



Co-funded by  
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SH-CAPAC: “SUPPORTING HEALTH COORDINATION,  
ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE  
AND CAPACITY BUILDING IN MEMBER STATES UNDER  
PARTICULAR MIGRATORY PRESSURE”  
PROGRESS ACHIEVED AND NEXT STEPS



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3rd Meeting of the Coordination Committee on Refugees Health

Luxembourg July 7th 2016

# TIMELINE OF THE PROJECT (FIRST SEMESTER)

- Start date: January 1<sup>st</sup> 2016
- Kick off meeting of the project January 2016. Granada, Spain
- Back to back meeting with key international stakeholders (as well in Granada, Spain in January 2016)
- Mapping of the Response to the Health Needs of Refugees, Asylum Seekers and Other Migrants in the 19 EU Target Member States in January and February 2016
- Regional meeting with the presence of representatives of EU Member States on the need for a health coordination framework in Ghent, Belgium on February 2016

## TIMELINE OF THE PROJECT (FIRST SEMESTER-2)

- Internal Consortium Meeting for coordinating the different work packages in Trnava, Slovakia in April 2016
- Regional workshop on health needs assessments and planning health interventions in response to the migratory influx in May 2016 in Copenhagen
- Regional workshop on improving access to health care and defining a capacity building strategy for the health workforce in Reggio Emilia in June 2016
- Country Support Mission to Bulgaria for supporting coordinating efforts in Sofia and Haskovo, June-July 2016

# UPCOMING ACTIVITIES (SECOND SEMESTER)

- Regional workshop for Adapting Training Strategy to National and Subnational Situations and Training of Trainers, to be held in Granada, Spain ( on 15th and 16th September).
- Finalization of the design of 30 hours of on-line training modules on different aspects of the health response to refugees, asylum seekers and other migrants (July-September 2016).
- Pilot testing and evaluation of the online training tracks for health managers, health professionals and administrative staff (October-November 2016)
- Continuation of country support missions on the different streams of work of the project (July-December 2016)

# MAPPING THE RESPONSE TO THE HEALTH NEEDS OF REFUGEES,ASYLUM SEEKERS AND OTHER MIGRANTS

- Draft Country Profiles have been prepared by the SH-CAPAC Consortium for each of the 19 target countries of the project
- Information has been gathered through desk reviews and consultation of multiple sources
- Draft have been sent to national health authorities of all 19 Member states for review and validation
- A large number of Country Profiles have been reviewed by country officials and are available in final form
- A few more are still being reviewed by Member States
- A preliminary analysis of some of the major trends has been completed

# Salient aspects of the health response by population segment

Population segment	Location of response	Type of health response	Key actors in the health response	Authority/ coordination
<b>Recent arrivals</b>	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
<b>People in transit</b>	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC <sup>1</sup> , mobile clinics, flexible referral to SHC National and trans-border follow-up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
<b>Settling migrants</b>				
<b>Asylum seekers</b>	Reception facilities/ health centre/hospital	Comprehensive PHC <sup>3</sup> , mobile clinics, flexible referral to SHC SGBV prevention & response SRH, mental health	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI Integration into regular health system initiated
<b>Refugee status granted</b>	Reception facilities/ Health centre/hospital	Comprehensive PHC <sup>3</sup> , flexible referral to SHC SRH, mental health	MOH/RHA/LHA/ designated lead agency	MOH/RHA Integrated into national health system
<b>Undocumented migrants</b>	Health centre/hospital NGO facility Red Cross facility	Comprehensive PHC <sup>3</sup> , referral to SHC SGBV, mental health	MOH/RHA/LHA NGO Red Cross	MOH/RHA



