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SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

LAYMEN REPORT

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INTRODUCTION

In light of the increased migratory influx into the European Union, the European Commission decided to provide support from the Health programme to organisations able to quickly support Member States under particular migratory pressure to rapidly respond to possible health threats. It was also deemed as necessary to support public health capacity-building and develop appropriate tools, as well as increase access to medical expertise and information to support Member States to deliver the necessary health care.

CHAFEA and a consortium of seven European institutions, coordinated by the Escuela Andaluza de Salud Pública (EASP), signed a grant agreement for a one-year action on December 2015. The action is called '*Supporting heath coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure'* (SH-CAPAC).

The grant was awarded under an EC emergency call for proposals in response to the refugee situation in Europe. The action spans the period between January 1 and December 31, 2016. The other consortium members were Azienda Unita Sanitaria Locale di Reggio Emilia in Italy, Trnava University in Slovakia, University of Ghent in Belgium, Jagiellonian University in Poland, Copenhagen University in Denmark, and Academic Medical Centre of the University of Amsterdam.

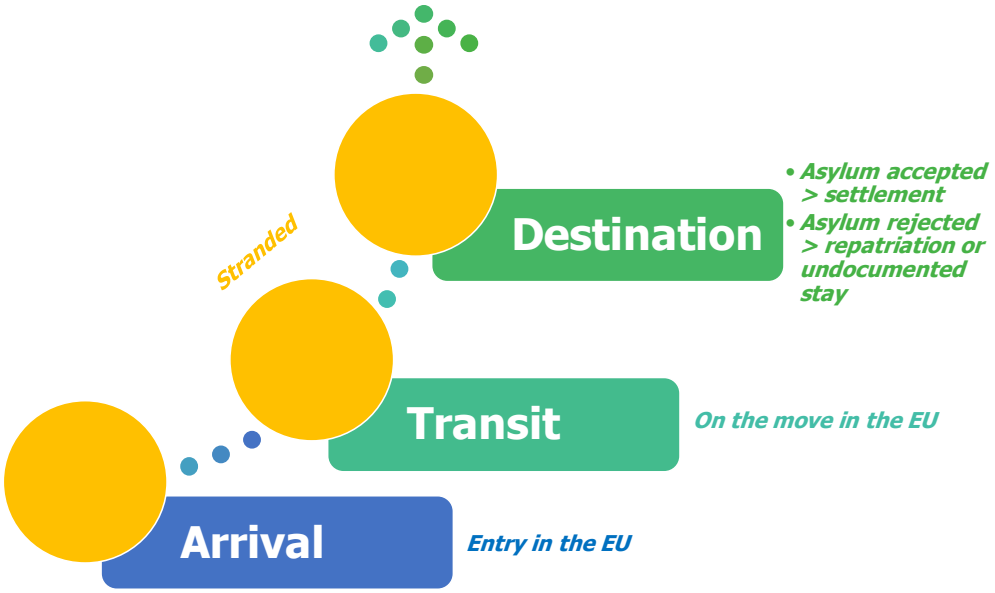
The general objective of the project was to support Member States under particular migratory pressure in their response to health related challenge.

This support was particularly geared to build and strengthen capacities among relevant stakeholders in the 19 target Member States covered by the project so they can attain an effective coordination of the health response, undertake population based needs assessments, develop action plans and contingency plans for improving the health response, identify and reduce access barriers for the vulnerable populations and train health workers, health managers and other professionals on the necessary skills and competences for improving the health response to refugees, asylum seekers and other migrants and for providing migrants' and refugee's sensitive health care.

Variations in the migratory trajectory

Many migrants of the current influx arrive in one of the 'first entry' EU countries but continue their journey to their preferred country of destination which is chosen by refugees and asylum seekers themselves, or by those transporting them. Figure 1 shows the different stages of the migration trajectory. Concepts as **arrival, transit and destination** are not clear cut and they offer a lot of grey zones both from migrants and countries, i.e. depending on circumstances a group of migrants may change of being in transit to be stranded. The legal status linked to the migration trajectory stage as well as to the outcome of the asylum seeking procedure play an essential role in migrant's access to health care.

