



**1st CONFERENCE ON TACKLING HEALTH INEQUALITIES IN EUROPE**  
**THROUGH HUMAN RESOURCE CAPACITY BUILDING**  
**INTRODUCTION OF THE CHANCE PROJECT**  
**PÉCS, 5-7 SEPTEMBER 2013**



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MIGRANT HEALTH PROGRAMS



1st Conference on Tackling Health Inequalities through HRC Building  
in Europe – Introduction of the CHANCE curriculum

Pécs, 5-7 Sept. 2013

# - CHANCE - MSc in Migrant Health: Addressing New Challenges in Europe

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# The purpose of the project



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# Demographic prediction

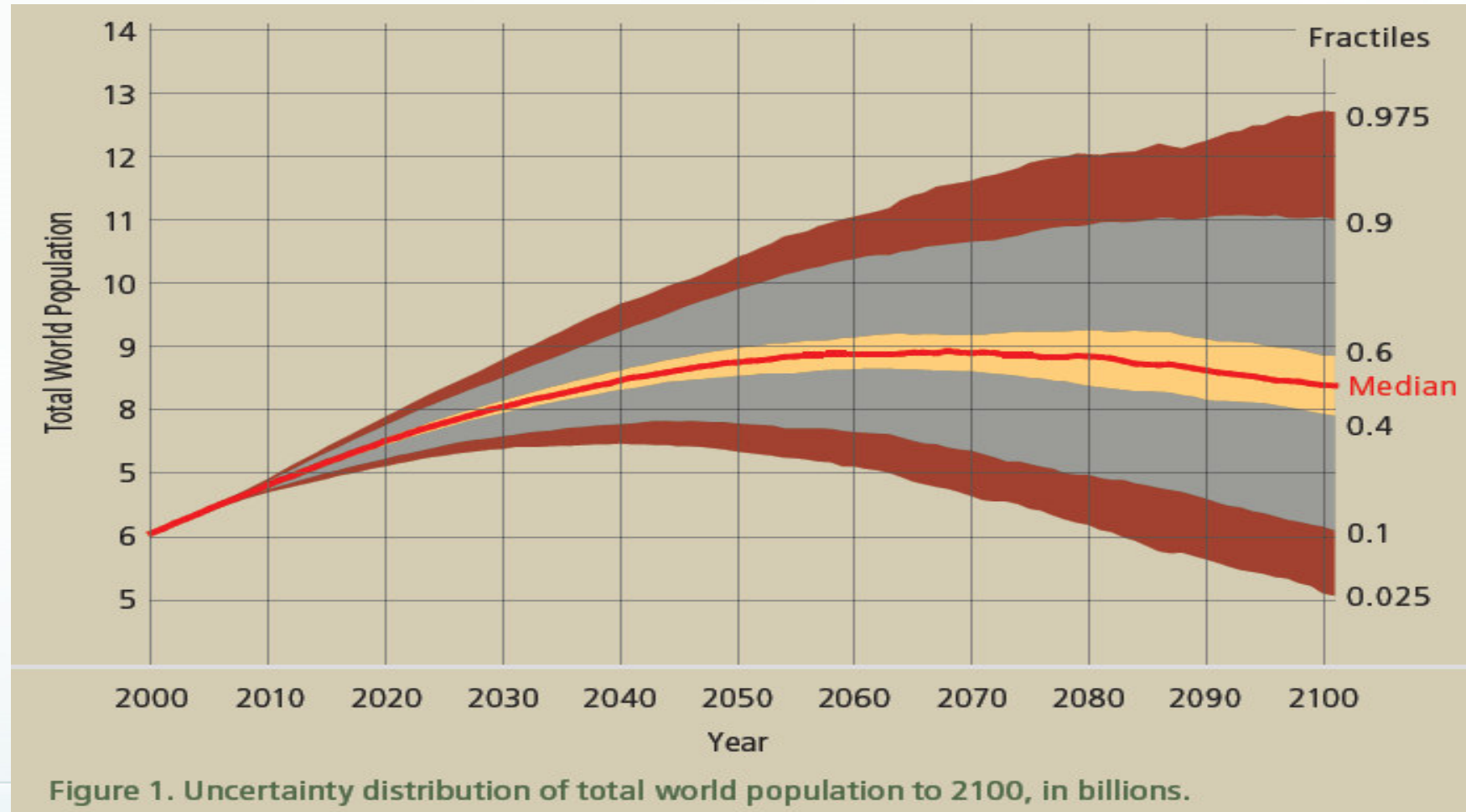


Figure 1. Uncertainty distribution of total world population to 2100, in billions.