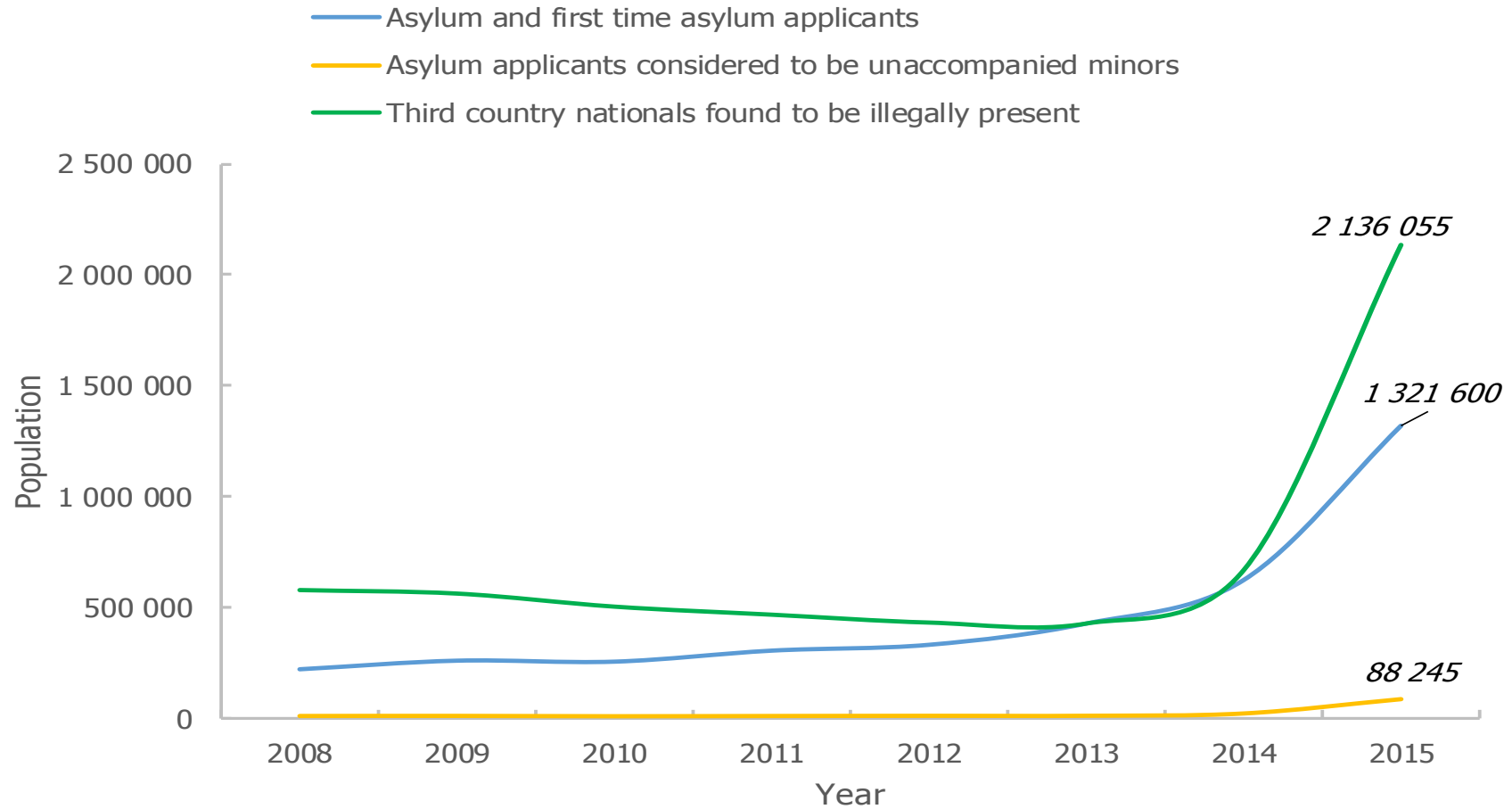
# IMPLICATIONS OF THE MAPPING OF THE HEALTH RESPONSE

The mapping exercise has informed the development of a set of frameworks and tools which:

- address the need for a coordinated health response,
- help to conduct needs assessments,
- support the planning of appropriate actions,
- provide resource packages for increasing access to health care and
- training for more culturally-sensitive services.

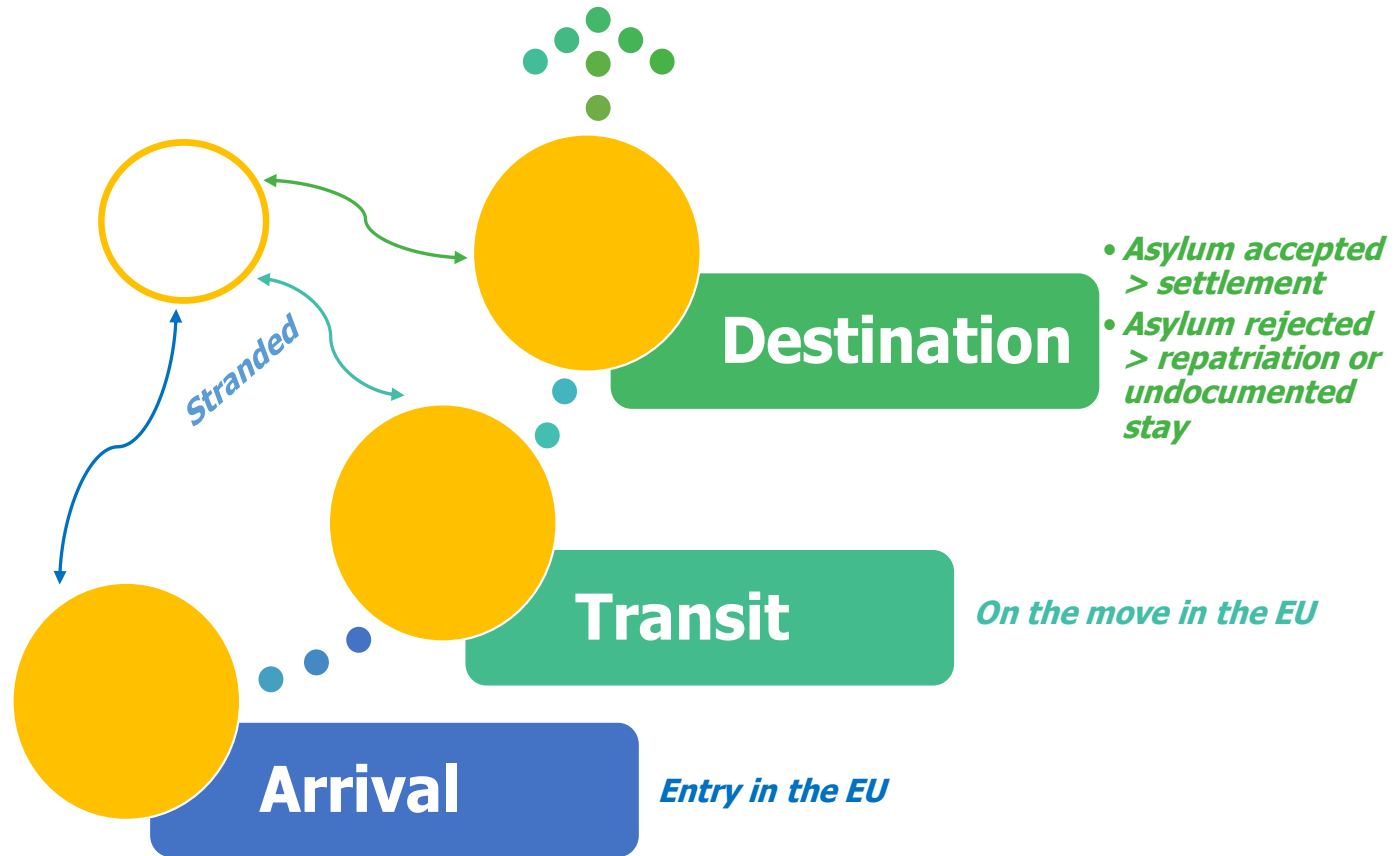
These frameworks and tools are available and can be consulted and accessed as stand-alone guides, frameworks, resource packages and training materials produced by the SH-CAPAC project.

