



TRANSFORMING HEALTH
AND CARE SYSTEMS

Spotlight Session: Real-world Transformation – Successes, Pitfalls and Lessons Learned from THCS funded projects

Tuesday, 29 September - 13:00–14:00 CET

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- Welcome to the Learning Week. During sessions, please remember:
- The sessions are being recorded.
- Microphones are muted and cameras are off.
- Please get involved! Use the chat for your questions, observations and comments.
- For additional information go to: <https://knowledgehub.thcspartnership.eu/>





Dr James R. Rudd, Professor at the Norwegian School of Sport Sciences, with expertise in movement learning, pedagogy, teaching didactics, and complex rehabilitation interventions. He coordinates the PEER-HOMEcare project.



Professor Francesca Cecchi, Project Coordinator ROOMATE is Professor Professor of Physical and Rehabilitation Medicine, University of Florence.



Dr. Grant Aitken, Public Health Intelligence Adviser who works in the Public Health Sciences team within Public Health Scotland.

Anna Duchenko, PhD researcher in epidemiology at the Swiss Tropical and Public Health Institute (Swiss TPH) and the University of Basel.



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What does transformation of health and social care systems look like in practice?

This learning session brings together THCS-funded projects to share real-world experiences, discussing achievements, barriers, and lessons learned that can inspire and inform future health and social care system transformation initiatives. Specifically, this webinar will feature ROOMMATE, AAPEHS and PEERHOMECare THCS funded projects.

What you will gain:

- Better understand the realities of implementing health and social care innovations.
- Apply lessons learned from THCS-funded projects to your own work.
- Strengthen your knowledge of implementation, transferability, and scaling of innovative solutions.
- Connect with a European community committed to improving health and care systems.



[Home](#) / [Capacity building](#) / 📢 Save the Date - THCS Learning Week 2026: “Transforming Health and Social Care: Meaning, Models and Measurement”

Date published: 14/07/2026

Date amended: 11/09/2026

📢 Save the Date - THCS Learning Week 2026: “Transforming Health and Social Care: Meaning, Models and Measurement”



THCS
TRANSFORMING HEALTH
AND CARE SYSTEMS

THCS Learning Week

 **From 28 September to 2 October**

 **10 sessions** |  **1 hour each** |  **Engaging & collaborative**

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September 2026

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Learning Week 2026

- Thank you for joining this session.
- The session recordings will be hosted on the Knowledge Hub:

<https://knowledgehub.thcspartnership.eu/>



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THCS Learning Week 2026 | Session #4



Spotlight: Real-world Transformation Lessons learned from PEER-HOMEcare



Coordinator



Clinical partner



Stroke research partner



Assessment and movement science



Rehabilitation medicine partner

James R. Rudd – Project Coordinator
Tuesday 29 September 2026

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The challenge

Stroke recovery doesn't end at discharge – but structured support often does

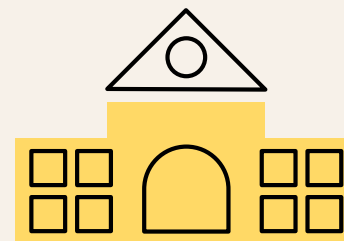
Only 30–50% of stroke survivors in many countries receive adequate rehabilitation; families carry much of the load

What transformation means for us:

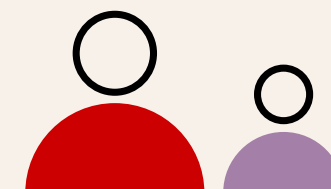
From hospital dependency → empowered recovery at home

From fragmented services → integrated support for families and therapists

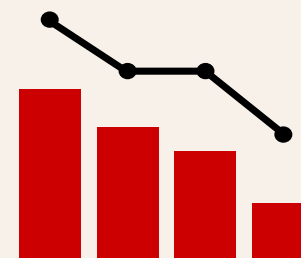
From passive rest → active, enriched everyday environments



Improving
transition to the
home



Supports informal
care



Reducing risk of
secondary stroke



Empowering self-
management

What we developed

One methodology, built on theory, empirical evidence and clinical experience



1. Enriched home environments

Small, progressive changes to the home and daily routines that invite use of the affected arm



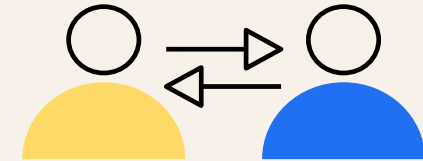
2. A pedagogical framework

Animal-science principles made usable by therapists and families



3. Wearable sensors

Measuring real-world arm use and activity in the crucial early months after stroke



4. Open-access digital platform

Training and resources for professionals and caregivers across Europe

Our research process



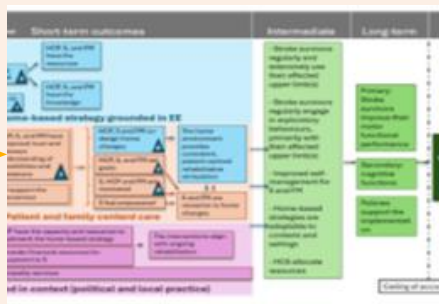
Enriched environment animal studies



Theory and framework for human application



Pilot testing



Intervention structure



Multi-country feasibility trial

Stakeholder engagement throughout: 45 interviews · workshops with LHL Stroke and Stroke Sweden · regular consortium meetings

Guided by the MRC framework for complex interventions Next: full-scale evaluation, then implementation



Core elements applied at every phase



Source: Skivington et al., BMJ 2021, MRC/NIHR framework for developing and evaluating complex interventions

Early evidence from our pilot

Pilot at Sunnaas Rehabilitation Hospital: a realistic apartment, five stroke survivors

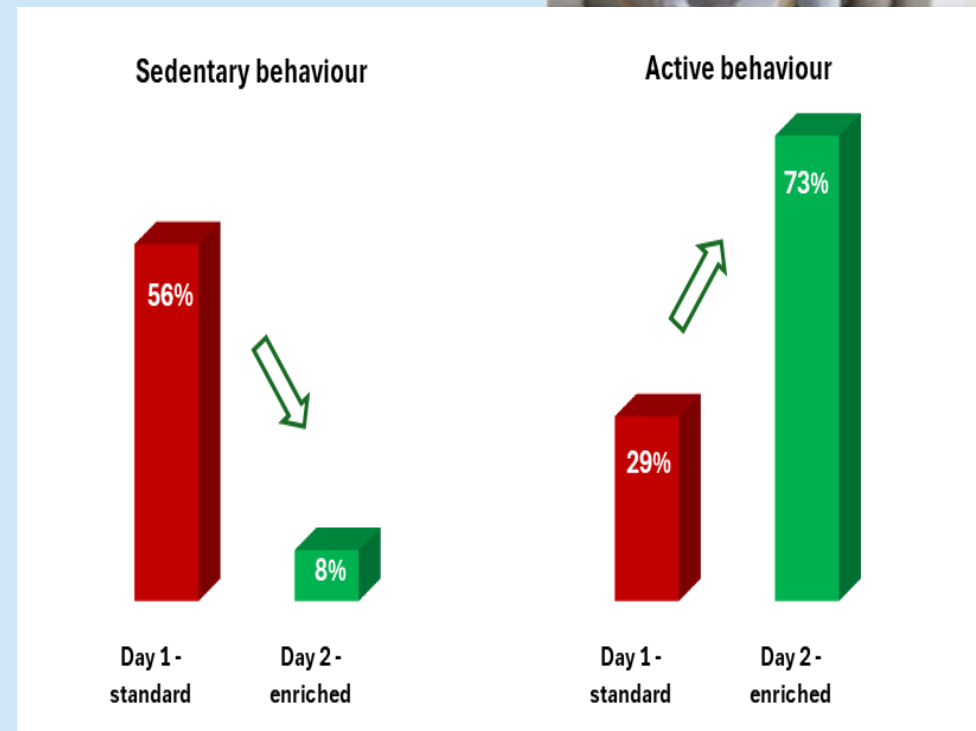
Day 1: no modifications

Days 2–3: gradual enrichment – furniture rearranged, tools within reach, tasks added