# Magnitude

According to the estimation of UNDESA, the total number of migrants crossing officially the border of their country of origin (international migrants) from the **191 million in 2005** has increased to **214 million in 2010**.

In spite of the global economic crisis no any slowdown could be seen globally.

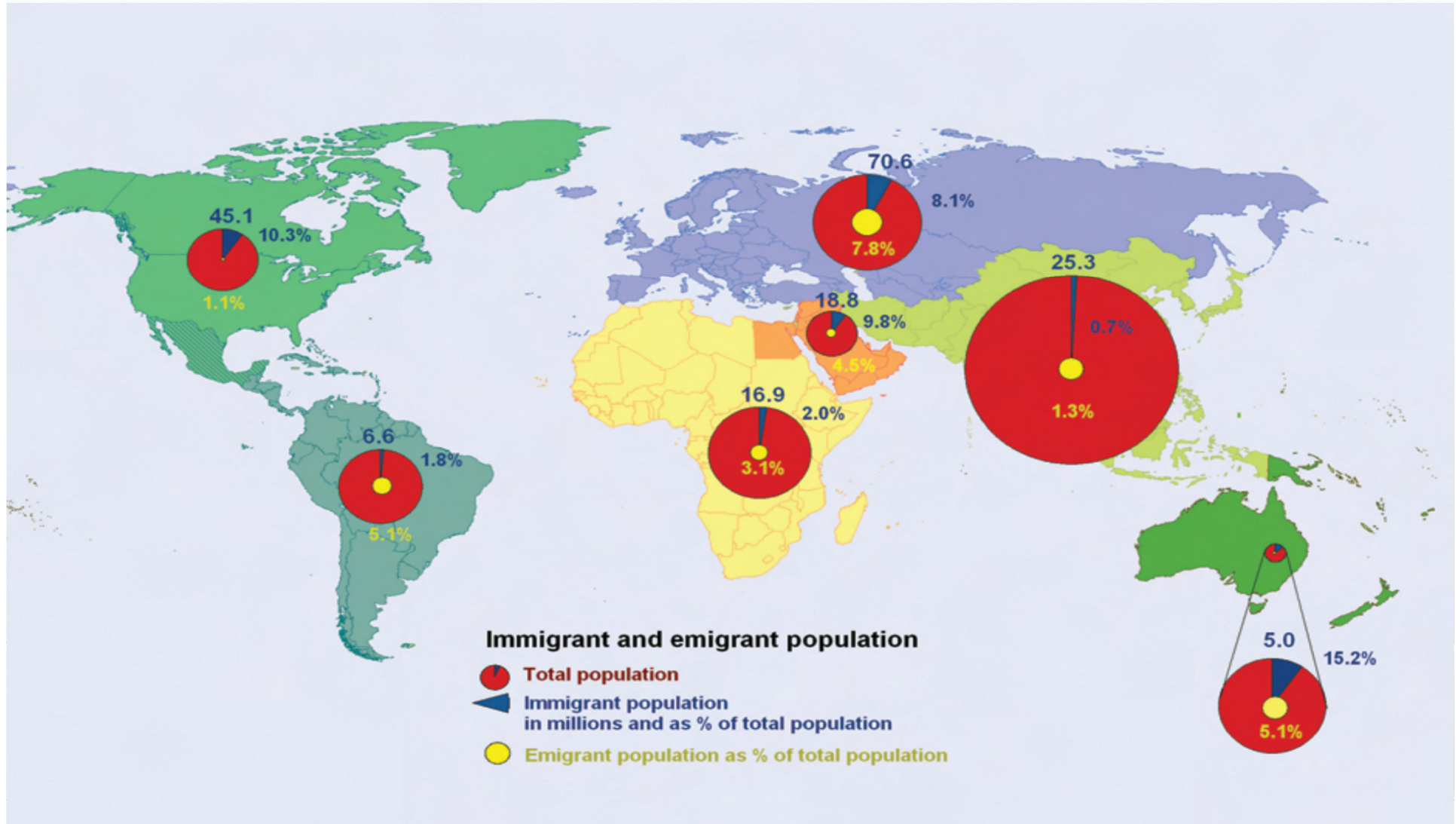
Nearly half of the people who are leaving their home country are migrating with the hope of finding a job abroad, known as 'migrant workforce'.

