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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

Report on the combined regional WP2 and WP3 workshop (action planning component) including the final version of the Guide for formulating Action Plans

Deliverable 3.1

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List of acronyms

BEOC	Basic emergency obstetric care
CD	Communicable disease
CEOC	Comprehensive emergency obstetric care
EPI	Expanded Programme of Immunization
EU	European Union
GE	Gastro-enteritis
GBV	Gender based violence
HIV	Human immunodeficiency virus
HRH	Human resources for health
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IMCI	Integrated management of childhood illnesses
MISP	Minimum Initial Service Package
MSF	Médecins sans Frontières (Doctors without Borders)
MUAC	Mid-upper arm circumference
NCD	Non-communicable disease
NGO	Non-governmental organization
PHC	Primary health care
PMTCT	Prevention of mother to child transmission
RH	Reproductive health
RTI	Respiratory tract infection
SGBV	Sexual and gender-based violence
SHC	Secondary health care
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
TB	Tuberculosis
THC	Tertiary health care
UN	United Nations
WHO	World Health Organization
WP	Work package

1 Introduction

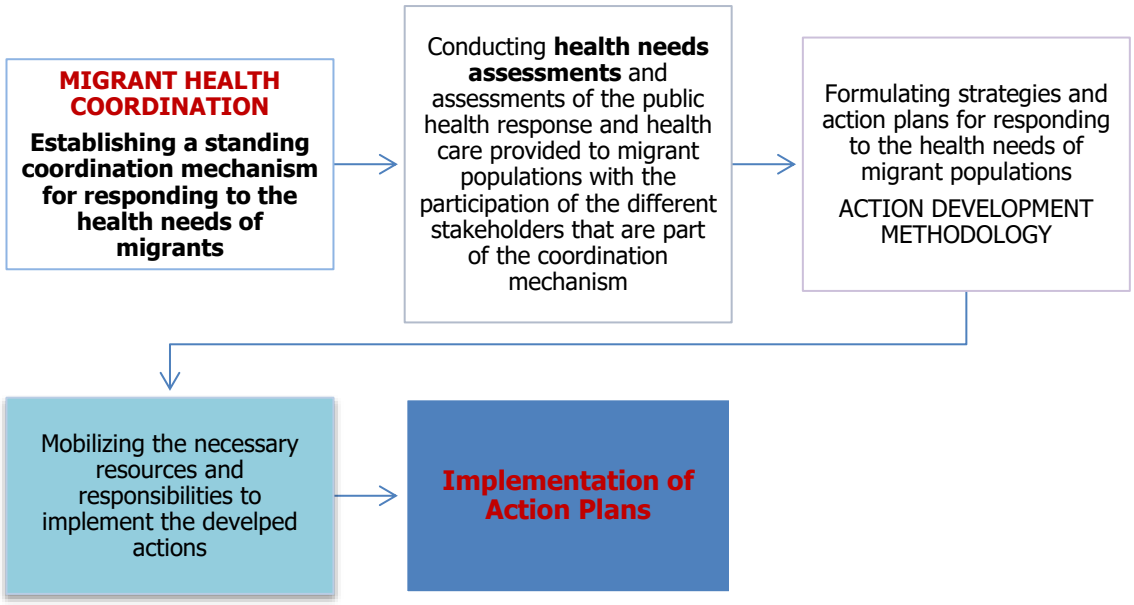
The SH- CAPAC Project was launched by the European Commission on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

The SH-CAPAC Project aims at building capacity in areas of coordination practices, needs assessments, planning 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. One of the project´s expected outcomes is to strengthen EU Member States health systems to address the needs posed by the refugees, asylum seekers and other migrants' influx and support its formulation in at least 8 affected countries.

These Guidelines are part of the SH-CAPAC project. Their purpose is to support Member States **to develop 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 migrant's influx**.

It has close ties with other frameworks and tools developed as part of the SH- CAPAC project, namely the Health Coordination Framework (WP1) and the Guide for assessment of health needs and available health protection resources (WP2). Figure 1 explains how these three tools are connected.

Figure 1. Public health response implementation roadmap



Even though the responsibilities in the EU Member States are shared by different ministries, law enforcement agencies and governmental and non-governmental organizations, the driving forces for the public health and health systems response should be the health authorities at different levels. Therefore, they have to be an active player in the country coordination mechanisms at local, regional and national level. The *Health Coordination Framework* deals with these and other related topics.

Need assessments are essential for coordination, planning and implementation of the health response. Need assessment is a systematic process of collection and analysis of information relevant to the decision makers. This information could come from different sources (literature, data bases, focal groups, field visits and interviews, etc.) and have to be organized, analysed and presented in due form and time to help the decision process. Classically, need assessments identify and prioritize challenges, risks, gaps and unmet health needs. The *assessment guide* (WP-2) helps to identify gaps between health needs and available resources to provide the basis for planning and carrying out action in terms of necessary health provision and preventive measures.

For refugees, asylum seekers and migrants, barriers for accessing health care represent a complex and crucial problem. Newly arriving migrants may face special health risks and, at the same time, they do not receive the care they need because of a constellation of legal, cultural and administrative factors, and also because of the fear of detention. A *Resource Package for ensuring access to health care of refugees, asylum seekers and other migrants in the EU countries* (WP-4) is also part of the SH-CAPAC Project.

2 Guidelines' objectives

The **objective** of this Guidelines is to provide health authorities at national, regional and local levels, and other relevant stakeholders, with tools and ways to develop **action plans** to implement a public health response and strengthening country health systems which are under the pressure of a massive influx of refugees, migrants and asylum seekers, taking into account different situations and scenarios.

This Guidelines have been developed having in mind the needs and tasks of health workers at the district level, local health systems, community health centres and local hospitals in government institutions, the Red Cross and NGO´s health facilities, who are responsible for the provision of health services and the organisation and management of public health interventions.

In such conditions, "planning" is not an academic exercise. Hence, a "quick and dirty "approach" is usually adopted. Therefore, a simple, understandable and pragmatic approach has been chosen for these Guidelines. On the other hand, continuity with the results of the application of the Coordination Framework developed as part of WP-1 and the Guide for assessing health needs and health protection resources developed as part of WP-2 needs to be emphasized. Similarly, it is connected with the application of the Resource package for improving access, developed as part of WP-4.

3 How to use the Guidelines

It is recommended that the following points be taken into account when the Guidelines are used:

- **Flexibility**: in some EU Member States (or regions) those Action Plans have been developed but this is not the case in others. The Guide has been designed to help in both situations; therefore, any regional or local health authority or manager may decide if the Guidelines are going to be used for the elaboration of a new plan or to revise the existing one. Moreover, they can select those sections that are relevant for their context and customize it to develop or strengthen their response.
- The purpose of **section 4** (*Guiding concepts*) is to facilitate a set of concepts, language and terminology to the Action Plan working team. In many respects, this section summarizes the basic concepts and issues discussed in the Coordination and Assessment guide as well in the Resource Package Framework.

- **Section 5** (Before starting the Action Plan development) provides some tips for organizing the efforts aimed at formulating the Action Plans.
- **Section 6** (Preparing the Action Plan) shows how to elaborate Action Plans. This section draws from the *Annex 1*: *Elements for developing action plans to implement public health and health services response to migrant´s influx according to type of migrants*. The content of both, section 4, 5 and Annex 1 should be takes as indicative and not as compulsory.
- **Section 7** (Scenarios for countries formulating action plans) includes *two different scenarios* built from the experiences of several EU member states (at country, regional and local level) at the end of 2015 and the beginning of 2016. Therefore, they need to be adjusted according to the evolution of the context in future. This section is connected with a checklist to facilitate their implementation, and with checklist (Annex 2) that deal with the issue of stockpiling.
- **Section 8** (Contingency plans) points out the level of preparedness and response planning by agencies/organizations, as well as the capacities and resources available to them for rapid action.
- **Section 9** describes some conditions for feasibility and sustainability.
- **Section 10** shows a model for an "Action Plan" document that ought to be adapted to particular circumstances and contexts. The action plan template complements this chapter presenting a decision making chart flow that includes the critical points to be considered to deal with massive migrant´s influx.

4 Guiding Concepts

A public health and health systems response Action Plan is "*a concise statement of the overall approach to which different partners should contribute with the aim of reducing and avoiding mortality, morbidity and disability among migrants and guaranteeing the access to, and the delivery of, preventive and curative health care as quickly as possible in a sustainable manner*".

In this particular influx of migrants into the EU, three **main dimensions** have to be taken into account when a public health and health system response action plan is developed:

- type of country
- type of health problems and risks[1]
- type of migrants[2] and vulnerable groups[3]

Related to **the first dimension,** there are differences among EU Member States both in terms of health laws and policies, organizational and financial arrangements, technical capacities, etc. Additionally, countries are positioned differently regarding the migratory influx: they may be **arrival**, **in transit** and **destination countries**, even though some countries may be placed in more than one category at the same time.

