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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**

**REPORTS ON TECHNICAL ADVICE MISSIONS TO SUPPORT
ACTION PLANNING AT COUNTRY LEVEL**

Deliverable 3.2

December 2016 (Revised March 2018)



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1 Introduction

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

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

Initially, seven country support missions covering aspects related to WP1,2 and 3 were foreseen. Unfortunately, a last-minute cancellation of the mission scheduled for December 2016 to Portugal only permitted the completion, of a total of six missions.

They took place in Bulgaria (Sofia and Haskovo) from June 29 to July 3, 2016; in the South Aegean, Greece (Rhodes and Kos) 31st August- 2nd September; in the Catalonia Region (Barcelona), Spain, 21-23rd September; in Slovakia (Bratislava) 24-26th October; in the Andalucia Region (Granada) Spain, on 13th and 14th December and in Greece (Athens) on 15th and 16th December.

The Portuguese authorities cancelled at the last-minute the mission which had been programmed for the second week of December 2016. This was due to internal changes in the Portuguese Ministry of Health, as documented in email exchanges. The project expired two weeks after so there was no possible way to reprogram it within the limits of the project. This incidence has been reflected under sections 1.9 and 1.10 of this report.

The six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed. They allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response.

The component of those missions included in this report is referred to the methodologies, tools and activities related to Work Package 3.

The missions also encompassed discussions on the methodologies and tools related to Work Packages 1 and 2 but they are reported in Deliverable 1.2 and 2.2 respectively.

The six missions also included discussion with the beneficiary country or region on aspects related to work Packages 4 and 5 (methodologies, tools and training strategies). They are summarized in the report of Deliverable 1.2 since there are no specific deliverables for the mission deliberations related to Work Package 4 and 5.

The detailed programs and reports of the workshops carried out during these missions are included in Annex I to VI.

Deliverables 1.2, 2.2, and 3.2 correspond to the same six country missions but concentrate on different aspects related to the respective work package they were referred to. Missions were rationalized so they became multi work package oriented. However, the respective reports contained in the deliverables 1.2, 2.2 and 3.2 emphasize each on the issues related to the corresponding work package contents. Therefore, there is a commonality in terms of the structure of the missions but a difference in terms of the issues and recommendations related to the respective areas of concentration in connection with WP 1,2 and 3 and in this particular one as well with aspects related to WP 4 and 5.

These deliverables are now accessible in the project webpage as all deliverables of the SH-CAPAC action are.

2 Scope of the Missions

Support was provided to Member States for the development of a public health response to the challenges posed by the refugees, asylum seekers and other migrants' influx, and reinforce and strengthen their health systems to that end.

The missions allowed for discussions with multiple national and local stakeholders involved in the health response to refugees and discussed the possibilities for applying the Guidelines for developing and contingency plans to respond to the health needs of refugees, asylum seekers and other migrants.

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

Deliverable 3.1 encompassed the elaboration of *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants*. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants. As well as a Regional Workshop held in Copenhagen in May 2016.

The 6 missions conducted in Bulgaria, Greece (2), Spain (2) and Slovakia to introduce, disseminate and discuss the *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and discussed the possibilities for applying the Guidelines for developing action plans and contingency plans for improving the response to refugees, asylum seekers and other migrants.

3 Background

As part of Work Package 3, a set of *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants.

The rich feedback from the Copenhagen regional workshop, together with the inputs derived from the meeting in Reggio Emilia and the missions to Member States, were used to revise the *Guidelines* (Deliverable 3.1).

The Copenhagen regional workshop, with representatives of ten target Member States was held in Copenhagen May 16 and 17, 2016. The final report, which is part of part of the deliverable D3.1 is available on the SH-CAPAC webpage (www.easp.es/sh-capac).

Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

4 Main aspects of the Missions

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

Although the project had an incidence on critical issues of relevance, a longer process for designing and planning the actions, involving different actors from countries, not only MS representatives, would have been ideal. Previous inputs from countries would have been an asset.

