



**WHO**  
European Office  
for Integrated  
Health Care  
Services

**DRAFT CONSTITUTION  
FOR THE TASK FORCE ON MFH**



March 2005



# Task Force on migrant-friendly hospitals



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## DRAFT CONSTITUTION FOR THE TASK FORCE ON MFH

1. The Task Force is established within the international HPH network with a specific mandate for coordination assigned to the regional network of Emilia-Romagna by the WHO European Office for Integrated care services in Barcelona.
2. The Task Force assumes the name “Task Force on Migrant-friendly culturally competent health care” (TF on MFCCH)
3. The TF should be structured over five levels: the coordinator; the secretary; the Advisory Board; the working/project groups; the communication network.
4. The coordinator will lead actions and develop a strategic plan with the support of the Advisory Board. The coordinator will be the main contact between the TF and the Health Promoting Hospitals Network of WHO and will act as the head of the Task Force, representing it on appropriate occasions. The coordinator will be authorised to take decisions on behalf of the TF where necessary. The role of the coordinator will also be to ensure that business of meetings is conducted properly and to support the meeting hosts in setting up arrangements. The coordinator will prepare the agenda for each meeting and will distribute it to all members prior to the meetings. In addition, the coordinator will also be responsible for producing an annual report on the activities of the TF of the previous year.
5. The role of the Secretary is to take the minutes at meetings and to ensure that the details of members of the TF are up to date and distributed to all members of the TF. Furthermore, the secretary will work with the coordinator to ensure that the notes of the meetings are accurate and are distributed to all members in a timely fashion.
6. The Advisory Board will inform decisions and brief the coordinator on issues arising out of the strategic direction and support the coordinator and the rest of the group on any such issues. The Advisory board will be responsible for developing and implementing actions supporting the strategic objectives and up-dating them as needed. The Advisory Board will also be responsible for leading the TF’s three-yearly self-assessment as described in par. 10 below, with the support of the coordinator and the secretary. The Advisory Board should consist of a group of core members representing organisations particularly committed to MFCCH issues and prepared to invest in disseminating MFH concepts, experiences and tools and further developing them, primarily within the HPH network, with the



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HPH national and regional networks as the main partners for dissemination. Member of the Advisory Board must attend at least two meetings a year and must be prepared to host a meeting of the TF.

7. All core and non-core members will be asked to confirm their interest in joining the TF by forwarding a letter of intent to the coordinator. Non-core members (communication network) will be free to attend meetings etc., as and when their commitments allow. Both core and non-core members may also include strategic partners, likely experts in the field of members of other groups or organisations that may have an impact on health care or on the TF.
8. The TF should hold up to three meetings a year to be hosted by members of the TF. Hosts are responsible for setting up the venues for the meeting, for arranging accommodation (although not covering the cost of accommodation) and where possible setting up a workshop/seminar/conference to which members of the TF can contribute.
9. The TF will actively support, train and advise health care organisations on the implementation of the recommendations contained in the Amsterdam Declaration through effective interventions as developed by the MFH project. In addition, the TF may undertake particular projects tackling main areas of concern through the implementation of specific working groups. Activities of the working groups will be discussed and agreed by the Advisory Board.
10. The TF will undertake self-assessment on a three year basis adopting the principles that underpin the quality model. One meeting every three years will be devoted to undertaking self-assessment. The strengths and areas for improvement will inform the development of the TF and its strategic direction.



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