Time is a key factor. First, because migration patterns may vary quickly and some countries may be forced to cope with a heavy migratory pressure from one day to another. And second, because concepts as arrival,

[1] Sexual/reproductive health; Sexual and gender-based violence (SGBV); Maternal/child health; Mental health; Non-communicable and chronic illnesses; Communicable diseases and vaccination; Injuries; Socio-Environmental health

[2] Those categories are: recent arrival, people in transit, asylum seekers, and refugee status granted, undocumented migrants and stranded migrants.

[3] Among them: un-accompanied minors, children and adolescents, women, injured people, people with disabilities, and the elderly and un-documented migrants.

transit and destination are not clear cut and they offer a lot of grey zones (i.e. depending on circumstances a group of migrants may change of being in transit to be "stranded").

Health problems and organizational arrangements may vary depending on the length of time the migrants will stay in a given place (i.e. from the emergency care to guarantee vital support in the shore lines, to the mobile units to treat people in movement, to the primary health surgery in a migrant´s camp, to specialized care needed to treat chronic conditions in a destination city).

Related to **health problems and risks**, a preliminary communication showed that, in 2015, most of health care demand happened during the migrant´s trip. The illness distribution was: respiratory symptoms, trauma, gastrointestinal problems, skin problems and chronic diseases. Malaria was rare and tuberculosis very scarce. Only a small fraction of patients is referred to secondary care, mainly for trauma, respiratory infections, and gynaeco-obstetric conditions. Most migrants were men but in the last 2-3 months of 2015 the proportion of women, including pregnant women and old people increased.

In addition to this, a series of interviews and focus groups have been conducted in the context of the WP-4 of the SH-CAPAC project in 10 EU countries between February and March 2016[4]. The major findings were:

- Delivery of health care to migrants is seriously hampered by the complexity of **legal and administrative procedures** that have to be executed to guarantee access to care. Care providers are insufficiently familiar with rules that apply for refugees, asylum seekers and migrants, and moreover, some of them act randomly. Some restrictions exist, some payments are required for certain services and some treatments and drugs cannot be prescribed.
- **Linguistic and cultural barriers** are systematically identified as one of the major challenges. In many Member States no or insufficient professional interpreters or intercultural mediators are available. Care is often provided on the basis of poor communication and understanding of cultural differences.
- **Lack of health records** hampers the continuity of care. No adequate systems for exchange of medical information between EU Member States exist. It is often impossible to trace patients in movement from one country to another.
- **Living conditions** in the arrival camps has been criticized. In some EU Member States (or regions), hospitals have limited resources to provide, food and clothes to the patients. In countries were a lot of care is provided by NGOs the quality of care may vary.
- **Lack of organization**, abundance of NGOs, lack of knowledge on cultural differences and media pressure have created unjustified **fears among native citizens**, particularly where health resources were limited or underfunded.
- Even though most of migrants do not suffer severe health problems (with the exception of some arrivals to the shorelines), health professionals have to be alert to recognize the few **cases of diseases that are uncommon** in the receiving countries but may be so in the countries of origin.

[4] The interviews and focus groups were addressed to professionals working in center for refugees and asylum seekers, working in health services where migrants go for health care, "hot spots", arrival camps, transit camps, destination centers, mental health services, and services specialized in health care for victims of sexual violence, mother and child care. They include physicians, nurses, psychologists, intercultural mediators, health and social workers, volunteers for NGO, persons in charge of health services, head of health services, public officers in charge of health issues/refugees affairs at municipal/regional/national levels, and civil servants working with ministries involved in health/justice/immigration.

- The collected information also shows that pregnant women, unaccompanied minors, victims of torture and people with mental post traumatic disorders pose special problems. Due to the factors mentioned above, **mental health care is usually poorly delivered**.

Taking into account both prevalent health problems and risks, and issues related to migrant´s access to health services, a pragmatic, flexible **primary health care approach** is recommended to prepare the Action Plan[5].

5 Before starting the Action Plan's development

The political and institutional circumstances of the current influx of migrants are unusual. There are discrepant attitudes and expectations, and institutions like the military and police play a major role in setting the whole planning and management process. These considerations need to be thought about **at every stage of the process**, including the selection of the assessment and planning team (Table 1).

Table 1. Before starting

1. **Secure commitment from the top.**
   Start the planning process by exploring expectations, clarifying outcomes, and negotiating with the top leadership to secure the commitment and resources that are essential to the planning process.
2. **Involve all the key stakeholders.**
   Negotiate for the participation of all the key stakeholders in the planning process in a politically and culturally sensitive way.
3. **Recognize and manage the effect of the organizational culture**.
   Management of the migrant population involves several types of organizations with very different cultures, for example, the Ministry of Defence, Ministry of Health, NGOs and international organizations. It is important, first, to ascertain the prevailing culture and then allow time for the group conducting the assessments and planning to develop and understanding of the different perspectives that may be present .
4. **Collect, comprehend and use valid information.**
   The assessments are based on a mix of objective and subjective information. Because people perceive and understand a situation with their own perspective, it is important to gather information from different sources, e.g. both providers and receivers of care. This also helps to reach a consensus in the planning team since they, with their different backgrounds, will tend to trust one source better than another.
5. **Set a clear overall goal.**
   In a situation in which political views and attitudes towards migrant may vary greatly, it is important the stakeholders in the planning team have the opportunity to develop a consensus on expectations and outcomes of the process for the different groups of asylum seekers, refugees and other migrants. They should agree on how the laws and regulations on entitlements are to be interpreted, and what kinds of improvements are possible within these constraints.
6. **Maintain links with operational plans for the health services.**
   Ensure that new plans take into consideration existing priorities of the health services and the possible impact of the new activities proposed by the plan.

[5] For an updated conceptual approach to this sort of situations see: Bayard Roberts. Health Responses to the humanitarian crisis. Heart (February 2016) http://www.heart-resources.org/wp-content/uploads/2016/03/Bayard-Roberts-Reading-Pack.pdf

Therefore, the recommended **primary health care approach** to cope with this current influx of migrants should:

- ✓ Be part of a wider, inter-sectoral strategy or plan established to cope with the influx of refugees, asylum seekers and migrants (as stated in the WP-1 *Health Coordination Framework*).
- ✓ Be clearly based on the needs of the refugees, asylum seekers and migrants, the most vulnerable groups and the locations of response (as described in the WP-2 *Assessment Guide*).
- ✓ Consider cross-cutting issues (i.e. human rights and protection, gender, culture, environment - including waste disposal and burial issues, psychosocial support, etc.).
- ✓ Define the priority areas to be addressed during a given period of time, as well as the specific objectives of different actors involved during every period of time.
- ✓ Consider issues related to migrant´s access to health care services (as described in the WP-4 *Resource Package*).
- ✓ Setting the means to measure health response processes and outcomes.
- ✓ Be updated as and when necessary according to new information and/or changes in the situation.

The following questions may be used to check the current situation (baseline) of the response at national, regional and local level, and also the way in which this response adapts to the evolution of the situation.

Table 2. Check list

- Are there national and regional/local action plans in the sense it has been defined above? If the **answer is not**, why? And how to develop it?

- If the answer is **totally or partially yes**, are these Action Plans:
  - ✓ Part of a wider, inter-sectoral strategy/plan to cope with migrant´s influx?
  - ✓ Adequately supported by the "top" political level?
  - ✓ Involving all the relevant stakeholders?
  - ✓ Recognising the different organizational cultures?
  - ✓ Collecting, comprehending and using valid information?
  - ✓ Setting shared, clear and measurable goals?
  - ✓ Based on the health needs of different categories of migrants, the most vulnerable groups and the locations of response?
  - ✓ Considering adequately cross-cutting issues such as human rights and protection, gender, culture, environment, psycho-social support and other?
  - ✓ Considering adequately issues related to migrant´s access to health care services (including legal and administrative barriers, living conditions, linguistic and cultural issues, medical records, etc.)?
  - ✓ Defining priority areas and specific objectives for the different actors involved?
  - ✓ Including the means to measure health response processes and outcomes.
  - ✓ Being periodically updated accordingly to new information and/or changes in the situation?
  - ✓ Maintaining links with the operational plans for "normal" health services?

In some cases, **interviews and focal groups** could help both to have a clear picture of the situation (baseline) and to kick off the preparation of an action plan (when there is none), or to improve and/or revise an existing one if it is deemed necessary.

6 Preparing the Action Plan

According to the results obtained using the *Health Coordination Framework* and the *Assessment Guide*, as well as the basic issues included in section 5, the team in charge of preparing the Action Plan must:

- Analyse the context, including previous experiences, capacities, resources and constraints[6].
- Define priority areas, location of response, health problems, vulnerable sub-groups and potential health risks[7].
- Define objectives that are SMART: **s**pecific, **m**easurable, **a**greed upon, **r**ealistic and **t**ime-based.
- Analyse the living conditions of hotspots, detention centres and camps, etc. and propose measures to improve them when needed.
- Ensure that life-threatening needs (i.e. security, food, shelter, water&sanitation, acute medical emergencies) of migrants are met.
- Take into account seasonal variations and the expected evolution of the migrant´s influx.
- Select strategies that are appropriate and feasible in the local/regional context and prioritize them. In this stage, the political, institutional and technical aspects need to be considered together. Prioritization is always a tricky process. It involves exercising judgment and them trying to align the "judgements" of all stakeholders involved.
- Define well the sequence of activities, using diagrams or specific methodologies if appropriate (i.e. PERT, GANTT).
- Adjust the resources (material, human, financial) for each activity, decide on what can fit into the budget, and work to secure them.
- Focus on filling the gaps in areas where large number of migrants are concentrated both in critical life-sustaining services and in information that is critical for determining needs and planning.
- Guarantee reliable and rapid means of communication among different providers.
- Try to make sure each health organization taking responsibility for a particular area or activity has, or will soon have, the capacity required.
- While doing this, estimate how many migrants will probably be attended in a medium-long term period by local and regional health system and the better ways to cope with it.