Projects that address this kind of complexity need to be carried out with more time in order to assure continuity and sustainability.

Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.

Spaces to improve health care must be built despite of the adverse political environment. They have to be built sometimes against the grain, facing an adverse political climate. There are windows of opportunity at local level for applying the tools and for conducting trainings.

It would be good to identify regions in EU, which have similar challenges, in order to make tailored-made tools or elements relevant by clusters of countries.

It would be important in collaboration with EC and others, to disseminate results, methodologies and tools among relevant stakeholders.

The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.

It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.

Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.

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

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

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

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

There are a lot of gaps between policies and their implementation, and the gaps between needs and practice. This task is the responsibility of governments.

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

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

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

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

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

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

Development of Action Plans

It is very difficult to predict all possible scenarios in all countries. For that reason, there is 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.

Contingency planning is essential in order to be prepared for a possible increased influx.

It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.

Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).

There is a need to place greater attention to the living conditions in camps as important determinants of health.

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ANNEX 1: MISSION REPORT TO BULGARIA

29 June to July 2, 2016

July 15th, 2016



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SH-CAPAC Participants: Daniel López-Acuña and Jacqueline Gernay

○ **Day 1: 29 June:** Sofia:*Meeting with Dr Angel Kunchev, Chief State Health Inspector*

- Discussion and agreement on work agenda for the next 2 days.
- Presentation of the latest refugee situation and main organizations involved of which the most important are the State Agency for Refugees (SAR) and the Bulgarian Council on refugees and migrants. SAR falls under the Ministry of Interior (MOI) .It covers costs incurred by the majority of the detention centres. The Bulgarian Council on refugees and migrants is in close collaboration with the presidency as well as with UNHCR.
- The MOI forwards weekly information to the MOH in terms of general statistics per centre by age, gender, and country of origin.
- Each detention centre has a medical facility offering basic services free of charge (bills sent to SAR)
- At June 2016: 6632 refugees had been registered mainly from Afghanistan, Syria and Iraq.
- The Centres depending from SAR have a capacity of 5130 but with an Occupancy Rate (OR) of 19%. The MOI centres have a capacity of 940 with an OR of 62%. As such there were about 1500 refugees in the centres in June 2016. They are mainly young males (a change compared to last year).
- The country is essentially a transit country with refugees staying in general a few days with very few not extending their stay beyond weeks.
- Turkey is not respecting the EU agreement (is not taking back refugees).

○ **Day 2: 30 June 2016:** Sofia*a. Meeting with national stakeholders.*

Present were: Dr Angel Kunchev, Chief State Health Inspector, Director Epidemiology, Director Communicable Diseases MOH, Sofia Regional Health Inspectorate (RHI) of Sofia, Bulgarian Red Cross, WHO, State Agency for Refugees (SAR), Bulgarian Council on Refugees and Migrants, IOM, National Security.

Three presentations were made by the SH-CAPAC team.

- a) A summary of the situation in Europe and of the project by Daniel Lopez Acuna.
- b) The coordination Framework (WP1) by Jackie Gernay.
- c) The salient aspects of WP2, 3, 4 and 5 by Daniel Lopez Acuna.

Q &A and discussion with participants:

Main points:

- i. The Bulgarian Red Cross is very dynamic and responsive to the humanitarian component of the crisis. There are very few NGOs active in the field. They have very good collaboration with the MOH and the centres. They provide weekly information to SAR and UNHCR (not MOH except for TB cases) and hold monthly meetings with various stakeholders re health, hygiene and other needs in the centres. They are the implementing arm of UNHCR.

