

<b>Reference of the Call for Proposals</b>	<b>EuropeAid/126364/C/ACT/Multi</b>
<b>Title of the Call for Proposals</b>	<b>Programme of Cooperation with Third Countries in the Areas of Migration and Asylum</b>
<b>Name of the applicant</b>	<b>Escuela Andaluza de Salud Pública</b>
<b>N° of the proposal<sup>1</sup></b>	<b>MIGR/2008/2</b>
<b>N° and title of the Lot</b>	<b>Lot 5: Latin America and Caribbean (with a special focus on the Central, South America and the Andean countries, Chile, Argentina and Uruguay). “Migration and development”.</b>
<b>Number and title of the area/s covered by this action<sup>2</sup></b>	<b>1- Foster the links between migration and development. 2- Promote well-managed labour migration.</b>

## **PART B. FULL APPLICATION FORM**

### **I. THE ACTION**

#### **1. DESCRIPTION**

##### **1.1. Title**

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Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development.

##### **1.2. Location(s)**

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Latin-America, Europe. Further expansion of the experience to the region of the Americas and WHO other regions

##### **1.3. Cost of the action and amount requested from the Contracting Authority**

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Please follow the instructions under point 3 and 4 of the present Application Form paying particular attention to Sections 1.3 and 2.2.5 of the Guidelines for Grant Applicants for this call.

**Do not indicate figures under the present point.**

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<sup>1</sup> Proposal number as allocated by the Contracting Authority and notified to the applicant at the time of the opening and administrative check.

<sup>2</sup> 1- foster the links between migration and development; 2- promote well-managed labour migration; 3- fight illegal immigration and facilitate the readmission of illegal immigrants; 4- protect migrants' rights, protect them against exploitation and exclusion; 5-and support the fight against trafficking in human beings; 6- promote asylum and international protection of refugees.

#### 1.4. Summary (max 1 page)

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Total duration of the action	30 months
Objectives of the action	Overall Objective: To contribute to the effort to promote an effective management of migration flows of doctors and nurses in the Latin American and the European Union areas. Specific Objective: To formulate a consensus proposal based on international dialogues on good practices in human resources for health and on the role that agencies of cooperation for development may play in the execution of migration policies with this orientation.
Partner(s)	Panamerican Health Organization (OPS-OMS)
Target group(s) <sup>3</sup>	Health planners and policy makers on health and development.
Final beneficiaries <sup>4</sup>	Health professionals migrants. Health systems and general population
Estimated results	Expected Results: Result 1: Situation of health professionals migration flows (medicine and nursing) within Latin America and toward the European Union is characterized. Result 2: A proposal to guide health workers mobility on the basis of migration management so that they may generate beneficial effects to the involved people and the health systems in the source and receptor countries based on international dialogue and consensus has been generated. Result 3: The experience is evaluated and systematized, lessons learned has been identified for replication and expansion to other geographical spaces.
Main activities	1-1: Literature review of information related to the state of the issue 1-2: Design of quantitative multicenter study that permits know the state of the situation in the mentioned professional groups (medicine and nursing); the study will focus on the Latin Amigration flows and toward the EU. 1-3: Design and development an information system that permits the permanent monitoring of the state of the situation. 2: Design and develop of participatory process for the construction of management proposals to guide bi-directional flows that permit the mutual benefit; this will imply with the participation of the involved actors (migrant professionals, planning, academic, agents of cooperation and others). 2-1: To promote a training process and workshops in the units for politics on human resources and planning. 2-2: Preparation of methodological guide for human resources planning in the region that responds to the principles by consensus. 2-3: Design and develop participatory process for the construction of consensus in the definition of policies and cooperation strategies that contribute to manage migration from the perspective of mutual beneficial effects. 3-1: Review of the generated processes and of the products obtained 3-2: Dissemination strategy formulated and implemented

Where applicable, clearly indicate the sector<sup>5</sup>, theme, or geographical area specified in the Call for Proposals to which the proposed action would apply: Health general, Health Personnel Development, Government Administration (Latin America and Europe).

<sup>3</sup> “Target groups” are the groups/entities who will be directly positively affected by the action at the action Purpose level – See paragraph 2.3 in Section II for the list.

<sup>4</sup> “Final beneficiaries” are those who will benefit from the action in the long term at the level of the society or sector at large.

<sup>5</sup> See paragraph 2.2 in Section II for the list of Sectors.

## 1.5. Objectives (max 1 page)

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The project pursues to contribute to the effort to promote an effective management of migration flows of human resources for health (doctors and nurses) in the Latin American space and of the European Union, that, making minimum the negative impact on health systems, contributes to the mutual development of health systems, social and involved professionals.

To this end we intend to develop initiatives pilot of multiregional character in a multisectoral strategy and multiapproach that seeks the implication of all the related sectors (specially ministries, cooperation agencies and development, professional and union organizations and communications media) through a methodology of work participatory of search for consensus favored by the political commitments already acquired in the Latin American space, the themselves strategies of the European Union as they are defined in the European Program of Action in order to cope with the serious scarcity of health personnel in developing countries and the line of work already initiated by the World Health Organization and the Pan American Health Organization. The logic of work and the proposed area will make it possible to bring about commitments and political priorities that contribute to the generation of international agreements that include the phenomenon of migration of doctors and nurses toward the European Union and in the Latin American space. This will be encouraged within a framework of respectful innovative actions with the standards of the labor law and that strengthen the democratic processes.

The project includes actions in the areas of: 1.- **information systems** (development of quantitative and qualitative studies and creation of an information system of basic indicators for the characterization and monitoring the situation) 2.- on the aspects related to the **circulation** (design of alternatives of management of the migration flows that generate bi-directional positive effects), 3.- **Management and regulation** (based on good practices analyzed and generated through consensus) and 4. Implication and integration of **sectoral cooperation strategies** for development, consistently with the stated principles.

The specific objectives of the project are:

Characterize the situation of health professionals migration flows (medicine and nursing) within Latin America and toward the European Union.

Review on-going bi and multilateral experiences and design a proposal to guide health workers mobility on the basis of migration management so that they may generate beneficial effects to the involved people and the health systems in the source and receptor countries.

Prepare a consensus proposal based on international dialogues on good practices in human resources for health.

Prepare a consensus proposal based on the international dialogue on the role that the agencies of cooperation for development may play in the execution of migration policies with this orientation. Evaluate and systematize the experience and identify lessons learned for replication and expansion to other geographical spaces.

## **1.6. Relevance of the action (max 3 pages)**

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The migration of health personnel constitutes a growing problem in the region of the Americas, of grave consequences for the Eastern Caribbean and some countries of Central America, and with incipient but threatening effects in countries of South America. In the last years emigration has created problems for the functioning of the health systems in some countries and has become a topic of discussion in the international forums, seeking effective and accessible ways to face this situation. Being of common concern in the countries of Latin America, the Ministers of Health have considered convenient to bring it up to discussion. Systematic information concerning health personnel is inexistent in the Region.

The studies that specifically address this problem are scarce, although in the last years the availability of information has improved. The information deficit affects the possibility of in-depth analysis and the definition of proposals and interventions. In general, studies on migrations have as a main component the impact on the receiving country, and since it is a phenomenon of a growing nature and with a strong presence in the media, the other components of the phenomenon that involves the countries of origin of the migrants become diluted. In addition, in the particular case of the human resources in health, the focus of the studies have been centered in other regions such as Africa, with a lack of systematisation of the phenomenon in the group of Latin America.

The dynamic of health personnel migration is complex and is constituted by the different size flows that operate in different directions. It affects all of the countries in a greater or lesser measure and some, according to the level of dynamism of the national health labour markets, are simultaneously expulsory and receptors of health personnel. The participation of foreign health personnel in the countries of the OECD reaches 30% of its work force and there is evidence of growth trends of this phenomenon during the last decade, especially for nursing personnel.<sup>6</sup> In the European Union the educational requisites of university training for nursing professionals, and an insufficient professional contingent with this kind of preparation, causes for private organizations in countries such as Italy to mobilize the migration of nurses from Latin-American countries.<sup>7</sup> The migration of health personnel also occurs between neighbouring countries, of which there are many examples in the Region.

The trends indicate that in response to this new mobility, migration will intensify the imbalances already present between the regions of higher and lower development. In the developed countries the aging of the population, the burden of chronic diseases and other factors tend to increase the demand for health services, the time for the feminisation of the health personnel, the increase of its average age and the low demand for professional health education contribute to reduce the number of active workers. The work markets in general and the health labour market in particular, are suffering for a progressive process of internationalisation that is manifested in the growing migration of health personnel.

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The migration of health care professionals is related to the shortcomings of the labor markets of the poor countries and tends to extract from these the younger and more qualified individuals that have an easier time adapting to the receiving labor market. The emigrating personnel are found among the age ranges of most productivity for the professionals, where the country has invested and not received the expected returns from that inversion, through the expected delivery of services to the population.

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<sup>6</sup> Human Resources for Health, Overcoming the crisis. Joint Learning Initiative. Harvard University Press 2004.

<sup>7</sup> Various offers of employment opportunities and immigration can be found on Internet Sites. Migraciones y escasez de enfermeras en América latina: una exploración inicial a la realidad brasileña. Maria de Lourdes de Souza and Marta Lenise do Prado, in the II Panamerican Symposium of Nursing Research of Human Resources, Lima, November of 2004.

On the other hand, many health professional training programs in the countries of the Region, contribute directly or indirectly to facilitate the migration of its graduates. Many colleges and medical and nursing schools maintain programs not aligned with the health priorities of their countries, or with their health programs or the prevailing professional practice modality in the country. Conditions to emigrate are then configured: lag with the profile of acquired competences and professional dissatisfaction.

Another determining factor in migration is the interest of the health workers, mostly of the professionals, to have access to programs of supplementary formation. Many young professionals temporarily emigrate with the objective of obtaining postgraduate degrees that on their return to their countries will facilitate their insertion into the labor market. But many of them receive job offers that retain them in the more developed country.

The migration of health personnel is linked with shortage, inadequate distribution and imbalances in the allocation of health personnel, in addition of poor work conditions and salary, lack of promotion opportunities and personnel development, work instability, lack of support for the workers and exclusion in the decision making process.

Many studies have identified the factors that promote and determine the healthcare personnel migratory processes. Some of them are summarized in the next table, grouped by “push” factors (characteristic of the “provider” countries) and “pull” factors (characteristic of the countries and destination services).

	<b>PUSH FACTORS</b>	<b>PULL FACTORS</b>
<b>LABOR RELATED</b>	<ul style="list-style-type: none"> <li>- Little gratifying remuneration</li> <li>- Uncertainty about the future</li> <li>- Weak infrastructure and supply and lack of work material</li> <li>- Rigid schedules and prolonged work hours</li> <li>- Few opportunities for professional development</li> <li>- Poor services management, specially referred to personnel well-being</li> </ul>	<ul style="list-style-type: none"> <li>- Possibility to improve the economic capacity</li> <li>- Work stability</li> <li>- Career opportunities</li> <li>- Opportunities for professional development</li> </ul>
<b>INDIRECT</b>	<ul style="list-style-type: none"> <li>- Personal and family insecurity</li> <li>- Limited life conditions (electricity, transport, housing, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>- international recruiting agencies</li> <li>- Language compatibility</li> <li>- Policies for obtaining a visa</li> <li>- Personal and family safety</li> <li>- Better school opportunities .</li> </ul>

In this sense, the factors that are mostly highlighted to promote the permanence of the health workers are: better remuneration, a favorable work environment, better management of issues related with health services and opportunities for continuing education.

The emigrating personnel are found among the age ranges of most productivity for the professionals, where the country has invested and not received the expected returns from that inversion, through the expected delivery of services to the population. Many studies have identified the factors that promote and determine the healthcare personnel migratory processes. The comprehension of the migratory process of the health personnel also should take into account the influence of the agencies created to promote and process the international recruiting of health care workers. The loss of health professionals can cause grave deficiencies in available services and the capacity of the countries to advance in their plans for health development.<sup>8</sup> Migration is part of the human right of freedom of movement and the use of knowledge and individual abilities in the search for a better life. An important element to take into account is the important contribution of the remittances for the poor countries' economies that emigrants in general and health workers in particular, periodically send to their family in their countries of origin. However, it is estimated that even considering that each of

<sup>8</sup> Migración internacional de salud y derechos humanos. WHO, 2003.

these dollars generates two dollars for local economic activity; these remittances do not compensate the investment of the governments in education and training of the healthcare workers and the services that they would carry out if they had stayed in their own countries.<sup>9 10</sup> Without denying the professional, personal and economic benefits for the people that emigrate, or their individual right to seek better work and life perspectives, it is necessary to recognize that the emigration of health personnel generates profound consequences in the coverage and quality of the healthcare systems of the supplying countries. Thus, the current situation demands that developing countries carry out effective interventions to stop the loss of health human resources. The fundamental issue is to guarantee that every country counts with enough human resources in health, performing in the most needed places and with the effectiveness that the health situation requires.

The creation of a regional network of analysis of health personnel migration is considered necessary due to the international character of the topic that requires the exchange of data and the compatible development of systematization of information sources and processes concerning health personnel migration between countries. Most of the countries possess limited information regarding human resources in health and consequently the needs of the new resources, from the losses that occur year after year and the emigration of the health personnel. It is important to highlight that even if personnel migration is recognized by many countries as an important problem, there are few efforts directed to count with better information about it. In a survey carried out in 2005 in 28 countries in the Region, only 3 of them considered that they are knowledgeable of the trends of internal and external migration of the main health professions.<sup>11</sup> Many studies have been developed on the subject in North America and the English speaking Caribbean, however there are few and non-systematic studies developed in the countries of Latin America. There is a clear need and priority to create comprehensive information systems on human resources to learn more about problems related to the migration of health personnel. In turn, this will enable experts to study and characterize key issues and formulate policies aimed at mitigating or reversing its negative effects.

Dialogue and negotiation among the stakeholders affected by the migration of healthcare personnel are indispensable. An open discussion of key issues in health policy is necessary to protect the interests of poor countries' health services, particularly in the framework of commercial liberalization and growing globalization.

Strategies in the source countries are related to general development and sectoral capacity and are frequently the central focus of international projects and programs cooperation. Many developed countries that recruit foreign personnel also promote broad bilateral cooperation policies in which they could collaborate with the source countries to develop their human resources, not only to compensate them for losses due to emigration, but to guarantee their capacity to reach the Millennium Goals.

It is necessary to recognize that due to the competition in attracting needed health personnel, high-income countries have an enormous influence in promoting the migration of health professionals from poorer countries. Due to the high benefits they obtain from this migration they have few incentives to change their policies.<sup>12</sup> Therefore, the sending countries must promote regional agreements and collective negotiation with the receiving countries of health personnel, directed to limit the migration, regularize their flows in time and establish adequate compensation mechanisms in the countries of origin of the health professionals. The receiving countries have an ethical duty to guarantee their new workers the same rights as the local workers while also providing adequate cultural orientation. The collaboration between countries to mitigate the effects of health personnel emigration is indispensable.

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<sup>9</sup> The remittances of the emigrates are a source of income for the poorer countries: The World Bank reports that the remittances through the world banking system totaled 90 billion dollars in 2003, this figure increases year after year and that Latin America and the Caribbean constitute the Region of the world that receives the most remittances. En búsqueda de una vida mejor: la migración de los profesionales de salud, ILO.

<sup>10</sup> Migration and Health Workers Special Theme. WHO Bulletin Vol. 82, number 8 August 2004, 559-636.

<sup>11</sup> Consulta Regional: Recursos Humanos en Salud, Desafíos Críticos <http://www.observatoriorh.org/esp/consultas.html> and [http://www.scielo.br/pdf/rlae/v14n1/en\\_v14n1a02.pdf](http://www.scielo.br/pdf/rlae/v14n1/en_v14n1a02.pdf)

<sup>12</sup> Joint Learning Initiative. Op cit..

## **1.7. Description of the action and its effectiveness (max 14 pages)**

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### **Overall Objective and the Purpose of the Action**

To help build capacities and reinforce strategies aimed at improving human resource planning processes in Latin America and in EU countries that receive migrating professionals. Contribute elements for defining cooperation development policies that take into consideration the problems derived from the flow of professional migrants among different countries. To contribute to the definition of a global perspective that respects the rights and needs of the people and systems involved.

In summary, the overall objective is to contribute to the effort to promote an effective management of migration flows of doctors and nurses in the Latin American and European Union areas.

We believe this action could act as a catalyst to channel the many initiatives being articulated by diverse organizations to deal with migratory issues (mainly health ministries and the World Health Organization). The added value provided by this action is that it will integrate sector-wide official development aid planning efforts into a European setting (European Union and bilateral cooperation activities).