When conflicting perspectives and pressures arise, it would be wise to adopt and *incremental approach* and proceed gradually, trying to get consensus on intermediate objectives, achieving them and, and then moving to a higher objective as soon the context is favourable.

Another important point is to avoid short-term actions that could create problems in the medium and long-term "normal" service delivery. In particular, it is important to avoid consolidating "specific health systems for migrants" that could hamper their integration in the EU Member State "regular" health system.

[6] Please see the Health Coordination Framework (WP1).
[7] Please see the Guide for assessment of health needs and available health protection resources from WP2.

Preparing and disseminating **clinical guidelines** could facilitate the work, particularly to field units. They have to deal with the most prevalent conditions among the migrants´ population and vulnerable groups (i.e. advanced vital support, pregnant women, child and maternal health, vaccination, nutrition, injuries and trauma, sexual and reproductive health, psychological support, mental issues, people with disabilities, systematic control of some communicable and non-communicable diseases, and other).

These clinical guidelines could be part of the Action Plan or the Plan may mandate their elaboration.

They may include both criteria for primary care as well as clear procedures for the referral of cases.

Even though these clinical guidelines may be written taking into account the particular circumstances in which such clinical conditions are detected and treated (i.e. shorelines, hotspots, refugee camps, mobile units), **the basic assumption is that the quality of care must be appropriate; that means with the same quality standards that for the EU Member State citizens.**

The following questions may be used to orient the preparation of the Action Plan at the national, regional and local level.

Table 3. Criteria to prepare an Action Plan

Is there any Action Plan that has been developed after a situation assessment that includes analysis of the context, previous experiences, capacities, resources and constraints? If the **answer is not**, what are the reasons, explanations, barriers? How to overcome them?

If the **answer is yes**, check the if the Action Plan meets to the following criteria:

- Does it include priority areas, location of response, health problems, vulnerable sub-groups and potential risks?
- Are the objectives SMART (i.e. specific, measurable, agreed upon, realistic and time-based).
- Ensure that life-threatening needs (i.e. security, food, shelter, water & sanitation, acute medical emergencies) are met.
- Ensure that seasonal variations are taken into account.
- Has there been selected strategies that are agreed upon and they are appropriate and feasible in the local/regional context?
- Is there a focus on filling the gaps in areas where large number of migrants are concentrated both in critical life-sustaining services and in information that is critical for determining needs and planning?
- Are the activities well defined and sequenced?
- Are the resources (material, human, financial) for each activity well allocated and available?
- Are there reliable and rapid means of communication and transport among different providers?
- The Action Plan includes clinical guidelines for the most prevalent conditions among migrants with appropriate standards of quality?
- Is each organization taking responsibility for a particular area or activity and does it have the required capacity?

Additionally, **Annex 1** shows the different health responses and the minimum health services to be ensured, the basic equipment/supplies/resources to be provided, the necessary network/coordination tasks and different notes to remember per type of migrant according to the phase in their migration trajectory. It ranges from what should be foreseen in case of recent arrivals (including in hotspots), in different reception facilities for people in transit, in different reception facilities for asylum seekers and then finally for refugees integrating them in the general public health system. For each of these migrant groups we specify what is to be taken into account in the case of undocumented migrants.

7 Scenarios for countries formulating action plans

Elaborating **scenarios** and **contingency plans** according to them may be useful. There are good developments in this respect, some of them elaborated in light of previous humanitarian crisis.

A pragmatic public health response to this crisis may use two possible scenarios. These scenarios are based on two fundamental factors: time and number of migrants.

The two scenarios are:

- Scenario A: a time period in which migrants come in to a country during **hours or days**. The total number of migrants is seriously large sized and overcome receiving capacities of the country. A contingency plan for public health threats and activation of all available resources is prepared and taken in to account.

- Scenario B: a time period in which migrants come in to a country during **weeks** or **months**. The total numbers of migrants might be relatively big, but the influx is continual and it is distributed in a relatively long lasted time period. So that health services can be modified accordingly to the migrants' needs and a sensitive primary health care services approach.

7.1 Scenario A

The **Scenario A** should be seen on one hand, as a description of current situation in the "buffer" countries and, on the other hand, as a possible role model for crisis management and planning schemes for other countries.

The basic features of this scenario are a tremendous number of people located in one place at the same time. The response, including health response, demands all resources available.

The scenario could last a few hours or days or weeks, or even months, depending on international relations, security measures, local conditions etc. Uncertainty is obviously an issue.

How to cope with this scenario? There is no simple or comprehensive response. Local factors and conditions are determinant. These local factors and conditions have to be taken into account and each action plan needs to be tailored for those limitations.

What lessons have been learned so far? Here are some:

- **Migration patterns may vary quickly** and some countries may be under a heavy migratory pressure from one day to the other. There are so many variables and factors operating that changes cannot be predicted. Unpredictable variables may strike and change current situation, consequently it is impossible to prepare a plan for all possible scenarios that may occur. We must accept the resources are always limited and it is important to reorient them to maximize them. Therefore, **continuous assessment, flexibility and adaptability** are essential.

- So far, **countries responses show a considerable variation**. Elaborating contingency plans, foster coordination mechanisms among different stakeholders, and establishing ad hoc, integrated, top-down schemes are some possible approaches. In all of them, good coordination between health authorities and NGO´s is essential. There are countries where ICRC is acting as an "umbrella" to facilitate the coordination between government and NGO´s.

- Give priority to **communication and coordination** (including at the international level) among decision makers, NGO´s and other players involved in the planning process and the execution of the plans and practical measures. **Balance health issues and security** issues: health issues tend to be underestimated at the field level.

- Stockpiling of appropriate drugs, vaccines and other medical supplies and general supplies like babies' food, quilts, shelters, water supplies, sanitation etc. Although, the planning process may incorporate adequate amount of medical supplies, the **supplies cannot track the transiting groups of migrants from one country to another**. International laws cannot allow import, export or transfer of medical drugs, vaccines and supplies among countries - at least at the required speed. Countries might **take advantage of WHO and other international institutions experience** and criteria on this. It is important to be aware of problems related to European legislation and vaccines. A simple checklist for dealing with the stockpiling of more common supplies is presented below. It may be adapted to your particular circumstances.

Table 4. Checklist for stockpiles

No.	Are you able to provide General Stockpiles?	Yes	No	If answer no, why? How could you contribute to solve this?
	Drugs/ treatment			
	Water pipe			
	Clothing			
	Accommodation			
	Ensuring warmth			
	Waste removal			
No.	**Are you able to provide Specific Stockpiles for…?**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Small surgery/wound			
	Minors			
	Pregnant women			
	Others (high virulence, non-communicable diseases, etc.)			

- The best-prepared plan is an unrealistic sheet of paper without adequate **human resources**. Health personnel in charge of providing care must be sufficient and trained. Health care authorities and providers have to listen to them in order to assure the appropriateness of care. Specific clinical guidelines–including health and human rights, and legal and administrative issues- have to be elaborated and disseminated. Their special efforts need to be recognized and their security guaranteed.

- It is important to wider the public health response strategies on basic aspects of the **environment**. Poor environmental conditions, insufficient access to drinking water and sanitation aggravate health status of the migrants and might pose potential health risk for inland community as well. This is particularly important where big camps with hundreds or thousands of people are located.

- **Personal identification** enabling to tag specific medical information to the right person and, eventually, to share this information among health institutions in different countries is important. In spite of the fact that technologies for this identification system are available, there are difficulties to implement them, in part due to the fact that many migrants reject them for legal and security considerations.

- Given their experience and means, **the military** could be very useful (and they are being used in some countries) particularly for logistic and communication purposes. For obvious reasons, they might work unarmed and been kept **in a "second" line**.

Three **check-lists** that can be used **to help to and monitor** the preparation of the Action Plans for this scenario -or to revise an existing one- are presented below:

Table 5. Checklists for SCENARIO A

1. Some questions to be answered before a refugee´s camp is set up (The Reconnaissance Stage)

Stage 1	**The Reconnaissance of a Possible Location**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Has the selected area or location appropriate size for installation of all important staff and issues? (Think mainly on people, staff, stockpiles, corridors and infrastructure, vehicles place for quarantine, mortuary services, savage water and waste management).			
•	Do we set effective checkpoints and control movement of the people in the selected area? (Think about security measures and emergency evacuation in case of fire or violence).			
•	Is selected are located pretty close to cities or places with high population density? (Think about possible spread of communicable diseases, security measures and specific hazards).			
•	Is evacuation and transport of people possible besides main transport corridors in a case of emergency? (Think about possible collisions and traffic jams or safety measures).			
•	Are climatic and environmental conditions take in to account in the selected area? (Think about wind directions and health risk in a case of fire or emission of chemical substances or biological agents in to the air; eventuality that trash will be burnt to the ground; use health risk assessment and risk anticipation).			