In addition to this nearly **3% of the total population of the Globe**, one can add those millions of people who are entering into another country illegally. The number of these '**irregular migrants**' is estimated as high as **15-20%** of the legal ones.



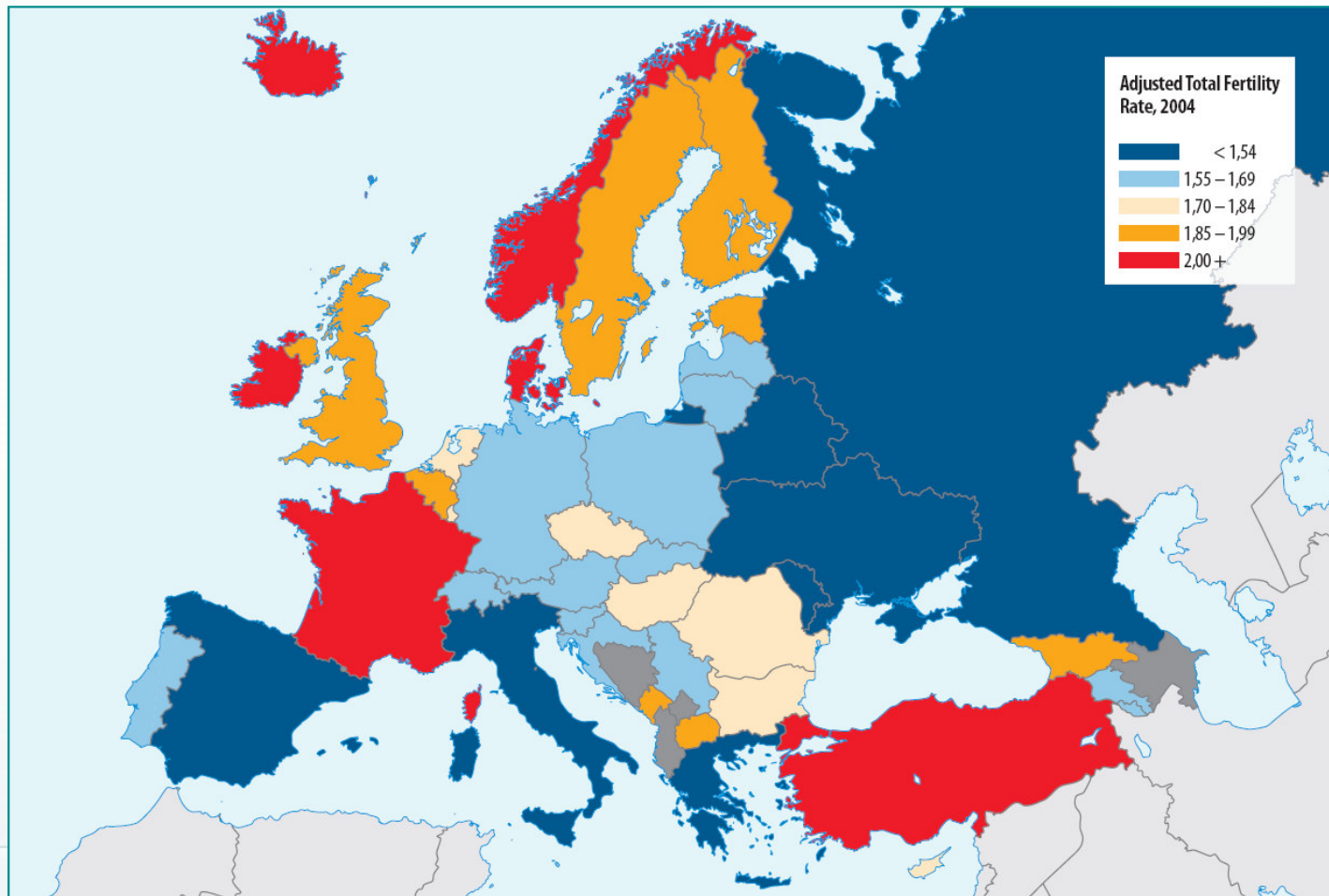
# Total immigrant and emigrant population by region

University of Sussex, U.K., Global Migrant Origin Database, Dataset 4, updated March 2007