The specific objective of the project is:

To formulate a consensus proposal based on international dialogues on good practices in human resources for health and on the role that agencies of cooperation for development may play in executing migration policies with this orientation. This implies at least the following sub-objectives:

- Characterize the situation of health professionals' migratory flows (medicine and nursing) within Latin America and toward the European Union.
- Review on-going bi- and multilateral experiences and design a proposal to guide health workers' movements on the basis of migration management so as to generate beneficial effects to the people and health systems involved, in both source and receptor countries.
- Prepare a consensus proposal based on international dialogues on good practices in human resources for health.
- Prepare a consensus proposal based on an international dialogue on the role that agencies of cooperation for development may play in the execution of migration policies with this orientation.
- Evaluate and systematize the experience and identify lessons learned for replication and expansion to other geographical spaces.

The project includes actions in the areas of:

1. **Information Systems** (develop quantitative and qualitative studies and create an information system of basic indicators to characterize and monitor the situation)
2. Aspects related to **circulation** (design alternatives that help manage migration flows in a way that generates positive, bi-directional effects),
3. **Management and regulation** (based on good practices analyzed and generated through consensus) and,
4. Implication and integration of **sector-wide cooperation strategies** for development, consistent with the stated principles.

## **Outputs and expected results**

**Result 1:** The migratory flows of health professionals (medicine and nursing) within Latin America and toward the European Union have been characterized.

**Result 2:** A consensus-based proposal has been generated to help manage the movement of health workers in ways that benefit the people and health systems involved, both in source and receptor countries.

**Result 3:** The experience is evaluated and systematized. Lessons learned have been identified for replication and expansion to other geographical spaces.

This intervention is aimed at three different target groups:

The ultimate beneficiaries will be the citizens of the countries involved who will enjoy increased opportunities to have at their disposal the doctors and nursing professionals that their health systems need, depending on their health services' administrative and managerial capabilities.

The direct beneficiaries of this intervention are:

The region's health ministries, which will have at their disposal the additional information needed to provide better input into their human resource planning processes; a work guide adapted to this reality; and access to formal training in this field.

The region's doctors and nurses will enjoy mechanisms that will enable them to freely exercise their right to choose their desired place of practice within a framework that eases possible distortions in the original health system as well as in the new destination, creating reciprocal benefits in the process.

Cooperative development agencies will be able to rely on information useful to them in developing sectoral approaches that consider how to control the negative impact of health professionals' migration to the north on southern health care systems.

## **Outputs**

- i) Situation characterized and information system designed by consensus.
- ii) A monitoring system operating and available on the www.
- iii) Edition of a report on good practices in managing the migration of health care workers
- iv) Methodological guide on consensus-based human resources planning
- v) All regional units responsible for managing human resources in health have had access to training activities that permit adequate human resource planning; two regional workshops have taken place.
- vi) Consensus-based document on priorities and strategies in international cooperation to manage migration and produce a positive, bi-directional positive impact.
- vii) Proposal to replicate and extend to others a strategy based on the lessons learned and designed.

This proposal will review the current situation in Latin America, updating available information and incorporating qualitative elements scarcely analyzed in the region by carrying out six case studies, at least four of which will be done in Latin America, relying on PAHO (Pan-American Health Organization) and IAGS-WG (Ibero-American General Secretariat Working Group) professionals in selected countries.

A specific content management tool will be developed to permit a follow-up of the situation by making systematized information regularly available on the www. Persons interested in these issues will be able to consult the main studies underway in the region and will be able to connect with other centers who share similar interests.

By reviewing currently available knowledge and experiences, producing new ideas and building consensus a series of publications will be produced on the following subjects:

1. Good practices for the management of professional migratory flows (joint edition with PAHO for distribution in the Latin American region and among European Health Ministries involved in the action).
2. Methodological guide on human resources planning (joint edition with PAHO for distribution in the Latin American region and among European Health Ministries involved in the action).
3. The design of a course on human resource planning and the management of migratory flows available on a virtual learning platform (the PAHO-EASP Virtual Campus for Public Health), with additional materials adapted to this pedagogical context.
4. Consensus-based document on priorities and strategies for international cooperation on migration management with a positive, bi-directional impact (joint edition with PAHO-WHO-IAGS-WG for distribution in the specialized sector of multilateral and bilateral official aid development agencies).
5. Selection and dissemination of the lessons learned. Key participants design and analyze a strategy to spread this knowledge and incorporate others into the process. An action plan is defined and budgeted.

All planned publications will be made accessible on the www, as well as edited in formats that will guarantee their diffusion among potentially interested institutions and professionals. In addition, plans include the edition of informational materials that synthesize the contents referred to in points 1 and 4 above. The number of elements in each series will be defined in terms of the edition's final design and costs accumulated during the action's final period, using as a reference the budget assigned to this item.

Distribution through PAHO's and the Ibero American General Secretariat Working Group's own mechanisms ensures an efficient use of the resources estimated for this purpose.

Our methodological approach is based on a knowledge management strategy whose key element is the participation of selected participants who, as explained in another section (internal and external marketing), will facilitate the incorporation of the target public most directly involved: those responsible for human resource planning in this sector and those responsible for the design of policies and strategies for cooperation for development based on proposals and recommendations emerging from the proposed work. The participation of PAHO and WHO in this effort will permit the immediate transfer and exchange of successful experiences throughout the entire organization. By providing information on what is occurring in the Latin American environment, the Ibero-American General Secretariat Working Group will be better able to meet its mandate to facilitate recommendations to the region's ministries and the consequent adoption of proposals. Through their direct participation in the process, international cooperation agencies will lend their support to the proposals, thus facilitating the adoption of recommendations in official sector-wide development aid strategies and producing the desired, indispensable, multiplying effect.

### **The proposed activities and their effectiveness**

The group of activities that compose this action can be organized in the following group of main activities which we will describe later. They have been developed in detail, including descriptions of the tasks which compose them, in the tentative schedule that is presented in the action plan section.

- Review of the literature. Field studies on particulars and triggering of the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.

- Design of content manager and specific IS
- Teaching framework and pedagogic design in virtual learning environments.
- Qualitative information-gathering techniques (NGT, Delphi...)
- Consensus building (conference and/or seminar)
- Task force (seminars and workshops)
- External and internal marketing (definition of target sectors, expanding products and communication strategies and selective involvement by segment and product)
- Visibility.

All the activities selected to meet the objectives have proven their effectiveness for the purposes of this work on multiple previous occasions. The combination of the synthesis of the state of knowledge available about the area that we are dealing with, along with the obtaining of unpublished information through the use of qualitative techniques, the systemization of available and obtained knowledge, strategies to generate new knowledge through case studies and group debate, the generalization of same through training strategies, and the design of intervention initiatives and strategies based on consensus and on the involvement of the group of related actors in the study processes, have already been sufficiently managed and validated in the field of policy definition and development of strategies faced with highly complex social phenomena, such as is the case of professional migrations.

### **Review of the literature and other available sources of information.**

In a systematic way we will proceed to locate, combine, review, and synthesize the available information on the human resource planning field, and professional migrations in the health sector, with special emphasis on the relationships between medical and nursing professionals. This initial review, with special dedication to actions in the first quarter, will be complemented by obtaining unpublished "gray" literature and with other literature which experts on the subjects believe has not been communicated or expressed in internal circulation documents in task forces or organizations. We want to put special importance on the section "key informants": because of the privileged position of PAHO and the IAGS (Ibero-American General Secretariat) in Latin America, we consider them to be key elements.

We do not think it necessary for us to make reference here to the methodological aspects related to the management of the methodologies appropriate to this end; we will only mention some of the techniques and processes that will be used in this field:

- Automated review via key words of the main electronically-accessible publications of the sector.
- Generation of database with summarized information from the collected basic bibliography
- Selection of relevant actors; expansion in successive phases via contacts referred by initial selection of key informants.
- Interviews, questionnaires, group techniques (nominal, Philips, Delphi if applicable, focus group) to obtain information and generate consensus where appropriate.

### **Review of sources of information on health care and cooperation systems**

The project demands an exhaustive review of the state of knowledge in four specific areas:

1. Information that the existing information systems provide about the human resources situation with respect to immigrant and emigrant medical and nursing personnel.

This information comes from our own experiences from at least the following sources: Personnel Units from the Ministries of Health, Professional Organizations, and Ministries responsible for the validation and accreditation for the medical profession in receiving countries. This information will be analyzed and complemented with the specific studies about motivations or reasons for the change in location existing in the target region of the work and with ad hoc studies that must be implemented in

order to have a broad vision of the situation in those countries that are defined as priorities (it was considered to carry out six case studies).

2. Review of the experience of the management of professional, sectoral or non-sectoral migratory flows which can serve as elements for the design of strategies and sources of debate and reflection for the generation of new initiatives based on the greatest evidence of effectiveness possible.

3. Review of cooperation agencies' sectoral policies in their drafting of the program and in the operation of actions. Those which refer to the EU and Latin America will be analyzed, as well as selected bilateral European cooperation activities, depending on the characterization of the situation that this same study promotes.

4. Analysis of human resource planning policies. Critical elements used, basic needs related to information systems for the planning and detection of formative needs.

### **Field studies on particulars and causes of the professional migratory process**

Information made available to us in the course of drafting this proposal has made us aware that our actions must include resources to carry out studies to allow us to discover the specific reasons which are contributing to the strong migratory flows taking place in the region, both within Latin America and between Latin America and Europe.

The project's task force will draw up the analysis protocols once the state of the situation is known and the goals of the study process are defined. These will be translated into the appropriate terms of reference to allow work to be contracted in accordance with established regulations and management guidelines for these funds. The terms of reference will clearly define general and operational goals, the requirements of the team responsible for the job, the expected results and the systematization of the information collected to be directly integrated in the information system.

The Latin American studies will be supervised and controlled by PAHO representatives in each country and by the ministries of health assigned to the IAGS task force. If any of these studies are done in the EU, they will be supervised by the Andalusian School of Public Health's (EASP) project work team.

Any results to be published will be subject to the usual controls of the EASP and PAHO editorial councils to incorporate the basic criteria of rigor and quality in a professional-standard publication. The results, recommendations and conclusions of the work will belong to the work group and those who participated, making a clear distinction between the latter and the responsibility of the financing body.

### **Analysis of planning processes**

As was mentioned in section 4, which dealt with the review of sources of information, the work group will register the analysis of sectoral planning processes and needs-derived processes for their improvement, as well as the training of the linked persons. The appropriate questionnaire will be made up and distributed by PAHO and IAGS-WG in each country involved, guaranteeing that it will be carried out. The analysis of this information will be one of the key elements for the creation of a methodological guide for human resource planning and for the design and development of the related teaching initiatives, which will then be validated and checked in a workshop with representatives from the ministerial planning units.

### **Management design contents and specific Information System (IS)**

After identifying the information sources that allow us to characterize the geographical distribution of professional resources and the migration patterns in the region, we will proceed to characterize the items to be considered in the information system: the sources as well as the management circuits and

production responsibilities. The user community will be characterized and the appropriate content manager will be developed.

The information system will be managed through a Web application designed to support professionals in the health planning sector. It will provide them with basic information about triggers and determining factors from a global perspective, bearing in mind the confidentiality issue. As it is a web application, it will only require a computer with an updated navigator for connecting to the Internet. The administration of this application, which is to say, the functions that will allow it to maintain and update the resource bank, will be carried out in the same environment through authorized access and will facilitate the search and selection of resources by different parameters.

Functionally, the application will be divided into two clearly defined parts: the “professional” section, designed for final users, and the area of administration, designed for content management. This part of the application, which you can only gain access to through a user key, allows for the management of available content. It allows you to add new resources, associate and disassociate files and updates and eliminate all content. It also allows you to update code tables.

### **Training framework and pedagogical design in virtual learning environments**

This institution, along with PAHO, regularly designs pedagogical activities geared towards both the incorporation of new knowledge, as well as the incorporation of new tools and the adoption of new professional practices.

During the design process of the resource planning guide, new training needs will become evident. The review of planning practices will reveal those instruments or processes that must be dealt with in the teaching activity that composes this action. Once the needs are revealed, the teaching objectives will be formulated and the pedagogical program proposal to be developed will be designed. This proposal will be tested and validated in the workshop designed for this purpose. All this will be done while taking into consideration the construction and subsequent development of the program in the planned virtual teaching environment: Virtual campus of PAHO and EASP.

Teaching in a virtual environment must focus openly and be flexible methodologically, offering quality information. The pedagogical process framed in this way will take into account the diversity of the actors and the profiles of the students who are going to use it. This will try to facilitate and stimulate the learning process and the significant assimilation of new content, whether it is knowledge, skills or attitudes.

The conceptualization, creation, design and production of appropriate teaching materials for a virtual teaching environment constitutes a significant challenge in the development of virtual educational activities. Therefore, guidelines will be adopted based on pedagogical principles that guide the development of the learning materials and resources in different media, including digital paper, video, audio, etc. The teaching materials are a basic tool in learning about a virtual training program: they contain the goals and basic content of the course, and they will be designed to facilitate the learning process, being one of the elements included in the funding requested.

### **Qualitative information-gathering techniques**

The nature of this planned review calls for the use of a wide range of social science methodologies, which makes up part of the group of instruments of research and action of the institutions that present this initiative. The support of new means of communication and information management through the WWW will allow for a dynamic use of these work methods which can sometimes be managed virtually (inherent in Delphi, for example, but applicable in other options [NGT]). The need was foreseen to develop Focus groups among the educational personnel, planning personnel, and with migrant professionals in order to look deeper into the determining factors of the migratory process and the planning of resources. These techniques will be used by experienced professionals and mainly within the framework of case studies and a comparative analysis of the situation.

The persons responsible for holding workshops and seminars have previous experience in the use of group and idea generation techniques, and in consolidation and prioritization to guarantee the fulfillment of the planned work group objectives.

### **Work groups (seminars, workshops, conference)**

In order for the planned participative work method to be effective, the members will be especially careful in their selection of the persons called to participate in the various collaborative process formats and product generation formats defined at the intervention: Seminars, Workshops and Conference. For each one of these events, training and necessary experience profiles will be defined to determine who will take part in the panels. Additional requirements related to task planning (ability to work as a team, creativity, specific academic experience, migrant professionals, etc.), within the framework of the objectives assigned to each activity, will also be defined. Gender will be taken into special consideration when it comes to the final composition of the task force.

Every activity will have a previously distributed work program as the base material to ensure uniformity of knowledge. Each work program has general and specific objectives, and whether they are met, as well as the operational implications derived for the development of the program, will be noted in the reports of each activity.

The final integration of contributions and recommendations derived from the process, and the search for its incorporation in the processes of policy and strategy development, both in the health sector and in the development cooperation sector, have special significance in this event. The main instrument of viability and visibility will be the work conference and the formulation of recommendations to carry out in the final semester and will conclude with a formal statement, which depending on the previous degree of consensus and among the politicians called, can acquire different levels of realization. The EASP, but especially the PAHO, has participated in multiple related occasions, which is why we consider their experience essential for the management of a similar activity. The financing organization will be informed ahead of time of the goals assigned to the meeting in order to be able to evaluate and decide on the level of presence they want to maintain at the meeting.

### **Internal and external marketing**

This consortium believes that any strategy to incorporate conclusions generated by working groups throughout the project's cycle cannot simply be incorporated in the final phase of the process. We support a strategy that permits the ongoing integration of ideas throughout the entire work process. By following such a methodology, we ensure that ideas and conclusions generated in each phase of the process will be integrated into the final products. The project will generate a communication plan that will propose the implementation of a set of objectives that is aimed at gaining as much involvement from the actors as possible in this process thus, lending credibility to its strategies; generating support for its activities; generating visibility; and ensuring that the project is not perceived as something owned by an external managing group, but rather is the result of the beneficiaries' own active participation.

Therefore, the internal communication plan will include the following objectives: i) That all the actors and beneficiaries would come to know the Project as a whole ii) That those persons and professionals involved in the process would specifically know each one of the lines. iii) That the personal and group advantages and disadvantages that the development of the plan would bring would be known iv) That the brand image of the project is known: To identify project and process with a logo, a communication style, a participation style. v) That the project's communication channels would be easily known and recognized.

In order to achieve these objectives, this consortium proposes following the work methods that the approaches "Internal Marketing" and Innovation Management contribute. The management team will work from the beginning using the strategy that is summarized as follows:

Definition of the key elements of the action (what needs they respond to, what value they add, who they benefit...)

Analysis of the environment of the directly-affected sectors: HR planning units, cooperation agencies, migrant professionals (locate opportunities, needs to be met, context specifics...)

Definition of the internal market and priority target audience.

Segmentation of the priority markets.

Product design expanded by segment.

Description of the Action Plan to develop innovation, (formats, instruments)

### **Presence and Visibility of the Action Taken:**

The visibility of the financing institution will be increased through a policy of effective, provocative dialogue promoting the image of the European Union. To this end, both an internal and external global communications plan will be developed that identifies the target groups. Internal and external communication strategies will be introduced in the annual operation plans, assigning the materials and human resources necessary to follow through with the activity.