Active behaviour: 29% → 73%

Passive behaviour: 56% → 8%

More affected-arm use in cooking and self-care;
motivation rose when tasks reflected personal routines



Successes so far



Intervention in three countries

Built on theory, empirical evidence and clinical experience. 5 patients completed in Norway; first in Sweden and Latvia

Co-designed with end users

45 interviews with stroke survivors, families and professionals in Norway, Sweden and Latvia

A solid evidence base

Two published scoping reviews (incl. 116 animal studies) and a published study protocol

Capacity and outputs

Sensor acceptability paper (JNER), five master's theses and a new open-access project platform

Papers

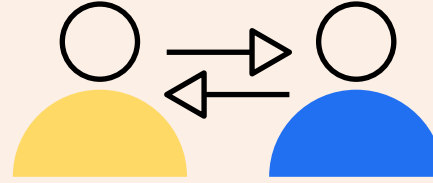
5 published

1 in review

5 in development

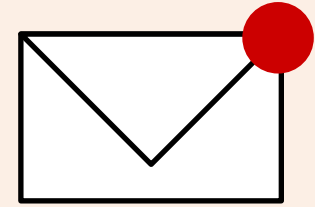
Challenges & pitfalls

What didn't go to plan – and what we learned from it



Animals → humans

Effects shrink in clinics → Only 24% of activity materials were within patients' reach → therefore we built a pedagogy, not a checklist



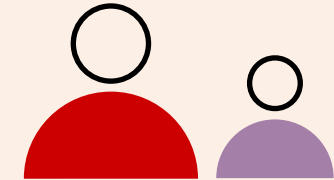
Digital platform

First website not secure or functional enough → rebuilt locally



Data sharing & IP

Cross-country agreements, IP and patents → heavy legal work, balanced with open science



Different systems cultures and contexts

Different languages, literally, and disciplines → culture shaped engagement and workload

Lessons learned – our advice to others

Start with people, not technology. Interviews and co-design shaped every part.

Build the data pipeline before the first participant. Protect clinicians' time for care.

Build on principles, not prescriptions. Rooted in theory, evidence and clinical practice.

Get contract support before you spend. Budgets run out fast; make sure the project, not a vendor, controls and can update its digital tools.

Write the protocol paper together and meet face to face. This made our framework robust and flexible across health systems.



Impact – now and in five years

Now

Therapists in three countries delivering enrichment-based home rehabilitation

Open-access training and resources for professionals and caregivers

Directly responds to the Stroke Action Plan for Europe's call for stronger follow-up after discharge

Next five years

A definitive multi-country trial building on the feasibility results

Enrichment-based home rehabilitation embedded in community care pathways

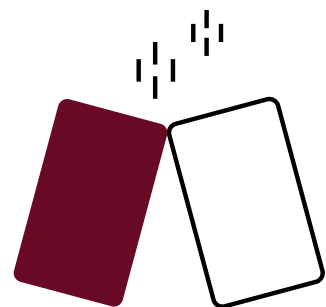
A transferable framework other regions can adopt and adapt



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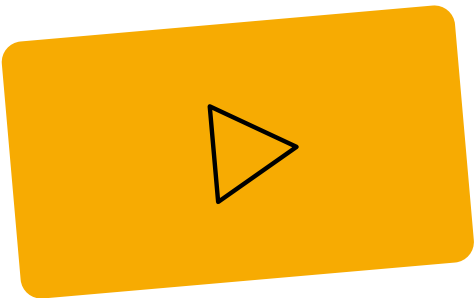
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What can transfer to other regions and countries