- ii. There is a gap in health information integration in general, (except for communicable diseases) and as it relates to refugees. There is a necessity for consolidation of the health information through a common repository of information (as the humanitarian health cluster does) and to reach consensus on a few essential variables to report on.
 - iii. WHO made the link with SDGs and the fight against inequity and related work done by the United Nations Country team (UNCT). Migrant health does not appear in their WHO-Bulgaria Biennial Country Agreement as such but is integrated in other programmes such as MCH and NCD. They support a project of 180 health mediators who work mainly in Roma communities and suggested their use with refugees. However, there are about 1 million Roma, representing approximately 10% of the total population. They are a very vulnerable population subject to inequities. They are not covered by the national health insurance. The migrant population in comparison is very small and transitory. But they highlight the inequities of ethnic minorities within the country. Hence separate health services for migrants does not make any sense but reinforces the need for an integrated health system for all.
 - iv. The Red Cross has a Social mediators initiative. They are migrants trained to act as mediators in the various centres. It was suggested to bring the health mediators and social mediators initiatives together in order to share the training between both groups. Red Cross has offered to train the 180 health mediators.
 - v. There is need for coordinated planning including a contingency component. A simulation exercise (similar to other WHO emergency simulation exercises) was suggested and welcomed by the participants.
 - vi. The Bulgarian council for refugees is organizing an Advocacy workshop with UNHCR. In August. The possibility of support by SH CAPAC, especially through the Resource package developed as part of the Work Package 4 was offered and welcomed. SH-CAPAC will follow with Angel Kunchev on this possibility of an ulterior mission.
 - vii. Interest was expressed on having Bulgarian participants from MoH, Red Cross and Ministry of the Interior joining the on line pilot training course that will be offered by SH-CAPAC during the fall.
 - viii. There is opportunity and receptivity to have a monthly meeting to convene all stakeholders especially. However, the adequate leadership to do it should needs to be identified.
- b. *Visit to the oldest SAR refugee centre in Sofia (only interview with staff, no visit of premises allowed)*
- i. 1 nurse 1 Dr (14 years in job).
 - ii. They see refugees sent by the migration authorities. They come from Syria, Afghanistan and Iraq. The nurse speaks Arabic.
 - iii. They cover basic pathologies but need to refer to GPs for any investigation, specialist referral etc. The GP is the gatekeeper. The system is not at all efficient as the alternative is to send the patient to the emergency department of the hospital. GPs do not speak the refugees' language and some are reluctant, as they have to claim reimbursement from SAR.
 - iv. There are no agreements with any local hospital.
 - v. The refugees are mainly young males, in good health but frequently have skin conditions (scabies).
 - vi. Genetic pathologies such as thalassemia and sickle cell anaemia are seen.

- vii. They see unaccompanied minors (one 8 years old had left Afghanistan at age 5 and had passed borders several times from Greece and Turkey acting as a leader for the group). He disappeared from centre and there is no system in place to remedy to this issue (prevention or search).
- viii. Migrants are free to leave the centre at any time and do not stay more than a few days.

○ **Day 3: July 1, 2016: visit to the region of Haskovo (Southern Bulgaria near the border with Turkey)**

1. Visit to the Regional Health Inspectorate(RHI)

Present were: RHI director, directors epidemiology, communicable diseases, security, information, deputy director of the regional hospital, Bulgarian red cross, representatives of 2 centres (Liyubimets and Postrogor), IKAR (NGO dealing with TB funded by global fund), various social workers from NGOs working in the centres. The session was supported by an interpreter and this slowed down the dialogue process.

There were two presentations. The first presentation of the SH-CAPAC project by Daniel Lopez Acuna and a presentation on the coordination framework by Jackeline Gernay.

Discussion and recommendations

- I. Centres have good coordination with hospitals and RHI. GPs are not needed as gatekeepers. Referrals are easy. Health workers from the RHI express frustration at patients leaving before results come back. Patients sign their discharge even when very sick.
- II. Medical information is given to migrants but is destroyed by them as they do not wish to be recognized as having been registered in Bulgaria (Dublin agreement).
- III. When asked about a "what if" contingency situation: participants say they have sufficient infrastructure and would be able to cope. When asked if Bulgaria was to receive a quota of 10,000 asylum seekers, they reacted by saying it would not be a problem, as migrants would leave anyway to go north through the Serbian border.
- IV. NGO members (mainly social workers) working directly at the centres complain of poor recognition of their work and of not being in the loop.
- V. Training needs identified: i) address protection of health workers, ii) address gender issues (separation of women); iii lice treatment.
- VI. Local Red cross is active and interested.
- VII. There is opportunity to have a monthly meeting to integrate all stakeholders especially NGOs. However, the adequate leadership to convene a local coordination group needs to be identified.