We will contemplate different strategies for communicating and publicizing the success of the interventions through various channels (internal bulletins, specialized journals, conferences, mass media programs, etc.), and identify, within our shared vision, the core ideas that should determine which images and audiovisual content are best suited to the scope of the action.

Furthermore, this strategy will necessarily incorporate the visibility devices established by the financing institution. These devices will gain strength as they are integrated within a process that is not only structured and interconnected throughout all of the steps to complete the action, but also involves all players who take part, thus going a step beyond the normal treatment of the organization's image and the general norms of the financing body.

## **1.8. Methodology (max 4 pages)**

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As specified in their description, most of the planned activities have to do with the normal practices of knowledge management, whether in the phase of generation and accumulation, or knowledge transfer and use promotion. Therefore, the anticipated techniques must have to do with contacting with experts in the different fields of knowledge in question so as to obtain the desired results through participative means.

Because of this, along with the systematic review of publications covering aspects that are relevant, the following key activities will be carried out: human resource planning for health services, management of professional migratory flows, policies and strategies for cooperating with development linked to the field of study of the problem, planned discussion techniques (work seminars) and the generation of ideas and consensus-building that permits project construction. In addition, internal and external marketing techniques will be applied, allowing for greater involvement by the players who step forward, and increased feasibility of the generation and posterior use of the expected recommendations and results.

The following methodological instruments will be used in combination:

- Review of the literature.
- Field studies on particulars and causes of the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.
- Design of content manager and specific SI
- Training framework and pedagogical design in virtual learning environments.

- Qualitative information-gathering techniques (interviews, nominal group technique-NGT, Delphi, Focus groups...)
- Consensus building (conference and/or seminar)
- Task force (seminars and workshops)
- Internal and external marketing (defining target sectors, expanding products and selective communication and implication techniques per segment and per product)
- Presence and Visibility of the Action Taken.

The action proposal is in keeping with the intervention processes in this work area generated by the European Community, the World Health Organization with its strategy and specific task force in the form of the Alliance for Human Resources in Health, and in those commitments made by ministers in Latin America at the 8th Summit of Colonia del Sacramento (Uruguay) where the task force was formalized that constitutes this project IAGS-WG. This action proposal, as well as the feasibility of the recommendations and strategies being designed, is the standing concern of the different international cooperation and development agencies involved, for which reason ministerial support in those countries is guaranteed (IAGS-WG, PAHO and their delegations.) The project will be an additional cohesive element for the sectoral policies and strategies in this field as it enables contact between different players already involved in certain matters.

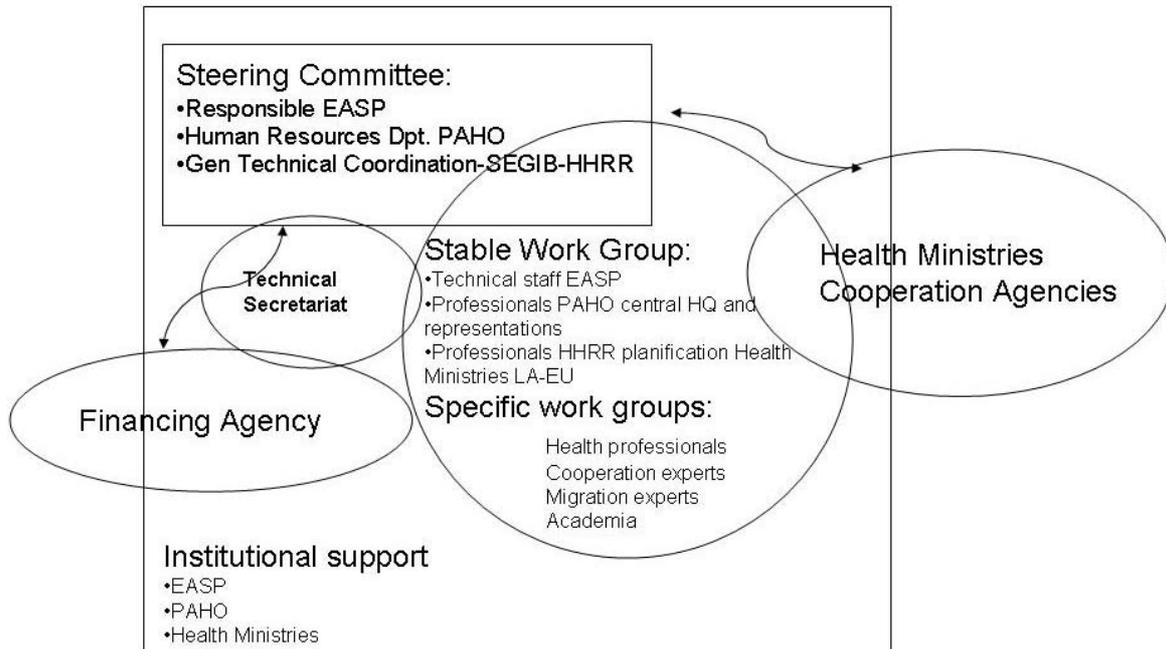
The technical and logistical infrastructure at the consortium's disposal will cover the necessities of the project and of its board of directors. The (PAHO, with representation in all Latin American countries) and the EASP, from its headquarters and its Montevideo office (which serves as a meeting place for our associates at the head of the IAGS-WG), will place all of their means and knowledge at the disposal of the project, which provides an opportunity to advance the activities this intervention includes.

Our cultural proximity strengthened by our sharing a principal language with the majority of those countries involved in this study will enable the work to advance correctly and permit efficient use of resources set aside for the production and implementation of the planned actions, thus lowering the average transaction costs.

More than a hundred professionals, experts in all fields related to public health, the organization of health services, management of sectoral processes for cooperation and development, human resources policies, and migration will support the initiatives of the task forces and the directors' committee established by this proposal for management of the project. The figure below shows the organizational structure and the principal links between the project management committee, the task force, the delegations and associates, as well as the financing entity of reference.

An expert in international cooperation from the EASP, who will be a member of the task force whose permanent focus is this project, will act as the supervisor and contact person between the task force constituted by EASP-PAHO- IAGS-WG and the professionals who will be committed to supporting other players and involved in the specific planned activities at different times. Meanwhile, the head of the project leading team at EASP headquarters will double as the permanent spokesperson before the European Commission. The consortium's staff and departments (Library, IT section, Economic Management section, Academic registrar, foreign delegates, both institutions' Virtual Campuses, installations and more) will be at the disposal of the project, offering specialist supervision and the most appropriate means of support at all times, whether by request of an EASP supervisor or by that of the directors and the task force team.

## Projects's organization



In addition to offering scientific and technical support, EASP and the PAHO are accustomed to the intense labor of organizing international meetings, managing workshops and seminars, editing publications, etc, and thus have the capability and skill to manage the tools and processes that the project will need to reach its objectives. Both the EASP and the PAHO and its delegations are equipped with the necessary distance communication technology that will permit proper use of resources, placing a high priority on minimizing transportation use and the environmental impact of their activities.

The proposal contains a detailed, although by no means exhaustive, list of the principal activities we propose to carry out in order to obtain the desired results and reach our specifically defined objective (section 1.9). Subsequent annual plans will establish what the necessary temporary commitments will be for proper management of the process. We present a tentative timeline showing those activities and products that the project will necessarily take on to show consistency with that defined in its logical framework.

You will observe in the action plan timeline that, beginning in the initial phase of the project, the consortium proposes to take charge of the internal and external marketing strategy for the project in such a way as to facilitate the players' participation in the process. The strategy's objective will be the creation of the necessary alliances and aids for and between health care and international cooperation professionals (on their different action, political, organizational and management levels), the generation of the proper visibility of the planned actions taken by the EU as the financing entity, and most importantly, extending knowledge and the feasibility of incorporating strategies generated and recommended by the project (see action plan summary table).

In this way, we propose the adoption of a strategy in search of total quality, in which user satisfaction with the project results will be a key consideration. Viewing this technical management group as a service production centre directed at professionals and supervisors in health personnel management (in the areas of policy and strategy design, organizational development, and planning and service management) and in sectoral cooperation policy design and planning; it follows that these services will be evaluated by their potential users.

The EASP implements a quality control system whose aim is improving the effectiveness of all of the activities being carried out. The Cooperation section and the projects it manages will incorporate elements from that system. The control methods and techniques employed can be ordered as follows:

a) The proposal is drawn up by a stable, multidisciplinary team, with wide experience in cooperative projects and in the technical fields involved. This team includes experts in the development of participatory interventions, experienced in consensus-building and managing task forces, who have participated in selecting the best tools for the job to hand, making efficient use of the resources provided to them. There is an initial group evaluation of the drafting team itself, after which the proposal is submitted for external revision by other members of the PAHO and EASP as part of the Quality Control process.

b) Progress of the project and the tasks associated with it will be continuously evaluated. The EASP disposes of a management control system, specifically designed for each of its projects, whether carried out in Spain or in another country. This system includes a specific application adapted to check up on any project involving international cooperation, whether for planned activities themselves or their financial-administrative management. The software application is extremely detailed and allows for the differentiated analytical accounting that is necessary in order for the commission to meet the usual external verification requirements and the requirements of the external audits the institution will undergo.

c) We consider it to be a mark of quality that the logistical and administrative departments of the EASP and the PAHO possess demonstrated experience in obtaining the necessary assistance for professionals who travel to do field work, knowledge of current events and of local experts in those countries who can respond to the needs of the specific area of study of the project, and familiarity with the directing committee for the activity being undertaken, as well as with directing similar projects and studies.

d) The records, reports, products, annual planning and accounting or administrative documents generated throughout the project will be supervised and evaluated, and the results delivered to the technical team leading each project prior to the release of the definitive version of the document or report in question.

e) The project will be subject to the established regular external audits and to others that will be determined.

## **1.9. Duration and indicative action plan for implementing the action**

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The duration of the action will be 30 months. The duration for each activity and total period has been estimated, as recommended, on the basis of the most probable duration and do not prejudice the start implementation day. The implementing body is presented at the end of each temporal bar indicating if the activity will fall under the main responsibility of one of the partners, associated or subcontractors. The action plan for the first 12 months has been developed with detail giving a clear overview of the preparation and implementation of each activity and the main frame of the total intervention. The action plan for the rest of the period of intervention has been drawn in a more general way and will be adapted and defined on the subsequent annual plans and will be submitted before of new pre-financing payments.

For action plan see next page.

Nombre de tarea		Ador: Plan	
		Semestre 2	
		Semestre 3	
		Semestre 4	
		Semestre 5	
		Semestre 6	
		M01 M02 M03 M04 M05 M06 M07 M08 M09 M10 M11 M12 M13 M14 M15 M16 M17 M18 M19 M20 M21 M22 M23 M24 M25 M26 M27 M28 M29 M30 M31 M32 M33 M34 M35	
1	<b>General organization</b>		
2	Clarification with financing agency, methodological review		
3	<b>Constitute a Committee and Technical Secretariat</b>		
4	Select permanent technician and other members		
5	Responsibilities and functions defined in a plan		
6	Content management design for www		
7	<b>Internal and external marketing</b>		
8	Select the action's key elements		
9	External and internal analysis of the setting (health ministries, cooperation age)		
10	Selection of internal target groups, end-users		
11	Segmentation of external-internal market		
12	Define products for each target group		
13	Action plan (formats, instruments, actions)		
14	Selection of key actors		
15	Getting the actors involved		
16	<b>Relevant activities</b>		
17	<b>1-1: Literature review and information related to the state of the Issue</b>		
18	Selection of information sources		
19	Information gathering		
20	Document revision and selection		
21	Create a data base		
22	Draft a provisional report		
23	Select key informants		
24	Design script for interviews, choose methodology		
25	Elaborate a report		
26			
27	<b>1-2: Design and implementation of quantitative multicenter study</b>		
28	Case selection		
29	Protocol design		
30	Subcontract the studies		
31	Work supervision		
32	Conclusions integrated into an IS		
33	<b>1-3: Design and development of an information system</b>		
34	Identification of sources		
35	Information systematization		
36	Characteristics of the population who will be using the tool		
37	Content management design for www		
38	Development and implementation		
39	<b>2-1: Design and develop management proposals to guide bi-directional flow</b>		
40	Draw conclusions from interviews with key informants		



## **1.10. Sustainability (max 3 pages)**

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In this project, the following implications constitute guarantee of viability and sustainability for the development of the expected actions and the project:

- 1) The partnership of an academic institution expert in international cooperation and in planning of health systems, together with an agency of technical cooperation of the United Nations -PAHO/WHO.
- 2) The participation of the associate IAGS-WG on the issue of Migrations of Health Professionals.
- 3) Relations among the partners involved in the process with international agencies (bilateral and multilateral cooperation agencies, IOM, ministries of health and education, professional organizations among others)
- 4) The existence of the Declaration of Colony which express the level of priority that this theme has for the Region.
- 5) PAHO/WHO has developed a regional group of experts dedicated to this specific priority; one of the Regional Goals of Human Resources for Health defines migration as a topic to manage and promote self sufficiency; PAHO also is working with universities and professional organizations on the matter.
- 6) The EASP's area of international cooperation develops a specific line of work in migration, based on the perspectives of both health professionals and users.
- 7) The experiences of the participating entities guarantee technical feasibility.
- 8) The coverage and incorporation of this priority into the agenda of the Ibero-American General Secretariat Working Group and meetings of the ministers of health in the region, as well as the expected strategy's consonance with European Union policies in this field, guarantee the viability of the processes for generating consensus and the design of guidelines which are acceptable and adapted to the regional realities.
- 9) One of the expected outcomes of this initiative consists of the acquisition of lessons learned and the design of a strategy of generalization to other sectors and geographical spaces. The Ibero-American space constitutes a strategic opportunity for the exploration and consideration of pilot initiatives and its later generalization.
- 10) Confidence that the requirements established in the logical framework will be met: The policies of the health ministries and cooperation agencies are consistent with the formulations and codes of conduct they have adhered to regarding the problems faced by this project. The situation affecting health personnel continues to be analyzed from a global perspective that should be dealt with through consensus, respecting national interests and the interests of the people involved. Health ministries, education ministries and professional organizations contribute relevant information and maintain their commitment to provide systematized information.

Planned initiatives are pertinent to the field of specialization and the work culture of participating organizations and those organizations have the experience needed for the project's correct management and development (designing field studies, contract management, organization of international meetings, seminars and workshops, design of information systems, application of the ICT-Information and Communication Technologies, training strategies and the design of training activities in a virtual learning environment, design of marketing strategies to implement sectoral policies and strategies).

The budgetary support being requested, which has been estimated in accordance with prudent criteria and economic sufficiency, will enable the initiatives and activities defined under the plan to be developed. The action plan will be defined in detail once the intervention's first phase has been fully completed.

The incorporation of politically responsible bodies in the definition and management of human health resources in the region the IAGS-WG makes this proposal highly viable from the very inception of its design and provides the potential needed to ensure appropriation of its results. Furthermore, the participation of PAHO/WHO as the main provider of sectoral technical assistance, the desire to integrate the work of agencies dedicated to cooperation for development, the technical experience of the Andalusian School of Public Health in the planned tasks, as well as the nature of those tasks – largely related to knowledge management and the design of policies and strategies in a setting where a consensus in values, if not of interests, exists - reinforce this potential.

Upon the project's completion, political authorities from a region that is trying to cope with the phenomenon of professional migrations will have at their disposal new knowledge about factors related to that phenomenon, in addition to systematized information, trained planners, and a set of strategies and instruments based on consensus that will enable them to orient migratory flows from a mutually beneficial position, or at the least, reduce its negative effects on their health systems.

### **Main assumptions and risks, before the start-up and throughout the implementation period:**

The countries in the project's area of intervention have officially expressed the need to advance along the different lines proposed by the Project and have already initiated actions that the project will support and help to develop. The area in which the project intervenes has been defined as a priority by these countries; it is also a priority of PAHO, of the IAGS and of the EASP.

All have expressed a will to search for initiatives and propose solutions. The participatory methodology employed adapts well to the goals pursued. The budget request and the proposed time frame also make these goals attainable. Both PAHO and the EASP have the kind of technical and professional leadership needed to launch and manage the initiative. The Ibero-American space confers political endorsement, which is a key to the implementation of recommendations and policies derived from the action at a later stage.

The development of innovative strategies will: permit managed flows that generate mutual benefit; integrate these strategies into sectoral policies of cooperation for development; improve information systems and improve human resource planning models, among others. Together, these mechanisms will ensure the **maintenance of positive long-term effects** in the area of human resources for health, in health systems and, ultimately, in their capacity to respond to the population's health needs from a perspective that incorporates the effects of globalization.