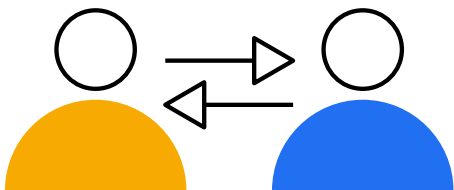
Principles, not prescriptions

Five principles from theory, evidence and clinical practice fit any home



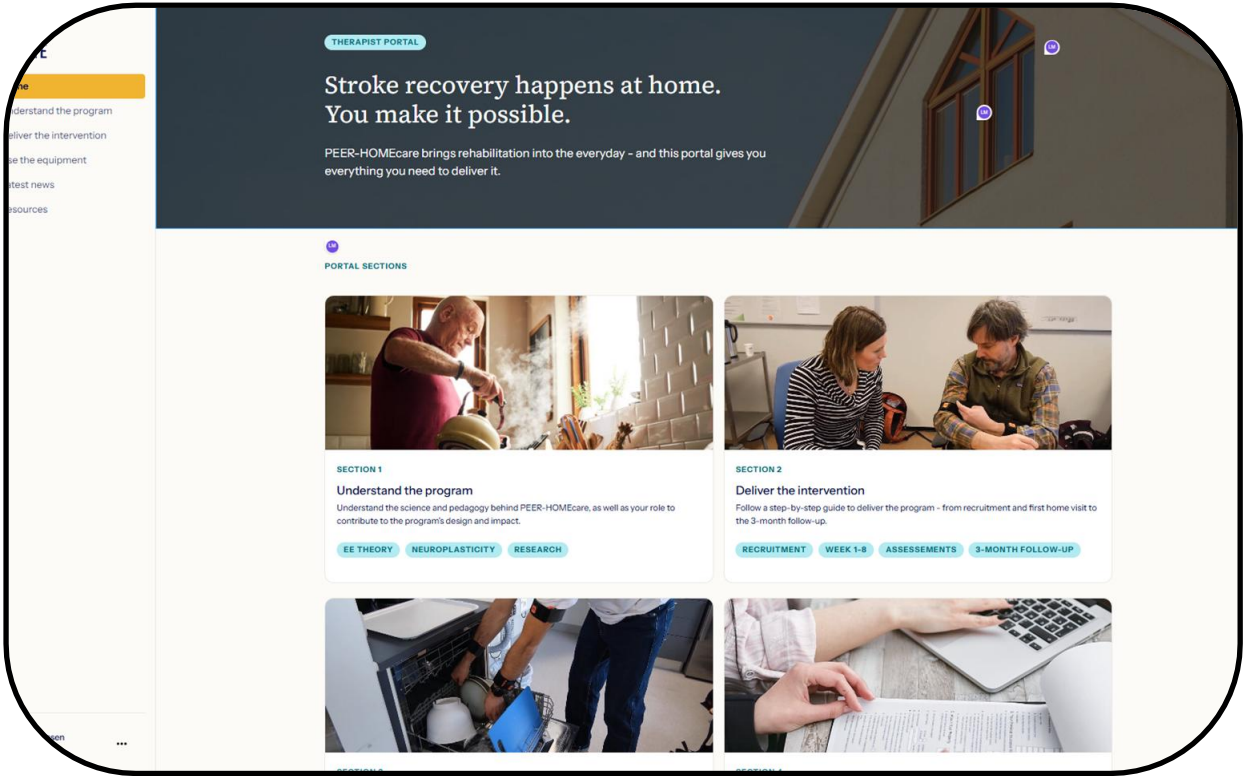
Open-access platform

Role-based training, videos and guides for therapists, families and survivors



Consider your context

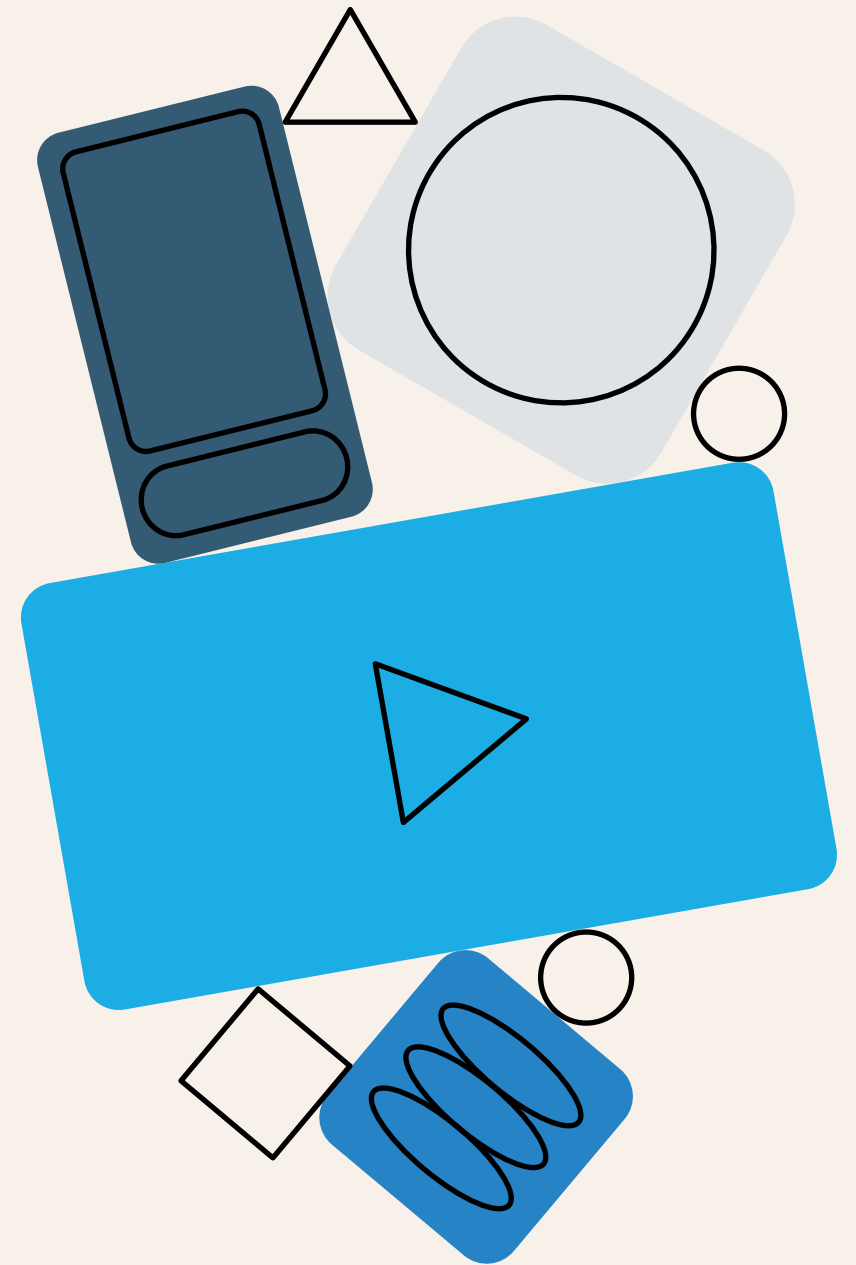
Discharge pathways, who delivers home rehab, and digital readiness





What surprised us most

How much a few small changes in the home can change behaviour
– and how much families were carrying alone.



Thank you!

James R. Rudd – Project Coordinator
jamesr@nih.no | www.peerhomecare.com



Coordinator

Sport Sciences, pedagogy, motor learning, complex intervention development and project coordination.



Clinical partner

World-leading rehabilitation hospital with expertise in stroke rehabilitation, clinical pathways and intervention testing.



Stroke research partner

International expertise in stroke recovery, rehabilitation medicine, person-centred care and assessment methods.



Assessment and movement science

Motor behaviour, exploratory behaviour, human-environment interaction and assessment protocol development.



Rehabilitation medicine partner

Physical and rehabilitation medicine expertise and implementation/testing in a distinct European care context.



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JTC 2023: Healthcare of the Future

ROOMMATE



IntegRated system of rObOts and Multimedia Monitors: technology for innovAtion and personalizaTion of rEhabilitation care

Project Coordinator: **Francesca Cecchi**;

Leading Partner: **Fondazione Don Carlo Gnocchi**

Duration: 17/06/2024– 6/06/2027; Total Budget: €1,831,098.47

THCS Learning Week
September 28-29, 2026



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The Real Need

Patients and Caregivers

Extended rehabilitation time, continuity of care, reliable information, psychological support, and constant motivation.

Healthcare Providers

Personalize and monitor rehabilitation without increasing clinical workload.

Health System

Innovate care pathways while ensuring sustainability, accessibility, and organizational integration.

The ROOMMATE Response

Integrated Technologies

Multimedia platform, sensors, robotics, VR, and connected rehabilitative devices.

Co-created Content

Educational and rehabilitative videos developed with clinical teams and stakeholders.

Simple Interfaces

User-friendly solutions for patients, caregivers, and providers.

E-health Coaching

Dedicated support figures to facilitate adoption and digital literacy.



From a need for "more therapy" to an ecosystem that makes rehabilitation more **continuous, personalized, and sustainable**.

Clinical Centres



**Fondazione
Don Carlo Gnocchi**



Prof. Francesca Cecchi

Fondazione Don Carlo Gnocchi, Italy

PROJECT COORDINATOR



Prof. Mihai Berteanu

Carol Davila University of Medicine,
Romania

Technical Partners



UNIVERSITÀ
DEGLI STUDI
FIRENZE

Dipartimento
di Ingegneria
Industriale



Prof. Filippo Cavallo

Università di Firenze, Italy



TU Delft



Prof. Laura Marchal-Crespo

Technische Universiteit Delft, Netherlands

emovo

rediscover movement



Dr. Luca Randazzo

Emovo Care SA, Switzerland

Impact Assessment



Dr. Elena Tamburini

MEDEA, Italy



Roessingh

Centrum voor Revalidatie



Dr. Stephanie Jansen-Kosterink

Roessingh R&D BV, Netherlands



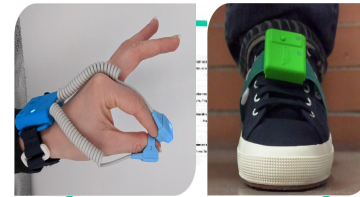
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INTEGRATED REHABILITATION ECOSYSTEM