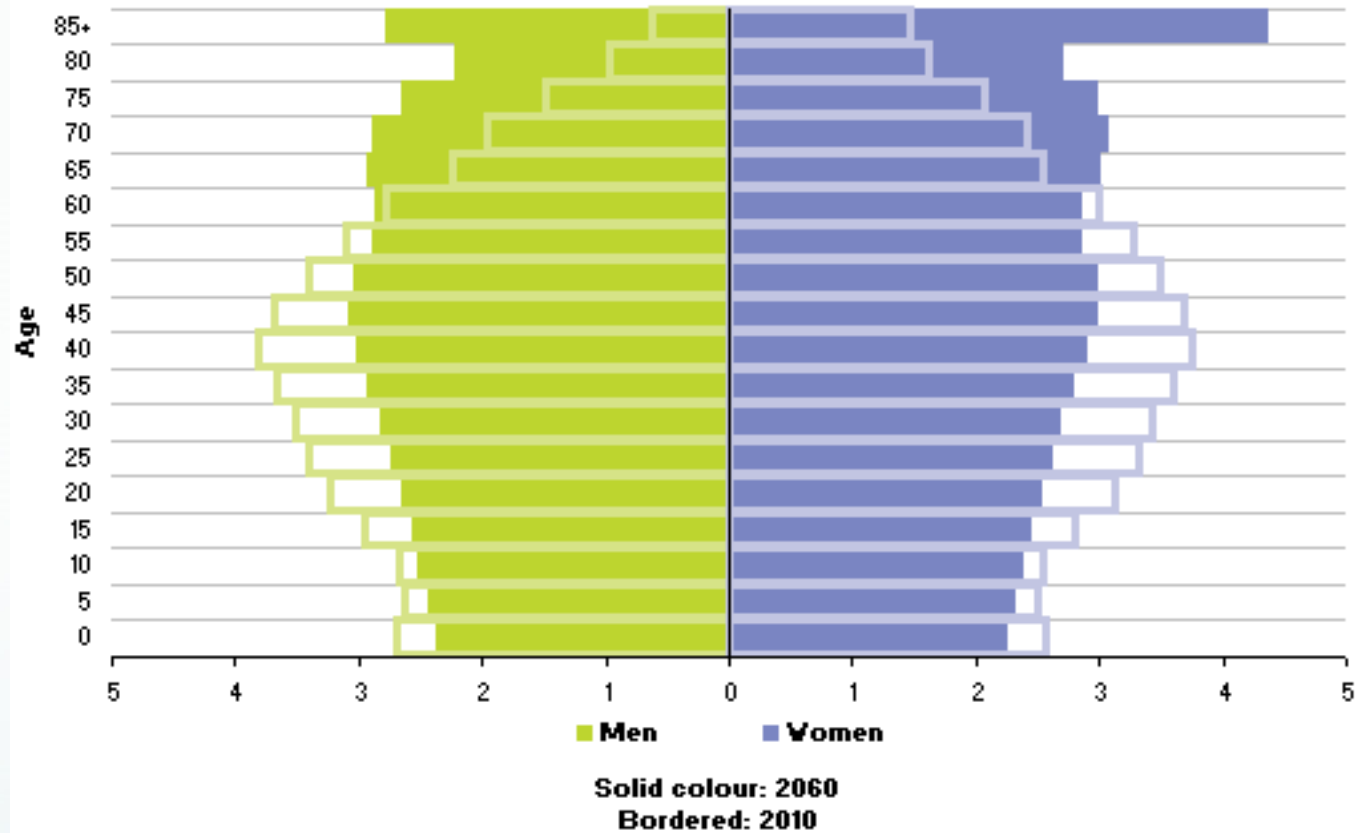


# Fertility by EU regions





## Forecasted change of age structure composition of EU 27 between 2010 – 2060



(1) 2060 data are projections (EUROPOP2010 convergence scenario).





## EC Green paper (COM2004 811 final)

**In fact, even if the Lisbon employment targets are met by 2010, overall employment levels will fall due to demographic change.**

**Between 2010 and 2030, at current immigration flows, the decline in the EU-25's working age population will entail a fall in the number of employed people of some 20 million.**

**Such developments will have a huge impact on overall economic growth, the functioning of the internal market and the competitiveness of EU enterprises.**

**Labour shortages of low skilled migrants, of semi skilled migrants or seasonal workers but also of skilled and highly skilled migrants. Some studies show that *low and semi skilled sectors or seasonal works would probably not survive in absence of migrants***



## Calls for action - examples

**Resolution of the World Health Assembly (2008) entitled “Health of migrants”**, calling for the creation of Migrant Sensitive Health System in order to filling gaps in the health service delivery and train health workforce on migrant health issues, and

**Council of Europe’s Recommendation of the Committee of Ministers to member states** on mobility, migration and access to health care (2011 November) highlighting *among others* that:

“...having regard to the organization, general principles and financial capacities of the social security system of the member state concerned, provide migrants with adequate entitlements to use health services and ensure that these entitlements are known and respected.”