## **1.11. Logical framework**

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Please fill in Annex C<sup>13</sup> to the Guidelines for applicants.

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<sup>13</sup> Explanations can be found at the following address:  
[http://ec.europa.eu/europeaid/multimedia/publications/documents/tools/europeaid\\_adm\\_pcm\\_guidelines\\_2004\\_en.pdf](http://ec.europa.eu/europeaid/multimedia/publications/documents/tools/europeaid_adm_pcm_guidelines_2004_en.pdf)

## **2. BUDGET FOR THE ACTION**

Please note that the cost of the action and the contribution requested from the Contracting Authority must be expressed in EUR Summary (max 1 page)

Fill in Annex B (worksheet 1) to the Guidelines for applicants for the total duration of the action and for its first 12 months. For further information see the Guidelines for grant applicants (Section 2.1.4).

### **3. EXPECTED SOURCES OF FUNDING**

Fill in Annex B (worksheet 2) to the Guidelines for applicants to provide information on the expected sources of funding for the action.

Please note that there are two different sheets to be completed

Please mention here below the contributions in kind to be provided (please specify), if any (maximum 1 page) as well as on a separate sheet in Annex B.

All of PAHO's offices in the region, in addition to the Andalusian School of Public Health's headquarters in Granada and Montevideo, together with their combined resources for technical communications, will be placed at the project's service throughout its duration. Section three of the budget sheet includes an estimation of this contribution in kind.

#### **4. EXPERIENCE OF SIMILAR ACTIONS**

Maximum 1 page per action. Please provide a detailed description of actions managed by your organization over the past three years.

This information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which you are requesting a grant.

<b>Project title: QUALITATIVE STUDY ON THE MIGRATION OF ANDALUSIAN HEALTH PROFESSIONALS</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>14</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain, Uruguay and other	45.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	45.000	1 January – 31 December 2008
<b>Object and results of the action</b>					
<p>1. - To quantify the migratory phenomenon among medical and nursing professionals in the Andalusian Public Health System.</p> <p>2. - To identify the reasons behind the migratory process</p> <p>3. - To identify elements useful in defining human resource policies consistent with the Regional Health Department's responsibilities, policies, and international commitments.</p> <p><b>METHOD:</b></p> <p>DESIGN: Cross-sectional descriptive and comparative based on studies of available information sources and qualitative techniques: in-depth interviews, group discussions, and a questionnaire.</p> <p>SETTING: Andalusia, Uruguay and places where Andalusian emigrants practice their profession.</p> <p>PARTICIPANTS: Base group: foreign nationals that practice nursing and medicine in Andalusia; Andalusian professionals who, certified to practice in their home region, opt to practice outside their home region or have worked more than five years outside their home region.</p> <p>Contrast group: medical and nursing professionals who opted not to migrate and work in Andalusia and Uruguay.</p> <p><b>APPLICABILITY AND PRACTICAL UTILITY OF EXPECTED RESULTS:</b> To identify elements useful in defining human resource policies in harmony with the Regional Health Department's responsibilities, policies, and international commitments. To guarantee the supply of health services demanded by Andalusian citizens, contributing in parallel to the development of health systems in the South that do not increase inequality and inequity.</p>					

<sup>14</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: THE “ISIR” HEALTH AND INTEGRATION NETWORK</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>15</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain (Andalusian Region)	74.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	74.000	1 January – 31 December 2008
<b>Object and results of the action</b>					
<p>Contribute to improving health care for immigrant populations. Create a set of instruments to assist health professionals communicate and share their knowledge with others interested in improving health care for immigrant populations.</p> <p>The network was inaugurated in November 2007 in a meeting attended by all its members. In 2008 the network will celebrate its second meeting and organize a communication and publicity campaign in the Andalusian provinces. Work groups are being organized around the following three goals:</p> <ul style="list-style-type: none"> <li>• <b>Training:</b> Aimed at improving the training of “<b>key professionals,</b>” those most implicated and motivated, and enable them to learn more about the experience of other countries.</li> <li>• To create <b>training tools</b> on specific topics related to health and immigration. Two monographs were written in 2007, one on mental health and the other on sexual and reproductive health. In 2008 the first two monographs will be published and a third, on youth, health and immigration, will enter into the editorial process.</li> <li>• Offer a <b>support platform</b> for the exchange of knowledge and communication among persons interested in more specific topics.</li> </ul> <p>Tools to promote and improve the network’s management, such as the web page and the virtual community, will be reinforced and implemented during 2008.</p>					

<sup>15</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: EVALUATION OF THE II ANNUAL INTEGRATED PLAN FOR IMMIGRATION IN ANDALUSIA (“PIPIA”)</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>16</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain (Andalusian Region)	40.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	40.000	1 January – 31 December 2008
<b>Object and results of the action</b>					
<p>Carry out a qualitative follow-up evaluation of the II Integrated Plan for Immigration in Andalusia (<i>PIPIA II</i>) in the area of health and social services that facilitates the incorporation of improvements to the plan in the course of its development. This year will witness the design and implementation of instruments to help collect qualitative data that will generate more specific and detailed progress reports. The official presentation of these tools is scheduled for the end of June, then they will go through a contrast and validation phase until the network celebrates its annual meeting in October, where they will be ratified.</p> <p>Halfway through the year a survey on the satisfaction of the general migrant population receiving services from the health care system health care services will be done and a final report, that includes those results, will be presented by December 2008. A satisfaction survey among migrant prostitutes who use the health services will also begin this year and continue on through next year. Results from that survey are expected to be included in a June 2009 report.</p>					

<sup>16</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: INTERNET RESOURCE CENTER FOR HEALTH PROMOTION AMONG IMMIGRANT POPULATIONS</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>17</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain	29.000	Escuela Andaluza de Salud Pública	Spanish Health Ministry (Spain)	27.500	21 October – 31 December 2007
<b>Object and results of the action</b>					
<p>Carry out a situation analysis and complementary activities in order to establish an internet resource center that promotes health education among immigrant populations. This center is designed to serve professional sectors, non-governmental organizations, and various programs and services which, at different levels, are responsible for articulating health promotion programs.</p> <p>Activities included :</p> <ul style="list-style-type: none"> <li>- Development of a prototype computer application to manage specific contents accessible on the internet: <a href="http://mago.easp.es/minRecursos/">http://mago.easp.es/minRecursos/</a></li> <li>- Contact established with a variety of institutions (72 organizations working directly with immigrants, Health Departments from all of Spain's autonomous communities and two of its autonomous cities).</li> <li>- Relevant material from Morocco, Ecuador and Spain has been located. Contact was established with representatives in the Rumanian Health Ministry but their collaboration is still pending at this point in time.</li> <li>- Material of interest, till now only available en Spanish, has been selected and is being translated into Arabic and Rumanian for inclusion in the center's resources</li> <li>- Future activity foresees cleaning up the files and adding new information as it becomes available to finalize the demo. Also pending: to define maintenance criteria, provide ongoing updates of the information, and disseminate information on how the center works, thus ensuring greater use among the target population.</li> </ul>					

<sup>17</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: PRODUCTION OF AUDIOVISUAL MATERIALS TO TRAIN PROFESSIONALS IN CULTURAL DIVERSITY</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>18</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain	29.000	Escuela Andaluza de Salud Pública	Spanish Health Ministry (Spain)	25.000	3 September – 20 December 2007
<b>Object and results of the action</b>					
<p>Produce audiovisual materials (DVDs) to illustrate key issues surrounding cultural diversity, basically by simulating patients' visits to doctors' or nurses' practices and addressing a variety of clinical conditions.</p> <p>Activities included :</p> <p>Create a set of audiovisual notebooks (in DVD and CD format) to help improve professionals' communications skills when dealing with immigrant populations. The « notebooks » provide visual support to improve professionals' intercultural competencies and address four key areas :</p> <ul style="list-style-type: none"> <li>- AIDS</li> <li>- Pregnancy</li> <li>- Diabetes</li> <li>- Epidural anesthesia</li> </ul> <p>The videos employ a variety of professional and patient profiles that illustrate ways to address people from different cultures (Eastern European, African or Latin American). The script was validated by experts in immigration and communication and roles were interpreted by health professionals.</p>					

<sup>18</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: THE «ISIR » NETWORK: SUPPORT FOR HEALTH PROFESSIONALS WORKING ON IMMIGRATION ISSUES</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>19</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain	90.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry and Caja Sur Foundation (Spain)	90.000	1 January – 31 December 2007
<b>Object and results of the action</b>					
<p>Contribute to improving health care for immigrant populations. The network consists of a set of instruments to assist health professionals communicate and share their knowledge with others interested in improving health care for immigrant populations.</p> <p>Activities included:</p> <ul style="list-style-type: none"> <li>• A kick-off inaugural event</li> <li>• A training session on mental health in immigrant populations</li> <li>• Launching the ISIR web page and virtual community</li> <li>• Provide support to the network’s various work groups</li> <li>• Launch the “Immigration and Health Collection” by writing its first monograph</li> <li>• Create and edit material with the network’s logo</li> <li>• Implement the network’s public relations and communications strategy by attending a variety of meetings and conferences</li> <li>• Establish relationships with other national and international networks in order to weave a “network of networks” and foment mutually supportive collaborations</li> <li>• Create and edit training materials (in paper, digital and video format) aimed at improving Andalusian health professionals’ intercultural competencies</li> </ul>					

<sup>19</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: A QUALITATIVE EVALUATION OF ANDALUSIA'S II PLAN FOR IMMIGRANT INTEGRATION IN THE SOCIAL AND HEALTH SERVICES</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>20</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain (Andalusian Region)	30.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	30.000	1 January – 31 December 2007
<b>Object and results of the action</b>					
<p>To obtain a map of “what’s being done” and “how it’s being done” with regard to implementing mechanisms that better serve the immigrant population. Detect the system’s strengths and weaknesses throughout these processes.</p> <p>Activities included:</p> <ul style="list-style-type: none"> <li>- Field work (document review and in-depth interviews)</li> <li>- Qualitative data analysis</li> <li>- Preparation of a final report that includes recommendations to improve the Plan’s strategies and activities</li> </ul>					

<sup>20</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: IMMIGRATION AND PROFESSIONAL HEALTH CARE PRACTICES: BRINGING WORLDS TOGETHER (PONIENTE - ALMERIA, SPAIN)</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>21</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Spain (Almeria, Andalusian Region)	20.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	20.000	1 January – 31 December 2006
<b>Object and results of the action</b>					
<p>To encourage mutual understanding between immigrants and health professionals, thus facilitating a better understanding of each population's distinct perspectives and expectations regarding the treatment of chronic health problems and improving the quality and effectiveness of health care provision to immigrants. Specific goals included:</p> <ol style="list-style-type: none"> <li>1. Identify characteristics specific to the culture of health care professionals, as well as to certain immigrant populations, and identify factors that may contribute to facilitating or complicating the provision of health care for chronic health problems affecting these groups.</li> <li>2. To identify the perceived and expected needs of health professionals, as well as the immigrant population, regarding health care provision for chronic illnesses.</li> <li>3. To design and implement activities aimed at improving health care for the immigrant population.</li> </ol> <p>Methodology: descriptive and qualitative; observational techniques; extensive interviews and focus groups.</p> <p>Activities included:</p> <ul style="list-style-type: none"> <li>- Review of documents</li> <li>- Adaptation of the design of an original study conducted in another area (<i>Huetor Tajar</i>) to a new area and services (<i>El Ejido</i>)</li> <li>- Expand the technical support team in order to create a team with the capacity to implement the study's products in the form of interventions</li> <li>- Design and carry out the interventions</li> <li>- Conduct interviews and focus groups with immigrant populations, health professionals and community activists in the <i>Poniente</i> region.</li> </ul>					

<sup>21</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: SUPPORT NETWORK FOR HEALTH PROFESSIONALS PROVIDING CARE TO IMMIGRANT POPULATIONS</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>22</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Andalusian Region	20.000	Escuela Andaluza de Salud Pública	Andalusian Regional Health Ministry (Spain)	20.000	1 January – 31 December 2006
<b>Object and results of the action</b>					
<p>Contribute to improving health care for immigrant populations. The network consists of a set of instruments to facilitate communication and exchanges among persons interested in improving health care for immigrant populations. Specific goals:</p> <ul style="list-style-type: none"> <li>- Support efforts to generate knowledge on health and immigration issues and to provide a multi-disciplinary space for debate and reflection. Learn, share and disseminate know-how and experiences.</li> <li>- Identify and contact all relevant Andalusian professionals working in the field of health and immigration interested in collaborating</li> <li>- Stimulate interest among participants to work together for a health system that responds efficiently to cultural diversity</li> <li>- Sensitize and train health and social services professionals on the immigrant population’s special health, social, cultural and religious needs, emphasizing women and children</li> <li>- Identify future trends and possible intervention scenarios to promote the comprehension and sharing of inter-cultural values in health</li> </ul> <p>Activities included:</p> <ul style="list-style-type: none"> <li>- Identify and establish contact with Andalusian health professionals and institutions working on related issues in the fields of teaching, research or care provision</li> <li>- To set up a “Network Secretariat”</li> <li>- To create a group specialized in mental health and immigration to review professional practices</li> <li>- To create a group specialized in sexual and reproductive health, immigration and children to review professional practices</li> <li>- To prepare an “Immigration and Health Collection,” by publishing monographic works that focus on health and immigration issues</li> <li>- Design, place on the Internet and manage a portal that provides links to different resources to improve health care provision to the immigrant population</li> <li>- Organize specific workshops based on a “training the trainers” format and methodology</li> <li>- Design and produce a “Training Resource Kit on the Provision of Health Care for Immigrant Populations”</li> </ul>					

<sup>22</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: IMMIGRATION AND PROFESSIONAL PRACTICES: BRINGING WORLDS TOGETHER</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>23</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Granada (Spain)	10.000	Lead manager	Andalusian Regional Health Ministry (Spain)	10.000	1 January – 31 December 2005
<b>Object and results of the action</b>					
<p>A collaborative project between the Huetor Tajar Health Center and the Andalusian School of Public Health (EASP) whose goals include:</p> <ol style="list-style-type: none"> <li>1.-To describe the culture of professionals who provide care to immigrant populations and their degree of knowledge on differential elements related to specific immigrant population groups.</li> <li>2. - To identify which elements specific to an immigrant population’s culture might play a role in blocking or facilitating the provision of care.</li> <li>3. - To obtain a general idea of professionals’ and immigrants perceived needs and expectations regarding the health care process. To learn about the perceived needs and expectations of immigrants who do not use such services.</li> <li>4.- A specific study of aspects related to reproductive health within the immigrant population</li> <li>5. - Promote greater mutual understanding between the subsystem “services” and the subsystem “immigrant community”.</li> <li>6.- Identify elements on which to base an intervention aimed at improving the immigrant community’s reproductive health in Huetor Tajar, while taking into account findings obtained from previous actions</li> </ol> <p><b>METHODOLOGY</b></p> <p>Design: Descriptive and qualitative, based on in-depth interviews and focus groups.  Setting: Municipality of Huétor Tajar  Population Sample: Health professionals working in the local health center and immigrants selected from among those residing in the municipality.</p>					

<sup>23</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: EMPOWERING WOMEN LIVING WITH HIV IN THE ANDEAN REGION</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>24</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Andean Region	279.391	Partner	Spanish Agency for International Cooperation (Spain)	5.500	May-December 2007
<b>Object and results of the action</b>					
<p>To empower women living with HIV in the Andean Region (Bolivia, Peru and Ecuador) to fight against the stigma and discrimination associated with this disease, strengthening their rights to influence in decision-making processes, guaranteeing their sexual and reproductive health-related rights from a gender and generational perspective, and helping them to fight against discrimination for being HIV positive.</p> <p>The specific objectives included: reinforce the capacity, knowledge and participation of women living with HIV in the Andean Region to address integral aspects of health care, health treatment and mitigate the epidemic's impact.</p> <p>The EASP was responsible for organizing and hosting the “Conference for Reflection and Exchange: Keys for Empowering Women Living with HIV in the Andean Region and in Spain”. Several community-based and networking organizations working for women with HIV in Spain and Latin America participated.</p> <p>In addition, women from the three countries participating in the project (Bolivia, Ecuador and Peru) visited Granada's Health Delegation where they presented and shared their practical experiences with others.</p>					

