

Table Of Content

European network to reduce vulnerabilities in health	3
Summary	4
Work Package	11
Network building activities	11
Mutual learning and sharing expertise	11
Data collection activities	11
Dissemination and civil dialogue activities	11
Coordinator, Leader contact and partners	16
Outputs	17
Bi monthly newsletters	17
Final technical report about year 1	17
Additional MoU signed	17
Financial report about year 1 (2015)	17
Financial audit report concerning year 1 (2015)	17
Individual member need assessments	17
Electronic survey results before the annual network meeting	17
two rifkins diagrams	17
2015 raw data from common routine data collection	17
European + 6 national dissemination plans	17
European observatory report "long" version	17
European and national press releases	17
observatory dissemination reports	17
Advocacy and quality service provision workshop satisfaction survey	17
Secretariat minutes on new contacts	17
Annual network meeting minutes	17
Yearly external evaluation report concerning year 1 (2015)	17
Teleconference minutes	17
ToR country legal report	17
Annual European observatory report in ES	17
6 national leaflets on access to healthcare	17
MEP event report	17
Bi monthly progress reports	17
Video- quality of service provision workshop	17
Advocacy training ToR	17
Advocacy skills training minutes	17
Quality of service provision workshop ToR	17
Quality of service provision workshop minutes	17
ToR workshop on collecting and using testimonies	17
Guidelines for collecting testimonies	17
Written guidelines for peer reviews	17
Peer review reports	17
Quantitative data collection workshop minutes	17
Quantitative data collection workshop satisfaction survey	17
6 country legal reports	17
Annual European observatory report in EN	17

Annual European observatory report in FR 17

European network to reduce vulnerabilities in health

JA2015 - GPSD [705038]

START DATE: 01/01/2016

END DATE: 31/12/2016

DURATION: 12 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Health Programme Adhoc Call for invited (named) beneficiaries

TOPIC: Financial contributions to the functioning of non-governmental body (Operating grants)

EC CONTRIBUTION: 339751 EUR

KEYWORDS: Health Inequalities, Invisible Population Groups, Resilient Health System, Vulnerabilities

PORTFOLIO: Ethnic minorities, Migration, Social determinants and health inequalities

Project abstract

The 'European Network to reduce vulnerabilities in health' was founded in 2015 with NGOs and academic partners from 19 European countries. Our goal is to contribute to decreased EU-wide health inequalities and to more responsive health systems that are better equipped to deal with vulnerability factors. By collecting robust, comparative routine data (quantitative and qualitative) we aim to improve the quality of service delivery and build a solid evidence base for advocacy for people facing vulnerabilities. If this application is successful, we expect to integrate five new member organisations into the Network. The creation of the Network has been welcomed by its members, who confirmed the relevance to their everyday work and the added value of exchanges in the four strategic objectives: mutual learning, empowerment, data collection and advocacy. In addition to the data collection, analysis of legal frameworks in different countries, workshops and training activities, in 2016, we will begin peer reviews to allow members to directly experience different modes of providing health and care services. The Network will continue the process of rigorous data collection and analysis with specific support being provided by the Network secretariat to the five members that expect to start collecting data for the first time in 2016. The Network invites academics to independently review the data and understand how vulnerabilities contribute to health inequalities. The Network also engages with European institutions and stakeholders. Given the unprecedented economic crisis and the unpredictable, fast-changing refugee situation, and the fact that our members are in the front line in responding to their humanitarian needs, the Network may need to re-prioritize its mutual learning goals in the coming months.

Summary of context, overall objectives, strategic, relevance and contribution of the action

The 'European Network to reduce vulnerabilities in health' (hereafter 'the Network') brings together NGOs and academic partners from 23 European countries. The members work in different fields of health and social care provision and support a variety of target groups, from the homeless, drug users, sex workers, Roma to migrants. This diversity creates the potential for rich exchanges on good practices and an opportunity for more effective common advocacy activities across Europe. The Network's overall goal is "to contribute to the reduction of EU-wide health inequalities and to improve the response from better equipped health systems so as to deal with vulnerability factors". In 2017 - last year of the project - we will focus on capitalizing on lessons learnt over the three years and enlarging ambitions for future collaboration.