Figure 1: Migratory trajectory



Many arriving have to survive an arduous journey involving smuggling, exploitation, crossing deserts, mountains, seas and unfriendly European nations. At a rough estimate there might be 50.000-100.000 people "on the move" at any one time. The legal status of these migrants is usually precarious. As unauthorised entrants they are in principle 'irregular migrants'. In some countries unauthorised entry is a criminal offence, in others only an administrative one. However, article 31 of the 1951 Geneva Convention prohibits imposing penalties on such migrants "provided they present themselves without delay to the authorities and show good cause for their illegal entry or presence". Countries vary greatly in the way this article is implemented. As soon as migrants apply for asylum, their presence in the country becomes legal; but if they then move on to other countries, it is likely to become irregular again.

It seems likely that the chance of obtaining international protection, the conditions of asylum, the presence of relatives and ethnic networks, the language, and likely future prospects all play a role in deciding upon the destination country. This may change when a compulsory system of redistribution is put in place. Asylum seekers and other migrants at their destination eventually acquire protected status, become (or remain) undocumented migrants, or – less commonly – return home. This group will merge with migrants already in the country.

Although "migrants on the move" are a different target group from "migrants at their destination", the same country may harbour both. There are also liminal situations between these phases. Between "being on the move" and "becoming an asylum seeker" there may a period of administrative limbo in which migrants have been admitted to the country but not to the asylum procedure (e.g. Germany's asylum system has a backlog of hundreds of thousands.) An asylum seeker may be granted protected status but still be unable to integrate into the host society because of lack of housing outside the asylum seeker centre.

Health needs of the refugees, asylum seekers and other migrants

The large numbers of people arriving in and migrating though Europe have different backgrounds, are in different physical, mental and social conditions, and positioned differently in terms of (e.g.) gender, age, educational level and socioeconomic

status. The health problems they experience and health risks they are exposed to differ in kind and degree, calling for an *intersectional rather than a generalising approach* to analyse the problems in each phase.

There is nothing new about the health needs of these groups: quite a lot is known already about their needs and the services available, the only thing new is the large recent increase in their numbers in certain countries and to some extent the composition of the groups which affects the patterns of their health needs.

Their health needs are notwithstanding considered an issue of public health importance. The deteriorated purchasing power of these population groups, among others things, leads to rising malnutrition rates. Their access to care other than emergency care is limited. Gaps exist in the national health information and disease surveillance systems. These, in turn, increase the risk of vaccine preventable diseases and epidemic outbreaks. Hundreds of thousands of children should keep on track with their vaccination schedule. The profile of the displaced population indicates an increased need for sexual, reproductive and child health services, as well as geriatric care. Sexual violence is also a specific reason for claiming asylum and a priority health concern, which requires specific interventions. Many of these migrants are survivors of violence and have serious medical conditions. Some are amputees needing prostheses, victims of trauma needing specialized treatment or cancer patients. Hence the health needs observed are *a compounded effect of acute critical health needs that warrant humanitarian interventions as well as health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.*

Health needs change and accumulate during the trajectory of flight/migration. This means, first of all, that it is important to address health needs according to their context 1) across the countries (countries of first arrival/transit and destination countries) and 2) within each country according to which step of the trajectory of flight the assessment concerns (arrival, asylum process, settlement). Secondly, it means that awareness of the cumulative effect of health needs during this trajectory calls for early and coordinated specialized action: vulnerable groups may become increasingly vulnerable during flight. Thirdly, it means that health protection during the final stages of a flight/migration trajectory must be targeted based on the complexity of (physical, psychological and social) unmet health needs that have arisen (and potentially keep rising) during the trajectory.

THE NATURE OF THE PROJECT

The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers' competencies for the delivery of migrant/refugee sensitive health services.