SPECIFIC OBJECTIVES

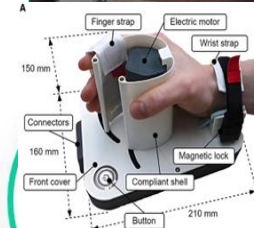
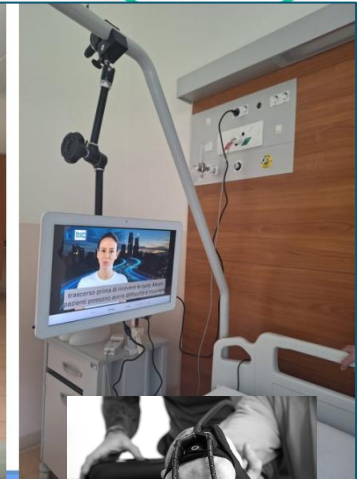
- I Needs Mapping:** Collect requirements from patients, caregivers, and healthcare providers.
- II Platform Implementation:** Integrated system for multimedia content and robotic data tracking.
- III Usability Verification:** Assessing feasibility and acceptability of the ROOMMATE ecosystem.
- IV Effectiveness Study:** Validating clinical outcomes and system efficacy.



UNIFI
SENSORS



SOCIAL
ROBOT



TUD DELFT
TRAINER



EMOVO
EXOSKELETON

Co-creation and Service Model (WP2)

Aim: To facilitate the integration of the project into the existing healthcare system in Italy and Romania, and to develop a service model that can be seamlessly implemented in similar clinical settings with minimal adjustments after the study is over.

Deliverable	Activity	Patients	Family caregivers	Healthcare professionals (HCP)	Total
D2.1 - User needs analysis	Initial questionnaires, focus groups, semi-structured interviews	42	42	80	164
D2.5 - Living labs	Living lab sessions FDG + UMFC	10	10	10	30
D3.4 - Customized algorithms	STROKEFIT co-design workshops (IT + RO)	0	0	38	38
D4.3 – VR co-design	(figure you provided)	0	0	33	33
TOTAL		52	52	161	265

Co-creation of a Technology-supported Ecosystem for Sub-acute Stroke care: preliminary Results of the ROOMMATE Project

Francesca Cecchi, Stefano Giuseppe Doronzio, Michele Piazzini, Tommaso Ciapetti, Chiara Castagnoli, Julieta Giacani, Ilaria Pellegrini, Sara Marignani, Olimpia Salvini, Ileana Ciobanu, Andreea Marin, Matei Teodorescu, Maria Luigia Del Vicario, Elena Tamburini, Francesco Agnoloni, Alessandro Carniel, Raluca Mitrea, Mihai Berteanu [Show more](#) ✓

Archives of Physical Medicine and Rehabilitation

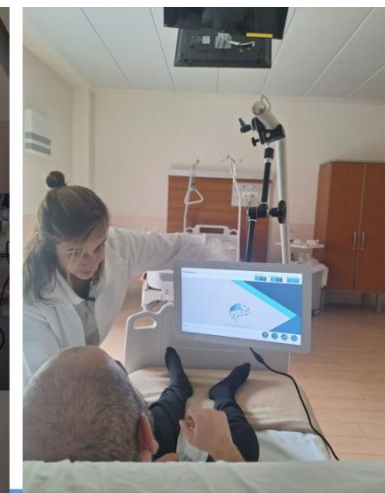
Date: May 2026



ScienceDirect

Conference abstract ● Full text access

Rehab Week Encore Poster 3198634



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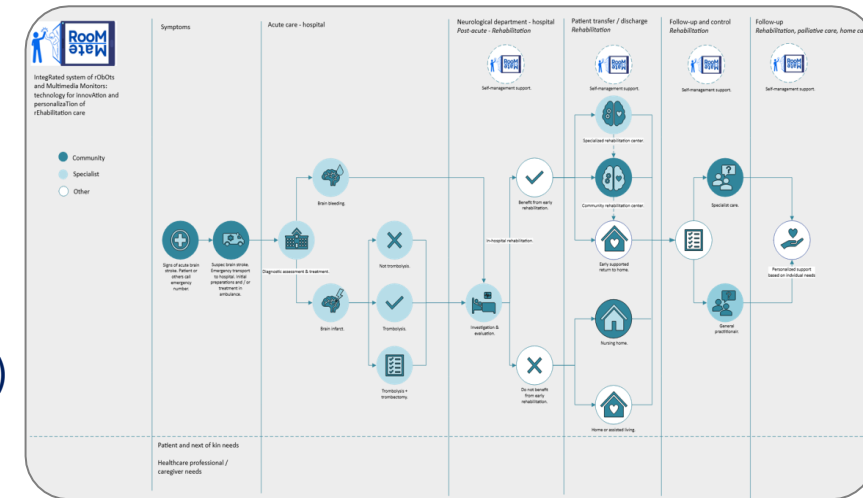
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T2.3 – Coordinating the co-creation of user journeys, developing ROOMMATE service model

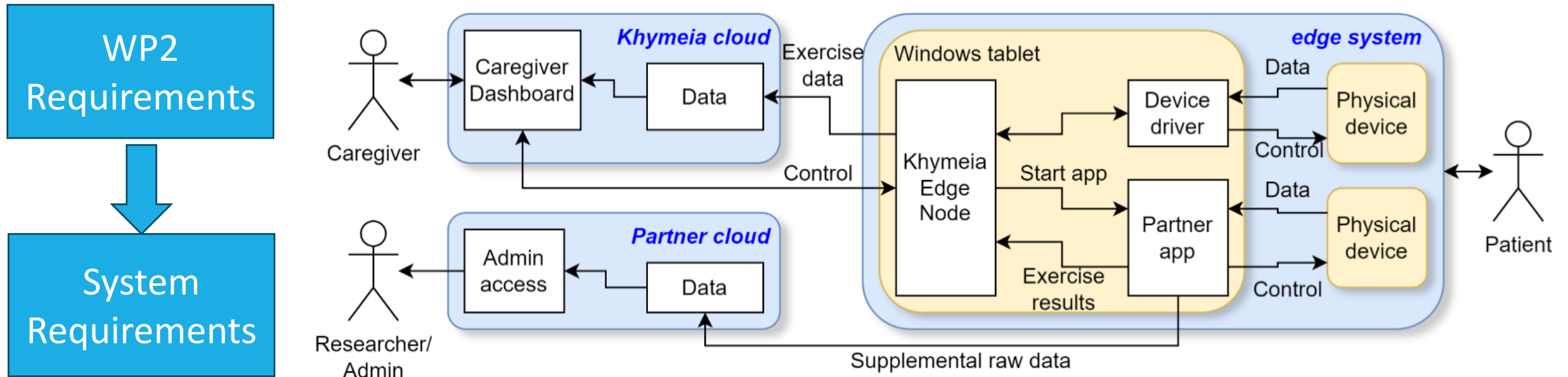
- ✓ **Aim:** To facilitate the integration of the project into the existing healthcare system of clinics in Italy and Romania, by means of a **patient journey** and **service model**.
- ✓ **Objective:** To create a service model and user journey, that provides an overview of the technologies and stakeholders, including stroke patients, involved in the ROOMMATE ecosystem.
- ✓ **Final goal:** To develop a service model that can be seamlessly implemented in similar clinical settings with minimal adjustments after the study is over. This will allow other establishments to adopt the ROOMMATE project without bringing much complications.