In Europe, 2015 will stay in all our memories as the year where international

solidarity with migrants and refugees showed its strength and weaknesses. This strength was seen in the thousands of individuals of all nationalities responding to people's needs and hopes, organising themselves to help; it was also seen in all the NGOs who concentrated their volunteers and staff to provide help all along the migratory route. Weaknesses were seen in the coordination between individuals and NGOs, between NGOs, between state initiatives, NGOs and individuals. Nevertheless, the solidarity of all these people and organisations worked. And it worked everywhere thanks to the strength and determination of the migrants and refugees to survive and live in a protective environment.

The real deception came from most European governments, who were unable to translate this solidarity into reality, unable to share common rules, in order to provide a positive, respectful response to the needs of the people fleeing wars, conflicts and life-threatening circumstances.

At the same time, the population in Greece is still afflicted by the social and economic crisis. And the austerity measures are harsh in their impact on everyday life. As the new president of the International Federation for Human Rights, Dimitris Christopoulos, said: "The violation of social rights [education, health, work] resulted in my country [...] in an almost systematic violation of individual rights. The austerity policies reinforce the idea that social cohesion is not so much an obligation of the state but an act of charity".

In order for health systems in Europe to be sustainable and resilient (overall objective), they need to be able to cover the whole population without any gaps and effectively deal with multiple vulnerabilities. Thanks to the support of CHAFEA, the 23 European Network members (19 in 2015 and 23 in 2016, 23 in 2017) seek to gain greater capacity and skills through mutual learning about how to improve health service delivery, patient empowerment, common data collection and advocacy (objective 1). As a result, people facing multiple vulnerabilities will get access to higher quality care in the health programmes run by Network members. In addition, they will get the knowledge they need to get easier access to good quality care in mainstream healthcare systems (objective 2). The Network undertakes on a yearly basis a common data collection process to generate robust data, analysed and validated by a leading epidemiologist (objective 3). This data are valuable for academics to acquire greater understanding about how vulnerabilities contribute to health inequalities. It is also used as an evidence based advocacy tool to influence policy makers in further supporting health protection for all (objective 4). The project activities primarily contribute to specific and operational objective 3 of the EU Third Health Programme 2014-2020 (innovative, efficient and sustainable health systems) and also support specific and operational objective 4 (facilitate access to better and safer healthcare).

The quantitative and qualitative data

Methods and means

Everyone is likely to be vulnerable at a given moment in his or her life. Our theory of change is that to make vulnerability factors visible and to hold policy makers and health systems accountable for meeting their stated objectives of universality of coverage, we first need comparable quantitative and qualitative data as well as appropriate messages. When information is generated about the reasons for such obstacles, and brought to the attention of health authorities, advocacy can achieve changes in the system. Another – parallel – way to obtain change is to empower service users that are facing vulnerability factors, e.g. there are several examples throughout Europe where groups of sex workers, drug users or undocumented migrants have obtained access to better quality healthcare services once they knew how to successfully engage with authorities.

The members of the Network are all organisations reaching out to marginalized populations and with complex physical, mental and social problems. These teams are specialised in appropriately responding to urgent social and health needs in complex situations, but most of them lack experience in data collection, advocacy or policy making. This is why our network building activities and mutual learning are oriented towards starting or improving data collection and in how to engage in civil dialogue processes.

The 3 year work plan (2015-2017) is characterised by a cyclical rhythm...

- Every year (first half of the year): an annual network meeting and an advocacy training. The Annual meetings cover discussions on the state and governance of the Network, evaluating progress made in several areas and discussing strategy, validating new membership applications, etc. The advocacy training is about sharing successes and failures concerning advocacy and civil dialogue activities.
- In addition to continuous dissemination activities, a European Observatory Report is published on a yearly basis featuring the results of the data collection, legal analysis and other information gathering. It was launched with a press conference in May 2015 in London and in November 2016 in Brussels. A political event with all partners and stakeholders in 2017 will take place to launch the report and capture the lesson learnt of those past three years.
- Every year: intensive learning moments (workshops, seminars, exchanges of practices) for Network members' teams, on one of the four objectives (quality of service delivery, patient empowerment, gathering data or advocacy).

Work performed during the reporting period

2015 was about laying the foundations of the Network whereas 2016 and 2017 are about consolidating activities and enlarging the ambitions and thinking

about the future of the network after 3 years of work together.