<sup>24</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: AN EXAMINATION OF THE INTERACTION OF GENETIC AND LIFESTYLE FACTORS ON THE INCIDENCE OF TYPE 2 DIABETES (INTERACT)</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>25</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Several countries EU	10.000.000	Partner	EC (LSHM-CT-2006-037197)	24.538	1 October 2006 – 1 October 2010
<b>Object and results of the action</b>					
<p><b>Aim</b></p> <p>The InterAct consortium will construct a case-control study nested within an existing large cohort - the EPIC study. The cohort for this project is large, comprising 350,000 participants from 8 European countries. Standardised dietary and physical activity information is available at baseline, and there is an available DNA source and plasma for nutritional biomarkers. Follow up has been completed for an average of 8 years. The collaborators will amass a case set of 10,000 individuals and a similarly sized control cohort free of diabetes at baseline and during follow-up. DNA extraction and genotyping will be undertaken using centralised high throughput methods. The choice of polymorphisms in candidate genes will be undertaken by a group leading efforts to discover diabetes genes through a variety of approaches including whole genome association studies. The causal inference from the discovery of gene-lifestyle interactions will be strengthened by testing the same genes in existing intervention trials, which have examined the effectiveness of lifestyle changes on diabetes incidence. These include the Finnish Diabetes Prevention Study, the Danish Inter99 project and the Indian Diabetes Prevention Study. The demonstration of differential response to lifestyle change by genotype will not only provide greater aetiologic understanding, but will also present the opportunity to investigate possibilities to use genotypic data in risk stratification and identification of individuals who have the potential to benefit most from targeted lifestyle prevention.</p> <p><b>Expected results</b></p> <ol style="list-style-type: none"> <li>1. InterAct will produce evidence of the association of genetic variants with risk of type 2 diabetes and will investigate interaction between these genes.</li> <li>2. InterAct will provide evidence of the association between dietary patterns and specific foods and nutrients with risk of diabetes.</li> <li>3. The project will describe the association of physical activity with incident diabetes and will investigate the combined effects of activity and nutritional and dietary factors.</li> <li>4. InterAct will demonstrate how the effect of genetic variants on diabetes risk is modified by lifestyle behavioural factors.</li> <li>5. InterAct will show how these genetic variants modify response to lifestyle interventions.</li> </ol>					

<sup>25</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: SURVEILLANCE OF RARE CANCERS IN EUROPE (RARECARE)</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>26</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Several countries EU	1.845.409	Partner	European Commission (A/800155)	53.959	1 April 2007 – 31 March 2010
<b>Object and results of the action</b>					
Objectives:					
To provide an operational definition of “rare cancers”, and a list of cancers that meet this definition					
To estimate the burden of rare cancers in Europe					
To improve the quality of data on rare cancers					
To develop strategies and mechanisms for the diffusion of information among all the key players involved in Europe-wide surveillance on and treatment of rare cancers					
Expected results:					
Incidence, survival, prevalence and mortality for all rare cancers will be estimated					
Data quality will be analysed for a subset of cancers, by confirming the diagnostic data and, if possible, analysing additional data on stage and treatment					
A web-site on rare cancers will be designed to disseminate the results of the project, and in particular, to inform clinicians, patients and health planners					

<sup>26</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: ESTABLISHMENT OF ENVIRONMENTAL HEALTH INFORMATION SYSTEM SUPPORTING POLICY MAKING</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>27</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Several countries EU	2.249.837,64	Partner	European Commission (Grant Agreement SPC 2004124)	1.349.902,58	1 November 2005 – 31 January 2008
<b>Object and results of the action</b>					
<p><b>General objective:</b> European Environment &amp; Health Strategy.</p> <p><b>Specific objectives</b>  Identify policy relevant information on exposure to environmental hazards, its determinants and health effects, as well as information for policy evaluation.  Update the core set of environmental health indicators including those relevant for children's health allowing monitoring of CEHAPE and E EH strategy.  Develop and apply methods allowing the use information from existing national and international data bases, and surveys assuring streamlining of data processing.  Test the developed methods by the partner countries collecting information and preparing international assessment reports on selected issues.  Develop and test in participating cities methods for health impact assessment of indoor air quality and noise.  Develop and test data-exchange software including data-control and analysis.  Prepare and test methodology for analysis and reporting of current EH situation and policy-effectiveness assuring effective dissemination of EH information and risk community.</p> <p><b>Results</b>  <i>Work package n° 1 - Project coordination</i> (Objectives 1-7)  <i>Work package n° 2 - Dissemination of results</i> (Objectives 1-7)  <i>Work package n° 3 - Determine information needs of environmental health policies</i> (Objective 1. Identify policy relevant information on exposure to environmental hazards, its determinants and health effects, as well as information for policy evaluation).  <i>Work package n° 4 - Update the core set of environmental health indicators</i> (Objective 2. Update the core set of environmental health indicators including those relevant for children's health and allowing monitoring of CEHAPE)  <i>Work package n° 5 - Methods for generating information from existing data sources</i> (Objective 3. Develop and apply methods allowing the use information from existing national and international data bases, and surveys assuring streamlining of data processing ).  <i>Work package n° 6 - Support to the network of national collaborating centres</i> (Objective 4. Test the developed methods by the partner countries collecting information and preparing international assessment reports on selected issues.).  <i>Work package n°7 - Health impact assessment</i> (Objective 5. Develop and test in participating cities methods for health impact assessment of indoor air quality and noise).  <i>Work package n° 8 - Information processing, analysis and reporting</i> (Objective 6. Develop and test data-exchange software including data control and analysis. Objective 7. Prepare and test methodology for analysis and reporting of current EH situation and policy-effectiveness assuring effective dissemination of EH information and risk communication)</p>					

<sup>27</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: EUROPEAN PUBLIC HEALTH MASTER</b>		<b>Sector (see section 2.2 of section II): Health general, Health personnel development</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>28</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Denmark, France, United Kingdom Poland and Spain	170.100	Partner	Education, Audiovisual and Culture Ejecutive Agency (2006-1592/001-001MUN-MUNB37)	45.200	15 October 2007 – 20 June 2008
<b>Object and results of the action</b>					
<p>Stemming from the cooperation of six major universities and schools of public health, this Master offers nine training pathways and seven different specialisations. Each specialization benefits from the particular expertise of each EUROPUBHEALTH partner and leads to the acquisition of a widely recognized dual diploma. By awarding the <a href="#">ERASMUS MUNDUS</a> label to Europubhealth, the European Commission places this top caliber course among the best masters that exist within European higher education.</p> <p>Students from all around the world with different subject backgrounds are most welcome to enroll since public health is made up from the coming together of knowledge and skills from both social and biological science and is thus in constant renewal through the interweaving of such different but complementary perspectives. The Master provides a high level education in public health issues. Its main goal is to enable the students to improving the health of both specific population groups and the population as a whole through :</p> <ul style="list-style-type: none"> <li>○ The designing, planning, implementation, advising and assessment of health prevention and promotion programs.</li> <li>○ The management of health and social services and establishments.</li> </ul> <p>It is intended to provide students with methods, analytical tools and conceptual knowledge required to understand public health issues. It is based on imparting academic knowledge and basic savoir-faire related to public health and on acquiring the necessary skills for the various functions which the students, as future public health professionals, will have to carry out at local, regional, national, European or even international level of the system, both in the public and the private sectors. Based on the experience and excellence of six European institutions that provide high quality and fully recognized academic training in public health, Europubhealth offers real European added-value.</p> <p>The partner universities are following:</p> <ul style="list-style-type: none"> <li>- University of Copenhagen (Denmark)</li> <li>- Andalusian School of Public Health (Spain)</li> <li>- Jagiellonian University of Krakow (Poland)</li> <li>- University of Rennes 1 (France)</li> <li>- University of Sheffield (United Kingdom)</li> <li>- French School of Public Health (France)</li> </ul>					

<sup>28</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: TECHNICAL ASSISTANCE FOR A STRATEGY OF INSTITUTIONAL REINFORCEMENT IN THE MOROCCAN HEALTH MINISTRY BY THE SPANISH AGENCY FOR INTERNATIONAL COOPERATION</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>29</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Morocco	47.774	Lead manager	Spanish Agency for International Cooperation (Spain)	47.774	Since 21 April 2007
<b>Object and results of the action</b>					
<p>Lead the search for Spanish experts and professionals in the field of public health in accordance with the areas of interest identified by the project and facilitate the communication between public health institutions in Spain and Morocco.</p> <ul style="list-style-type: none"> <li>- Participate in the project's initiation: mediation, technical assistance, pedagogical assistance, and technical report writing through periodic visits to Morocco and regular long distance communications.</li> <li>- Institutional collaboration (making available the necessary infrastructure, personnel and logistical support).</li> <li>- Guarantee the quality and pertinence of Spanish experts and institutions placed at the service of the project.</li> </ul> <p><b>Key activities included:</b></p> <ol style="list-style-type: none"> <li>1. - Comparative analysis of health systems (workshop, June 11-13, 2007).</li> <li>2. - Spanish technical assistance in a mission to design a sectoral support program for the health system (January 1-31, 2008).</li> <li>3. - Organization of training sessions (workshops, February 7-8, 2008).</li> <li>4. - EASP work session with authorities in the INAS (April 3-4, 2008).</li> <li>5. - EASP technical assistance and support in developing a cycle of ongoing training courses on planning and contracting for the INAS (May 1-31, 2008).</li> </ol>					

<sup>29</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: ANNUAL WORKING PROGRAMM WITH THE PANAMERICAN HEALTH organization</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>30</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Latin America	259.108	Escuela Andaluza de Salud Pública	Andalusian Agency for International Cooperation (Spain)	259.108	13 April 2007 – 31 March 2008
<b>Object and results of the action</b>					
<p>This project is carried out under the terms of a memorandum of understanding signed between the regional Andalusian government (Junta de Andalucía) and the Panamerican Health Organization, with the EASP assuming the institutional responsibility for carrying out specific activities reflected annual or biannual work plans.</p> <p>The main activities included under the 2006-2007 work program were:</p> <ol style="list-style-type: none"> <li>1. Develop a Virtual Campus for Public Health in the Americas.</li> <li>2. Support for networks and collaboration with Latin American academic institutions to encourage the development of key public health functions and development of HHRR.</li> <li>3. EASP participation in PAHO's strategy to train professionals in public health and health services management, and the exchange of technical assistance consultants in collaboration with the Andalusian Public Health System.</li> <li>4. Collaboration in developing PAHO'S health promotion strategies</li> <li>5. Participation in priority areas in the field of mental health</li> <li>6. Follow-up of planned program activities</li> </ol> <p>Activities carried out:</p> <p>Support to PAHO for the development of key strategies through the provision of technical assistance in its Washington headquarters, specific consulting activities in the Latin American region, participation in workshops, conferences and seminars promoted by PAHO throughout the world, make EASP courses available to Latin American health professionals to improve their training.</p>					

<sup>30</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: DEVISING AND IMPLEMENTING MANUALS FOR THE organization AND RUNNING OF REGIONAL HEALTH SERVICES</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>31</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Dominican Republic	551.225	Lead manager	Executive Committee for Health Sector Reform ( <i>Comisión Ejecutiva para la Reforma del Sector Salud</i> ) – CERSS (Dominican Republic)	551.225	March 2007 – May 2008
<b>Object and results of the action</b>					
<p>The main aim is to devise and implement manuals and other basic management tools for Regional Health Services for the different areas of healthcare services provision according to level of healthcare, including all emergency and accident services, economic and financial issues, human resources, management information system, and relationships with users and pharmacies. These are intended to achieve full integration in the management information system so as to provide support for healthcare delivery to the population.</p> <p>Description of services:</p> <p>To provide highly qualified human resources for technical support on the ground and at HQ.</p> <p>The following activities in particular have been implemented:</p> <ul style="list-style-type: none"> <li>- Short and mid-term technical assistance</li> <li>- Study-tour of healthcare professionals in Granada (Spain)</li> <li>- Organising and running teaching events</li> </ul>					

<sup>31</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: EVALUATION OF A DIPLOMA AND A MASTER'S DEGREE PROGRAM IN HOSPITAL MANAGEMENT IN EL SALVADOR</b>		<b>Sector (see section 2.2 of section II):</b> Health general			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>32</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
El Salvador	18.740	Lead manager	Spanish Agency for International Cooperation (Spain)	18.740	October – November 2006
<b>Object and results of the action</b>					
<p>An evaluation to measure the achievement of goals laid out in an AECI-financed project titled “Diploma and Master’s Degree in Hospital Management,” as well as the extent of the AECI’s contribution in training a group of Salvadoran professors in the field of hospital management. Specific goals included:</p> <ul style="list-style-type: none"> <li>• An evaluation of activities undertaken as well as the degree to which they exerted an influence on managing the country’s network of public hospitals.</li> <li>• Carry out a detailed analysis of the actions undertaken, from the perspective of students’ assimilation and appropriation of those interventions ; the extent to which the actions contributed to implementing Hospital Management Plans in each one of the public hospitals, including an analysis of the participants involved.</li> <li>• Develop a realistic, viable proposal that offers specific measures extracted from the experiences accumulated during the project’s three phases to permit the elaboration of a proposal aimed at improving the contents of the university’s master’s degree in the specialty of hospital management (lessons learned).</li> </ul> <p>Activities carried out:</p> <ul style="list-style-type: none"> <li>• Design an evaluation protocol</li> <li>• Evaluation of the processes undertaken in the context of the proposed teaching model</li> <li>• Evaluate the project’s results and how goals were reached during its three phases of implementation, comparing these results with initial indicators</li> <li>• Evaluate the responsibilities and integration of different levels of the health Ministry and the University of El Salvador with regard to the program’s development and its impact</li> <li>• Evaluate the program’s impact on direct beneficiaries, focusing on the skills they obtained</li> <li>• Identify positive experiences and evaluate factors that contributed to reaching specific goals</li> <li>• Lessons learned and strategic recommendations to guide the design of future improvements to the master’s degree program, with emphasis on the specialty in Hospital Management.</li> <li>• Organize and lead a workshop to present the results of the evaluation to key authorities from the University, Health and Social Services Ministry, medical faculty, and the AECI.</li> </ul>					

<sup>32</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: TECHNICAL ASSISTANCE TO EVALUATE AND ORGANIZE INFORMATION ON TRAINING PROCEDURES IMPLEMENTED BY THE INTEGRATED HEALTH PROGRAM OF ECUADOR (PSIE)</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>33</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Ecuador	14.900	Lead manager	Arcotrass (Germany)	14.900	August – September 2006
<b>Object and results of the action</b>					
<p>Evaluate and organize human resource training programs implemented by the PSIE. Specific goals included:</p> <ol style="list-style-type: none"> <li>1.- Evaluate the scope of each program</li> <li>2.- Organize the information gathered</li> <li>3.- Present and discuss the results</li> </ol> <p>The evaluation was carried out in three phases: document review, field work (sessions with persons involved in training activities, local health authorities, local health care staff and non-health care personnel); on-site visits based on the direct observation of results and impact; attend planning meetings and elaborate a final report.</p> <p>The model employed centered on real and potential users of the evaluation (PSIE, DPS, training institutions, students and professionals). It was a participative model that sought to generate a work dynamic that would, from the very beginning, contribute to participants seeing themselves as contributors to the evaluation's contents and conclusions. The evaluation method was based on the five criteria method used by the European Commission (pertinence, efficacy, efficiency, impact, and sustainability).</p>					

<sup>33</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: TECHNICAL ASSISTANCE TO PRESENT AN EVALUATION AND PROPOSAL FOR A REGIONAL HEALTH PROGRAM IN CENTRAL AMERICA</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>34</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Central America	29.924	Lead manager	Spanish Agency for International Cooperation (Spain)	29.924	December 2005 – April 2006
<b>Object and results of the action</b>					
<p>The project's goal was to evaluate the current state of health care in Central America and then to present the AECI with a draft proposal aimed at improving cooperative activities in the health sector throughout the region.</p> <p>The team carried out:</p> <ol style="list-style-type: none"> <li>1. A detailed evaluation that included: <ul style="list-style-type: none"> <li>• A report on the work carried out and the methodology employed</li> <li>• An analysis of the health sector within the context of the region's ongoing process of integration (one for each country in the region) based on: <ul style="list-style-type: none"> <li>▪ internationally recognized health indicators and the degree of their implementation within each country ;</li> <li>▪ work done by organisms within the region within the framework of Central American Integration System (SICA, in its Spanish abbreviation);</li> <li>▪ key health problems in the region;</li> <li>▪ studies on the policies, strategies, and national health plans of countries in the region;</li> <li>▪ an analysis of the strengths and weaknesses of the public health systems involved</li> </ul> </li> <li>• An analysis of interventions carried out by other donors</li> <li>• An analysis of prior interventions by the Spanish Agency for International Development in the region's health sector and lessons learned from them</li> </ul> </li> <li>2. Proposal for a region-wide intervention in the health sector including: <ul style="list-style-type: none"> <li>• Key areas for regional interventions in the health sector, based on results obtained from the evaluation</li> <li>• A feasibility study on how to best implement key activities proposed for the health sector</li> </ul> </li> </ol>					