The development of the service model entailed the following steps:

- ✓ We have identified the **patient's journey and service models** based on the current healthcare system based on both Italy and Romania, which is also going to be the pilot sites where the project will be implemented.
- ✓ We have identified the **key stakeholders** involved in the project and their roles.
- ✓ **Next steps:** To optimize and improve the **service model**, based on co-creation and input from relevant literature and clinical partners of the Fondazione Don Carlo Gnocchi (FDG) and the Carol Davila University of Medicine and Pharmacy (UMFCD).



WP3 – System architecture



- Technical Development Monitoring Tool;
- Reliability Evaluation;
- Integration with Khymeia (external Providers)

A total of **57 hours of in-situ observation**

This included:

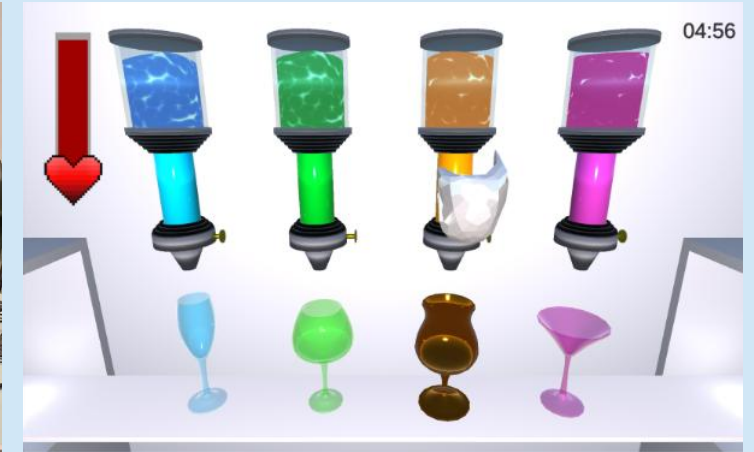
- ~39% of fly-on-the-wall (**22 hours**) ;
- ~61% of shadowing (**35 hours**).



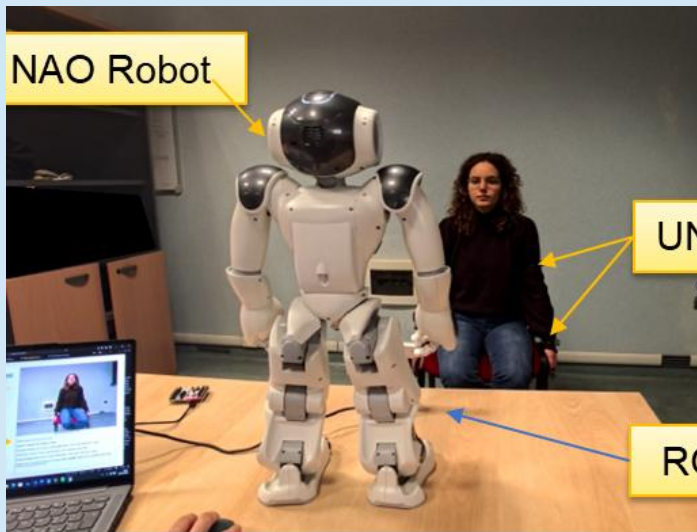
Healthcare professionals



Stroke patients



TUD Portable Hand Trainer

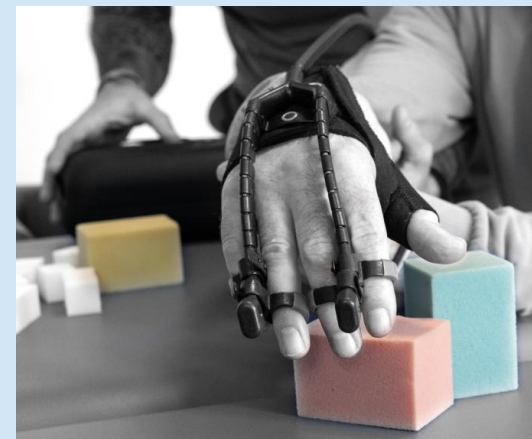


NAO Robot

UNIFI Sensors

RGB-D Camera

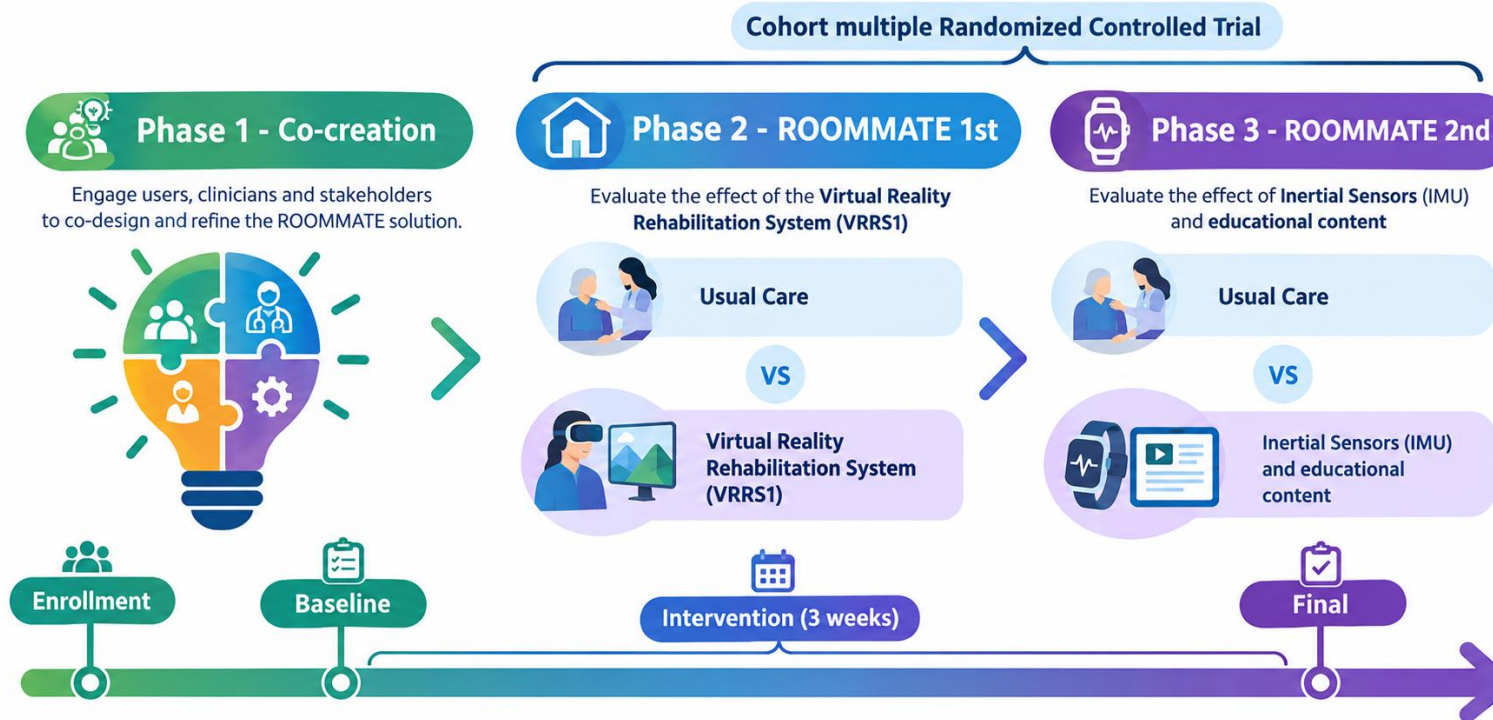
UNIFI Social Robot and sensors + development of algorithms to quantify movement during the execution of FMA tasks



EMOVO Exoskeleton



SensHand sensor



- 140 patients in ROOMMATE 1st
- 60 patients in ROOMMATE 2nd

Primary outcome: Modified Barthel index;

Secondary outcomes: feasibility, usability and satisfaction; other functional outcomes; SROI.