The launch of the Observatory report in Brussels (11/2016) was attended by about 50 participants from all over Europe. The press conference were structured around two panels.

The first panel welcomed respectively the President of Doctors of the World – Médecins du monde (MdM) Spain and France, Mr Jose Felix Luis Hoyo and Ms Françoise Sivignon, and the Advocacy Coordinator from Doctors of the World Greece, Mr Stathis Poularakis.

The second panel welcomed Ms Cecilia Wikström, Swedish Member of the European Parliament (MEP) and Rapporteur for the reform of the Dublin Regulation, Ms Isabel de la Mata, Principal Health Advisor for DG Health, European Commission and Françoise Sivignon.

The discussion were kindly led by Pablo Rojas., our Network Partner from Migrant Right Centre Ireland (MRCI).

MdM Network members have been kept up to date with a regular internal EU newsflash on activities/ events that occurred during the year and a quarterly newsletter sent to more than 500 EU stakeholders (NGOs and civil society platforms, researchers, health professionals, EU Permanent representatives, EU representatives)

The Network published two key reports in 2016:

- A user-friendly European Observatory report in 3 languages (English, French and its executive Summary in Spanish). This new report of the international LObservatory on access to healthcare shows again how inequitable access to healthcare remains in Europe for people facing vulnerabilities. The Network's report "Access to healthcare for people facing multiple vulnerabilities in health", based on medical and social data collected throughout 2015 in 31 cities in 12 countries, reveals once more exclusion from mainstream healthcare systems:

- Its executive Summary in English

- A legal report on access to healthcare in 17 countries (BE, CA, FR, DE, EL, IE, IT, LU, NL, NO, RO, SI, ES, SE, CH, TR and UK).

In line with our objective 4, the Network engaged the political dialogue with key EU institutional stakeholders about vulnerabilities in health. We had the opportunity to meet several times with the DG Justice Commissioner Vera Jourova to discuss the issue of children in migration and their access to healthcare, regular exchanges with DG HEALTH/CHAFEA, several MEPs (bilateal meetings with Network Members or regular meetings with for instance Cecilia Wistrom).

This year, we have started organising exchange of practices between members. This year was about sex work and access to healthcare and the issue of empowerment (focus on migrants). In 2017, we will continue organising such meetings between the members that are very much appreciated because we touch base on concrete challenges faced in the daily

work of the partners.

The main output achieved so far and their potential impact and use by target group (including benefits)

The expansion of data collection by the end of 2015 seems to have enhanced the 'power' with which MdM can advocate.

The data collection is a dynamic process. The FPA foresaw data collection in 2015 in 11 European countries (plus Canada and Turkey), adding 3 more countries in 2016 (MRCI in Ireland, Carusel in Romania, Slovene Philanthropy in Slovenia). The Health Centre for Undocumented Migrants in Norway and MdM Luxembourg started in the course of 2015. It is not yet possible to foresee how many countries will join for the 2017 report as it is still very much depending on the quality of the data (ongoing process). However, in principle, Ireland, Romania and Slovenia should be included in the 2017 European Observatory report, making a total of 14 European countries collecting data by the end of year three (plus Canada and Turkey). Members collecting the data are very positive about the process and said that " we didn't expect – among other things - to have such a quick response to data collection, asking the new questions changed the behaviour of the staff and volunteers and our health centre more than we realised. We understand our patients better, their life history and why they act the way they do" (impact on the quality of the health service).

Our main activity was producing, releasing and disseminating our European Observatory report in Brussels. The report had a print-run of 4,000 hard copies (2,500 in English, 2,500 in French). A 4 page summary in English was also helpful in getting the key messages across to the media.

Now, it is more difficult for policy makers to ignore statistics thanks to the development of a common advocacy strategy in the Network. The data collected seems therefore to have served as a tool that has allowed MdM to achieve further outcomes and impacts. We also created opportunities for members to speak out through written contribution to European Parliament work and political decision makers and raise visibility of the issue of access to healthcare (articles written and published, media coverage). By representing the Network at conferences and stakeholder meetings, Members achieved a better understanding of European decision making processes, while bringing direct testimonies about what is going on in the field to high-level policy makers.