<sup>34</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: TECHNICAL ASSISTANCE TO STRENGTHEN THE PLANNING AND INFORMATION DIVISION OF THE NATIONAL DIRECTORATE FOR HUMAN RESOURCES IN ANGOLA'S HEALTH MINISTRY</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>35</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Angola	102.122	Lead manager	Spanish Agency for International Cooperation (Spain)	102.122	June 2005 – June 2008
<b>Object and results of the action</b>					
To assist the Health Ministry in correctly defining profiles for its personnel and their training., as well as to set up a computerized information system capable of allowing current deficiencies to be corrected. The following include some of the project's specific goals					
<ul style="list-style-type: none"> <li>A. Organization and functions of the National Directorate for Human Resources (NDHR)</li> <li>B. Develop an information system on human resources in the health sector</li> <li>C. Develop proposals to help regulate and organize human resources in the health sector</li> </ul>					
Description of Services					
<ul style="list-style-type: none"> <li>A.1 Draft an organizational proposal regarding the information and planning functions within the NDHR.</li> <li>A.2 Draft regulatory proposals to assist in redefining the structure and functions of the DNRH, including possible modifications to existing legislation in effect since 2000.</li> <li>A.3 Propose new methods of communication, including horizontal and direct relations among DNRH professionals.</li> <li>A.4 Propose new methods to facilitate joint collaborations between the DNRH and other Health Ministry Directorates.</li> <li>B.1 Design an information system capable of producing reliable data regarding the number of persons employed within the system, their physical location throughout the health care system, their professional qualifications, and their salaries.</li> <li>B.2 Define and identify a set of basic health indicators and create a computerized application for future implementation</li> <li>B.3 Assist in selecting a local company to develop and maintain that application</li> <li>C.1 Review existing regulations affecting human resources in the health sector and identify those areas that need to be covered under future norms.</li> <li>C.2 Draft proposals for managing resources as well as specific regulations to facilitate the initiation of activities in areas designated as priorities.</li> <li>C.3 Provide a detailed analysis of human resources, including professional categories</li> <li>C.4 Evaluate training need, including promotions and post-graduate training, for health personnel</li> </ul>					

<sup>35</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: REHABILITATING PRIMARY CARE SERVICES AND REINFORCING THE SILAIS IN MANAGUA. NICARAGUA</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>36</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Nicaragua	10.185.000 (total budget)	Lead manager	European Commission (PRRAC/N/SE/02/046)	1.609.000 (TA) 10.185.000 (total budget)	6 May 2002 – 31 July 2006
<b>Object and results of the action</b>					
<p>The project's goal is to improve public services by implementing activities related to the provision of health care and prevention within the Department of Managua's primary health care network.</p> <p>The project's specific goals are to:</p> <ol style="list-style-type: none"> <li>1. Rehabilitate and reactivate primary care installations in SILAIS, Managua</li> <li>2. Improve managerial and technical capacities in the Managua's SILAIS, including volunteers</li> <li>3. Improve planning and implementation processes in systems affecting surveillance, supervision and evaluation to improve the measurement of the actions undertaken.</li> </ol> <p>Results of the Project:</p> <p>Following an identification of its needs, construction and rehabilitation of infrastructures pertaining to Managua's SILAIS primary care network</p> <p>All of the service's equipment network was improved, creating optimal functioning conditions</p> <p>48% of human resources pertaining to the SILAIS received some form of training (ranging from short courses to master courses)</p> <p>Management teams in the SILAIS were reinforced</p> <p>The project met all of its goals within the established timeline and budget.</p> <p>Specific products included: a proposal to reorganize Managua's SILAIS health services network; a plan for human resource development in the SILAIS; a proposal to improve the quality of health care in Managua's health centers and adapt them to current organizational and managerial models functioning in Managua's SILAIS; assess training needs and draft a human resources training plan for the SILAIS; feasibility studies (design, technical and economic) leading to the construction and equipment of 6 health centers and one polyclinic; functional medical study for the architectural design of Managua's SILAIS health centers; a maintenance management plan for SILAIS equipment, vehicles and infrastructure.</p>					

<sup>36</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: STRENGTHENING THE SECTORS OF HEALTH AND EDUCATION IN HONDURAS</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>37</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Honduras	23.000.000 (total budget)	Escuela Andaluza de Salud Pública (Partner : Eductrade, Spain)	European Commission (PRRAC/H/SE/01/042)	2.211.000 (technical assistance) 23.000.000 (total budget)	16 January 2002 – 31 March 2007
<p>Help improve conditions related to health and education in communities located in the Departments of Olancho, Colón, Gracias a Dios, Valle, El Paraiso and Francisco Morazán – all of them severely affected by Hurricane Mitch. Improve infrastructure, access, efficiency and equity within the primary care services of these communities and improve educational installations and infrastructure within the selected Departments. Results of the project:</p> <p><b>Health Sectoro</b></p> <p>1.) Improve infrastructures, access and effectiveness in the primary health care services: • Construction of 16 new health units and one new laboratory • Reparation and expansion of 70 health units and 2 laboratories • Reparation of 8 health units and 1 central laboratory • Completion of 20 complementary projects in 20 health centers • Provide office furnishings, equipment and clean drinking water to the above-mentioned health units • Train 250 technicians and health committee members in how to maintain the health centers</p> <p><b>2. Improved Access to Prescription Drugs</b></p> <p>• Reorganization of the Social Security system's Drug Provision Unit • Drug Therapy Committees were constituted in three regions • Infrastructure and equipment improved in four public health laboratories • 15 Community Drug Cooperatives were set up • Drug warehouses were reorganized and equipped in 3 health regions • 251 nurses' aides were trained in drug management, along with another 140 professionals in managing local drug services</p> <p><b>3. Reinforced Epidemiological Surveillance</b></p> <p>• The UNAM imparted a master's in epidemiology, graduating 74 doctors and nurses, and awarded diplomas to 57 statisticians and epidemiology technicians • The network's telecommunications were strengthened by the provision of 55 radios and 4 signal repeaters in two departments</p> <p><b>Education Sector</b></p> <p>1.) Improved infrastructure, access and coverage in educational centers • The classroom modules designed by the project were accepted by the Education Secretary for use nation-wide • 182 classrooms were built in 138 schools and 15 multiple-use facilities were included in 15 schools • 213 classrooms were repaired in 65 schools, 213 health modules in 208 schools • 22 kitchens - including storage space - were built, along with 23 athletic fields in 22 schools • 236 complementary projects were carried out in 179 schools • 313 schools were legally registered as property belonging to the Education Secretary • 257 schools were provided with clean drinking water, classroom furnishings, teaching material and textbooks</p> <p>2.) Members of the educational community participated in elaborating school projects as well as in their management and maintenance • Local Committees' managerial capabilities were reinforced through the educational centers and Local Technical Committees were constituted, that included government representatives • Community Readers were trained in the correct use and maintenance of the educational units; 9 courses with 650 teaching hours in diverse technical fields were imparted; 600 members of the Local Educational Development Association participated.</p>					

<sup>37</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: PROGRAM TO STRENGTHEN THE DOMINICAN REPUBLIC'S HEALTH SYSTEM (PROSISA)</b>		<b>Sector (see section 2.2 of section II):</b> Health general, Health personnel development, Government administration			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>38</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Dominican Republic	13.500.000 (total budget)	Lead manager	European Commission (8 ACP DO 003)	3.433.496 (TA) 13.500.000 (total budget)	June 2000 – August 2005
<b>Object and results of the action</b>					
<p>Strengthen the provision of health services through the development of tools for the implementation of health reform measures. The program contains three main components:</p> <ol style="list-style-type: none"> <li>1. Strengthening and development of health institutions at the central and peripheral levels.</li> <li>2. Restructuring the system for the regulation, acquisition and distribution of drugs.</li> <li>3. Improved management of the health system's human resources.</li> </ol> <p>Other activities included specialized training for personnel, engineering projects, and equipment purchases.</p> <p><b>Results:</b>  The following training activities were carried out: 456 training activities in over 10 different thematic areas, with a total of 9,506 teaching hours and 13,001 students (average of 29.4 participants per event); in addition, a special training program awarded 14 diplomas that included more than 89 activities, 3,749 teaching hours and the participation of 2,555 professionals employed by the Dominican Republic Health System.</p> <p>A geographic information system (Sagas) was developed</p> <p>Regulatory policies, manufacturing processes and drug use policies were developed and updated; a policy was defined for the use of essential drugs; improved management of demand, provision, storage, distribution and financing of prescription drugs.</p> <p>Included an important number of engineering and equipment projects, such as the design, construction and equipment of the National Laboratory for Drug Quality Control in Santo Domingo and the building and furnishing of 8 popular pharmacies, conceived as a model for implementation in the rest of the country. The Saint Vincent de Paul Hospital, situated in the Northeast Region, received improvements to its emergency services, admissions service, a computerized filing system and a maintenance workshop. In San Francisco de Maoris, work was carried out in the Samna and Nagoya Hospitals, as well as in two primary care health centers.</p>					

<sup>38</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title:</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>39</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Andean Community, Southern Cone and Brazil	2.300.000	Ministry of Health Brazil/ Pan American Health Organization	Ministry of Health, Brazil	1.800.000	January 2006 – today (ongoing)
<b>Object and results of the action</b>					
<p>The partnership is based in an agreement between the MoH Brazil and PAHO to provide combined technical cooperation to the countries of the Andean Community with the following focuses:</p> <ol style="list-style-type: none"> <li>1. Developing leadership for Human Resources Management in the Ministries of Health through a series of training courses for top and mid level officers of the Andean Community and the Southern Cone</li> <li>2. Provision of follow up consultancy for the development of permanent Human Resources training courses in national universities of Chile, Colombia, Peru and Ecuador</li> <li>3. Combining the research capacities of the Observatories of Brazil and the Andean Countries to define a research agenda and common projects.</li> <li>4. Creation of a network of Schools for training health technicians and community health workers</li> <li>5. Consultancy and mentoring for the strengthening of the Human Resources Directorates in the countries of the Americas</li> <li>6. Developing an online course and a system of indicators to promote and monitor the health protection of health workers</li> </ol> <p><b>METHOD:</b></p> <p>Using well-tested training or research models in Brazil, expanding and adapting to other country contexts, this project tries to make joint development of human resources for health capabilities of Brazilian and other South American countries. The PAHO common framework for action, was agreed upon with all participant countries and allows mutual matching of priorities and strategies.</p> <p><b>APPLICABILITY AND PRACTICAL UTILITY OF EXPECTED RESULTS:</b></p> <p>The first round of training experiences resulted in a second-generation national courses that will eventually be a pre- requisite to become a Human Resources manager in the top national and provincial level.</p> <p>The coordination of research agendas has evolved into a network of Observatories that share a common structure and a common portal for interchange of information. Similar convergence is expected in the other areas.</p>					

<sup>39</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: NEEDS-BASED PLANING OF HUMAN RESOURCES FOR HEALTH</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>40</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Nova Scotia, Canada Brazil Jamaica	66.522,21 Euros	Gail Tomblin Murphy – Dalhousie University Felix Rigoli - PAHO	PAHO/WHO	66.522,21 Euros	December, 27, 2007 – July 14th, 2008
<b>Object and results of the action</b>					
<p>The project is aimed at the development of three objectives:</p> <ol style="list-style-type: none"> <li>1. Successfully implementation and completion of three components: <ol style="list-style-type: none"> <li>a. needs-based HRH planning;</li> <li>b. capacity building and knowledge translation;</li> <li>c. evaluation</li> </ol> </li> <li>2. Applying an analytical framework to base planning and developing of health care services on populations needs</li> <li>3. Examine health governance structures and mechanisms to see how they can best support needs-baser HRH planning</li> </ol> <p>The on-going process of the project has gone through the following activities:</p> <ul style="list-style-type: none"> <li>o Development of the project administrative structure and outcome mapping</li> <li>o Plan for model development for HRH planning</li> <li>o Plan for knowledge transfer and capacity building</li> <li>o Plan for evaluation</li> <li>o Assessment of Jamaican and Brazilian needs-based planning process</li> <li>o Workshops with partners for discussion of the experience</li> <li>o Activities for validity testing</li> <li>o Report of preliminary findings</li> </ul>					

<sup>40</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title:</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>41</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Cuba	9.700 Euros	Otto Martin INFOMED	Pan American Health Organization	9.700 Euros	November 15 <sup>th</sup> 2007 to December 28 <sup>th</sup> , 2007
<b>Object and results of the action</b>					
<b>Object:</b>					
<ol style="list-style-type: none"> <li>1. Advice and support the initiative of the Virtual Campus in Public Health, focused on the processes of design and implementation of the technical model at the integrative node (PAHO HQ) and at the country level</li> <li>2. Develop training activities and advice for the organization of the country nodes, the network functioning and the adaptation of the VCPH site to the new PAHO site</li> <li>3. Strengthen the Cuba node infrastructure and integration of scientific institutions linked with public health</li> </ol>					
<b>Results:</b>					
<ul style="list-style-type: none"> <li>o The new site of the Virtual Campus in Public Health was developed according advanced informatics' technology and pedagogy and the coordinator node of PAHO head quarters was designed, developed and started functioning. The new design includes the following main resources: a) on-line courses for main priorities; b) repository; c) forum; d) wiki; e) definition of the model. The website is: <a href="http://www.campusvirtualsp.org">http://www.campusvirtualsp.org</a>.</li> <li>o The same model was adapted to be installed at the country level: 8 countries have national nodes with adapted platforms: Argentina, Brasil, Chile, Colombia, Costa Rica, Cuba, Spain, México and Peru.</li> <li>o Training activities were organized, particularly a virtual course for on-line tutors and design of on-line courses with PAHO model</li> <li>o In every country institutions were encouraged and informed to link as local cooperative nodes</li> <li>o Cuba developed and strengthened the main resources needed for the country node, for support the advice to PAHO and expanded the Cuban virtual network of health training and research institutions</li> <li>o The agreement was renewed and continues to the present</li> </ul>					

<sup>41</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: METHODOLOGY FOR CHARACTERIZATION AND DEVELOPMENT OF THE PUBLIC HEALTH WORKFORCE</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>42</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Canada USA	25.730 Euros	<b>James Chauvin</b> Canadian Public Health Association <b>Charles Godue</b> PAHO	Pan American Health Organization	25.730 Euros	December, 9 <sup>th</sup> 2005 to June 30 <sup>th</sup> , 2006
<b>Object and results of the action</b>					
<b>Object</b>					
<ol style="list-style-type: none"> <li>1. The analysis of the current trends in the Region of the approaches used to characterize the public health workforce;</li> <li>2. The convening of a multidisciplinary expert group to analyze the existing information and develop a methodology to enable countries to categorize their public health human resources;</li> <li>3. The testing of the enumeration component of this public health human resources assessment methodology in 3 countries; and,</li> <li>4. The evaluation of the project.</li> </ol>					
<b>Results</b>					
<ul style="list-style-type: none"> <li>○ An expert group met to discuss and analyze the issue and to gather information</li> <li>○ A model of characterization and categorization of the public health workforce was developed by the mentioned group</li> <li>○ The model was validated and tested in two Mexican States and in Costa Rica</li> <li>○ The project and its results were published in PAHO'S series, "Human Resources for Health".</li> </ul>					

<sup>42</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

<b>Project title: MIGRATION OF NURSES FROM LATIN AMERICA</b>		<b>Sector (see section 2.2 of section II): Health general</b>			
<b>Location of the action</b>	<b>Cost of the action (EUR)</b>	<b>lead manager or partner</b>	<b>Donors to the action (name)<sup>43</sup></b>	<b>Amount contributed (by donor)</b>	<b>Dates (from dd/mm/yyyy to dd/mm/yyyy)</b>
Chile Countries of Latin and North America	40.000 Euros	<b>Luz Angélica Muñoz</b> Dean School of Nursing, Univ. Andrés Bello, Chile <b>Alicia Reyes</b> Director of Post-Graduate Progr - School of Nursing, Universidad Andrés Bello, CHI <b>Silvina Malvárez</b> PAHO	PAHO	29,000 Euros	December 27th, 2005 up to the present
<b>Object and results of the action</b>					
<ul style="list-style-type: none"> <li>○ Objective: Explore the magnitude characteristics and factors of the international migration of nurses from Latin America</li> <li>○ Method: is an exploratory study to be carried out in 20 the countries of Latin America and two of North America: 1st stage: South American, 2<sup>nd</sup> stage: Central America and Latin Caribbean, 3<sup>rd</sup> stage: North America. It will be the future goal to contribute to quantify and characterize the migration of nurses from Latin America. 4<sup>th</sup> stage is being planned to include Italy, Spain and Portugal</li> <li>○ On-going process and results: <ul style="list-style-type: none"> <li>- National groups of nurses participated in each country.</li> <li>- Most of the activity was coordinated virtually and three meetings were developed</li> <li>- The coordinating group work in Chile and virtually with PAHO/HQ</li> <li>- The exploratory results are available from the following countries: Argentina, Brazil, Paraguay, Uruguay, Chile, Bolivia, Ecuador, Peru, Columbia, Venezuela, Panama, Costa Rica, El Salvador, Nicaragua, Honduras, Guatemala, Belize, Mexico, Dominican Republic, Puerto Rico, USA and Canada.</li> <li>- The consolidated report is being finalized.</li> <li>- The coordinating group participated in meeting of the HR Migration Iberian American Group (Uruguay).</li> <li>- The results show a great difficulty to gather information, some migration flows within Latin America and Spain, Italy and USA</li> <li>- Some characteristics were found related to individual, social, institutional and professional push factors</li> <li>- The nurse migration process was described</li> <li>- A literature review on economy of migration was done</li> <li>- A Pan American Network on analysis and management of Nurse Migration was created and is being coordinated by the School of Nursing, Universidad Andrés Bello</li> </ul> </li> <li>○ There is a urgent need to expand and specify this study, to progress to a description and standardization of data and to cover countries of Europe where Latin American Nurses migrate the most; there is also a need to mobilize the network and articulated with other efforts</li> </ul>					

<sup>43</sup> If the Donor is the EU Commission or an EU Member States, please specify the EC budget line, EDF or EU Member State.