Development of a cohort multiple randomized clinical trial to test an integrated system of sensors and multimedia monitors technology, for stroke rehabilitation: the ROOMMATE study protocol

Stefano Doronzio^{1,2}, Stephanie Jansen-Kosterink³, Margherita Tesi^{4*}, Chiara Castagnoli¹, Chiara Pedrini¹, Tommaso Ciapetti¹, Mario De Marco², Michele Piazzini², Julieta Giacani¹, Ileana Ciobanu⁵, Mihai Berceanu⁵, Laura Fiorini⁶, Erika Rovini⁶, Filippo Cavallo⁶, Francesco Agnoloni⁷, Marco Baccini¹ and Francesca Cecchi^{1,2}

¹Neuromotor Research Unit, IRCCS Fondazione Don Carlo Gnocchi, Firenze, Italy, ²Department of Experimental and Clinical Medicine, University of Florence, Firenze, Italy, ³Roessingh Research and Development, Enschede, Netherlands, ⁴School of Specialization in Physical and Rehabilitation Medicine, University of Florence, Florence, Italy, ⁵Department of Physical and Rehabilitation Medicine, Carol Davila University of Medicine and Pharmacy, Elias University Emergency Hospital, Bucharest, Romania, ⁶Department Industrial Engineering, University of Florence, Florence, Italy, ⁷Medea S.r.l., Florence, Italy

Fugl-Meyer Assessment – sens:

Fugl-Meyer, a scale used to evaluate motor impairment after a stroke, performed with inertial sensors and ad-hoc algorithms developed by UNIFI.

The objective of the study is to verify the reliability of the IMU-based measurements.

52 patients enrolled out of 50 (concluded).

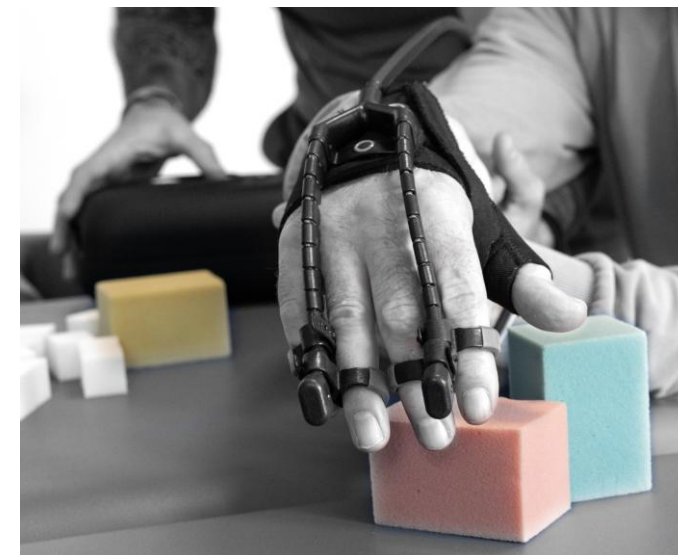


EMOVO Exoskeleton:

Assessment of usability and assistive effectiveness on hand functions in people with stroke using the EMOVO exoskeleton.

16 stroke patients to be enrolled across 2 clinical centers.

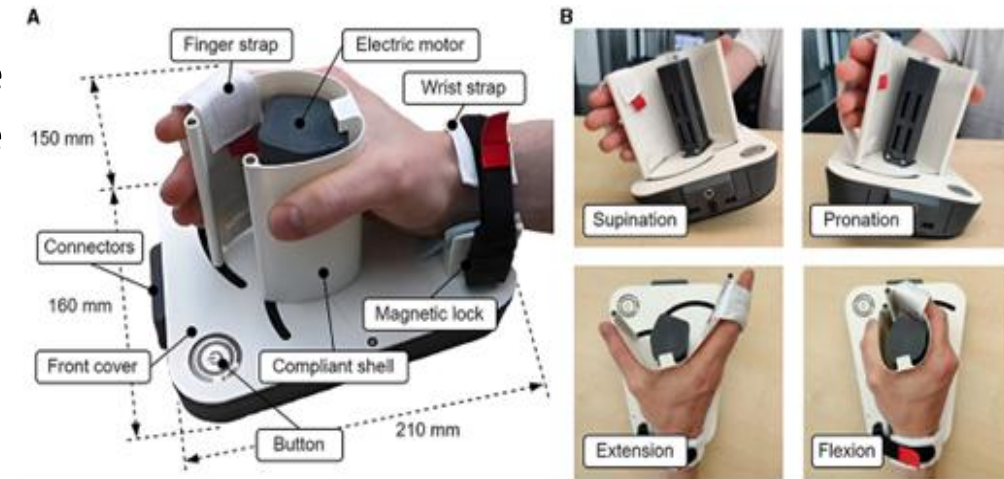
8 patients enrolled in Italy.



TUD Portable Hand Trainer:

Feasibility and usability of the portable trainer developed by the Technical University of Delft for upper limb rehabilitation in people with stroke.

- Approved by the Ethics Committee on 22/07/2026
- Notification to the Ministry of Health ongoing.
- 8 patients and 8 therapists to be enrolled.



Social Robot UNIFI:

Conducted on healthy subjects, aimed at using the STROKEFIT system to support performance in the Fugl-Meyer assessment.

- Approved by the Ethics Commission of the University of Florence.
- 38 participants: FDG, with 12 participants and 4 facilitators; Romania: UMFCF, with 26 participants and 3 facilitators.



cmRCT → 121/ 140 patients enrolled



FMAAsens → 52/50 patients enrolled



EMOVO → 8/16



TUD → Notification to the Ministry of Health



UNIFI Social Robot → 38 Health Care Professionals



Clinical and organizational impact

- 121 patients enrolled in the main clinical investigation
- 52 patients enrolled in FMA-SENS Study
- Interdisciplinary co-creation involving 265 patients, caregivers and clinicians
- 8 patients enrolled in the EMOVO feasibility study
- 20 e-Health coaches trained, coaching introduced into rehabilitation workflows
- First evidence supporting feasibility and usability of integrated digital rehabilitation



Ecosystem and sustainability impact

- Early exploitation pathways identified
- Scalable deployment model under validation



Input



Stroke patient:

- Training to learn how to use Roommate
- Using of the technology



Informal Caregiver:

- Training to learn how to use Roommate
- Using of the technology



Clinic:

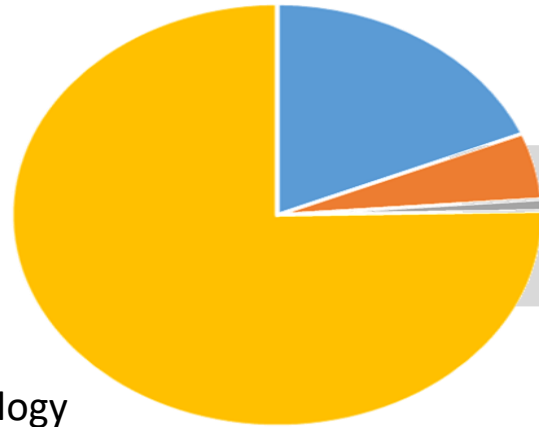
- Salaries of staff
- Purchase of Technology



Healthcare professional:

- Introduction to the technology
- To help patient to use Roommate
- Overall clinical coordination of Roommate.