2. Visit to the centre of Postrogor

- i. The centre is an old army camp. Refugees are still housed in the old buildings, but new facilities have been built with the support of the EU DG Home on a large campus. This includes family units with bathroom, kitchenette and AC to house about 400 persons as well as a new registration centre and medical centre.
- ii. Two medical assistants were interviewed.
- iii. They have Arabic interpreters as only Syrian and Iraqi migrants are housed there. The region opted to house the Afghan refugees in another location to simplify translation needs.

- iv. They cover basic medical services, check for faecal parasites and malaria and offer HIV testing. (All done with consent form in Arabic).
 - v. The system is organized. There is no need for GPs as gatekeepers. An agreement with the local hospital has made referrals easy. They also refer women to female doctors, but female gynaecologists are not always available in the country).
 - vi. Staff appear motivated and organized (registers well-kept and up to date).
 - vii. Main pathologies encountered: Gastroenteritis, Respiratory Tract infections, Scabies and leishmaniasis. They have seen war injuries (gunshot wounds) but early in the crisis.
 - viii. Staff encountered several cases who signed discharges for themselves or dependents (including 2 kids in winter with severe frost bites to lower extremities requiring hospitalization).
- They see a mix of families and refugees of both sexes and different age groups.
- ix. The average length of stay is 72 hours so there is very little opportunity to discuss violence especially genderbased violence or to address mental health needs. Staff act on suspicion and refer to female social worker.
 - x. Refugees are free to leave the campus, but gate is closed at 10pm for security reasons.

Main conclusions and recommendations

For Bulgaria

1. Share with the SH-CAPAC project the program of the advocacy workshop that will be organized by the Bulgarian Council on Refugees in collaboration with UNHCR in August-September. Request if so desired the support from the SH-CAPAC project through a technical support mission.
2. Establish a standing national coordination mechanism for the health response to refugees, engaging all involved stakeholders, governmental and non-governmental. This could be convened by the Ministry of health and the Bulgarian council of Refugees, meet bimonthly and start consolidating the health information gathered by the different stakeholders for producing a periodic comprehensive situation report.
3. Establish a standing local coordination mechanism for the health response to refugees, engaging all involved stakeholders, governmental and non-governmental in the Haskovo Region. This could be convened by the Regional Health Inspectorate, meet bimonthly and start consolidating the health information gathered by the different stakeholders for producing a periodic comprehensive situation report.
4. Participate with two people, possibly from MoH and Bulgarian red Cross, in the SH-CAPAC Granada workshop of training of trainers, and adaptation of the training strategy to local and national situations, which will take place on September 15th and 16th.
5. Propose the names of three people for Bulgaria for participation in the SH-CAPAC on line training course, preferably from Ministry of Health, Ministry of Interior and Bulgarian Red Cross.

For the SH CAPAC project:

1. Support the advocacy workshop organized by the Bulgarian Council on Refugees in August-September, mainly through colleagues associated to the elaboration of the Resource package for Improving Access pertaining to Work Package 4.