# Evolution of asylum applicants into the European Union as of June 6, 2016





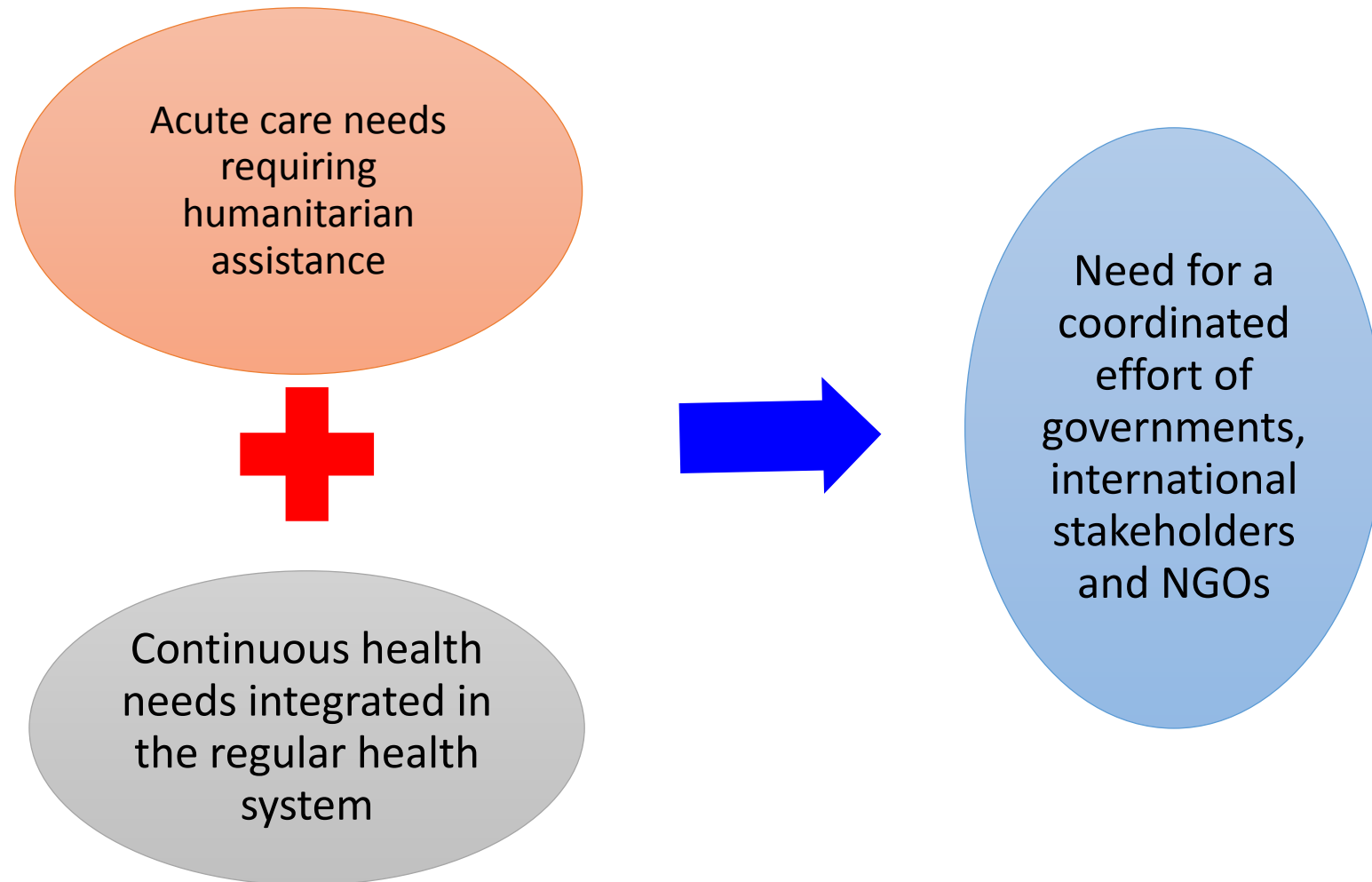
# TRAJECTORY OF FLIGHT/MIGRATION



# THE APPROACH NEEDED

- A Public Health Approach
- A Health Systems Approach
- Relevance of Entitlements
- Importance of Continuity of Care
- Centrality of Access to Care
- Intercultural Considerations
- Coordination of multiple stakeholders
- **No** to dedicated, separate and second class services