Achieved outcomes compared to the expected outcomes

The influence on EU public Health has largely come about through social and other media (e.g. newspapers), particularly following the yearly launch of the European Observatory report in November 2016. Thanks to the Network's advocacy and awareness raising activities, information from the European Observatory Report was widely picked up by the European and National media (see section dissemination).

EU institutions and Member States further expressed support for health protection for all as highlighted in several events/conferences such as the European Health Forum Gastein (09/2016) and the annual EUPHA conference (11/2015), PACE Committee session of the Council of Europe (MdM presented its conclusions on medical age assessment), United Nations General Assembly and the summit on migration in New York (09/16), the European Forum on the rights of the child (11/16).

The Network was visible at several high level academic meetings and gave lectures at medical faculties. The Network was consulted by DG Justice for its particular relevant field expertise in access to healthcare for unaccompanied minors. The long version of the network's report was published on Research Gate and was disseminated among more than 145 academics with a track record of interest in vulnerabilities in health. MdM Network participated in the "EU Border Care Annual Conference" organized by the European University Institute in Florence the 27-28 June 2016. The Network talked about the Legal Norms and Actual Practices That Determine Undocumented Women's Access to Maternity Care in the Destination or Transit European Countries. EU BORDER CARE is a comparative anthropological analysis of undocumented women's access to maternity care in European borderlands, with a specific focus on South and South-Eastern European borders, and ultra-peripheral regions. The European Network wrote an article as well for a book entitled "Santé des populations vulnérables" (Health of vulnerable populations) edited by Claire Adam and V. Faucherre (Auteur). This book – education focus- is intended for medical students. The book will therefore focus on pragmatic aspects that respond to the needs of these populations. [Click here to read the Network Contribution](#)

Dissemination and evaluation activities carried out so far and their major results

The following materials were disseminated according to a dissemination plan provided by each Network members:

- The European Observatory report on access to healthcare
- the Legal report on access to healthcare in 17 countries
- The quarterly newsletter (sent widely)
- The EU internal update (within the Network)

The mapping of European stakeholders that preceded the release of the 2015 European Observatory report has been turned into a segmented mailing list, with relevant European civil society contacts (about 400), academics (145), Health Attachés, EC staff (about 40) and about 170 of the most relevant MEPs (i.e. health professionals, or members of ENVI, LIBE, EMPL or FEMM committees). This year (as in 2015), we have also asked all our members to establish national dissemination plans.

The Data Collection Manager created a practical monitoring tool - at the disposal on dropbox for the Network member collecting the data - to follow how the dissemination of the Observatory report whether it is electronically (websites, media) or events. As the dissemination tool is meant for the whole 2017 year, the Network members are currently using it to update information. The health Centre for Undocumented migrants in Norway is good example and update on regular basis the tool.

We faced several constraints in term of lack of ressources and delays in producing the Obsevatory report, therefore we have decided to prioritize the updates the medical and social questionnaires to collect data in 2017 and further support members in their daily work and when collecting data and less focus this year on the dissemination.

Work package

Work Package 1: Network building activities

Start month: 1

End month: 12

Work Package Leader: MdM

2016 will see the consolidation of the network's activities. Dialogue between the members will continue, sharing knowledge about each other's specific objectives, activities and expertise. Ensuring exchange between the main workshops and events foreseen in 2016 will happen through regular teleconferences for which minutes will be made available on our website's member's space (deliverable 7).

Priorities for 2016 in terms of mutual learning include:

- Supporting 5 new members willing to start collecting quantitative data from 2016 onwards: MRCI in Ireland, Carusel in Romania, Slovene Philanthropy and the Health Centre for Undocumented Migrants in Norway. The 5th member, MdM Luxembourg, already started collection in 2015 but needs ongoing support.
- Enlarging the Network to organisations & academics. The network will grow from 19 to 24 members, where possible, in countries not yet covered. The Network is open and inclusive but also a brand new structure with limited financial resources. The approach to membership has been revised and in 2016 we will invite researchers/academics to formally join the Network just like the other organisational members. Enlarging the network to include researchers will offer the network members additional insights about their own countries as well as information about new countries. Therefore, a Memorandum of Understanding (MoU) with maximum five new members integrating the European Network will be drafted and signed, making formal their commitments to make this mutual learning and common advocacy happen (deliverable 2). As in 2015, five individual need assessments will be made available (deliverable 9). It will be constructed on individual responses to a questionnaire, and based on four pillars: quality of service delivery, data collection, advocacy and empowerment. Each learning needs report will summarize what new member organizations need and expect to get out of the Network for each Member association. This tool serves at measuring the added value of our Network over the three years of our program.
- Organising four workshops:
 - Advocacy skill building;
 - Improving the quality of health service provision workshop;
 - Quantitative data collection workshop;
 - Collecting and using testimonies workshop
- Organising three peer reviews: the members will understand how other members work in the field and produce a written report drafted by both sides on key lessons learned to improve quality and efficiency of service provision.