2. Include a component on the need for consolidated information and periodic situation reports as part of the coordination framework (like the health cluster). To be done by the EASP and University of Ghent as part of the WP1.
3. Include a component on scenario building and projections of health needs and demands as part of the guide for assessing health needs and health protection resources of WP2. To be done by the EASP and University of Copenhagen as part of the WP2.
4. Incorporate elements of contingency planning including a simulation exercise as part of the framework and guidance of WP3 (formulation of action plans) The WHO and OCHA guidelines and experiences on this may be very helpful.
5. Ensure that the training materials developed as part of WP5 include gender sensitization and protection of health workers (this last one is to be added to the contents of the training course). This should be done by University of Ghent and EASP).
6. Ensure the participation of at least two people from Bulgaria to the Granada workshop of training of trainers, preferably Angel Kunchev from the Ministry of Health and Maria Stanovaya from the Bulgarian Red.
7. Secure at least three slots for Bulgaria in the SH-CAPAC on line training course, preferably from Ministry of Health, Ministry of Interior and Bulgarian Red Cross.



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ANNEX 2: MISSION REPORT TO THE SOUTH AEGEAN REGION

31st August-2nd September, 2016



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Program

"Improving the health response to the refugees, asylum seekers and other migrants: the EU funded SH-CAPAC Project"

Kos. Offices of the South Aegean Regional Authority

9.00-9.15	Welcoming Remarks. Haroula Giasirani.
9.15-9.30	Round of introduction of participants.
9.30-10.00	Major trends in the health response to the recent migratory influx into the EU and the SH-CAPAC Project. Daniel López-Acuña.
10.00-10.15	Questions and answers.
10.15-10.45	Coordination framework for improving the health response. Ines Keygnaert.
10.45-11.00	Questions and answers.
11.00-11.30	Coffee break.
11.30-12.00	Assessing health needs and health protection resources. Iain Aitken.
12.00-12.15	Questions and answers.
12.15-12.45	Developing action plans for the health response. Alberto Infante.
12.45-13.00	Questions and answers.
13.00-14.30	Lunch break.
14.30-15.00	Improving access and reducing barriers to health care. Daniel López-Acuña.
15.00-15.15	Questions and answers.
15.15-15.45	Building institutional capacity and training the health workforce. Daniel López-Acuña.
15.45-16.00	Questions and answers.
16.00-17.00	Working groups on possible actions in the South Aegean.
17.00-17.30	Plenary discussion.
17.30-17.45	Closing of the workshop. Haroula Giasirani.

The SH-CAPAC team was comprised by the following people:

- 1) Daniel López-Acuña. Andalusian School of Public Health, Granada, Spain and SH-CAPAC Project Director.
- 2) Ines Keygnaert. University of Ghent, Belgium.
- 3) Iain Aitken. Andalusian School of Public Health, Granada, Spain.
- 4) Alberto Infante. Andalusian School of Public Health, Granada, Spain.

Mission to the South Aegean Region, Greece. Report.

Rhodes and Koss, Greece, August 31st-September 2nd 2016

Considerations on the Project and on some of the different SHCAPAC Work Packages

General Considerations on the SH/CAPAC Project

Daniel Lopez Acuña made an introductory presentation where he highlighted the following aspects:

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

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

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

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

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready. The action website, <http://www.sh-capac.org/> created as a communication venue for all involved in the action is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

Work Package 1

Ines Keygnaert gave an overview of the main elements of the health coordination framework. The mapping exercise mentioned in the previous presentation demonstrated that the health response in the EU Member States is fragmented and results in overlap and duplication of actions and yet in unmet health needs. Moreover, the differences in health needs - which depend very much on the journey stage of the refugees, asylum seekers and migrants: first arrival, in transit, or at destination – call for a coordinated response as well. Therefore, the SH-CAPAC project recommends using the health coordination framework which guides stakeholders at national or subnational level to set up a health coordination mechanism, led by a health coordination team.

It was stressed that the health coordination framework is a document, which is to be used in a flexible way. The framework anchors migrant's health in the human rights framework with references to the rights and entitlements of migrants, such as stipulated e.g. in the European Directive of Minimum Standards of Reception of Asylum Seekers. The tool guides ministries or organisations to establish and strengthen a health coordination mechanism led by a health coordination team:

The purpose of the health coordination mechanism is to share information, adopt a coordinated approach, establish common objectives, harmonise efforts and use available (human and financial) resources efficiently to ensure access to appropriate integrated health services for these population segments. The mechanism should include all relevant national and international partners (i.e. public services, NGOs, civil society, UN, EU and other international organisations).