•	Are sources of potable water utilized for huge amount of inlands located on the selected area? (Precautionary principles against diseases spreading and protection of water resources; think on all drinking water resources as groundwater, springs, aquifers or surface water and for mineral springs or locations which can be protected because of water cycle)			
•	Can we do pest control in the selected area? (Think about insects, small rodents and other animals can be fed by biological waste and food supplies)			
•	Can we use the place for temporary burry of departed in the case of high contagious infectious? (Although, the probability is relatively low, think about the eventuality that high contagious diseases may occur)			
•	Can we restore the environment in the selected area when the camp will be terminated? (Think about environmental damages that may happen and potential environmental health risk for inlands)			

2. Some questions to be answered before the camp is built-up (The Building-Up Stage)

Stage 2	**The Building-Up**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Is the each sector of the camp clearly tagged? (Think about every single sector of the camp and its single purpose; avoid that vehicle corridors cross corridors for people, high risk activities (e.g. first aid station) are separated from others activities or sectors (e.g. food processing)			
•	Are the evacuation corridors set? (Think about an evacuation in a case of emergency, fire etc.)			
•	Is there enough space for staff and its changing rooms? (Think about the staff, its duty and safety precautions at work)			
•	Is there a space for health entry and exit screening procedures? (Think about health check not only for migrants, but for staff too)			
•	Is there enough space for first aid and emergency care?			
•	Is there enough space for stockpiles?			
•	Are the procedure and waste management rules set? (Think about all possible type of waste and its possible health risks; especially biologically contaminated medical waste)			
•	Is the space for quarantine big enough? (Think about spreading of common contagious diseases; in the case of emergency quarantine can be ordered for staff too)			
•	Is the space for waste disposal set?			

3. Some questions to be answered about how the camp will operate (The Operational Stage)

Stage 3	**The Operational Stage**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Is the each sector of the camp clearly tagged? (Different colours may be used)			
•	Are the corridors clearly tagged?			
•	Are the public health measures set?			
•	Are the public health measures obeyed?			
•	Are the public health measures supervised?			
•	Are the emergency care and clinical guidelines set?			
•	Are the emergency care and clinical guidelines obeyed?			
•	Are the emergency care and clinical guidelines supervised?			
•	Are the precautionary measures set?			
•	Are the precautionary measures obeyed?			
•	Are the precautionary measures supervised?			
•	Are the evacuation measures set? And obeyed?			
•	Are the evacuation measures obeyed?			
•	Are the evacuations routes kept clear?			
•	Are the security measures set?			
•	Are the security measures obeyed?			
•	Are the security measures supervised?			
•	Are the security standards for third party (mainly NGOs staff etc.) set?			
•	Does third party obey the security standards?			
•	Are the controls measures set and executed?			
•	Is the chain of command strictly set?			
•	Are the communication and coordination rules set?			
•	Are the communication routes and schemes verified and updated in periodical time?			
•	Are the responsibilities and competencies strictly set?			
•	Are the stockpiles schemes set and updated?			
•	Are the stockpiles regularly renewed?			

7.2 Scenario B

The **Scenario B** is pretty close to regular situation it used to be in Europe before the current migration crisis. The most significant role in public health response is the provision of adequate primary health care services for all migrants.

Health personnel have to be trained and educated and health services should adopt a migrants' sensitive approach, including interpretation and cultural mediation.

The health care services should be ready to provide all spectrums of health care from emergency care, primary health care, mother and child care and adequate response for those who suffer from chronic diseases.

Relatively limited numbers of migrants who are spread in a relatively long time give health services professionals and managers an opportunity to prepare specific models for health care provisions, model for financial sustainability and close cooperation with non- governmental organization and state agencies.

The situation is almost similar to regular conditions and organization of health services may be equal as for inlands. The scenario gives more time and space for implementing health needs oriented services.

A **check list** that can be used **to help to and monitor** the preparation of the Action Plan for this scenario – or to revise an existing one - is presented below.

Table 6. Checklist for SCENARIO B

Stage 1	**Strategies related to the health care oriented towards cultural and ethnic diversity**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Do you think are there any strategies related to health care oriented towards cultural and ethnic diversity in your own country / regional context?			
	What advantages and limitations can you identify in culture- ethnic-specific health care services, in self-organized health care services or in health care services oriented towards cultural and ethnic diversity and reduction of health inequalities?			
	Do you think it could be useful to work with a mixed model?			
Stage 2	**Strategies for planning and implementing actions related to health care with migrants and ethnic minorities**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Could you list reasons for taking cultural diversity into account in your own institutional context?			
	Could you identify relevant stakeholders?			
	Could you list potential barriers for the implementation of management changes?			
	Could you introduce a service organization oriented towards cultural and ethnic diversity in your institution?			
Stage 3	**Strategies and good practices related to health promotion and prevention**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Could you identify any strategies, or good practices related to health promotion in your national context?			
	Could you identify relevant health promotion stakeholders?			
	Could you reflect on conflict situations in health prevention and health promotion interventions oriented towards cultural and ethnic diversity, and strategies to resolve the situation?			

In both scenarios, a good **communication strategy** of migrant´s health care arrangements, including potential health risks to the country citizens, is required. Citizens´ perception about these issues, accurate or not, is a critical issue. Therefore, a good communication strategy should be established, including the choosing of credible speakers to communicate it.

Additionally, **contingency plans** to cope with **worst case** scenarios (i.e. new and unexpected massive migrant influx; overcrowding of locations; deterioration of security conditions, secondary disasters like floods, earthquakes, etc.; outbreaks; breakdown of in-country supplies chains, etc.) are also recommendable.

8 Contingency Plans

A contingency plan is a tool to anticipate and solve problems that typically arise during a situation of crisis that requires a rapid and coordinated response. Experience confirms that effectiveness of the response is heavily influenced by the level of **preparedness** and **planning** of responding agencies/organizations, as well as the capacities and resources available to them.

The fundamental reason for contingency planning is **to improve the quality of the response.** Planning in advance of an emergency allows participants time to think through and address some critical questions including:

- What could happen? When?
- What would be the impact on the country, region affected?
- What actions would be required to meet the expected needs?
- How would agencies/organizations work together?
- What resources would be required?
- What can agencies/organizations do to be better prepared?

Contingency planning provides an opportunity to identify constraints and focus on operational issues prior to the on-set of a crisis. For example, it provides opportunities to map the strengths and weakness of a migrant´s rescue system, potential areas of rights violations, assess logistical infrastructure such as port or housing capacity, and assess coordination and institutional capacity.

There are some guidelines for contingency planning elaborated for the humanitarian assistance (i.e. *Interagency contingency planning guidelines for humanitarian assistance*) that could be helpful. Typically, they establish four phases of the contingency planning process:

- **Preparation**: political commitment, establish a steering group of senior decision-makers, establish a technical level, contingency planning working group, structure the process and ensure adequate facilitation and take stock of previous experiences are the key elements of the first phase.
- **Analysis**: hazard and risk analysis, scenarios building and defining planning assumptions (including projections of needs and assessing of potential constraints) are the key elements of the second phase.
- **Response Planning**: agree upon response objectives and strategies, define management and coordination arrangements, define collective and individual actions to meet the objectives and prioritize them are key elements of this phase.

- **Implementing preparedness**: defining and monitoring early warning events that could trigger the activation the contingency plan and the actions to be taken in the first hours or days, as well as the ways and procedures to update the contingency plan are key elements of this phase.

When you are preparing a contingency plan, it is important to avoid the "**consolidation trap**", when a large planning document is compiled with the inputs from multiple sectors/clusters and agencies/organizations. The result is a complex and dense document that is difficult to develop, update and use.

This trap can be avoided by defining what documents will be useful and what can be consolidated. Most often, this means a set of different documents at inter-agency, sector and organizational level. For example, detailed sectoral contingency plans are not useful for senior decision makers -or donors- who need short focused documents that highlight the potential scenarios, response strategies, and resource needs. In contrast, health facilities or hot-spot managers definitely need the details.

It could be wise to prepare the contingency plan following a "What- if" logic. Particularly in order to identify which parts of the plan –or which assumptions- are at **risk of failure** and which are the best alternatives to cope with them.

9 Feasibility and sustainability

In general, feasibility and sustainability may not seem so relevant for the short-term but they are important for strengthening the country's health system and for providing a solid response to migrant´s health needs. There are some aspects where an appropriate management of the crisis could help strengthen the health system:

- Future disaster preparedness and relief operations.
- Communication and coordination among different stakeholders and levels.
- Health information systems, both for health risks and needs and for health facilities management.
- Mobile health facilities and transport.
- Purchasing and stockpiling.
- Modalities and partners for contracting out health services.
- Promote the essential drug concept and medical standardized protocols.
- Legal and normative issues, particularly those related with the entitlement of migrants to be covered by EU Member States public health systems and services in the medium and long run.
- Capacity for dealing with the cultural & ethnic diversity.