Total input: €381,200



SROI ratio 1.51



Technology provider:

- collaboration with end-users
- collaboration with clinic / research to gain evidence



Clinic:

- Better care
- Less sick days
- Access to research infrastructure



Healthcare professional:

- Gaining digital skills
- improved QoL

Value



Stroke patient:

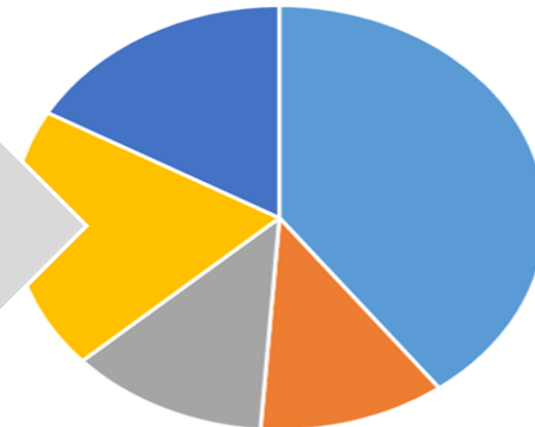
- Improve digital skills
- Improve health literacy
- Improved QoL



Informal Caregiver:

- Improve digital skills
- Improve health literacy
- Improved QoL

Total value: €575,391



Scientific obstacles

Regulatory pathway for investigations with pre-market medical devices

Ethical committee approval for the main Clinical Study: adoption of a cm RCT design:

- ROOMMATE 1° - post market study, CE marked med device;
- ROOMMATE 2° - pre-market study, not CE marked med device → Technical certifications obtained in June
- Collaboration with a partner outside the Consortium (Khymeia, base of the integrated system)

Impact on the project: DELAY in ethical approval for the studies, leading to a 3 months delay for ROOMMATE 1st and to an expected 12 months delay for ROOMMATE 2nd.

Mitigation measures: 1 year project extension approved.

Administrative obstacles

Delayed funding for TUD (only after Data Management Plan completion) and for UNIFI (the MUR deed of obligation was signed on Feb 19th, 2026 and the related administrative review May 11th, 2026).

Impact on the project: delay on the start of some technical activities; however, since the first phase of the project focused on collecting user needs through the clinical partners, there was no significant impact.

Mitigation measures: after the 3° Consortium meeting in Delft, ND, the consortium focused on the completion of the technical integration, and a plan for the missing technical activities; 1 year project extension approved.

The transformation introduced by ROOMMATE is twofold and consists of:
Enhancing rehabilitation by extending it from the gym to the patient's bedside, through a bedside rehabilitation station.

Developing an integrated ecosystem composed of different technological tools that interact with each other according to the architecture designed within the project, supporting stroke care from multiple perspectives.

Moving forward: While ROOMMATE successfully delivered a technology ecosystem for postacute rehab which is currently being implemented and clinically validated, a key issue remains with long **term scalability and sustainability**; the framework should incorporate precise implementation KPIs, detailed cost models, and a clear exploitation strategy to ensure seamless adoption in broader healthcare settings beyond the trial phase



Obstacles and solutions: current status

ACTIVITY / MILESTONE	ORIGINAL (24M)	REVISED (36M)	CURRENT STATUS & MITIGATION
WP1: Management & Coordination	Continuous	Continuous	ON TRACK Project extension to M36 approved and integrated.
WP2: Public Involvement	End M12	End M25	ON TRACK Needs mapping done. Regulatory analysis and living labs ongoing.
T3.2: Co-redesign (TUD Focus)	M23	M23	DELAYED (M29) Participatory design phase extended for TUD VR scenario based on feedback.
T3.3: Technical Integration	End M15	End M25	COMPLETED System integrated. 1-month shift (M26) is administrative for final submission.
ROOMMATE 1st Trial	M10-M20	M15-M25	ON TRACK Recruitment and data collection ongoing (50 patients).
ROOMMATE 2nd Trial	M15-22	M26-34	DELAYED (ETHICS) Start pending technical certifications for pre-market components (MDR).
WP5: Impact Assessment	M24 Finish	M36 Finish	ON TRACK SROI analysis and impact evidence generation operational.



Next steps

Clinical validation

- Complete recruitment for ROOMMATE 1ST; EMOVO
- Start TUD feasibility study
- Continue longitudinal KPI and SROI evaluation
- Finalize integrated deployment across pilot sites
- ROOMMATE 2ND

Exploitation and sustainability

- Consolidate consortium exploitation plans
- Validate scalable deployment configurations
- Refine service-oriented business model
- Engage rehabilitation providers and healthcare stakeholders
- Explore post-project sustainability and future funding opportunities



Thank you!



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Adolescent and Adult Perspectives on Health System Performance (AAPHES)

Successes, pitfalls and lessons from moving a multi-country survey into practice

**Dr Grant Aitken (Public Health Scotland) &
Anna Duchenko (Swiss Tropical and Public Health Institute)**



Background: the missing population perspective

The evidence gap

People's perceptions of health systems and experiences of care are not captured systematically in national or international data systems.

Who is most often missed?

The gap is particularly important for high-needs groups, including adolescents and migrants, who have historically been underserved by health systems.

Why now?

Systematic evidence can assess confidence and track changing views over time.

UNCRC treaty strengthens the focus on children's health, appropriate care and active participation.

People's Voice Survey (PVS) provides a route to measure health-system performance through the experience of the population.

Project rationale: from voice to improvement

- 1 Understand use and unmet need** Describe utilisation and care pathways for the general population, with specific attention to vulnerable groups.
- 2 Compare population perspectives** Examine adolescents and migrants alongside the general adult population.
- 3 Document inequities** Assess differences in utilisation and quality, focusing on high-needs groups and socio-economic deprivation.
- 4 Measure perceived performance** Capture expectations, experiences, confidence, trust and views of the health system's trajectory.
- 5 Identify priorities for action** Highlight potential interventions to improve outcomes for the general population and adolescents.

Added value: Compare similar surveys across Scotland, Latvia, the Netherlands, Germany and Switzerland.

What did we do in Switzerland?

A population-based survey designed to include groups often missed in routine health-system data.

1 Three population groups

General population aged 20+, adolescents aged 15–19, and recent migrants from Afghanistan, Eritrea and Ukraine.

2 Two complementary survey modes

Online panel for the general and adolescent populations; a population-register-based mail survey for migrants, with paper, online and phone response options.

3 Designed for inclusion

Stakeholder-informed adaptation, cognitive testing and multilingual implementation in eight languages.