The functioning of the health coordination mechanism is facilitated by a health coordination team that coordinates the response of all stakeholders and actors involved. It is suggested that this team consists of a coordinator, a health information management and communication expert, and a staff member from the health authority with public health experience. SH-CAPAC even recommends that the Ministry of Health or an equivalent health authority at national or subnational level should be in the driver's seat/leading role.

The main tasks of the health coordination team were briefly mentioned because they were discussed in more detail in the following presentations. These tasks are: stakeholder mapping, followed - if needed - by a health needs assessment so that strategic orientation and action planning can be conducted. In parallel with these tasks the team coordinates the health response, monitors and evaluates, and takes responsibility of information-sharing, communication and advocacy.

Work Package 2

Iain Aitken gave an overall introduction to the Guide for Assessment of Health Needs and Health Protection Resources (WP2) emphasising the various dimensions and elements of the guide. Participants who were interested in detailed explanations on the methodological approach and technical details were referred to the guide available online. The presentation explained how the SH-CAPAC Guide can provide an opportunity to

South Aegean regional government, stakeholders and health and social services professionals, to identify the health needs of migrants and risk factors in their living circumstances and assess the adequacy of services in meeting those needs as the basis for developing action plans to bring in improvements. The guide was presented as an independent, yet integrated part, of the SH-CAPAC frameworks, guidelines and capacity building tools developed to support Member States under migratory pressure in their response to health-related challenges. Hence, it was emphasised that the public health assessment should be carried out under the authority of a Health Coordination Team (A South Aegean core/executive team in relation to all stakeholders related to the health response under the leadership of health authorities – see also SH-CAPAC Health Coordination Framework, WP1) to form basis for the development of action plans and contingency planning (WP3).

Divided into four dimensions, the guide provides four toolkits to assist the government and stakeholders of migrant health to assess public health needs of migrants and available health protection resources:

Toolkit I: Socio-demographic mapping

- To identify the locations, numbers and general characteristics of these migrant populations.

Toolkit II: Identifying health needs and risks

- To identify the general and, particularly, the special health needs of migrants, and the health risk factors in their current living circumstances.

Toolkit III: Assessing health protection services

- To assess the extent to which the health services provided meet those needs and address those risk factors: Where are the gaps in health protection resources? What are the barriers to accessing and quality of care?

Toolkit IV: Health protection at accommodation facilities

- To assess health and safety of accommodation facilities.

An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants need to be reflected in the assessment guide. Moreover, it was stressed in all aspects how the assessment must be contextualised within the country setting.

Discussion and comments followed the presentation.

Work Package 3

Alberto Infante made a presentation on the Guide for developing action plans and contingency plans. The following aspects were highlighted:

- It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.
- Contingency planning is essential to be prepared for a possible increased influx.
- It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.
- Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).
- There is a need to place greater attention to the living conditions in camps as important determinants of health.

Work Package 4

Daniel Lopez Acuña made a presentation on the Resource Package for Improving Access to Health Care. The following aspects were highlighted:

- Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.
- There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.
- It is necessary to consider the impact of policies of relocation and it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.
- It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care to formulate recommendations to overcome those barriers.
- Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.
- The list of best practices and solutions contained in the Resource Package suggest the following key elements:
 - Adapted administrative procedures.
 - Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
 - Continuous training both, of health professionals as well as other parties involved.
 - Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
 - Involvement and participation of users and community (partnerships and networking).
 - Relocation systems.
 - Intra and intersectoral coordination.
 - Structures to exchange information and good practices.
 - Standardised inter-institutional operational procedures.

Work Package 5

Daniel Lopez Acuña made a presentation on the capacity building activities of the SH-CAPAC project and the following aspects were highlighted.