The transit between the "crisis" situation and the "normal" situation is not easy. In the past, some "acute crisis" have evolved towards a sort of "protracted crisis". This implies that arrangements made for days or weeks may last for months or even years. The evolution of this particular crisis is difficult to predict. Realistic financial estimates are therefore required for both the short term and the subsequent "normal" situation, as well as the assessment of material resources and personal capacities.

10 Model for the development of an Action Plan

A public health response and the strengthening of a country´s health system can be fully implemented when an Action Plan is developed. Action plans development is facilitated when a health needs assessment is done. Potential data collection can be carried out through field visits, case studies, interviews, and participatory research methods. This data collection should include consulting of national professionals, specialists and front personnel relevant to this specific field.[8]

A model for an action plan structure is presented below[9]. The model has two components:

- Action plan structure (Table 7).
- Action plan template (decision making chart flow, Figure 2).

This structure is purely indicative. Users must feel free for adapting it to their particular circumstances and context.

Table 7. Action Plan structure

1. Executive summary (max. 1 page)	• The crisis. • Priority needs and response plan. • Amount of money needed. • Time span covered by this action plan (cannot be longer than 6 months).
2. Context and consequences (max.1,5 page)	*Context* • Preliminary scenario definition. • What happened? Where? • How many people came? • Pre-influx situation and baseline data (i.e. public health situation and health services strengthen and weaknesses, human resources and health financing, etc.). • What has happened since the influx began? (e.g. information gathered, assessments done, government request, international response). *Consequences* • Who is most affected? • What are the needs as a direct and immediate result of this crisis? • What are the priority sectors for response? (Choices in terms of shelter and other non-food items, water and sanitation, food, information, coordination and support services, etc.). • What would the consequences in the medium-long term be depending on the ways the response is organized? •
3. Response plan (max. 2 pages)	• Sectoral needs analysis resume. • Objectives (No more than three, each of which is specific and measurable). • Expected outcomes and impact. • Proposed public health and health services delivery activities which can be implemented within time span of this strategy/appeal (maximum 6 months) include details of project, objectives, beneficiaries, partners, budget, expected outcomes and impact.

[8] Guide for assessment of health needs and available health protection resources, WP2 document

[9] Adapted from: Pacific Humanitarian Team. Emergency Preparedness &Emergency and response Plan. Annex 5. Action Plan Template

<table>
<tr><td>4. Roles and responsibilities
(1/2 page)</td><td>• Detail how the response is being coordinated and who is responsible within the government and other major stakeholders.
• Health sector lead, key partners and contact information.
• Table indicating the major humanitarian stakeholders (government, UN, Red Cross, NGOs) that are responding to the crisis in affected regions.</td></tr>
<tr><td>5. Sketch tables</td><td>For each particular project (i.e. setting health facilities in the ground, training health personnel, stockpiling medicines and other supplies) complete the following table. Be concise and brief.

<table>
<tr><td>Name of responsible</td><td></td></tr>
<tr><td>Project title</td><td></td></tr>
<tr><td>Activity reference</td><td></td></tr>
<tr><td>Description</td><td></td></tr>
<tr><td>Objective(s)</td><td></td></tr>
<tr><td>Beneficiaries</td><td>Total:
Women :
Children:</td></tr>
<tr><td>Partners (if needed)</td><td></td></tr>
<tr><td>Budget</td><td>Requirements:
Funded
Unmet</td></tr>
<tr><td>Expected outputs/impacts</td><td></td></tr>
<tr><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>6. Budget</td><td>For each particular project complete budget proposal for material, human and other sources.</td></tr>
<tr><td>7. Annexes</td><td>Include all relevant annexes, for example, the summary of activities and funding requirements and the summary of international assistance, if it is the case.</td></tr>
</table>

The Action Plan template for massive migrant´s influx (see below Figure 2) presents a decision making chart flow summarizing the complex interactions originated by a massive migrant´s influx and may be supported by the use of annexes contained in this guide (ANNEX 1, ANNEX 2).

The action plan should be based on data obtained from population based needs assessments. We need to know the number of migrants located in the country as accurately as possible. This information can be obtained through field visits and communication with relevant stakeholders.

Due to the size of the influx it is important to select the most suitable place for setting up the camps. It will be important to answer questions from the checklist for Scenario A before a refugee´s camp is established (Reconnaissance Stage).

It is also crucial to coordinate the definition of security check points with police, or a law enforcement agencies. Then organize migrants into specific groups according to their vulnerability, or specific health risk factors. In this phase is necessary to collect data about critical health issues (communicable diseases, non-communicable diseases and mental diseases) for early interventions. Provide triage and emergency care to children, women, disabled people and other vulnerable groups. There is a need for communication in cultural sensitive ways. Simultaneously there must be a provision of water supply, sanitation and hygiene promotion.

It is important to determine the minimum health services to be ensured and the basic equipment/supplies/ resources needed (please see ANNEX 1). If they are not present there is a need to act. Equally important is to identify the need for surging health and social services and to define a time frame and budget.

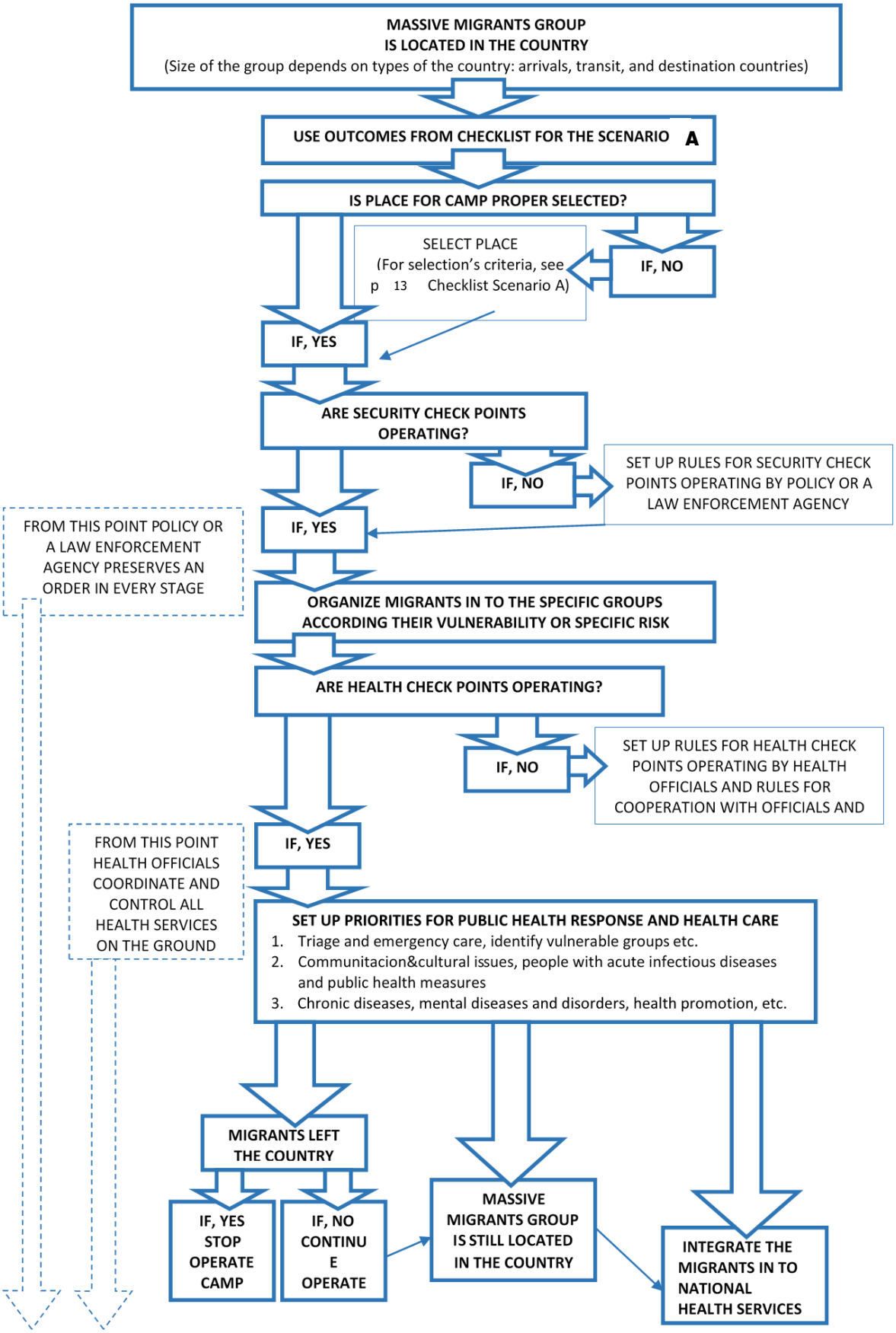
For checking the main results the *Tool C1: Summary and main conclusions framework from Guide for assessment of health needs and available health protection resources (WP 2)* should be used (see ANNEX 2). Based on the needs assessment results it will be important to set up priorities for Action (Table 8).

