, could be an interesting option for professionals to impregnate with the knowledge of different cultures and increase the awareness about the different ways of dealing with issues related to the management of intercultural differences in medical settings in other European countries or beyond.** This would result on the interchange of best practices and increase the experienced-based learning.

These interchange programs should be encouraged and supported by the EU institutions (with already existing programs such as Erasmus +), in close relation with national government and national health systems.

**3.2.4. Communication between healthcare professionals and patients with a diverse cultural origin**

One of the main objectives of the InterHealth project is to encourage the active communication among healthcare professionals dealing with patients/users/beneficiaries with a diverse cultural background, on the common ground of the need for intercultural healthcare. In this sense, it is not only important that medical staff get trained in intercultural competences, but also to carry out policy changes in order to enable or improve the ways and channels of communication between staff and patients and their relatives.

**Recommendation 25: Adapt the communication protocols in medical settings to ease the sanitary attention and understanding of information by people with a diverse cultural background.**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

In addition to the necessary training of medical staff to deal with patients with a diverse cultural background and improve their communication skills, there should be a change in the protocols in medical settings that allows introducing new technologies in the daily practice. **Several tools that could ease the attention by medical staff and the understanding of information by patients already exist**, such as simultaneous translation and interpretation apps, dictionaries, pictograms, images or brochures, but they are not widely used by professionals nor introduced by hospitals.

Pictograms or communication kits with information to ease the diagnosis process and its understanding by patients may constitute the best options in terms of cost-effectiveness,

but other devices and apps such as instant translators should be also taken into account. **Depending on the economical resources, each national health system should foster the adaptation of the communication protocols by using new technologies.** Social actors, such as IT companies, should also support the introduction and guidance of these technologies.

***Recommendation 26: Favour effective attention to people with a diverse cultural background in the health system increasing the number of translators and mediators in medical settings***

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Increase the number of translators and/or mediators in medical settings would be the most effective measure to ease the communication between medical staff and patients with a diverse cultural background, but also a costly option.** Intercultural mediation in medical settings contributes to the reduction of communication, administrative and cultural barriers, since they are true links between patients and their families as well as with medical and administrative staff members: they already know the language and culture and are fluent in the language of the hosting country.

Introducing and increasing its number in those health systems where already exist mediators and/or translators could be hardly affordable. **This option should be carefully pondered by national and/or regional authorities** to see if this is the best choice in terms of resources or there should be applied other options (such as introducing apps and gadgets for easing the translation and understanding between healthcare providers and patients).

### 3.3 - Social Actors

By social actors we refer to civil society organisations, **namely NGOs and non-profit organisations, professional associations in the field of health, and in some cases companies**, especially those with expertise in new technologies for the medical sector. These social actors may play a very important role when introducing intercultural competences in medical settings, by participating in the training of healthcare professionals in these topics, as well as by lobbying for introducing these issues in the agenda at European and national levels with policy makers.

In addition to the previous recommendations where the participation of social actor is pointed out, below there are a number of actions that would have a good impact when it comes to improving the intercultural competences of healthcare professionals, the use of non-formal methods and the increasement of advocacy about the needs and demands of migrants, asylum seekers and refugees in relation to healthcare.

**Recommendation 27: Increase the training on intercultural competences on the staff dealing with people with a diverse cultural background**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

NGOs, professional associations and IT companies are the most suited stakeholders to carry out training programmes to healthcare professionals -each one in their categories and fields of expertise.

NGOs work with migrants, asylum seekers and refugees and they know their demands and needs, since in many cases and in many countries they act as the only supporting actor, which, together with constant training these organisation receive in the framework of programmes and projects, make them one of the most appropriate stakeholders to develop training sessions with medical staff. Moreover, professional organisations in the field of health professions should carry out periodical trainings to their associates, based on their expertise, while IT companies are the most indicated to train staff in the usage of new technologies applied in medical settings. Health sector should be aware of this fact and enable the collaboration of these actors in medical contexts.

**Recommendation 28: Build bridges between civil society organisations and public sector throughout the EU to advocacy for policy changes in intercultural health issues**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

In line with the previous recommendation **it should be fostered collaboration and dialogue spaces between civil society organisations and the health sector**. Synergies in the regional and national context would be very beneficial due to the **dual role that NGOs and professional associations may play**: as trainers of medical staff and social workers in intercultural competences, based on their experience and capacities on the subject of migration, and as speakers and interlocutors of the interests and demands of migrants, asylum seekers and refugees.