One of the SH-CAPAC Objectives was to develop **national capacity** through **training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

As part of Work Package 5 a training strategy was developed, circulated and discussed first in the Reggio Emilia workshop in June, and will subsequently be discussed in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that is being developed by the SH-CAPAC project.

The feedback derived from these consultations will be used to revise the draft Training Strategy and develop the Online Training Course. A Training of Trainers workshop will be conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course. Participation from the South Aegean Region is expected.

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

Group Discussions and Feedback Received

The mission to the South Aegean did not involve any site visit to a refugee camp or reception centre but it encompassed a very fruitful group discussion with all stakeholders who participated in the workshop. The SH-CAPAC project formally requested a visit to one or more reception centres or hot spots in the Island of Koss but at the very last minute the Regional Authorities decided not to authorize the visit.

The exchange of experiences and the recommendations were presented to the health authorities of the South Aegean Region as well as to representatives from other sectors involved in the management of refugees, asylum seekers and other migrants. Representatives of the health centres and health hospitals from Rhodes and Koss were present in the workshop and participated in the group discussions.

With respect to coordination the participants welcomed the suggestions made by the SH-CAPAC framework and representatives and indicated that this is an area that requires further development in the South Aegean region in coordination with the Ministry of Health, the Greek CDC and the Emergency Response Centre in Athens. There is already an intersectoral and multi-stakeholder process of coordination in the South Aegean, but it requires much more dovetailing of efforts with the national health system of Greece. Some of the recommendations contained in WP1 will be incorporated into the functioning of the existing mechanisms.

With respect to the frameworks and tools proposed in WPs 2, 3 and 4 the participants in the workshop stated their relevance and usefulness and requested an ample dissemination of the documentation among the different stakeholders in the South Aegean and in Greece at large.

Finally in connection with WP5 the South Aegean Regional Authority and the representatives of the Rhodes and Koss Health Institutions, as well as other stakeholders participating in the workshop, indicated their willingness to participate in the Pilot Exercise of the Training Course on Improving the Health Response to Asylum Seekers, Refugees and Other Migrants, which will take place in October under the Coordination of the Andalusian School of Public Health and will nominate participants of the three different subgroups: health care providers, health administrators and managers and other types of staff.



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of the European Union



Generalitat de Catalunya
Departament de Salut
Secretaria de Salut Pública

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

ANNEX 3: MISSION REPORT TO THE CATALONIAN REGION

22nd SEPTEMBER, 2016



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PROGRAMA TALLER PRESENTACIÓ PROJECTE SH-CAPAC

"Com millorar la resposta sanitària als refugiats, sol·licitants d'asil i altres migrants, el projecte SH-CAPAC - UE"

("Improving the health response to the refugees, asylum seekers and other migrants: the EU funded SH-CAPAC Project")

9:00 -9:30 Paraules de benvinguda.

Àngel Miret. Coordinador del Comitè per a l'Acollida de les Persones Refugiades, Secretaria d'Igualtat, Migracions i Ciutadania, Departament de Benestar i Serveis Socials, Generalitat de Catalunya.

Xavier LLevaria. Subdirector General de Coordinació de Salut Pública, Agència de Salut Pública de Catalunya, Departament de Salut, Generalitat de Catalunya.

Daniel López-Acuña. Consultor, Escuela Andaluza de Salud Pública (EASP), Junta de Andalucía.

9:30-10:00 Les principals tendències de la resposta sanitària a la recent afluència migratòria a la UE i el Projecte SH-CAPAC. Daniel López-Acuña.

10:00-10:15 Torn obert de paraules.

10:15-10:45 Marc de coordinació per millorar la resposta sanitària als refugiats. Daniel Lopez Acuña . EASP.

10:45-11:00 Torn obert de paraules.

11:00-11:30 Pausa Cafè.

11:30-12:00 Avaluació de les necessitats en salut i els recursos de protecció de la salut. Iain Aitken. EASP.

12:00-12:15 Torn obert de paraules.

12:15-12:45 Desenvolupament de plans d'acció per a la resposta sanitària. Alberto Infante. EASP.