Table 8. Action plan activities

Determinants of health	Assessment and response tool	Action plan activities
Health care services	Humanitarian aid	**Screening within first entry and assistance services**
	Access to national health services	**Vaccination** **Management of communicable and non-communicable diseases**
	Migrant sensitivity in health care system	**Training of health professionals involved in the provision of health care**
Lifestyle	Health behaviour Self-rated health	**Health promotion intervention** **Health education intervention**
Environment	Living conditions	**Water supply, sanitation and hygiene promotion**
	Socioeconomic conditions	**Education**
	Social position	**Employment**
	Subjective identification of social position	**Social work intervention provision**
Process of migration	Integration process	**Language services provision for migrants (cultural mediators, translators, country language learning)**

Next step should be to focus on addressing barriers in the provision of health services. For detailed information, guidelines and tools for improving access to health care and capacity building please refer to the Resource Package of the SH-CAPAC WP4 report.

Figure 2. Action plan template



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12 Annexes

12.1 ANNEX 1. Elements for developing action plans to implement public health and health services response to migrant´s influx according to type of migrants

Recent Arrivals (Including Hotspots)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember

Triage/Assessment
Acute care
	• First aid:
	  • Resuscitation/emergency care aiming at stabilizing and refer if necessary/
	  • 24/7 Referral System for obstetric & newborn emergencies established
	  • Health assessment re identification of pregnant women, elderly, disabilities, special needs including CD, NCD and RH
	• Psychological first aid: Prepare, Look, Listen, Link
	• SGBV prevention and response
		• Transport 24/7
		• Communication/interpretation, appropriate materials
		• Appropriate health registration
		• Staff: female human resources in health
		• Supplies:
		  • MISP
		  • Individual delivery kits (plastic bag, toilet soap, plastic draw sheet, razor blade, tape, cotton towels, gloves, pictorial instruction sheet) provided to visibly pregnant women & girls
		  • Contraceptives available to meet demand
		  • Post rape treatment kit: levonorgestrel, antibiotics (azithromycin, cefixime,…), Lamivudine/Zidovudine, pregnancy test, bag, guidelines and checklists
		  • Suture of tears/vaginal examination kit: chlorhexidine, polyvidone iodine, lubricant, sutures, compress, gloves, Mayo scissors, needle holder, retractor, speculum, forceps, tray
		• Security personnel
		• Secure and confidential environment
		• Legal protection and advice
		• Staff trained in psychological first aid
		• SGBV staff
		• IASC guidelines
			• Coordination at local level with all partners involved preferably under local health authority's responsibility
			• Hotspot or reception facility aware of referral services
				• Avoid separation of families at registration
				• Consider photographs (smartphone) of children
				• Adapted communication skills and materials (language, same-sex interviewers, pictograms, drawings)
				• Don't use registration procedures which rely only on household registration, as they exclude some from accessing resources, in turn increasing their risk of exploitation and abuse
				• Psychological first aid process = PLLL:
				  • **Prepare:** inform yourself quickly about the crisis event, available services and supports, safety and security concerns
				  • **Look:** Check for safety and shelter, go first to people with obvious urgent basic needs and those with serious distress reactions
				  • **Listen:** approach people who may need support, ask about their needs and concerns, listen and help them to feel calm (again)
				  • **Link:** help people to address basic needs and access services, to cope with problems, give information and connect them with loved ones and social support

Unaccompanied minors	• Medical First aid
	• Resuscitation/emergency care aiming at stabilizing and refer if necessary (Assess potential consequences of lengthy and unsafe travel)
	• RH needs, disability
	• Psychosocial first aid: prepare, look, listen, link
	• SGBV prevention and response
		• Transport 24/7
		• Communication/interpretation, appropriate materials
		• Appropriate health registration
		• Staff: female human resources in health
		• Supplies:
		  • MISP
		  • Individual Delivery Kits provided to visibly pregnant women & girls
		  • Contraceptives available to meet demand
		  • Security personnel
		  • Secure and confidential environment
		  • Legal protection and advice
		  • staff trained in psychological first aid
		  • SGBV staff
		  • IASC guidelines
		  • Senperforto Framework SGBV prevention & response
				• Avoid separation of families
				• Consider photographs (smartphone) of children
				• Psychological first aid process=PLLL

People in Transit: Reception Facilities (from a few hours to months)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember

Comprehensive PHC and 24/7 Referral System when necessary	• General Outpatient services (NCD mainly cardiovascular diseases including hypertension, and diabetes, RTI…)
	• Psychological first aid in first hours: prepare, look, listen, link.
	• Days after: Follow up on trauma care,
	• Referral to SHC if necessary 24/7
	• PMTCT in place
	• SGBV prevention and response
		• Transport (ambulance 24/7)
		• Communication/interpretation
		• Staff : Female HRH including staff trained in BEOC
		• Basic supplies/equipment including:
		  • Vaccines/ cold chain
		  • Individual delivery kits: plastic bag, toilet soap, plastic draw sheet, razor blade, tape, cotton towels, gloves, pictorial instruction sheet
		  • Post rape treatment kit: levonorgestrel, antibiotics (azithromycin, cefixime,…), Lamivudine/Zidovudine, pregnancy test, bag, guidelines and checklists
		  • Suture of tears/vaginal examination kit: chlorhexidine, polyvidone iodine, lubricant, sutures, compress, gloves, Mayo scissors, needle holder, retractor, speculum, forceps, tray
		• Culturally sensitive materials on STI & HIV prevention
		• Senperforto Framework SGBV prevention & response
			• With Local hospital for referrals: X-ray, lab, blood bank surgery and BEOC/CEOC
			• Coordinated response with partners with specific technical resources re SGBV, HIV, Psychosocial support, disabilities
			• Local health workers
			• Security personnel
				• No Overcrowding (transmission of specific communicable diseases like TB, GE, meningococcal meningitis, scabies…)
				• Ensure water and sanitation (prevention of GE,
				• Ensure appropriate separate sanitation and
				• Ensure privacy for consultations
				• Teach and support (exclusive) breast feeding practices, discourage infant formula feeding if possible in the first half year
				• Ensure sleeping areas for women and girls and appropriate lighting and locks from inside
				• Security patrols in displacement sites
				• Highlight suspect features as unexplained bruising, fractures, trouble walking or sitting, excessive emotions, extremes in behaviour, attachment troubles, STI or pregnancy in young children
				• Reduce or eliminate fees for GBV-related services and public health related intervention

Unaccompanied minors	• Child health: can be integrated in outpatient clinic
	  • Expanded Programme of Immunization (EPI)
	  • Nutrition
	  • Integrated management of childhood illnesses (IMCI)
	• Referral to SHC if necessary
	• Trace victims of SGBV
		• Transport (ambulance): 24/7
		• Communication. Interpretation
		• Basic supplies/equipment
		  • Vaccines/ cold chain
		  • MUAC and fortified supplements
		  • Protocols
		• Consider Mobile clinic for specialist referral
		• Culturally sensitive materials on STI & HIV prevention
		• Temporary separate housing for unaccompanied children until a foster care situation can be arranged
			• Coordinate with Local hospital with X ray, lab, surgical unit, blood bank access,
			• Coordinate with partners involved in child care and protection
				IDEM
				• Child friendly area
				• Only use valid documented proof of immunization. In the absence of proof, vaccinate accordingly using PMR for follow up and avoidance of unnecessary repeats.
				• Highlight suspect features as unexplained bruising, fractures, trouble walking or sitting, excessive emotions, extremes in behaviour, attachment troubles, STI or pregnancy in young children
				• Identify the Signs of Child (Sexual) Abuse based on age-specific symptoms

	• Psychosocial support	• Trained staff	• Coordinate with partners who have competencies and skills	
	• Communicable diseases: • Surveillance of TB, HIV, STI other relevant diseases (hepatitis, GE outbreaks, Scabies, vaccine preventable diseases) • Consider syndromic surveillance. • Take into consideration country of origin (i.e. malaria, polio, cholera)	• Consider rapid test kits depending on the main countries of origin (i.e. malaria) • Treatment supplies for known HIV cases • Careful follow up of known TB cases to ensure continuity of care and avoidance of multi drug resistance	• Surveillance network across countries (important for known TB cases)	• Avoid mandatory testing. • TB and HIV testing not a priority in acute setting. TB care and control not to be implemented if movement expected in the near future • Any screening should be connected to a process of diagnosis and treatment
Unaccompanied minors	• Outpatient services • RH, psycho social support, special needs (disability) • SGBV prevention and response	• Trained staff • Senperforto Framework SGBV prevention & response	• Coordination with Partners with pre requisite skills	• Avoid mandatory testing. • See chapter 1 above

Asylum Seekers: Need to integrate migrants in the regular health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion and prevention • Psychosocial support • SRH • SGBV prevention and response	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages • Senperforto Framework SGBV prevention & response: code of conduct, sensitisation, standard operating procedure, training	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • TB surveillance coordination • Social protection • Link with SGBV actors • Education (school health)	• Ensure migrant awareness and understanding of health entitlements
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention and response • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Education (school health)	