The action, comprised 6 work packages, 14 deliverables and 25 milestones. All deliverables have been posted on the SyGMa platform as well as on the project website (http://www.sh-capac.org/) which the EASP has hosted during the course of the project. EASP is maintaining this webpage beyond the duration of the project to facilitate the dissemination of the methodologies, tools and training packages developed as part of the implementation of the project

The initiative began on 1 January 2016 and was scheduled to last 12 months. It was completed on 31 December 2016.The project has been coordinated by the Andalusian School of Public Health (EASP). The EASP has been responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained. The partners that constitute the consortium for the implementation of the project SH-CAPAC have functioned as a collective entity for:

a) Developing the necessary instruments and tools through a division of labour among the members of the consortium.
b) Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries.
c) Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project.
d) Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population.
e) Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU.
f) Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

In terms of the potential impact and use by the target group it is important to highlight the following aspects.

All the activities of the project were directed to support Member States, in close collaboration with WHO, IOM, UNHCR, and the Commission in the establishment of national and international health sector **coordination mechanisms** for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast subject to an increased migratory pressure.

Support was also provided to Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments of the health care response and public health interventions needed** by the refugee and asylum seeker population, to be implemented by governments, Red Cross and NGOs.

An important aspect of the support to Member States was the development of **action plans for implementing a public health response and for reinforcing their health systems** in order to respond to the challenges of the refugee, asylum seekers and other migrants' influx.

Of particular importance was the support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrant's populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Last but not least the activities of the SH-CAPAC action were directed to **building national capacity through training of trainers** in Member States who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

RESULTS OBTAINED BY EACH WORK PACKAGE

The activities, distributed into six Work Packages, have been to develop framework and tools, carry out regional training and dissemination of workshops, offer technical assistance through country missions, carry out regional advocacy and capacity building activities, conducting visits to target countries and coordinate with national health authorities and international organizations.

As part of Work Package 1, the *Coordination Framework* for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union countries was completed It was used in the country support missions and has been disseminated in all the SH-CAPAC workshops as well as in the on-line training course.

A regional workshop on effective health sector coordination for addressing health needs of refugees, asylum seekers and other migrants in EU countries was held in Ghent, Belgium on 23-24 February 2016 with the participation of a large number of target Member States and other international stakeholders, involved in the health response to the large migratory influx. The meeting served as a consultation for further developing the draft framework for coordination and coherence. It also provided an opportunity to disseminate the SH-CAPAC project and highlight the need to intensify coordination of all health actors.

In preparation of the regional workshop, a mapping was done of the response to the health needs of refugees, asylum seekers and other migrants. The SH-CAPAC Consortium prepared draft Country Profiles for each of the 19 target countries of the project. Information was gathered through desk reviews and consultation of multiple sources. Drafts were sent to national health authorities of the target Member States for review and validation. Country officials reviewed a large number of Country Profiles, which are available in final form. A preliminary analysis of some of the major trends has been completed.

An umbrella document that provides background information on the health response to the recent migratory influx into the EU and draws preliminary conclusions from the mapping has been produced. It is available on the SH-CAPAC webpage.

As part of Work Package 2, the *Guide for Assessment of Health Needs and Health Protection Resources* was produced. It incorporates inputs received during the workshop held in Copenhagen May17 and 18, 2016.

A regional workshop of representatives from ten target Member States was held in Copenhagen May 16 to 17, 2016. The workshop provided an opportunity to discuss

the basic tenets of the *Guide for Assessment of Health Needs and Health Protection Resources*. It was also an excellent forum to gather feed-back for the Guide.

As part of Work Package 3 set of *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants.
The rich feedback from the Copenhagen regional workshop, together with the inputs derived from the meeting in Reggio Emilia and the missions to Member States, were used to revise the *Guidelines*.

As part of Work Package 4 a *Resource Package for Ensuring Access to Health Care of Refugees, Asylum Seekers and Other Migrants in the European Union Countries*was developed. It identifies a series of barriers for accessing health care, and formulates recommendations to overcome those barriers. *The Resource* Package is based on a large number of interviews and focus groups, conducted in several project target countries.