**Recommendation 29: Make greater efforts to put into the political agenda the importance of intercultural competences of healthcare providers**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Social actors are more familiar and aware of the problems of people at risk of exclusion suffer than public institutions.** NGOs and social organisations work on a daily basis with migrants, asylum seekers and refugees, as well as with minorities, which makes them receptors of their demands, but also they may act as advocacy platforms to raise awareness in some topics that are not commonly discussed in the political agenda. Intercultural awareness in medical settings should be one of these topics.

To this end social actors with experience in dealing with migrants, asylum seekers, refugees and minorities, specially in issues related to health, may join forces at European level and also in the national and regional context, using their networks, disseminating the demands of these groups and the lessons learned.

**Recommendation 30: Develop raising awareness campaigns related to interculturality and health provision to groups with a diverse cultural background**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

Social actors have the opportunity and the responsibility to raise awareness among society about the importance of fostering interculturality at all levels and particularly in the health provision to groups with a diverse cultural background. Therefore, **it should be implemented campaigns and actions to respect and promote difference and sensitize society about the importance of interculturality in the medical context.** To this end, it should be promoted the collaboration among social actors and the health sector as well as lobbying with policy makers at regional, national and European levels.

**Recommendation 31: Increase the advocacy campaigns of migrant, asylum seeker and refugees' rights to health throughout the EU**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

As previously mentioned there is a need of harmonisation and extension of the right to health of migrants, asylum seekers and refugees within all countries of the EU because it is a human right and cause many problems to these groups, as well as reluctance to go to a hospital because they fear of legal problems

**This demand should be taken over by NGOs and other interest groups, such as professional associations, which should operate the corresponding lobbying.** It is important to sensitize the decision makers and confront them with real experiences and best practice examples.

**Recommendation 32: Involve immigrants in decision making, through their organisations**

Level of implementation and implementing actor		
European Level	National Level	Regional Level
Government	Health Sector	Social actors

**Migrants, refugees and asylum seeker must be involved in the decision making of issues that affect them, such as the intercultural subject in medical settings. They have their own organisations and know better which are their needs and demands.** With the intention of avoiding paternal and neo-colonial approaches, general NGOs and social organisations should also demand and encourage the participation of migrant organisations in every discussion space with policymakers and institutions. This would result on the empowerment of these organisations and an improvement of the social inclusion of the aforementioned groups.

## 4. Conclusions

The suggested measures presented in the InterHealth Policy Recommendations Report are conceived both individually and as a part of a bigger process: to enhance and develop intercultural competences and exploit the possibilities that non-formal methods offer in the healthcare context.

A recommendation from one section leads to another and they are interrelated: for a good diagnosis to be made or the protocol to be adapted to the intercultural categories there must have been carried out, at the same time, a correct training of the medical staff in these subjects. Thus, most of the recommendations are part of a process of actions that, all together, would lead to a better diagnosis of patients with a diverse cultural background, a better adaptation of medical systems to new social contexts in the EU (and also to gender issues), and to a better relationship between practitioners and patients. However, implementing some recommendations individually would also improve the current situation.

Each policy recommendation is aimed at some crucial actors and it is also pointed out at what level should be implemented, so that policymakers will count on more elements to take the best choice, based on numbers, research data and cost-effectiveness factors.

Introducing and mainstreaming the usage of non-formal education methods and experiential learning approaches in the formal educational system of healthcare, encouraging the intercultural awareness of healthcare professionals as well as incorporating intercultural competences into the Curricula of healthcare-related careers would improve the abilities and capabilities of future professionals in these fields. Moreover, training current professionals in intercultural competences would have instant and tangible results.

Recognising, protecting and harmonising the right to health of migrants, asylum seekers and refugees within all countries of the EU constitute a human right, and should be encouraged and promoted as a first step to develop better and more adapted health policies to the social context in the EU. In this regards, changing the medical protocols so as to be adapted to current intercultural realities is remarked here as a critical issue, as well as deepen the exchange of experiences and knowledge about intercultural issues and health within the health system, grounded on the conviction that sharing online and offline spaces for discussion about intercultural issues would have a great impact on the medical staff.

Creating a European online platform that would bring together good practices and training resources in intercultural competences in healthcare should be a priority to collect knowledges and experiences and improve communication and training among healthcare providers, policy makers and stakeholders.

In many countries the direct link with migrants, refugees, asylum seekers and minorities comes from their close relationship with NGOs, which is why they are key actors to take into account in a joint work with local, national and EU authorities and healthcare providers. Social actors play now an significant role and are called to have an even more relevance as they play a dual role: introducing intercultural competences in medical settings, by participating in the training of healthcare professionals in these topics, as well as by lobbying for introducing these issues in the agenda at European and national levels with policy makers.

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