## Response in the EU higher education system: the CHANCE Consortium



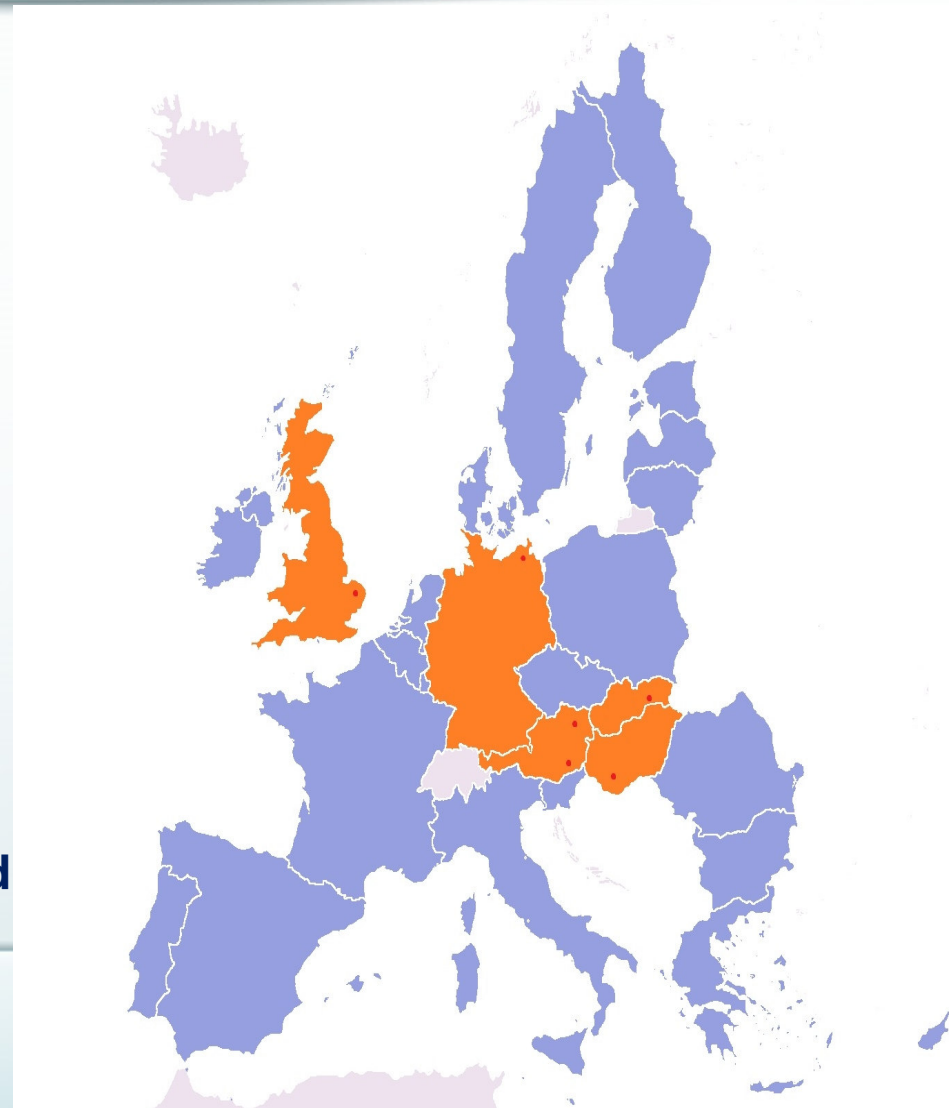
**Overall coordinator:**  
University of Pécs

**Partners:**

- University of East Anglia
- Danube University Krems
- Pavol Jozef Šafárik University in Košice
- Ernst-Moritz-Arndt-Universität Greifswald
- Medizinische Universität Graz

**Associated partner:**

EURIPA (European Rural and Isolated Practitioners Association)