The *Resource Package* was used as the background document for discussions with representatives of nine target Member States in a workshop held in Reggio Emilia, Italy, from June 16 to 17, 2016.

The feedback received in the Reggio Emilia meeting, which had the participation of representatives of nine target Member States, was incorporated into the final version of the *Resource Package*.

As part of Work Package 5 a training strategy was developed, circulated and discussed first in in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course.

A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.

An online training course was developed and delivered over a period of six weeks. The training materials were developed and were finalized by August 2016. The course was in production in October and November for piloting the materials with participants from the target Member States. The targeted audience included health managers, health practitioners and administrative staff. Arrangements were made for identifying suitable candidates in the respective Member States.

The SH-CAPAC project coordinated with the training activities of other CHAFEA funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.
The training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

Finally, as part of Work Package 6, the inception and coordination meeting of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. All members of the Consortium and the CHAFEA Project Officer, Paola D'Acapito, participated in the meeting.

A meeting with international stakeholders, who are part of the health response to refugees, asylum seekers and other migrants, was held back to back with the inception and coordination meeting on January 15, 2016. It included representation from CHAFEA, IOM, WHO and ECHO.

An internal consortium meeting of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH_CAPAC activities and products
The work plan was prepared as a result of the inception and kick-off meeting in January 2016, and was adjusted in April during the Trnava meeting. Final adjustments were made following the July 7 meeting with the Project Officer in Luxembourg.

The SH-CAPAC website (www.easp.es/sh-capac) was created, and is fully operational since February 2016. It is continuously updated. It has a component for the internal use of the Consortium members, as well as an external component open to the public for the dissemination of relevant information on the project. The on-line training course produced in October and November was accessible through the SH-CAPAC webpage EASP plans to keep it alive for ensuring access and for supporting dissemination of the products of the projects.

A communication plan was elaborated. It is available on the SH-CAPAC website. A brochure on the SH-CAPAC project was produced and disseminated in all regional workshops or related events.

An interim technical report covering the period January-July 2016 was produced and submitted and the final technical and financial reports are hereby delivered, as planned, at the end of the project.

Six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed. They took place in Bulgaria (Sofia and Haskovo) from June 29 to July 3, 2016; to the South Aegean, Greece (Rhodes and Kos) 31st August- 2nd September; to the Catalonia Region (Barcelona), Spain,21-23rd September; to Slovakia (Bratislava) 24-26th October; to the Andalucia Region (Granada) Spain, on 13th and 14th December and to Greece (Athens) on 15th and 16th December.

The missions allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response.

SOME LESSONS LEARNED

In terms of the main challenges faced and the salient lessons learned by the SH-CAPAC project, the following are the most relevant conclusions and lessons learned linked to the activities developed in the framework of the SH-CAPAC project.

Forced migration is a recurrent phenomenon in the WHO European Region. Migration should be on a multi sectorial agenda, and cover health, education, social issues, laws and policies. A strong political leadership as well as a political dialogue process is essential in order to build a shared and consensual agenda to approach this phenomenon in a comprehensive manner.

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for

health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

Given the situation, a humanitarian public health approach is crucial for some of the actions. Furthermore, there is a need to emphasize the importance of Health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability, migrant health professional training and identification of migrant health focal point.

The crisis did not pose an additional health security threat to the host communities. The focus should be on risk assessment and information sharing on disease profile across the regions and countries, as well as on interagency collaboration. Exchange and sharing of information as well as effective communication to general public is essential.

There are a lot of gaps between policies and their implementation, and the gaps between needs and practice has been the core of this project. To accomplishing this task is the responsibility of governments.

The refugee's crisis has required cooperation and multisectoral coordination among all countries and stakeholders involved so that refugees' asylum seekers' and other migrant's rights and equal treatment is guaranteed. A strong partnership and collaboration between MS and other actors (international organizations, NGO's, civil society, EC sponsored initiatives, etc.) is crucial.

Intercultural adaptation both, for the establishment of tools and measures as well as for training activities have proved to be essential.