Refugee Status Granted: Need to integrate migrants in the regular Health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion • Psychosocial support • SRH • SGBV prevention & response • Special needs: disability…	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • TB surveillance coordination • Social protection • Education (school health)	• Ensure migrant awareness and understanding of health entitlements
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention & reponse • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Link with SGBV actors • Education (school health)	• Signs/symptoms/ • behaviour changes due to violence, discrimination…

Undocumented Migrants: Need to integrate migrants in the regular Health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion and prevention • Psychosocial support • SRH • SGBV prevention & response • Special needs: disability	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • Tb surveillance coordination • Link with SGBV actors	• Ensure migrant awareness and understanding of health entitlements • Particularly important in irregular migrants as they may postpone care out of fear or lack of finances
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention & response • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Education (school health)	• Signs/symptoms/ • behaviour changes due to violence, discrimination…

12.2 ANNEX 2. Tool C1: Summary and main conclusions framework from Guide for assessment of health needs and available health protection resources (WP 2)

Tool C1: Summary and main conclusions framework								
		Assessment dimensions				**Overall conclusions**		
Key question	*Health area*	Highlighted findings Socio-demographic overview	Highlighted findings Needs and risks identification	Highlighted findings Resource mapping	Highlighted findings Accommodation facility assessment	Identified knowledge gaps	General conclusions	Suggestions for action (from informants)
What are the <u>unmet</u> health needs of the target population ? (Incl. awareness to main <u>health</u> risks)	*SRH*							
	SGBV							
	M/C health							
	Mental health							
	NCD							
	Injuries							
	CD/vaccination							
	Socio-environmental health							
Which health protection resources are <u>not</u> available and accessible to the target population ?	*SRH*							
	SGBV							
	M/C health							
	Mental health							
	NCD							
	Injuries							
	CD/vaccination							
	Socio-environmental health							

Part II – Report of the SH-CAPAC Copenhagen workshop May 17-18 2016 "Needs Assessment and Planning the Public Health Response for the big influx of Refugees, Asylum Seekers and Other Migrants in the EU Member States"

Day 1, Tuesday May 17 2016

Introduction to the first day and welcome to Copenhagen University
Researcher Mette Tørslev and Professor Allan Krasnik

Mette Tørslev welcomed all participants to Copenhagen University and gave an introduction to the program and practicalities. The value of the variety of participants was emphasized as representatives from several EU member states, International Organizations and the project group was present.

Allan Krasnik also welcomed the participants and gave a short introduction to the Faculty of Health and Medicine. In relation to the topic of the seminar, it was stressed that the EU member states are diverse in terms of health systems, policies and migration patterns. There are a lot of gaps between policies and their implementation, and the gaps between needs and practice is the core of this project. It was emphasized that accomplishing this task is the responsibility of governments.

Keynote speech by Dr. Santino Severoni, Coordinator of Public Health and Migration, WHO Regional Office for Europe: Migration and Health Situation in the WHO European Region.

Dr. Severoni started his speech by giving an overview of the migrant situation in the WHO European Region: 77 million migrants are currently living in the region, which equals 8 % of its population. There is an increasing number of families with young children, pregnant women and elderly arriving, migrating from conflicts, economic crisis, natural disasters, manmade disasters and climate changes.

Forced migration is a recurrent phenomenon in the WHO European Region, and the migration situation is different depending on region and setting. There are countries where the solution needs a coordination approach, and not a single country intervention.

Furthermore Dr. Severoni stated that we cannot separate the public health of the general public from the public health of migrants. Migration should be on a multi sectorial agenda, and cover health, education, social issues, laws and policies. The reality is that the size of the current influx is a challenge and that countries are not prepared, this goes for both receiving and transit countries. In situations like these it is important to remember human rights and universal access.

Dr. Severoni emphasized that several health issues arise from the migration situation and efforts should be made in terms 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.

He also underlined that migrants do not pose an additional health security threat to the host communities, and that massive screenings and mandatory examinations are not the solution. Therefore focus on risk assessment and information sharing on disease profile across the regions and countries, interagency

collaboration, shared data base and data set is needed. Exchange and sharing of information should be intensifies as well as effective communication to general public.
In conclusion Dr. Severoni talked about The Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region 2016-2022. This contains the following strategic areas:

1. Public health preparedness and response.
2. Health systems strengthening and resilience.
3. Preventing communicable diseases.
4. Preventing and reducing the risks posed by non-communicable diseases.
5. Health screening.
6. Health information and communication.
7. Social determinants of health.
8. Advocating for the right to health refugees, asylum seekers and migrants.
9. Framework to collaborative action.

Introduction to and status of SH-CAPAC: Objectives and status linking to current situation of the influx of refugees, asylum seekers and migrants to Europe, Daniel López-Acuña, Project Coordinator SH-CAPAC

Daniel López- Acuña gave an introduction to the goals and objectives of the SH-CAPAC: to support the administrations on a national, regional and local level to do population-based assessments and support member states in planning the response to migration, including training and capacity building. The project has a running time of 1 year, which gives a certain time pressure, but also reflects the urgency of the current migration situation.

Due to the heterogeneity of the migrant population and the different settings, different responses are needed. The SH-CAPAC reflects this by incorporating different scenarios to the frameworks and tools of the project, according to level of trajectory flight.

The frame of the SH-CAPAP project is 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, coordinate with national health authorities and international organizations.

Presentation of and status on the Health Coordination Framework, Ines Keygnaert

Ines Keygnaert presented the final report "Coordination Framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union (EU) countries" including feedback from the workshop held in Ghent in February 2016. As a result of the discussions in Ghent, diversity in the coordination approach, diversity in health needs, health care utilization and health care entitlements has been taken into account, and incorporated in the project. Furthermore a different structure and glossary has been applied. The recent EU Turkey agreement has changed the political scenario, and puts more pressure on destination countries, and must be taken in to consideration when working with SH-CAPAC.

The participants commented on the presentation. It was noted that for countries such as Greece, the refugee crisis must be seen in the context of the financial crisis. It was asked whether non- EU countries can be included in the work of SH-CAPAP. The consortium replied that since the project is EU funded, the focus will be EU member states. However, other countries can use the frameworks and guidelines developed on own expenses.

Session 2: Presentation of WP2: Guide for Assessment of Health Needs and Available Health Protection Resources, Iain Aitken, Jeanine Suurmond and Mette Kirstine Tørslev

Mette Tørslev gave an overall introduction to WP 2: developing an assessment guide to assist European countries in their efforts of health response and contingency planning during the current influx of refugees, asylum seekers and other migrant to European countries.

The purpose of the assessment guide is to identify health needs and risks, mapping health protection resources, and identifying gaps between the two.

The assessment guide needs to reflect the multiplicity of the challenges across Europe, and to account for the different scenarios of migration: 1) first arrival to Europe/ transit and 2) settlement. An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants also need to be reflected in the assessment guide.

In order to assure this the assessment guide consists of the following 3 tools:

- Tool I: Socio-demographic overview
- Tool II. Contextual needs and resource identification
- Tool III: Resource mapping and monitoring

Mette Tørslev gave an introduction to Tool I, concerning obtaining a socio-demographic overview, in terms of frequencies and characteristics of refugees, asylum seekers and migrants. This is to understand and gain overview of current and anticipated health needs. The info is to be determined by available data on national and sub national levels. Jeanine Suurmond gave an introduction to Tool II, concerning contextual needs and resource identification. Iain Aitkin gave an introduction to Tool III, concerning resource mapping and monitoring. This mapping includes lists of inventory, services, staff and access to those. Furthermore health information system/s needs to be considered in order to monitor the patterns of health problems, and ensure that the health services capacities of facilities are adequate to meet changing demands

Speech by Dr. Octavi Quintana-Trias, Principal Adviser of Migration, Directorate-General for Research and Innovation European Commission

Mr. Quintana-Trias, gave a speech on the European Commission's important role of attracting member states, policy makers and institutions to the debate and the perception related to migration and migrants, as these are sometimes far from reality. Therefore the Commission is funding migration research, and we must consider carefully how we translate and present the results to policy makers, so that the dissemination is made useful. The workshop participants had the chance to ask questions and give comments to the speech.

Session 3: Group discussion of Guide for Assessment, part 1. Strengths, Weaknesses, Opportunities, Threats of the guide/tools focusing on different migration scenarios

After a brief presentation of the SWOT analysis method and the goal of the session, the participants divided themselves into 3 groups, according to which migration scenario they found most relevant for their own contribution (1: arrival/transit, 2: asylum seeking process/stranded migrants; 3: settling with protected status). Each group did a SWOT (Strengths, Weakness´s, Opportunities, and Threats) analysis of the assessment guide. The results of the group work were presented in plenum.