## II. THE APPLICANT

<b>EuropeAid ID number<sup>44</sup></b>	
<b>Name of the organization:</b>	<b>Escuela Andaluza de Salud Pública</b>

Applicants that are registered in PADOR do not need to fill in the rest of this section II.

For applicants not registered in PADOR, information requested under point 1 below only need to be given in cases where there have been modifications or additions as compared to the information given in the Concept Note Form.

### 1. IDENTITY

<b>Legal Entity File number/ ongoing contract number<sup>45</sup></b>	
<b>Abbreviation :</b>	
<b>Date of Establishment</b>	
<b>Official address</b>	
<b>Nationality<sup>46</sup></b>	
<b>E-mail address of the Organization</b>	
<b>Telephone number:</b> Country code + city code + number	
<b>Fax number:</b> Country code + city code + number	
<b>Website of the Organization</b>	<b>www.easp.es</b>

<sup>44</sup> This number is allocated to an organization which registers its data in PADOR. For more information and to register, please visit [http://ec.europa.eu/europeaid/onlineservices/pador/index\\_en.htm](http://ec.europa.eu/europeaid/onlineservices/pador/index_en.htm)

<sup>45</sup> If the applicant has already signed a contract with the European Commission.

<sup>46</sup> The statutes must make it possible to ascertain that the organization was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organization, even if they are registered locally or have a “Memorandum of Understanding”.

## 2. PROFILE

<b>Legal status</b>	Public Entity
<b>Profit-Making</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NGO</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Value based<sup>47</sup></b>	<input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Humanistic <input checked="" type="checkbox"/> Neutral
<b>Is your organization linked with another entity?</b>	<input type="checkbox"/> Yes, parent entity: (please specify its EuropeAid ID:.....) <input type="checkbox"/> Yes, controlled entity(ies) <input checked="" type="checkbox"/> No, independent

### 2.1. Category

<b>Category<sup>48</sup></b>	<input checked="" type="checkbox"/> <b>Public</b>	<b>Private</b>
	<input type="checkbox"/> Public Administration <input type="checkbox"/> Decentralized representatives of Sovereign States <input type="checkbox"/> International Organization <input type="checkbox"/> Judicial Institution <input type="checkbox"/> Local Authority <input type="checkbox"/> Implementation Agency <input checked="" type="checkbox"/> <b>University/Education</b> <input type="checkbox"/> Research Institute <input type="checkbox"/> Think Tank <input type="checkbox"/> Foundation <input type="checkbox"/> Association <input type="checkbox"/> Media <input type="checkbox"/> Network/Federation <input type="checkbox"/> Professional and/or Industrial Organization <input type="checkbox"/> Trade Union <input type="checkbox"/> Cultural organization <input type="checkbox"/> Commercial organization	<input type="checkbox"/> Implementation Agency <input type="checkbox"/> University/Education <input type="checkbox"/> Research Institute <input type="checkbox"/> Think Tank <input type="checkbox"/> Foundation <input type="checkbox"/> Association <input type="checkbox"/> Media <input type="checkbox"/> Network/Federation <input type="checkbox"/> Professional and/or Industrial organization <input type="checkbox"/> Trade Union <input type="checkbox"/> Cultural organization <input type="checkbox"/> Commercial organization <input type="checkbox"/> Other Non State Actor

<sup>47</sup> Please choose only one set of values.

<sup>48</sup> Please specify 1) the Sector to which your organization belongs, as defined in its statutes (or equivalent document): Public (established and/or funded by a public body) OR Private (established and/or funded by a private entity); 2) in the appropriate column, the Category to which your organization belongs (ONE CHOICE ONLY).

## 2.2. Sector(s)<sup>49</sup>

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- 112 Basic education
- 113 Secondary education
- 114 Post-secondary education
- 121 Health, general
- 12240 Basic Nutrition
- 12250 Infectious Disease Control
- 12261 Health Education
- 12281 Health Personnel Development
- 13020 Reproductive Health Care
- 13040 STD control including HIV/AIDS
- 14 WATER SUPPLY AND SANITATION
- 15130 Legal and judicial development
- 15140 Government administration
- 15150 Strengthening civil society
- 15161 Elections
- 15162 Human Rights
- 15210 Security system management and reform
- 15220 Civilian peace-building, conflict prevention and resolution
- 15230 Post-conflict peace-building (UN)
- 15240 Reintegration and SALW control
- 15250 Land mine clearance
- 15261 Child soldiers (prevention and demobilisation)
- 16064 Social mitigation of HIV/AIDS
- 21 TRANSPORT AND STORAGE
- 220 Communications
- 22030 Radio/Television/Print Media
- 22040 Information and communication technology (ICT)
- 23 ENERGY
- 24 BANKING AND FINANCIAL SERVICES
- 25 BUSINESS AND OTHER SERVICES
- 311 Agriculture
- 312 Forestry
- 313 Fishing
- 321 Industry
- 322 Mineral resources and mining
- 323 Construction
- 331 Trade policy and regulation
- 332 Tourism
- 41 GENERAL ENVIRONMENTAL PROTECTION
- 42010 Women in development
- 52 DEVELOPMENTAL FOOD AID/FOOD SECURITY
- 600 ACTION RELATING TO DEBT
- 7 HUMANITARIAN AID
- 72030 Aid To Refugees (In Recipient Country)
- 730 Reconstruction relief
- 740 Disaster prevention and preparedness
- 92010 Support to national NGOs
- 92020 Support to international NGOs
- 92030 Support to local and regional NGOs
- 99820 Promotion of Development Awareness

<sup>49</sup> Please tick the box for each sector your organization has been active in. The sectors starting with a reference come from the DAC list set up by the OECD.

### 2.3. Target group(s)

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- All
- Child soldiers
- Children (less than 18 years old)
- Community Based organization(s)
- Consumers
- Disabled
- Drug consumers
- Educational organizations (school, universities)
- Elderly people
- Illness affected people (Malaria, Tuberculosis, HIV/AIDS)
- Indigenous peoples
- Local authorities
- Migrants
- Non Governmental organizations
- Prisoners
- Professional category
- Refugees and displaced
- Research organizations/Researchers
- SME/SMI
- Students
- Urban slum dwellers
- Victims of conflicts/catastrophies
- Women
- Young people
- Other (please specify): All indicated categories are direct target groups of EASP's projects. Although we do not work "directly" with them, our projects are also addressed to **children, community based organizations, disabled, drug consumers, elderly people, illness affected people (Malaria, Tuberculosis, HIV/AIDS), women and young people.**

### 3. CAPACITY TO MANAGE AND IMPLEMENT ACTIONS

#### 3.1. Experience by Sector (for each sector selected in 2.2.)

Sector	Year(s) of Experience	Experience in the last 3 years	Number of Projects <sup>1</sup>	Estimated Amount (in thousand Euros)
Health General	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input checked="" type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Infectious Disease Control	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input checked="" type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input checked="" type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Health Education	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input checked="" type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input checked="" type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Health Personnel Development	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input checked="" type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Reproductive Health Care	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input checked="" type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input checked="" type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown

<sup>1</sup> Projects carried out in the last 3 years.

STD control including HIV/AIDS	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input checked="" type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input checked="" type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Social mitigation of HIV/AIDS	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input checked="" type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Women in development	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Government administration	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input checked="" type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Strengthening civil society	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> 1 to 5 <input checked="" type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input checked="" type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown

### 3.2. Experience by Geographical area (country or region)

By Geographical area (country or region)	Year(s) of Experience	Number of Projects	Estimated Amount (in thousand Euros)
Central America	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input checked="" type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
South America	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input checked="" type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Mediterranean	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input checked="" type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input checked="" type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000 <input type="checkbox"/> Unknown

#### Indicative list of regions

- Europe EU
- Europe non-EU
- Eastern Europe
- Central America
- South America
- South-East Asia
- North-East Asia
- South Asia
- Central Asia
- Mediterranean
- Gulf Countries
- Eastern Africa
- Central Africa
- Western Africa
- Southern Africa
- Indian Ocean
- Caribbean
- Pacific

Caribbean	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input checked="" type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Eastern Europe	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input checked="" type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Southern Africa	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown
Western Africa	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input checked="" type="checkbox"/> 11 to 20 years <input type="checkbox"/> 20 years +	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input checked="" type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input type="checkbox"/> 1000

			<input type="checkbox"/> Unknown
Europe EU	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 20 years <input checked="" type="checkbox"/> 20 years +	<input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 200 <input checked="" type="checkbox"/> 200 to 500 <input type="checkbox"/> 500+	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 300 <input type="checkbox"/> 300 to 1.000 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> Unknown

**Cross-reference of experience by Sector and by Geographical area:**

Sector(s) (as selected in 2.2)	Geographical area(s) (country or region, as identified previously)
Health General	Europe EU Eastern Europe Central America South America Mediterranean Western Africa Southern Africa Caribbean
Infectious Disease Control	Europe EU Central America Caribbean
Health Education	Europe EU Eastern Europe Central America South America Southern Africa Caribbean
Health Personnel Development	Europe EU Eastern Europe Central America South America Mediterranean Southern Africa Caribbean
Reproductive Health Care	Europe EU Mediterranean Central America South America
STD control including HIV/AIDS	Europe EU Caribbean
Social mitigation of HIV/AIDS	Europe EU Caribbean

**3.3. Resources**

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**3.3.1 Financial data. Please provide the following information, if applicable, on the basis of the profit and loss account and balance sheet of your organization**

Year	Turnover or equivalent	Net earnings or equivalent	Total balance sheet or budget	Shareholders' equity or equivalent	Medium and long-term debt	Short-term debt (< 1 year)
2007	23.347.518,39	6.005.469,01	25.008.430,80	2.009.635,70		9.017.313,51
2006	16.032.751,01	3.004.625,61	23.196.634,28	2.008.010,63		6.585.289,58
2005	11.697.664,43	4.369.036,19	18.699.785,33	2.012.820,73		5.842.687,78

**3.3.2. Financing Source(s) (please tick the source(s) of the revenues of your organization and specify the additional information requested)**

Year	Source	Percentage (total for a given year must be equal to 100%)	Number of fee-paying members (only for source = Member's fees)
2007	<input checked="" type="checkbox"/> EU Commission	0,47 %	N/A
2007	<input type="checkbox"/> Member States Public Bodies		N/A
2007	<input type="checkbox"/> Third Countries Public Bodies		N/A
2007	<input type="checkbox"/> United Nations		N/A
2007	<input checked="" type="checkbox"/> Other International organization(s)	3,19 %	N/A
2007	<input checked="" type="checkbox"/> Private Sector	4,96 %	N/A
2007	<input type="checkbox"/> Member's fees		
2007	<input checked="" type="checkbox"/> Other (please specify): Andalusian Regional Government (Junta de Andalucía)	85,84 %	N/A
2007	<input checked="" type="checkbox"/> Other (please specify): Other Spanish Public organizations	5,54 %	N/A
2007	Total	100%	N/A

Year	Source	Percentage (total for a given year must be equal to 100%)	Number of fee-paying members (only for source = Member's fees)
2006	<input checked="" type="checkbox"/> EU Commission	2,80 %	N/A
2006	<input type="checkbox"/> Member States Public Bodies		N/A
2006	<input type="checkbox"/> Third Countries Public Bodies		N/A
2006	<input type="checkbox"/> United Nations		N/A
2006	<input checked="" type="checkbox"/> Other International organization(s)	1,10 %	N/A
2006	<input checked="" type="checkbox"/> Private Sector	6,00 %	N/A
2006	<input type="checkbox"/> Member's fees		
2006	<input checked="" type="checkbox"/> Other (please specify): Andalusian Regional Government (Junta de Andalucía)	83,40 %	N/A
2006	<input checked="" type="checkbox"/> Other (please specify): Other Spanish Public organizations	6,80 %	
2006	Total	100%	N/A

2005	<input type="checkbox"/> EU Commission	11,60 %	N/A
2005	<input type="checkbox"/> Member States Public Bodies		N/A
2005	<input type="checkbox"/> Third Countries Public Bodies		N/A
2005	<input type="checkbox"/> United Nations		N/A
2005	<input type="checkbox"/> Other International organization(s)	0,20 %	N/A
2005	<input type="checkbox"/> Private Sector	6,90 %	N/A
2005	<input type="checkbox"/> Member's fees		
2005	<input checked="" type="checkbox"/> Other (please specify): Andalusian Regional Government (Junta de Andalucía)	73,70 %	N/A
2005	<input checked="" type="checkbox"/> Other (please specify): Other Spanish Public organizations	7,60 %	
2005	Total	100%	N/A

Furthermore, where the grant requested exceeds EUR 500 000, please provide the references of the external audit report established by an approved auditor for the last financial year available. This obligation does not apply to international organizations nor to public bodies. Nor does it apply to secondary and higher education establishments.

Year	Name of approved auditor	Period of validity
2007	Auditoría y Consulta, S.A. (Seville, Spain)	From 01/01/2007 to 30/04/2008

**3.3.3. Number of staff (full-time equivalent) (please tick one option for each type of staff):**

Type of staff	Paid	Unpaid
HQ Staff: recruited and based in Headquarters (located in Developed Country)	<input type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input checked="" type="checkbox"/> > 100 <input type="checkbox"/> N/A	<input type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input type="checkbox"/> > 100 <input type="checkbox"/> N/A
Expat Staff: recruited in Headquarters (located in Developed Country) and based in Developing Country	<input checked="" type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input type="checkbox"/> > 100 <input type="checkbox"/> N/A	<input type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input type="checkbox"/> > 100 <input type="checkbox"/> N/A
Local staff: recruited and based in Developing Country	<input type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input type="checkbox"/> > 100 <input type="checkbox"/> N/A	<input type="checkbox"/> < 10 <input type="checkbox"/> > 10 and < 50 <input type="checkbox"/> > 50 and < 100 <input type="checkbox"/> > 100 <input type="checkbox"/> N/A

**4. LIST OF THE MANAGEMENT BOARD/COMMITTEE OF YOUR ORGANIZATION**

Name	Profession	Function	Country of Nationality	On the board since
Ms. Luisa Lorenzo Nogueiras	Managing Director	- Definition of institutional model, strategic and operative management of EASP	Spain	17 January 2007

Name	Profession	Function	Country of Nationality	On the board since
		<ul style="list-style-type: none"> <li>- Responsible institutional relations</li> <li>- Coordination EASP's Management Board</li> </ul>		
Mr. Antonio Daponte Codina	Teaching and Research Director	<ul style="list-style-type: none"> <li>- Management and Direction of EASP's teaching and research activities</li> <li>- Definition of institutional model, strategic and operative management of EASP</li> </ul>	Spain	18 January 2007
Ms. M <sup>a</sup> Eugenia Gómez Martínez	Consultancy Director	<ul style="list-style-type: none"> <li>- Management and Direction of EASP's consultancy activities</li> <li>- Definition of institutional model, strategic and operative management of EASP</li> </ul>	Spain	18 January 2007
Ms. Sandra Arlette Pinzón Pulido	Internacional Cooperation Director	<ul style="list-style-type: none"> <li>- Elaboration, management and direction of international health cooperation projects</li> <li>- Definition of institutional model, strategic and operative management of EASP</li> </ul>	Colombia	1 July 2007
Mr. José Esteban Sánchez de Belaustegui	Business Manager	<ul style="list-style-type: none"> <li>- Oversee the EASP's accounting system</li> <li>- Elaboration and follow-up of budgets</li> <li>- Establish payment and collection policies for suppliers and clients.</li> <li>- Follow-up of formal and fiscal obligations</li> <li>- Establishment and maintenance of an adequate internal control system and financial control systems of projects.</li> <li>- Definition of institutional model, strategic and operative management of EASP</li> </ul>	Spain	8 March 2007

### III. PARTNERS OF THE APPLICANT PARTICIPATING IN THE ACTION

#### 1. DESCRIPTION OF THE PARTNERS

This section must be completed **for each partner organization** within the meaning of section 2.1.2 of the Guidelines for Applicants. Any associates as defined in the same section must not be mentioned in this section. You must make as many copies of this table as necessary to create entries for more partners.