Throughout the implementation of the projects is has become crucial to emphasize the importance of Health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability and migrant health professional training.

The focus should be on risk assessment and information, on ensuring access and continuity of care and on interagency collaboration. Exchange and sharing of information as well as effective communication to general public is essential.

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.

One of the most important issues that have emerged throughout the implementation of the project has been the dissemination strategy. The different workshops that have been organized as well as the technical advice mission to countries have been essential to disseminate the methodologies and tools that have been elaborated as well as the best practices to users fostering coordination as well as the engagement of multiple stakeholders at different levels. It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental. EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

The action website, http://www.sh-capac.org/ created as a communication venue for all involved in the action is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

RECOMMENDATIONS

The following is a summary of recommendations related to the challenges and lessons learned throughout the implementation of the SH-CAPAC project:

- Although the project had an incidence on critical issues of relevance, a longer process for designing and planning the actions, involving different actors from countries, not only MS representatives, would have been ideal. Previous inputs from countries would have been an asset.
- Projects that address this kind of complexity need to be carried out with more time in order to assure continuity and sustainability.
- Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.
- Spaces to improve health care must be built despite of the adverse political environment. They have to be built sometimes against the grain, facing an adverse political climate. There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It would be good to identify regions in EU, which have similar challenges, in order to make tailored-made tools or elements relevant by clusters of countries.
- It would be important in collaboration with EC and others, to disseminate results, methodologies and tools among relevant stakeholders.
- The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.
- It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.
- The proposed resource package containing tools and measures to improve access to health care for refugees and asylum seeker should be adapted at national/local level.
- Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.
- Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

Specific recommendations related to the training course were the following ones:

- The language is one of the barriers identified in the piloting. To be more effective, training activities should take place in local language and local context. Translation of materials developed is recommended.
- Contents are designed to be easily fragmented to meet the needs of different target trainees at every level. The course does not necessarily have to be implemented with the structure of the piloted course programme.
- Case studies adapted to the local context are useful. Role-taking methodologies are very useful in face to face training activities.
- Tutor's feedback to the submitted documents by the trainees' is of great importance. In an online course, where interaction is more difficult than in face to face training, this can affect the motivation of participants.
- Participating in a forum requires contributing with answers to the forum questions, but also engaging in debate and commenting on other contributions. Participation in online forums is very time consuming, and requires regular presence in in order to follow and reply to threads. The tutor's role in this aspect is of great relevance.
- In order to keep the discussion relevant in online settings, some forums could be organized be via skype in real time. It is recommended that most activities have a forum for discussion with both tutors and participants.

- Forums should be moderated by tutors. Comments and questions that are posted in the wrong place can be moved. Technical questions should have their own specific forum.
- The Moodle platform may not be the best option for all local contexts since it needs basic technical skills for participants and computer and networking availability.

CONCLUSIONS

A major challenge has been to engage Member States, particularly in light of the constant changes in national and European policies in connection with the recent migratory influx.

The SH-CAPAC project did its best for approaching national authorities of the nineteen target Member States, briefing them about the initiative, engaging them in the different regional activities and trying to get them interested in accepting Country support missions. Some of these actions could have been further facilitated by the European Commission informing Member States of the special initiative and of the projects funded.

The diversity of approaches towards the crisis by the different Member States posed a challenge. There is a need for a more common, unified criterion, across the European Union about the health response needed for refugees and asylum seekers. Receptivity to the project has been very different between countries. In many Member States there has been no favourable political climate for being receptive to these and other projects. While health professionals demonstrated high interest, some health authorities were not keen to engage.

The real challenge ahead is to give continuity to the efforts and keep the tools, instruments and training materials alive after December 2016. Member States need more time to get familiar with them. EC's action in support to the implementation of what has been produced by SH-CAPAC and by the other four funded projects will be necessary. In this regard DG Santé and CHAFEA should consider the possibility of a joint action in 2017 aimed at giving continuity to the action just initiated during 2016 by the five funded initiatives.