# Main objectives



- **The project's main objective was to develop and implement EU level Master Degree training program serving the human resource capacity building of specially trained health and social care professionals in Migration Health.**
- **This curriculum will train new professionals for a field of activities that at present is suffering with shortage but one can well foresee the rapidly growing need.**
- **This facilitates the successful integration of migrants into the community and the labour market.**
- **With this the program already on mid term will visible contribute to the migrant workforce related economic stability of the EU.**





# Specific objectives 1



- ***Forming an EU wide consortium*** of higher education institutions for developing jointly the curriculum
  
- ***Develop test and implement*** six academic training modules representing the six core competences of the curriculum, namely:
  - **M1: epidemiology and research methodology**
  - **M2: environmental medicine and occupational health**
  - **M3: economic / health economic impact of migration**
  - **M4: organization and systems management**
  - **M5: clinical and public health assessment**
  - **M6: social and behavioral aspects of migration including multicultural, multireligious aspects and their health/ mental health impact**





# Tasks sharing within the CHANCE Consortium



- **University of East Anglia**

**M1: epidemiology and research methodology**

- **University of Pécs**

**M2: environmental medicine and occupational health**

**M3: economic / health economic impact of migration**

- **Danube University Krems**

**M4: organization and systems management**

- **Pavol Jozef Šafárik University in Košice**

**M5: clinical and public health assessment**

- **Ernst-Moritz-Arndt-Universität Greifswald and Medizinische Universität Graz**

**M6: social and behavioral aspects of migration including multicultural, multireligious aspects and their health/ mental health impact**



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## Specific objectives 2



- To train professionals for **migrant-friendly/ migrant-sensitive health and social assistance**, that is a key tool for social cohesion in a multicultural and multireligious society.
- At present there is significant shortage of formal higher education programs in Europe **where public health safety, human rights and transcultural aspects are equally represented**. This program is aiming to build the human resource capacity addressing this new challenge.
- The project aims to train health and social professionals who are well-trained and motivated to work in multicultural and multireligious environment and **building the bridges of these service areas between migrant /ethnic communities and majority/host communities**.





# Output



- **Six interdisciplinary training module** / three semester academic program completed with eight week for practicum and submission and defense of thesis. The candidate will receive the **Master of Science in Migration Health** upon successful completion of the core programme and the practicum, and succesful defense of a written thesis related to practicum.
- The program matches the EU standard criteria and provides **120 credit** (according to the European Credit Transfer System /**ECTS**) in addition to the candidates minimum required BA level diploma.
- The program will be **accredited in the countries** of the Consortium member institutions.
- **Training manuals, background materials** prepared/ designed by the Consortium and developed for common use among the Consortium's members
- **Website for dissemination** for visually disseminating the projects results and recruiting students







# Cornerstones of the project's progress



2011 January/ month 1: formation of the Consortium/ its Steering Committee and adoption of the task sharing and the timeline of the curriculum development process.



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# Cornerstones of the project's progress



## Months 2-6:

- Each of the six CCMs had a coordinator institution. Other members with interest in/ experience on the topic, have also delegated experts to the DT. Altogether six DTs have been formed (DT1-6). The coordinator institutions provided the team leaders and were responsible for ensuring the professional relevance and the timely completion of the work.
- With the incorporation of partner institutions in the DT, the fields of represented expertise have been expanded. The multidisciplinary nature of the curriculum was present not only on inter CCMs level but intra module level, too.
- ***Specific competences of the individual modules have been specified and adopted.***





# Cornerstones of the project's progress



## Months 7 – 18

The development process of the training modules has been completed via ***workshops for each module, hosted by the module's leader institute.***

Development process in the interim period was supported ***by Skype conferences.***





# Cornerstones of the project's progress



## Months 19 – 26

Each module has been tested via pilot teaching, including pre- and post tests of the students regarding change in knowledge and attitude, and post test on the satisfaction with the training.

## Months 19 – 30

Training manuals have been designed for all of the training modules. Interim discussion and revision is *ongoing*.

## Month 33

The final results are introduced for discussion and dissemination at a project closing EU level conference (*ongoing*)





# Cornerstones of the project's progress



## Months 25-36:

The **accreditation** of the developed modules is going to be performed simultaneously in all of the participating countries. Local partners will be in charge to launch it according to the country specific rules.

**Expected launch of the training in 2014.**



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## Milestones on the road ahead



**Continued cooperation of the Consortium's members on expanded fields in assisting underserved population groups.**



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**World is  
changing and  
global  
migration is  
contributing  
to that change  
– *the CHANCE  
is ours***



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