# THE NATURE OF THE SH-CAPAC PROJECT



## GENERAL OBJECTIVE

The general objective of the project is to:

**Support** Member States under particular migratory pressure in their response to health related challenges

# SPECIFIC OBJECTIVE I (WP1)

Support Member States, in close collaboration with EC, WHO, IOM, UNHCR, and other relevant international stakeholders, in the establishment or furthering of a **health sector coordination mechanisms** for implementing a coherent and consolidated national and international response to the health needs of the refugees, asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast

**Deliverable: D1.1 Report on the workshop for the framework for national and regional coordination and coherence(including framework)**

# Feedback at Ghent workshop emphasized diversity

## 1. Diversity in coordination approach:

- Some EU MS have already experience/coordination mechanisms in place others not
- Not only Ministry of Health in charge -> Interior, Asylum agency,...
- Most problems at level of local implementation
- Both contingency planning & reponse
- Need of good communication with regular citizens



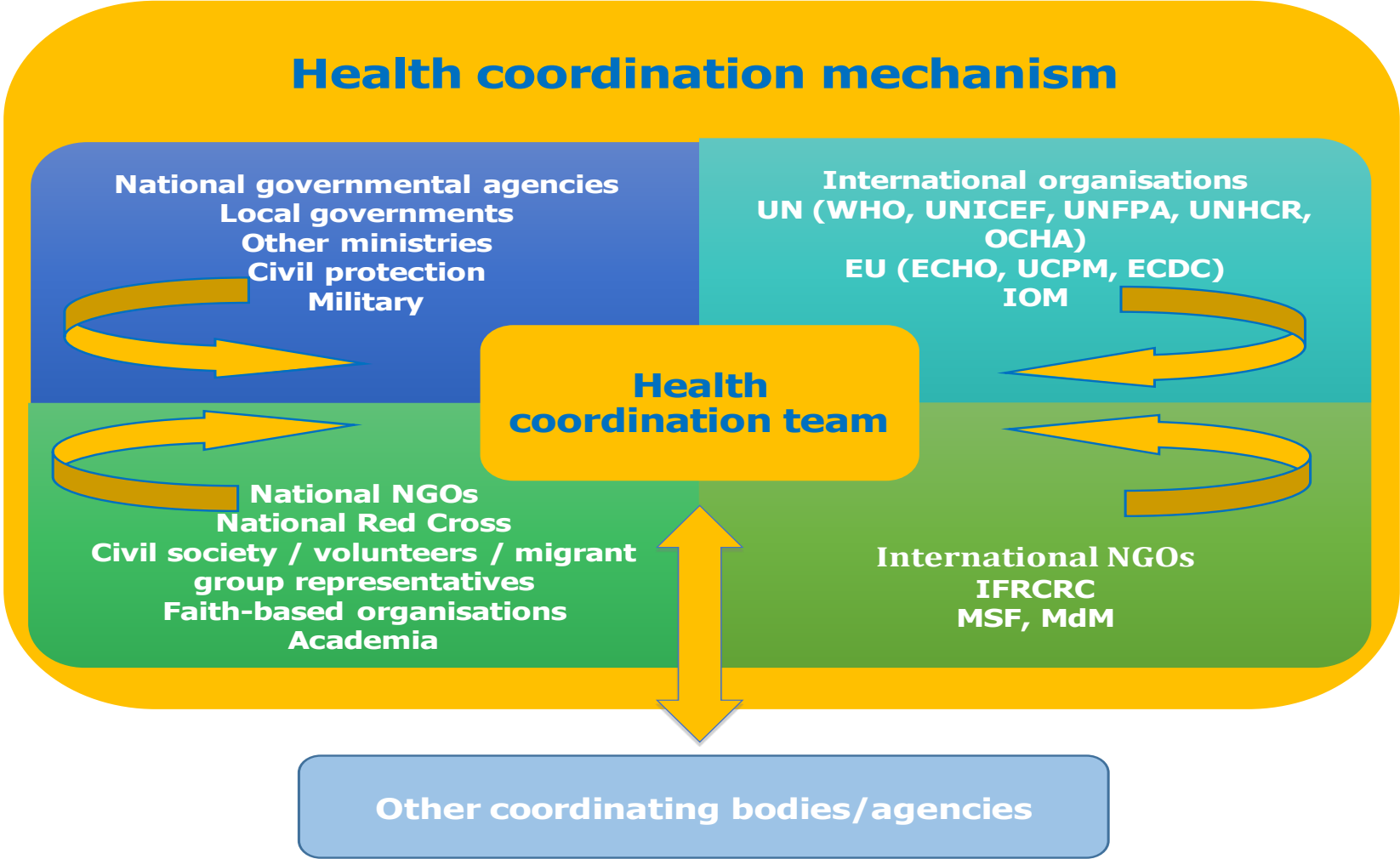
# Feedback at Ghent workshop emphasized diversity