First arrival and transit scenario:
Strengths: The group found the assessment guide to be a useful and well developed tool.
Weakness: The group expressed a need for better flow between the different tools, and some logistic adjustments. A need for including abortion care was also expressed.
Opportunities: There was suggestions of using assessment tools from other bodies like for example UNFPA, to seek inspiration on how to structure the tools, and to consider the order of the tools.
Threats: Some participants commented that the tools could be too time consuming in practical use, and that that the terminology could lead to misunderstandings.

Asylum seekers and stranded migrants scenario:
Strengths: The group pointed out the strength of the availability of data, for the socio-demographic mapping, and that qualitative information was incorporated in the tools.
Weakness: The need for context specific tools with cultural adaption was emphasized.
Opportunities: None was mentioned.
Threats: The group was concerned that there could rise an obstacle due to the lack of shared information, and from police/ military, as well as mis-registration of data.

Settlement / destination scenario:
Strengths: The systematic checklists are useful.
Weakness: It was suggested to at questions about relationship between groups traveling together in order to support social / family network.
Opportunities: The group suggested including relevant NGO`s in implementing the tools, and for training initiatives.
Threaths: None was mentioned.

Session 4: Group discussions on WP2, part 2

In the same groups as previously, the members discussed what information is needed in order to construct a useful socio-demographic overview and how this information could be obtained. Furthermore, it was discussed what information is needed in order to do needs assessment and map the health protection resources, and how these information can be obtained. During the following plenary discussion it was stated that nuances of the different groups need to be added. The organization of the tools was also discussed, in terms of whether it would be most beneficial to organize them according to scenario, or according to steps of assessment. A participant stated that national standards and plans also have to be taken in to account.

After a long day of productive work Allan Krasnik gave a brief wrap-up of the day.

Day 2, Wednesday May 18 2016
Welcome and introduction to the second day
Researcher Eva Nemčovská

Eva Nemčovská gave an introduction to the goals and objectives of the second day to workshop participants. She briefly introduced discussion approach and World café method focused on WP 3 Guide for development of action plans for implementing public health response, main interest was emphases on checklists and action plan template for implementing public health response.

Session 1: Presentation of WP 3: Guide for development of action plans for implementing a public health response and to strengthen a country´s health system

Alberto Infante and Peter Letanovsky gave a brief overview on the process followed to develop the Action guidelines. The evolution of the document was explained step by step. It has tried to respond to the needs of potential users, which has been very challenging. The presentation discussed the concept of a public health response and the rationale for differentiating two distinct scenarios. The public health response was defined as: "Strategy or action plan, with the aim of reducing and avoiding mortality, morbidity and disability among migrants and guaranteeing the access to, and the delivery of, preventive and curative health, as quickly as possible, in a sustainable manner".

Peter Letanovsky and Alberto Infante introduced the checklists developed and the proposed Action plan template. The presentation ended with questions for discussion in working groups:

- Are the health needs of different types of migrants adequately incorporated into the framework and how could you improve the approach to them?
- How do you think of the checklists and the action plan template and how could you improve them?
- How could you encourage / facilitate the usage / implementation of the planning framework and guidelines?

During the following plenary discussion it was stated that population based assessment must take into account the resources available as the basis to inform the preparation of the planning. Generally this takes place under the responsibility of Ministry of Health, but the multiplicity of actors should be taken into account and is a key for success in the implementation of the response: there is a need for strong partnership among different actors.

Session 2: Group discussion of the Guide for development action plans for implementing public health response and the strengthening of a country´s health system

In the three working groups the members discussed the proposed questions followed by a group presentation related to the guide in general and to the checklists and action plan template in particular.

There is a need to place greater attention to the living conditions in camps as important determinants of health. Participants emphasized that the checklists are very general and missed some questions about non communicable diseases, diseases related to living conditions in the camps, injuries from war, sexual/reproductive health, LGTB, disease infrastructure, living conditions in camps and there is a need for greater number of answer options, not only yes and no.

There was also a discussion on the importance to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees). It was stated that is important to develop checklists as flexible and as sensitive to the different contexts for the different MS countries. However it was agreed that it is difficult is to predict all possible scenarios in all countries.

There is no one size fits all template, but rather a need for a very flexible and simple tool/guide for rapid action taking into account time, type of country and characteristics of the migrants.

The action plan template must be sufficiently detailed so it can inform the identification of resources and specific enough to account for unexpected changes and events. The guide for developing action plans for implementing the public health response must avoid academic language and should be user friendly. The inter-sectoral approach is crucial for the implementation in conjunction with the strengthening the country's health system.

Session 3: Wrap up after group presentations in plenary

The plenary was coordinated by Alberto Infante and Peter Letanovsky.
The salient points emerging from the discussion in working groups can be summarized as follows:

- There is a need to cover different levels (local and national levels).
- Spaces to improve health care must be built despite of the adverse political environment.
- It is important to be prepared for a possible increased influx. Contingency planning is essential.
- It is crucial to consider the complexity due to political changes.
- . There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It is important to be aware that sometimes the technical rationale does not match the real politik.
- The spaces for improving the health of refugees have to be built sometimes against the grain, facing an adverse political climate.
- European policies on the refugee influx are constantly evolving, and major changes will probably occur during the year, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.
- A humanitarian public health approach is crucial for some of the actions. Pragmatism is of the essence.

Session 4: Next steps of the SH-CAPAC initiative

Daniel López Acuña gave a brief wrap-up of the day and proposed next steps in relation to country missions, as well as the upcoming workshops in Bologna and Granada. The intention of this meeting was to be able to share work in progress in an advanced stage, for getting stakeholders input. The feedback received will be very helpful to be able for tools improvement. An important task will be to disseminate the methodologies and tools as well as the best practices to users and to undertake advocacy actions in MS countries.

The SH-CAPAC product for building capacities will be the distance learning course on improving the health response to refugees, asylum seekers and other migrants. The course in a virtual platform will be ready in October 2016. A workshop will be held in advance, the 15-16 of September 2016, to discuss with an ample number of stakeholders from Member States both the content of the course, the training strategy and the need of adapting contents to national and local realities

After a long two days of productive work Daniel López Acuña gave thanked the participants for their contributions and engagement.

ANNEX 1

LIST OF PARTICIPANTS

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Member State Representatives

Name	Country	Institution	Position
Daniela Cirlan	Romania	Ministry of Health	Program Implementation and Coordination Unit
Vedran Kranjcevic	Croatia	Ministry of Health	Crisis Centre
Filipa Pereira	Portugal	Directorate-General of Health	Senior Officer
Amalia Tzikou	Greece	Public Health of the South Aegean region	Public Health Inspector
Lies Verlinden	Belgium	Ministry of Asylum and Migration	Counsellor State Secretary Asylum & Migration
Carmen Montaño Remacha	Spain	Ministry of Health, Andalusian Government	Epidemiology and Occupational Health
Pela Soultatou	Greece	Ministry of Health	Advisor to the Minister of Health
Peter Letanovský	Slovakia	Ministry of Health	Expert Consultant Ministry of Health & Ministry of Defence
Mariella Hudetz	Austria	Amber Med	Coordination and Event Management
Francesco Bongiorno	Italy	Health Council of the Sicily Region	Health Councillor

International Stakeholders

Name	Organisation	Position
Santino Severoni	World Health Organisation	Coordinator of Public Health and Migration, WHO Regional Office for Europe
Dr Snezhana Chichevalieva	World Health Organisation	Acting Program Manager National Health Policies
Roumyana Petrova-Benedict	International Organisation of Migration	Senior Regional Migration Health Manager for Europe and Central Asia
Wilma Doedens	United Nations Population Fund	Senior Technical Advisor for Sexual and Reproductive Health
Elena Petelos	EUR-Health Project	Research Associate

Consortium Partners

Name	Country	Institution	Position
Daniel López Acuña	Spain	Andalusian School of Public Health	Project Coordinator EASP

Iain Aitken	Spain	Andalusian School of Public Health	Consultant
Alberto Infante	Spain	Andalusian School of Public Health	Consultant
Riitta-Liisa Kolehmainen-Aitken	Spain	Andalusian School of Public Health	Consultant
Amet Suess	Spain	Andalusian School of Public Health	Researcher
Julia Bolivar	Spain	Andalusian School of Public Health	Researcher
Ines Keygnaert	Belgium	Ghent University	Senior Researcher ICRH
Jeannine Suurmond	Netherlands	University of Amsterdam	Assistant Professor
Eva Nemčovská	Slovakia	Trnava University	Assistant Professor
Daniela Kállayová	Slovakia	Trnava University	Researcher
Antonio Chiarenzo	Italy	University di Reggio Emilia	Senior Researcher
Ewa Dobrogowska-Schlebusch	Poland	Jagiellonian University	Researcher
Anna Szetela	Poland	Jagiellonian University	Professor
Allan Krasnik	Denmark	MESU, University of Copenhagen	Professor
Mette Kristine Tørslev	Denmark	MESU, University of Copenhagen	Researcher
Janne Sørensen	Denmark	MESU, University of Copenhagen	Senior advisor, Centre Coordinator
Claire Munoz de Luna	Denmark	MESU, University of Copenhagen	Researcher
Julia Kadin Funge	Denmark	MESU, University of Copenhagen	MPH Student / Midwife