Advocacy is an essential element in the work of the members of the Network, because it is how they achieve social change. Therefore, we have built into the cyclical rhythm of the three-year work programme an advocacy skill building training at each annual network meeting. In 2016, this will be once again about

sharing “Tops and Flops”: we support each participant to develop a learning culture where successes and failures are not used to judge or evaluate members but as opportunities for improvement. In addition, the advocacy training will aim at improving the skills of the members to deal with high level stakeholders. Therefore, the advocacy skill building will include mutual learning with an experienced trainer. Moreover, an MEP round table planned for the Autumn 2016 (to present the 2016 annual network publication) will be a direct and unique occasion for each Network member to apply their learning on advocacy through bilateral meetings with MEPs that will be arranged in connection with the event.

Work Package 2: Mutual learning and sharing expertise

Start month: 1

End month: 12

Work Package Leader: MdM

A workshop on improving the quality of health service provision will be organised at the annual network meeting in February 2016. As in 2015, the Secretariat will assess members’ expectations and priorities before the workshop – through a short online survey – in order to organise a learning session that best responds to their needs (deliverable 10). Topics to be covered might include how to work with interpreters or peer workers, how to improve the referral to mainstream healthcare providers, a follow-up session to 2015's workshop on how to address violence, etc. However, in view of the current refugee reception crisis, it will most definitely include how teams can respond to surges in demand, and how to adequately deal with refugees’ specific psychosocial needs (e.g. post-traumatic stress disorder). Quality of health services (or the lack of it) must be at the center of every discussion on reducing vulnerabilities in health. This workshop will be the occasion to identify questions/recommendations linked to quality when organising the following peer reviews (deliverable 19). Two satisfaction surveys for the advocacy (SO1) and quality service provision workshop will help the Network secretariat measuring the satisfaction of the members, the importance of fulfilling and exceeding their expectations and identifying challenges that can be tackled for future meetings or workshops (deliverable 16).

In 2016 and 2017, the Network will carry out peer reviews on quality of service delivery and about patient empowerment. In order to prepare these reviews, part of the workshop on improving service provision will be devoted to preparation of these peer visits. Because of the divergent needs of populations facing vulnerabilities, the focus of this session will not be a prescriptive list of things to do in service provision. Rather, it will identify a series of questions that are linked to quality criteria and that service providers should ask themselves when managing services ((deliverable 19). These questions will be used by network members to evaluate the quality of each other’s services during the peer reviews. Once this series of questions is validated by the peer reviews in 2016-17, it will be published and widely disseminated in 2017 to other health stakeholders who could use them as a quality checklist.

During the peer reviews, organisations with similar target groups or facing similar challenges will be paired up for intensive and detailed exchange on their operational approaches. The specific groupings for 2016 will be established at the annual network meeting but might include:

- MdM France & Greece with the organisation Carusel in Romania to exchange on services for Roma communities,
- Bulgarian Family Planning and Sexual Health Association (BFPA) with MdM UK & Spain for their expertise in sexual health activities,
- MdM Greece and UK with Menedék in Hungary to explore how they fight xenophobia,
- Slovene Philanthropy in Slovenia, Health Centre for Undocumented Migrants in Norway with MdM Germany and MdM Belgium on mental healthcare.

During each visit, the peer groups will jointly write a report on the main conclusions and lessons. The reports will be put on the network website (deliverable 20) The MEP event in Brussels will also serve as a good opportunity to share with all the members the outcome of the peer reviews by organizing a small session after the main event. This peer review debriefing session will be part of the MEP event report (deliverable 334).

For all the main exchanges between Network members (the annual network meeting, the advocacy and quality of service provision workshop, the peer reviews, the qualitative and quantitative workshop and the MEP event), preparatory documents (including agenda, content of the workshop, list of participants,) and minutes will be systematically drafted and shared with members for each event (deliverables 1, 11, 12, 13, 14, 17, 21, 34).