2,798

completed surveys

1,749

online panel

1,049

mail-based survey

810

migrant respondents

8

languages

FROM DATA TO IMPACT

National report

completed

Stakeholder dissemination

event planned

Professional publication

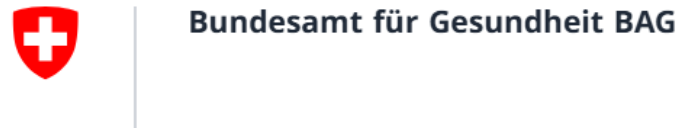
Swiss Medical Weekly

Scientific publications

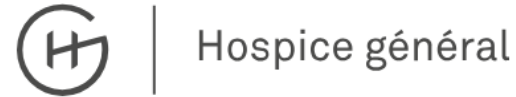
national & multi-country manuscripts

Working with diverse stakeholders to co-design and adapt the tool, interpret findings, and translate results into action

Public sector



Migrant Health and Services



Adolescent health



Research



International



Switzerland: Key Insights and Lessons Learned

Trust starts with thorough adaptation

Meaningful adaptation required engagement with diverse stakeholders across the general, adolescent and migrant samples. Cognitive interviews and translation into eight languages ensured that questions were accessible and meaningful to participants.

Hard to reach does not mean unreachable

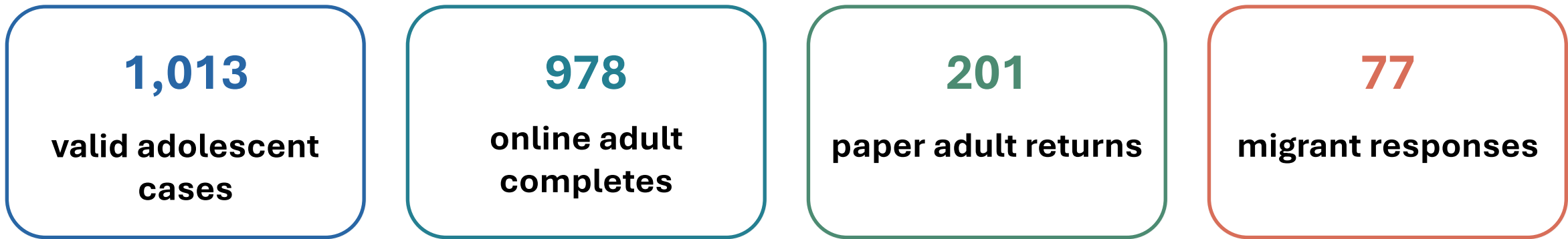
Migrant populations are often considered difficult to reach in population surveys. Our experience showed that **a nationally representative migrant sample can be successfully recruited** when sampling and recruitment approaches are designed specifically to reach these populations.

Cross-country learning matters

Countries faced different challenges but did not have to solve them independently. Regular exchange within the consortium allowed teams to share solutions, adapt successful approaches and **learn from each other throughout implementation.**

How much progress have we made in Scotland?

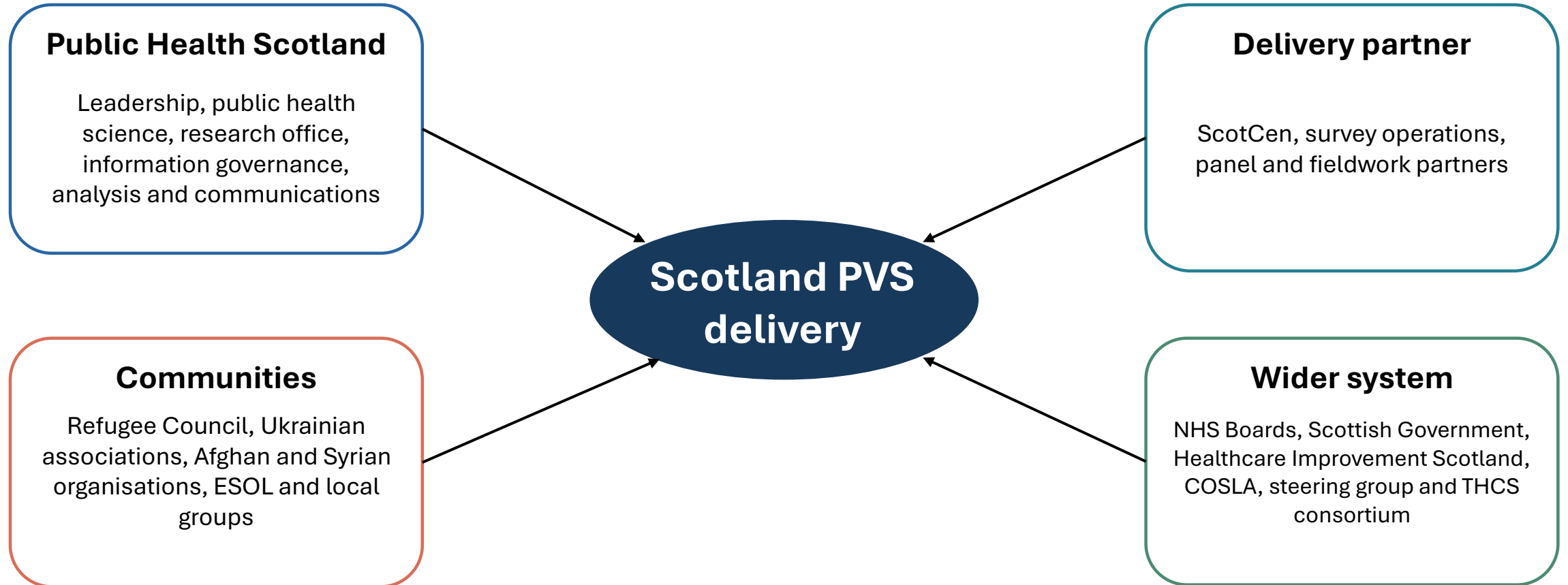
As of mid-September 2026, Scotland had moved into final fieldwork and data readiness.



Already in place	✓ Protocol, ethics and DPIA completed ✓ ScotCen commissioned and three fieldwork streams delivered ✓ Steering group established ✓ Data structure, partial-case flags
Still to come	✓ Harmonize dataset with consortium partners (late 2026) ✓ Analyze and publish Scotland level findings (early 2027) ✓ Work with consortium partners to publish multi-country findings in academic journals and present findings at international conferences (throughout 2027)

Who is involved?

Transformation depends on a network, not a single project team.



Engagement is core delivery infrastructure, not an add-on.

What were the barriers and lessons learned?

The hardest challenges were trust, reach and unintended consequences for migrant surveys.

1. Incentives change risk

Unintentional public promotion of the incentive was followed by a significant volume of **fraudulent and ineligible completions**. The original open access migrant-survey link had to be withdrawn and replaced.

2. Access is not trust

After relaunch, no immediate migrant responses were recorded even though new links were operational. Participation depended on **prompting through trusted gatekeepers**.

3. Inclusion takes resource

Translation into participant native language mattered, but so does a **closed distribution, community conversations and frequent monitoring**.

Conclusion: from survey project to system practice

This project contributes to making **inclusive and representative data collection** a standard practice across health systems, moving beyond individual surveys.

1 Design for inclusion

Adapt tools with communities, use accessible languages and modes, and treat engagement as core delivery infrastructure.

2 Reach those routinely missed

Tailored sampling, trusted gatekeepers and active monitoring can bring adolescents, migrants and other high-needs groups into the evidence base.

3 Turn voice into system learning

Comparable data, cross-country exchange and stakeholder interpretation connect population experience to priorities for action and improvement.

The legacy is not only a set of survey findings, but a practical model for embedding population voice in how health systems measure, compare and improve performance



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