## 2. Diversity in health needs :

- Diversity in first arrival/ transit/destination/mix countries
- Diversity in health care utilisation depending on travel aspirations of the migrants
- Diveristy in health care entitlements depending on legal status & country
- Need to avoid multiple public health needs assessments



# HEALTH COORDINATION MECHANISM



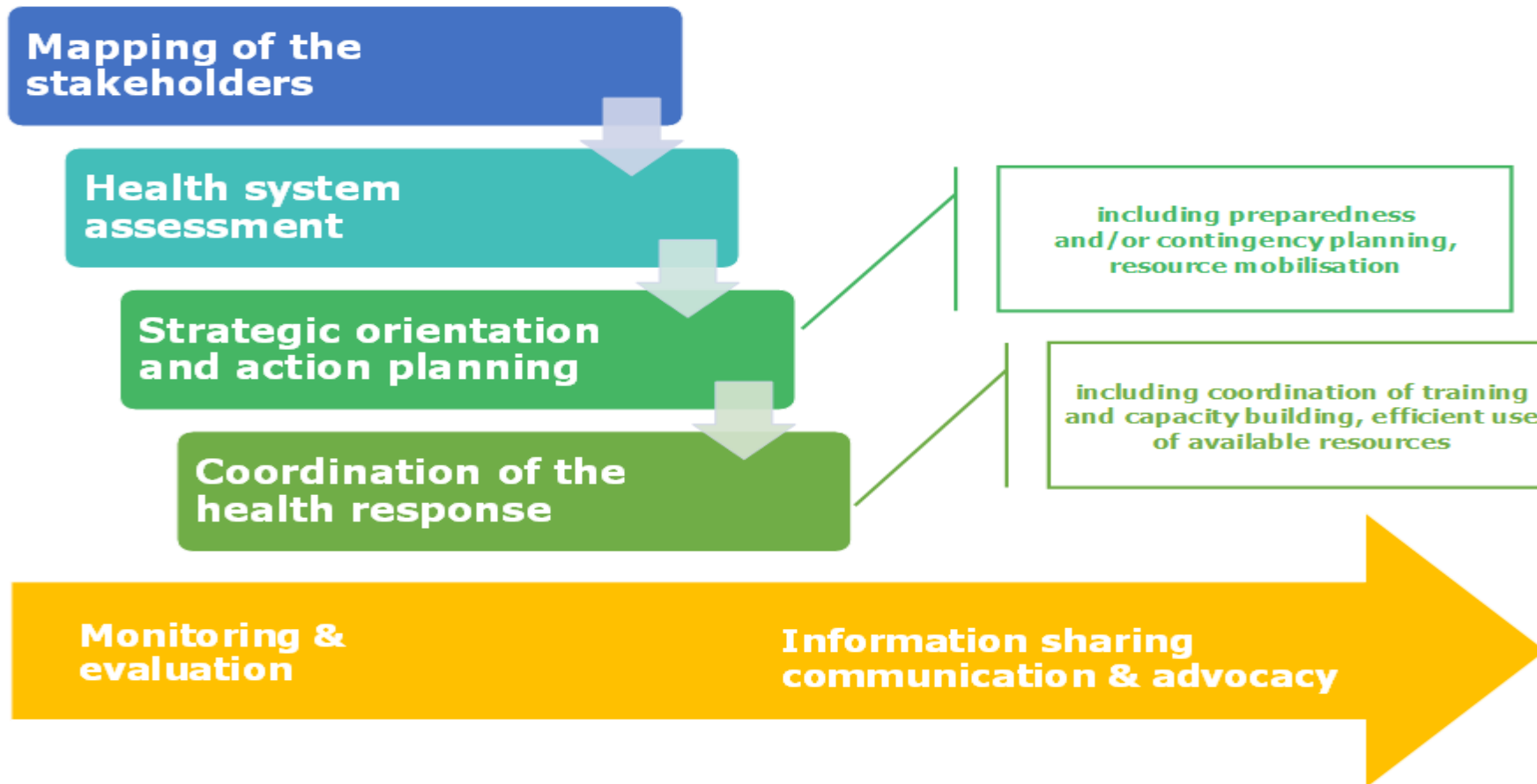


# Health coordination team:

Composition

Basic principles

Tasks :WHO-WHAT-WHERE



## SPECIFIC OBJECTIVES II (WP2)

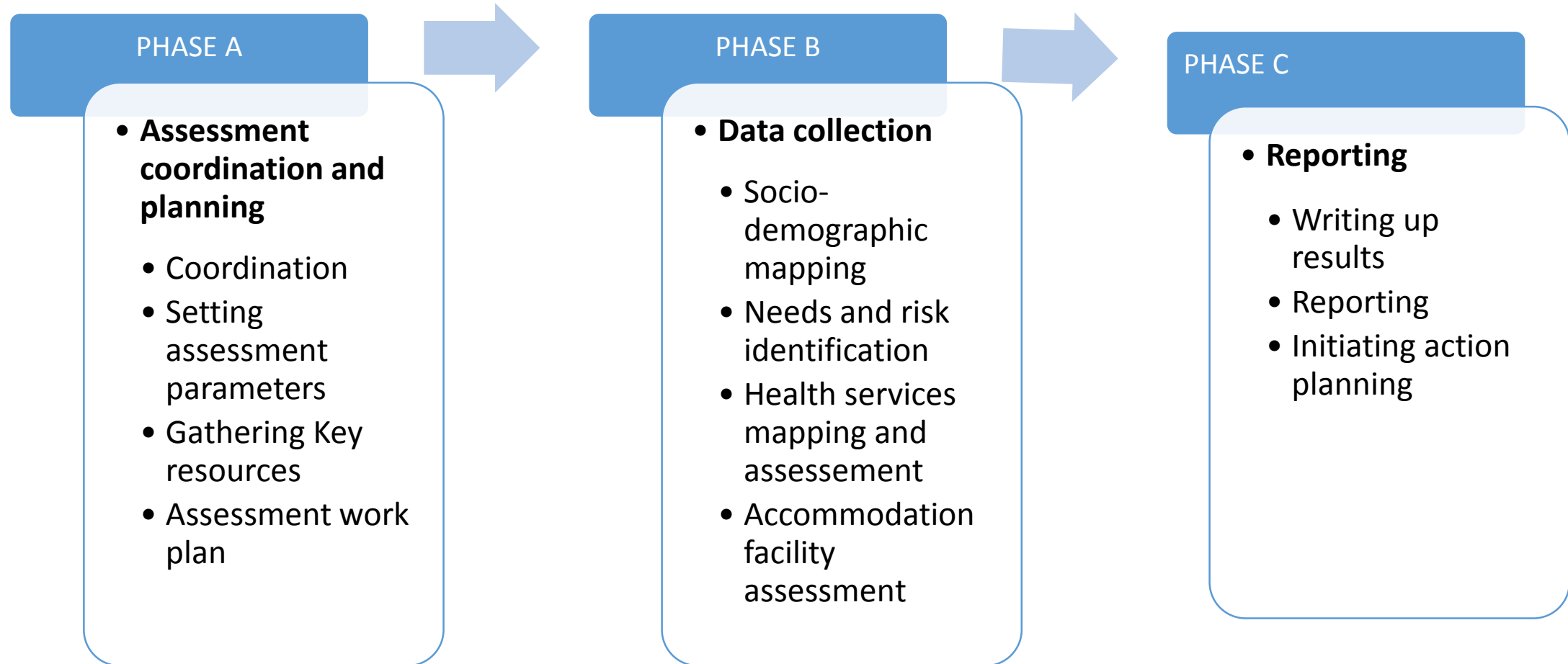
Support Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flows pose, as well as in conducting periodic **assessments of the health care response and public health interventions needed** (to be implemented by governments, Red Cross and NGOs)

Deliverable D2.1: Report on the combined regional WP2 and WP3 workshop (needs assessment component) including Needs Assessment Guide

# Health Needs Assessments (WP2)

- Sociodemographic mapping
- Needs & risks identification
- Health services mapping & assessment
- Accommodation facility assessment

# A Phased Assessment Process



# Identifying priorities

- Compare identified health needs with international benchmarks (e.g. EU standards for the reception of applicants for international protection)
- Compare with pre-crisis situation or neighbouring country levels
- Risk of mortality, morbidity or disability
- Urgency – immediacy of risk
- Number of people directly at risk
- Feasibility of addressing and having a measurable impact in the short term
- Contribution of action to improving the health system and protecting public health