A concrete way of ensuring

Work Package 3: Data collection activities

Start month: 1

End month: 12

Work Package Leader: MdM

In 2016 the network will continue to work on the process of data collection, how data is analysed and how data can serve advocacy. Raw data from routine data collection will be available on key indicators; other raw data will be available upon request. After receiving technical support from the Secretariat in 2015, five members will collect data for the first time: MdM Luxembourg, Migrant Rights Centre Ireland (MRCI), Slovene Philanthropy, Health Centre for Undocumented Migrants in Norway and Carusel in Romania. Therefore a total of 14 Network members will collect data for the 2017 European Observatory Report in the course of 2016. As data collection is not easy to implement, our goal is that of the 14 Network members trained for data collection, at least 11 will meet the quality/quantity objectives in 2016. Members that will start collecting data in 2017 will also be invited to attend the 2016 quantitative data collection workshop. Minutes of the workshop and post workshop survey will feed into preparation of future trainings and workshops in 2017.

As for 2015, the European Network will produce a user-friendly 48 page European Observatory report in 3 languages (English, French and Spanish). A second,

complete version with full analysis including infectious diseases will be drafted in English.

For 2016, in order to be realistic with the increased difficulties faced as we will be studying countries for which the Network has no prior knowledge at all, we will cover six countries for the legal analysis. The other reason is also that we covered in 2015 ten countries instead of eight as foreseen in the FPA for 2015. The legal reviews about access to healthcare (in theory and practice) will follow the same terms of reference used for the 2015 legal analysis reports.

As communication is critical to the success of advocacy, the Secretariat will explore the existing skills in communication within the Network by inviting members to prepare materials such as patient testimonies or articles and photos for annual Observatory Report, the newsletters and website. Statistics without real life examples do not effectively communicate the reality of patients. Figures need to be accompanied by testimonies which provide context that helps the reader to understand/imagine the situation. Otherwise readers might not understand the health impact of what it means to live on 300 Euro/month or to cross the Niger desert.

The use of qualitative methods such as testimonies requires guidance to ensure respect and protection of the patient. Experience with network members shows that interactive sessions are more efficient than academic lectures at instilling new skills and practices. Therefore we will organise a qualitative data collection workshop in 2016, led by an appropriate expert on collecting case studies and testimonies. This session will include role playing exercises in order to practice interview techniques. A video about these exercises will be produced and disseminated online after the workshop. Guidelines for collecting testimonies (purpose and methodology for interviews) will be updated and disseminated to our members collecting data throughout 2016.

Work Package 4: Dissemination and civil dialogue activities

Start month: 1

End month: 12

Work Package Leader: MdM

The European Advocacy Coordinator (EAC) will continue the focus on ensuring representation of the Network towards European institutions and stakeholders. Our philosophy is – as much as possible - to assist members of small, front-line organisations and volunteers with concrete field experience to represent the Network. The foundation for this activity is the Network's quantitative and qualitative data collection, e.g. systematic dissemination of the annual report, highlighting relevant aspects of the data at conferences or meetings on specific themes.

As an increasing number of network members collect data and contribute to a stronger evidence base for policy actions, the Network will ensure European stakeholders get to hear about this bottom-up perspective through the wide range

of civil dialogue processes available. These include towards:
Commission and decentralised agencies: meetings with relevant DGs and agencies (ECDC, FRA, EASO, etc.);

- Participation in relevant EC consultations and preparing 'alert' letters to DG SANTE, but also to ECDC and / or FRA about specific situations that pose a threat to public health and/or that are flagrant violations of the human right for health, and in which urgent mediation by EU institutions is needed,

European Parliament: meetings with MEPs and political group secretariats.

Participation of Network representatives in relevant EP events;

- Organising an MEP round table in Brussels (open to the press) in Autumn 2016 to launch the European Observatory report featuring presentations by Network members (and kick-off of the report dissemination strategy). This will be accompanied by bilateral meetings between Network members and their national MEPs.