	Partner 1
<b>EuropeAid ID number:</b> <sup>50</sup>	
<b>Full legal name</b>	Pan American Health Organization – PAHO Regional Office of the World Health Organization

Partners that are registered in PADOR do not need to fill in the rest of this section which is **marked in grey**.

<b>Date of Registration</b>	
<b>Legal status</b> <sup>51</sup>	International Organization – Regional Office for the Americas of the World Health Organization
<b>Official address</b>	525, Twenty Third Street, N.W. Washington DC 20037 – USA
<b>Nationality</b> <sup>52</sup>	International Organization
<b>Contact person</b>	<b>Dr. Hugo Prado Monje</b> Area Manager a.i. – PAHO External Relations, Resource Mobilization, and Partnerships
<b>Telephone number:</b> country code + city code + number	PAHO: 1 (202) 974-3416 Dr. Hugo Prado Monje: 1 (202) 974-3524
<b>Fax number:</b> country code + city code + number	PAHO: 1 (202) 974-3658 Dr. Hugo Prado Monje: 1 (202) 974-3176
<b>E-mail address</b>	<a href="mailto:pradohug@paho.org">pradohug@paho.org</a>
<b>Number of employees</b>	2.072 (two thousand and seventy-two employees in HQ and country offices)

<sup>50</sup> This number is allocated to an organization which registers its data in PADOR. For more information and to register, please visit [http://ec.europa.eu/europeaid/onlineservices/pador/index\\_en.htm](http://ec.europa.eu/europeaid/onlineservices/pador/index_en.htm)

<sup>51</sup> E.g. non profit making, governmental body, international organization

<sup>52</sup> The statutes must make it possible to ascertain that the organization was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organization, even if they are registered locally or have a “Memorandum of Understanding”.

<b>Other relevant resources</b>	<ul style="list-style-type: none"> <li>. Own ten floors building in Washington DC, USA</li> <li>. Annual regular budget of US 279.067.000</li> </ul>
<b>Experience of similar actions, in relation to the role in the implementation of the proposed action</b>	<ul style="list-style-type: none"> <li>. PAHO is a technical cooperation in health agency of the United Nations. It was founded in 1902 and since then it has been permanently developing the mentioned kind of activities as a part of its mission and responsibilities in contributing to improving the health of the countries of the Americas.</li> <li>. Only for example some are following mentioned: <ul style="list-style-type: none"> <li>• Technical Cooperation Agreement PAHO and the Fundación Osvaldo Cruz, Brazil, for the development of national and international capacity in human resources in health.</li> <li>• Agreement PAHO and the Canadian Association of Schools of Public Health for the development of a model to characterize the public health workforce.</li> <li>• Agreement PAHO and INFOMED, Cuban organization dedicated to health information development, for the development of the Virtual Campus in Public Health.</li> <li>• Agreement PAHO and University Andres Bello, Chile, for explorative study of nurse migration phenomena in Latin America.</li> <li>• Agreement PAHO and the Dalhousie University, Canada, for needs-based HR planning, capacity building and evaluation.</li> </ul> </li> </ul>
<b>History of cooperation with the applicant</b>	<ul style="list-style-type: none"> <li>. The relation started 15 years ago and passed through three phases:</li> <li>. First Phase: <ul style="list-style-type: none"> <li>• Participation of PAHO advisors and professors in post-graduate educational activities in the EASP.</li> <li>• Technical cooperation in health by Professors and experts of the EASP.</li> </ul> </li> <li>. Second Phase: <ul style="list-style-type: none"> <li>• PAHO advisors in the field of health systems and services developed training activities in the EASP.</li> </ul> </li> <li>. Third Phase (on-going): Joint Technical Cooperation Plan on: <ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Environmental health</li> <li>• Mental health</li> <li>• Iberian American health networks development</li> <li>• Human resources for health: Virtual Campus in Public Health, Updating competencies.</li> </ul> </li> </ul>
<b>Role and involvement in preparing the proposed action</b>	<ul style="list-style-type: none"> <li>. Discussion about the problem of HR migration in the Americas as an issue of international health.</li> <li>. Advice and technical cooperation on trends and initiatives of HR migration in the Americas.</li> <li>. Collaboration in the definition of the general design of the proposal.</li> <li>. Collaboration in the definition of the budget.</li> <li>. Cooperation in facilitating contacts with actor in the Region.</li> </ul>
<b>Role and involvement in implementing the proposed action</b>	<ul style="list-style-type: none"> <li>. Cooperation and participation in designing the plan of work and budgeting.</li> <li>. Identification and contacts with key groups, stakeholders and actors involved in HR migration analysis and management in the Region.</li> <li>. Advice, participation and technical cooperation in relation to the implementing process.</li> <li>. Organization and coordination of planned and agreed activities (studies, workshops, meetings, consensus activities, development of tools and guides and others).</li> <li>. Coordination of the process of consensus building toward a common vision and agreed strategies for migration management in the Region.</li> </ul>

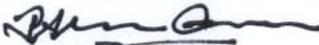
**Important:** This application form must be accompanied by a signed and dated partnership statement from each partner, in accordance with the model provided.

## 2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the Contracting Authority requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

1. All partners must have read the application form and understood what their role in the action will be before the application is submitted to the Contracting Authority.
2. All partners must have read the standard grant contract and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the lead applicant to sign the contract with the Contracting Authority and represent them in all dealings with the Contracting Authority in the context of the action's implementation.
3. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
4. All partners must receive copies of the reports - narrative and financial - made to the Contracting Authority.
5. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the Contracting Authority. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the Contracting Authority.
6. Where the Beneficiary does not have his headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the Contracting Authority. I undertake to comply with the principles of good partnership practice.

Name:	<b>Pedro Enrique Brito Quintana</b>
Organisation:	Pan American Health Organization Regional Office of the World Health Organization
Position:	Area Manager Health Systems and Services
Signature:	
Date and place:	Washington DC, June 24 <sup>th</sup> , 2008

## IV. ASSOCIATES OF THE APPLICANT PARTICIPATING IN THE ACTION

This section must be completed for each associated organization within the meaning of section 2.1.2 of the Guidelines for Applicants. You must make as many copies of this table as necessary to create entries for more associates.

	Associate 1
<b>Full legal name</b>	Ministry of Public Health - Working Group on Migrations of Health Professionals, (network generated by the Ibero-American space through the Ministry of Public Health of the Eastern Republic of Uruguay)
<b>EuropeAid ID number:</b> <sup>53</sup>	
<b>Nationality</b> <sup>54</sup>	Uruguay
<b>Legal status</b> <sup>55</sup>	Governmental Institution
<b>Official address</b>	Avda. 18 de Julio, 1892 – Of. 219
<b>Contact person</b>	Dr. Gilberto Ríos Ferreira
<b>Telephone number:</b> country code + city code + number	+ 598 2 401 38 70/+ 598 2 400 39 92
<b>Fax number:</b> country code + city code + number	+ 598 2 401 91 50
<b>E-mail address</b>	griosferreira@msp.gub.uy tailanian@msp.gub.uy gtmigraciones@msp.gub.uy
<b>Number of employees</b>	N/A
<b>Other relevant resources</b>	N/A
<b>Experience of similar actions, in relation to role in the implementation of the proposed action</b>	- Several experiences in the framework of its competencies in the field of external relations (SEGIB – Ibero American General Secretariat), MERCOSUR, etc.).  - Memorandum of understanding Uruguay – Portugal by which the cooperation is regulated and implemented in the professional development materializing by means of the exchange of knowledge in

<sup>53</sup> This number is allocated to an organization which registers its data in PADOR. For more information and to register, please visit [http://ec.europa.eu/europeaid/onlineservices/pador/index\\_en.htm](http://ec.europa.eu/europeaid/onlineservices/pador/index_en.htm)

<sup>54</sup> The statutes must make it possible to ascertain that the organization was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organization, even if they are registered locally or have a “Memorandum of Understanding”.

<sup>55</sup> E.g. non profit making, governmental body, international organization.

	<p>technology of high complexity and the temporary insertion of Uruguayan human resources in the field of Medical Emergency of the National Portuguese System of Health.</p>
<p><b>History of cooperation with the applicant</b></p>	<ul style="list-style-type: none"> <li>- Several teaching activities carried out in EASP's Uruguayan Delegation (collaboration in design and teaching activities).</li> <li>- Institutional support through SEGIB in the framework of EASP's working programme with PAHO (activity line in migration of professionals).</li> </ul>
<p><b>Role and involvement in preparing the proposed action</b></p>	<ul style="list-style-type: none"> <li>- Active participation in the proposal's elaboration (experience in developing participative interventions as well as in using consensus techniques and managing working groups, thus ensuring that the most adequate tools will be chosen to meet goals while guaranteeing the efficient use of resources).</li> <li>- Collaborate in the selection of the most adequate instruments to maximize budget resources.</li> </ul>
<p><b>Role and involvement in implementing the proposed action</b></p>	<ul style="list-style-type: none"> <li>- Active role in relations with international agencies (bilateral and multilateral agencies, IOM, other Ministries – Education- and professional organizations, etc.)</li> <li>- Participation in the plan's activities following the Ministry's areas of specialization and culture of work (design field studies, manage contracts, organize international meetings, seminars and workshops, design information systems, apply the TIC, personnel training strategies, design of training activities for on-line learning, design of marketing strategies to encourage the implementation of sector-wide strategies and policies).</li> </ul>

## V. CHECKLIST

EuropeAid/126364/C/ACT/Multi - **Programme of Cooperation with Third Countries in the Areas of Migration and Asylum**  
**Budget lines 19.020101 and 19.020102**

<b>ADMINISTRATIVE DATA</b>	To be filled in by the applicant
<b>Name of the Applicant</b>	<b>Escuela Andaluza de Salud Pública</b>
<b>EuropeAid ID number</b>	
<b>Nationality<sup>56</sup> and date of registration</b>	<b>Spanish, 1985</b>
<b>Legal Entity File number<sup>57</sup></b>	
<b>Legal status<sup>58</sup></b>	<b>Non-profit public entity</b>
<b>Partner 1</b>	Name/EuropeAid ID number: PanAmerican Health Organization - PAHO Nationality/Country of registration: International Organization Legal status: International Organization

<sup>56</sup> The statutes must make it possible to ascertain that the organization was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organization, even if they are registered locally or have a “Memorandum of Understanding”.

<sup>57</sup> If the applicant has already signed a contract with the European Commission.

<sup>58</sup> E.g. non profit making, governmental body, international organization...

<b>BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING COMPONENTS IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :</b>	<b>To be filled in by the applicant</b>		<b>To be filled in by the Contracting Authority</b>	
	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>Yes</b>
<b>Title of the Proposal:</b>				
<b>1. The correct grant application form, published for this call for proposals, has been used</b>	✓			
<b>2. The proposal is typed and is in English</b>	✓			
<b>3. One paper original is included</b>	✓			
<b>4. An electronic version of the proposal (CD-Rom) is enclosed</b>	✓			
<b>5. Each partner has completed and signed a partnership statement and the statements are included. Please indicate “Not applicable” (NA) if you have no partner</b>	✓			
<b>6. The budget is presented in the format requested, is expressed in € and is enclosed</b>	✓			
<b>7. The logical framework has been completed and is enclosed</b>	✓			
<b>8. The duration of the action is equal to or lower than 36 months (the maximum allowed)</b>	✓			
<b>9. The duration of the action is equal to or higher than 12 months (the minimum allowed)</b>	✓			
<b>10. The requested contribution is equal to or higher than 500 000 euros (the minimum allowed)</b>	✓			
<b>11. The requested contribution is equal to or lower than 2 000 000 euros (the maximum allowed)</b>	✓			
<b>12. The requested contribution is equal to or higher than 50% of the total eligible costs (minimum percentage required) (see Section 1.3. of the Guidelines for Grant applicants for this call).</b>	✓			
<b>13. The requested contribution is equal to or less than 80% of the total eligible costs (maximum percentage allowed) (see Section 1.3 of the Guidelines for Grant Applicants for this call).</b>	✓			
<b>14. The detailed budget does not vary by more than 20% from the estimation presented in the corresponding Concept Note</b>	✓			
<b>15. The Declaration by the applicant has been filled in and has been signed</b>	✓			

## VI. DECLARATION BY THE APPLICANT

The applicant, represented by the undersigned being the authorised signatory of the applicant, and, in the context of the present call for proposals, representing any partners in the proposed action, hereby declares that

- the applicant has the sources of financing and professional competence and qualifications specified in section 2 of the Guidelines for Applicants;
- the applicant undertakes to comply with the obligations foreseen in the partnership statement of the grant application form and with the principles of good partnership practice; the applicant is directly responsible for the preparation, management and implementation of the action with its partners and is not acting as an intermediary;
- the applicant and its partners are not in any of the situations excluding them from participating in contracts which are listed in Section 2.3.3 of the Practical Guide to contract procedures for EC external actions (available from the following Internet address: [http://ec.europa.eu/europeaid/work/procedures/index\\_en.htm](http://ec.europa.eu/europeaid/work/procedures/index_en.htm)). Furthermore, it is recognised and accepted that if we participate in spite of being in any of these situations, we may be excluded from other procedures in accordance with section 2.3.5 of the Practical Guide;
- if selected, the applicant is in a position to deliver immediately, upon request, the supporting documents stipulated under section 2.4 of the Guidelines for Applicants.;
- the applicant and each partner (if any) are eligible in accordance with the criteria set out under sections 2.1.1 and 2.1.2 of the Guidelines for Applicants;
- if recommended to be awarded a grant, the applicant accepts the contractual conditions as laid down in the Standard Contract annexed to the Guidelines for Applicants (annex F);
- the applicant and its partners are aware that, for the purposes of safeguarding the financial interests of the Communities, their personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

**The following grant applications have been submitted (or are about to be submitted) to the European Institutions, the European Development Fund and the EU Member States in the current year (list only actions in the same field as this proposal):**

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The applicant is fully aware of the obligation to inform without delay the Contracting Authority to which this application is submitted if the same application for funding made to other European Commission departments or Community institutions has been approved by them after the submission of this grant application.

Signed on behalf of the applicant

<b>Name</b>	<b>Luisa Lorenzo Nogueiras</b>
<b>Signature</b>	
<b>Position</b>	<b>Manager</b>
<b>Date</b>	<b>23<sup>rd</sup> June 2008</b>

**VII. ASSESSMENT GRID**  
(to be used by the Contracting Authority)

	YES	NO
<b>STEP 1: OPENING SESSION AND ADMINISTRATIVE CHECK</b>		
1. The Deadline has been respected		
2. The Application form satisfied all the criteria mentioned in the Checklist (Section V of Part B of the Grant application form).		
The administrative verification has been conducted by: Date:		
<b>DECISION 1:</b> The Committee has recommended the Concept Note for Evaluation after having passed the Administrative check.		
<b>STEP 2 : EVALUATION OF THE CONCEPT NOTE</b>		
<b>DECISION 2:</b> The Committee has approved the Concept Note and decided to proceed with the evaluation of the full proposal after having pre-selected the best Concept Notes.		
The evaluation of the Concept Note has been conducted by: Date:		
<b>STEP 3: EVALUATION OF THE FULL APPLICATION FORM</b>		
<b>DECISION 3:</b> <b>A.</b> The Committee has recommended the proposal for Eligibility verification after having been provisionally selected within the top ranked scored proposals within the available financial envelope.		
<b>B.</b> The Committee has recommended the proposal for Eligibility verification after having been put on the reserve list according to the top ranked scored proposals		
The verification of the proposal has been conducted by: Date:		
<b>STEP 4: ELIGIBILITY VERIFICATION</b>		
3. The supporting documents listed hereunder, submitted according to the Guidelines (Section 2.4), satisfied all the eligibility criteria of the applicant and its partner(s) (if any)		
a. The applicant's statutes		
b. The statutes or articles of association of <u>all partners</u>		
c. The applicant's external audit report (if applicable)		
d. The Legal Entity File (see annex D of the Guidelines for Applicants) is duly completed and signed by the applicant and is accompanied by the justifying documents requested.		
e. A Financial Identification form (see annex E of the Guidelines for Applicants).		
f. Copy of the applicant's latest accounts.		
The assessment of the eligibility has been conducted by: Date:		
<b>DECISION 4:</b> The Committee has selected the proposal for funding after having verified its eligibility according to the criteria stipulated in the Guidelines.		