## SPECIFIC OBJECTIVE III (WP3)

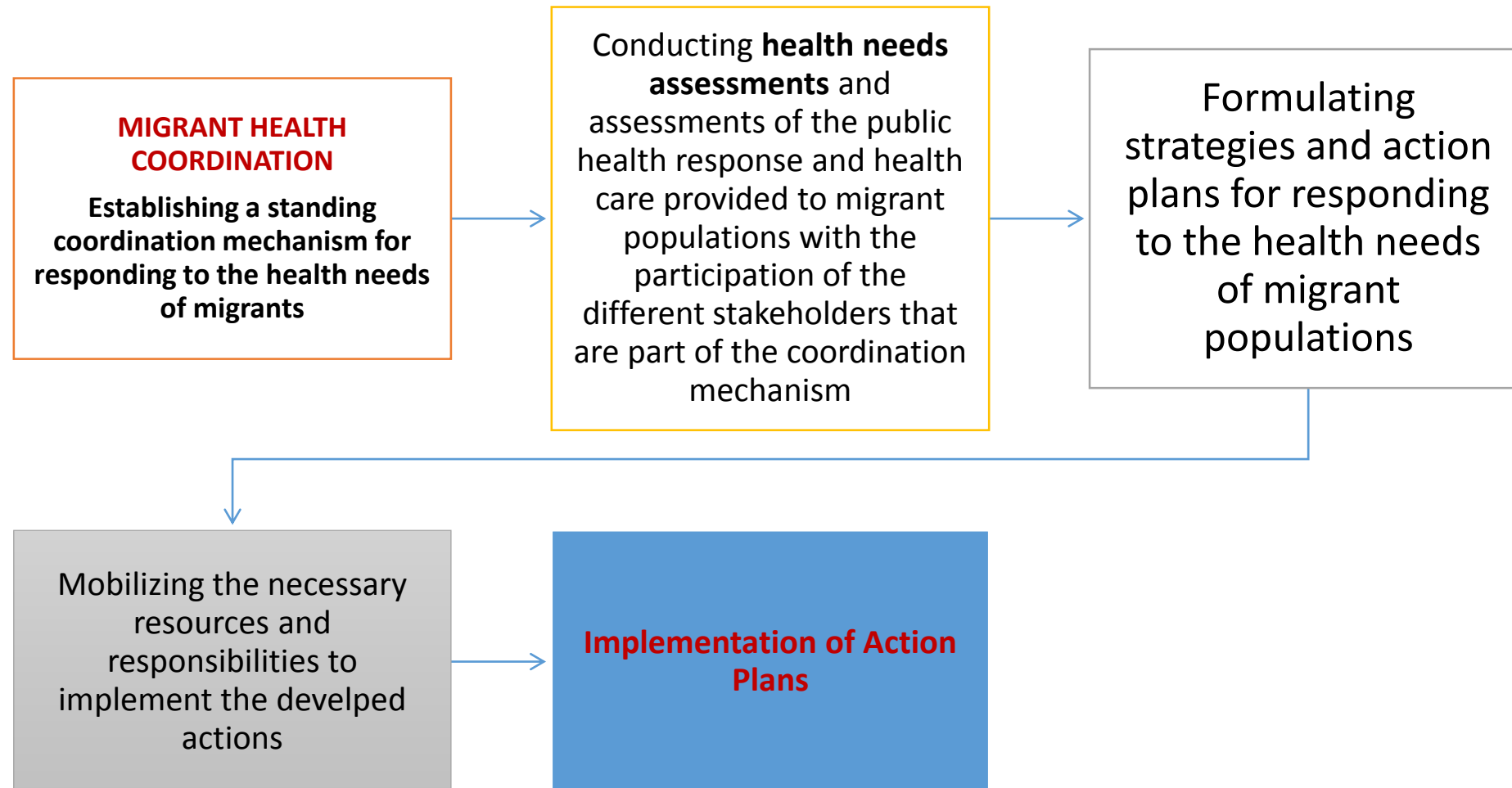
Support Member States in developing action plans for **implementing a public health response and reinforcing their health systems** in order to respond to the challenges of the recent population influx

**Deliverable D3.1: Report on the combined regional WP2 and WP3 workshop (action plans component) including Planning Guide**

# Planning a Public Health Response and the strengthening of the Country's Health System(WP3)

- Prioritise gaps and problems by importance
- Set goals and objectives
- Select strategies for each objective
- Prioritise by feasibility
- Develop work plan
  - Activities for each strategy
  - Preliminary sequencing of activities
  - Assign responsibilities
  - Identify resources needed
  - Estimate costs
  - Final schedule of activities
- Contingency planning

# PUBLIC HEALTH RESPONSE IMPLEMENTATION ROADMAP





## SPECIFIC OBJECTIVE IV (WP 4)

Support Member States in **promoting and ensuring access** of the refugees, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a **resource package** to reorient local strategies and plans.

**Deliverables: D4.1 Resource package on ensuring access to health care and D4.2 Report on combined WP4 and WP5 workshop ( improving access) and adoption of measures and tools**

# Methodology

- To collect evidence on access barriers and effective tools and measures to overcome them:
  - **Focus groups and interviews** in 10 EU countries:
  - **Literature review** (barriers + effective solutions; last 8 years)
- Outcomes:
  - **Country reports from the focus groups and interviews**
  - **Literature review analysis**
- Findings from both FGs and Literature Review inform/orient the development of the Resource Package.

# Focus groups and interviews

- **20 interviews:** 4 in The Netherlands; 10 in UK; 6 in Austria;
- **10 focus groups:** 2 in Belgium; 2 in Greece: 2 in Spain; 1 in Italy; 1 in Slovenia; 1 in Hungary; 1 in Denmark
- **Targeted professionals :** health professionals; health managers; social workers; volunteers; NGO representatives; Local authority representatives ; cultural mediators; psychologists, ...