The EAC will continue monitoring and updating members about the MDM & vulnerabilities network European advocacy activities through the bi monthly progress reports called EU newflash (deliverable 36). Given the growing refugee crisis, the EAC task of monitoring EU policy developments, reports from other relevant actors (NGOs, European institutions, academic material etc.) will have a special focus on migration. The Network will raise awareness about health vulnerabilities related to the lack of safe and legal migration channels, migrants' lack of effective access to healthcare and the need to protect seriously ill migrants from expulsion.

COORDINATOR



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PARTNERS

No partners related to the current project

Bi monthly newsletters

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

6 newsletters to update on relevant EU and national Policy changes, activities of the network good practices, conferences

Final technical report about year 1

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 20/11/2017

Validation at 02/2016 network meeting and by external auditor

Additional MoU signed

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Democratic validation of new members integrating the Network

Financial report about year 1 (2015)

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Validation 02/2016 Network meeting and by external auditor

Financial audit report concerning year 1 (2015)

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Validation at 02/2016 by independent Financial auditors

Individual member need assessments

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)
Published on: 10/11/2017
It concerns new members only joining the network in 2016.

Electronic survey results before the annual network meeting

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)
Published on: 10/11/2017
Survey reports (needs and expectations from members on the annual network meeting as well on quality of service provision workshop and advocacy skills building training).

two rifkins diagrams

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)
Published on: 10/11/2017
Month 6 and month 12 - Self-evaluation of the members every 6 months

2015 raw data from common routine data collection

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)
Published on: 10/11/2017
9 or 10 months of the year. It is about key indicators only but others raw data will be available on request

European + 6 national dissemination plans

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)
Published on: 10/11/2017
It concerns the dissemination of 6 legal country reports.

European observatory report "long" version

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Due date: 9 or 10 months A complete version of the European observatory report with full lists of raw data, reasons for inclusion / exclusion of various data points, detailed interpretation, missing values and methodological challenges will be drafted in English. It includes missing values tables as well.

European and national press releases

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

EU Policy recommendations of the network (# of radio and TV articles, printed and online press publications per country).

observatory dissemination reports

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Dissemination plan for European observatory and media outcomes

Advocacy and quality service provision workshop satisfaction survey

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 10/11/2017

Results will feed into preparation of other trainings and workshop.

Secretariat minutes on new contacts

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 12/10/2017

Notes about the in depth contacts with potential new members for 2017.

Annual network meeting minutes

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Content of the discussion

Yearly external evaluation report concerning year 1 (2015)

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Interviews to be done at 02/2016 network meeting

Teleconference minutes

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Dissemination among members and archived on website member space

Systematic mention of the number of participants

ToR country legal report

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Quality requirements, objectives of the legal report

Annual European observatory report in ES

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Due date: 9 or 10 months about 44-48 pages report

6 national leaflets on access to healthcare

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

6 national leaflets based on the 6 legal country reports and 2016 European observatory report

MEP event report

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Due date: 9 or 10 month Event around the launch of the European Observatory report

Bi monthly progress reports

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Updates towards network members: civil dialogues, representation activities

Video- quality of service provision workshop

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Video: Produced and disseminated online after the workshop on collecting and using testimonies

Advocacy training ToR

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

Advocacy skills -training materials

Advocacy skills training minutes

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 30/08/2017

The training will be facilitated by an expert in advocacy

Quality of service provision workshop ToR

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Agenda, list of participants

Quality of service provision workshop minutes

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Content of the discussion- action points

ToR workshop on collecting and using testimonies

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Objectives of the workshop, participants, agenda

Guidelines for collecting testimonies

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Focus on why collecting testimonies and methodology for interviews

Written guidelines for peer reviews

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Identification of questions/recommendations linked to quality for the peer reviews

Peer review reports

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Due date: 9 or 10 months 3 peer reviews on improving the quality of health service provision.

Quantitative data collection workshop minutes

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Content of the workshop

Quantitative data collection workshop satisfaction survey

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After workshop: results will feed into the preparation of other trainings and workshops.

6 country legal reports

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Published on: 07/04/2017

Due date: 9 or 10 month 6 legal analysis on access to healthcare in 6 countries.

Annual European observatory report in EN

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Published on: 07/04/2017

Due date: 9 or 10 months About 44-48 pages report

Annual European observatory report in FR

MdM

European network to reduce vulnerabilities in health (Vulnerability NW)

Published on: 07/04/2017

Due date: 9 or 10 months about 44-48 pages report