# New and old challenges identified

## **General challenges to access to health care**

- Legislative, administrative and bureaucratic barriers
- Linguistic and cultural barriers
- Lack of information and difficulties to ensure continuity of care
- Organisation and quality of health services
- Lack of coordination between services

## **Specific challenges for specific health care needs**

- Mental health care
- Sexual and reproductive care
- Child care
- Victim of violence care
- Non-communicable diseases prevention and control
- Communicable diseases control and prevention

# Effective interventions identified

## **Measures and tools to address barriers to health services**

- Training of health and administrative staff / Adaptation of administrative procedures / Health system navigation
- Language and communication support services
- Patient information and education
- Organisational development / change
- Networking and intersectoral collaboration between services

## **Measures and tools to address barriers to specific health services**

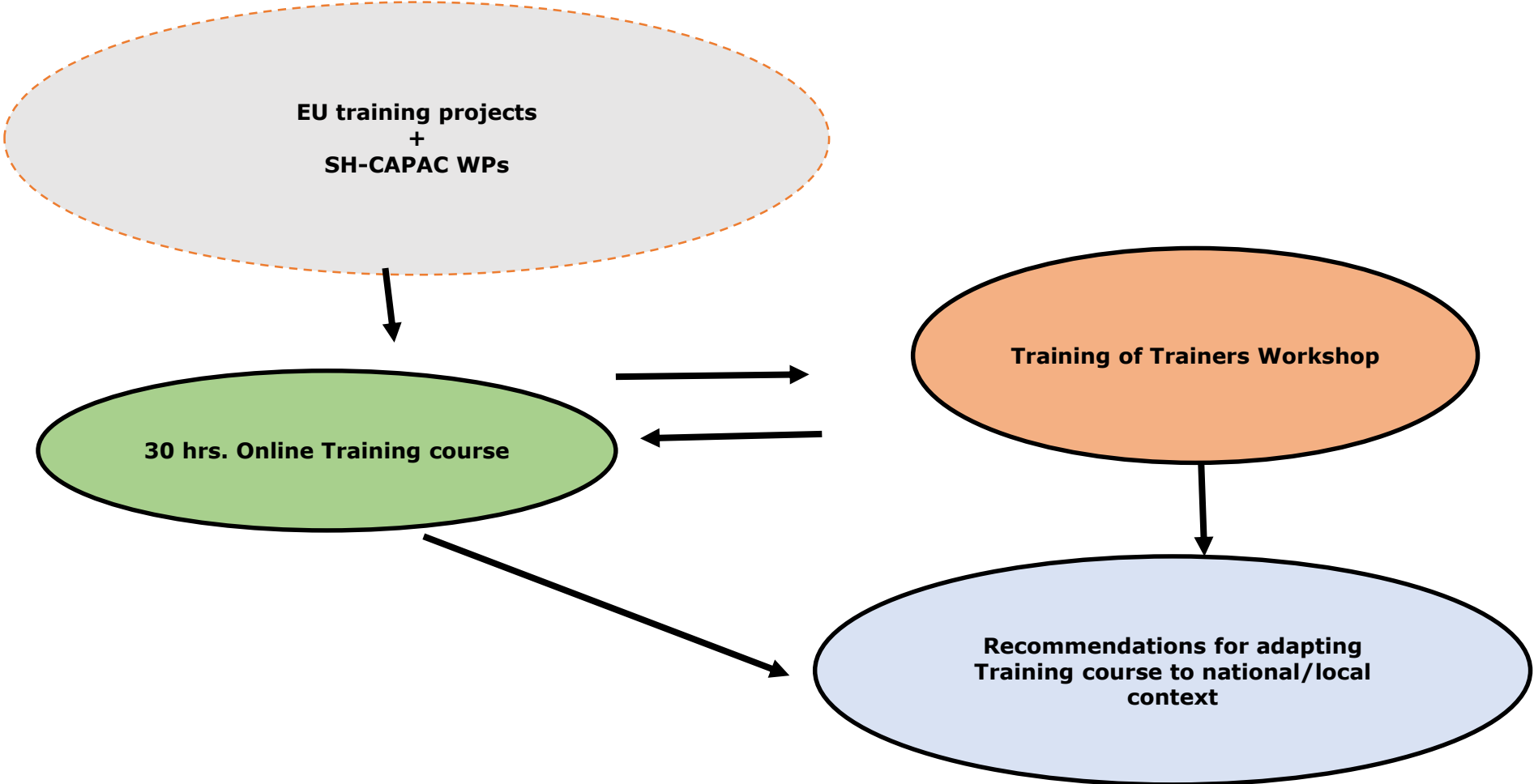
- Mental health care
- Sexual and reproductive care
- Child care
- Victim of violence care
- Non-communicable diseases prevention and control
- Communicable diseases control and prevention

## SPECIFIC OBJECTIVE V (WP 5)

**Build national capacity through training** health workers in affected countries, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

Deliverable 5.1 Training Strategy and design of a training programme for health managers health professionals and administrative staff

# Training Strategy



# Target Audience

- Health managers. People with responsibilities for making decisions about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. Together, they should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions.
- Health care providers. Health care services providers who see significant numbers of migrants among their patients. At the end of the training they should understand the background and circumstances of their migrant patients and have learned some ways of managing their consultations and care in a way that is more effective and acceptable.
- Health facility administratives. Non clinical staff. People in health facilities who have a lot of direct contact with patients as receptionists, appointment managers or clinic facilitators.



# EXPECTED OUTCOMES AT THE END OF 2016

Target countries that participate in the project :

- will have implemented a coordinated approach to organize the multi-stakeholder health sector response to the refugee influx in their territory
- will have comprehensive public health and health systems assessments of the situation of the impact of the migratory pressures and the response needed by the national health systems
- will have developed action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- will have taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems
- will have developed institution capacity and workforce competence to provide migrant sensitive health services

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