12:45-13:00 Torn obert de paraules.

13:00-14:30 Dinar.

14:30-15:00 La millora de l'accés i la reducció de les barreres a l'atenció sanitària. Daniel López-Acuña. EASP.

15:00 15:15 Torn obert de paraules.

15:15-15:45 Creació de capacitat institucional i la formació del personal sanitari. Ainhoa Ruiz. EASP

15:45-1:00 Torn obert de paraules.

16:00-17:00 Grups de treball sobre possibles accions a Catalunya (sala d'actes i sales 3 i 7 de l' IES).

17:00-17:30 Presentació dels resultants i debat.

17:30-17:45 Tancament de la jornada.

Joan LLuis Piqué. Gerent d'Atenció Ciutadana, Subdirecció, Servei Català de la Salut (CatSalut), Departament de Salut, Generalitat de Catalunya.

Tona Lizana. Responsable Immigració i Salut Internacional, Agència de Salut Pública de Catalunya, Departament de Salut, Generalitat de Catalunya.

Mission to Catalonia Region, Spain. Report.

Catalan Health Agency

Barcelona, Spain, September 22nd 2016

Considerations on the Project and on some of the different SHCAPAC Work Packages

General Considerations on the SH/CAPAC Project

Daniel Lopez Acuña made an introductory presentation where he highlighted the following aspects:

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

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

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

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

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready. The action website, <http://www.sh-capac.org/> created as a communication venue for all involved in the action is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

Work Package 1

Daniel Lopez-Acuña gave an overview of the main elements of the health coordination framework. The mapping exercise mentioned in the previous presentation demonstrated that the health response in the EU Member States is fragmented and results in overlap and duplication of actions and yet in unmet health needs. Moreover, the differences in health needs - which depend very much on the journey stage of the refugees, asylum seekers and migrants: first arrival, in transit, or at destination – call for a coordinated response as well. Therefore, the SH-CAPAC project recommends using the health coordination framework which guides stakeholders at national or subnational level to set up a health coordination mechanism, led by a health coordination team.

It was stressed that the health coordination framework is a document, which is to be used in a flexible way. The framework anchors migrant's health in the human rights framework with references to the rights and entitlements of migrants, such as stipulated e.g. in the European Directive of Minimum Standards of Reception of Asylum Seekers. The tool guides ministries or organisations to establish and strengthen a health coordination mechanism led by a health coordination team:

The purpose of the health coordination mechanism is to share information, adopt a coordinated approach, establish common objectives, harmonise efforts and use available (human and financial) resources efficiently to ensure access to appropriate integrated health services for these population segments. The mechanism should include all relevant national and international partners (i.e. public services, NGOs, civil society, UN, EU and other international organisations).

The functioning of the health coordination mechanism is facilitated by a health coordination team that coordinates the response of all stakeholders and actors involved. It is suggested that this team consists of a coordinator, a health information management and communication expert, and a staff member from the health authority with public health experience. SH-CAPAC even recommends that the Ministry of Health or an equivalent health authority at national or subnational level should be in the driver's seat/leading role.

The main tasks of the health coordination team were briefly mentioned because they were discussed in more detail in the following presentations. These tasks are: stakeholder mapping, followed - if needed - by a health needs assessment so that strategic orientation and action planning can be conducted. In parallel with these tasks the team coordinates the health response, monitors and evaluates, and takes responsibility of information-sharing, communication and advocacy.

Work Package 2

Iain Aitken gave an overall introduction to the Guide for Assessment of Health Needs and Health Protection Resources (WP2) emphasising the various dimensions and elements of the guide. Participants who were interested in detailed explanations on the methodological approach and technical details were referred to the guide available online. The presentation explained how the SH-CAPAC Guide can provide an opportunity to the

Catalan government, stakeholders and health and social services professionals, to identify the health needs of migrants and risk factors in their living circumstances and assess the adequacy of services in meeting those needs as the basis for developing action plans to bring in improvements. The guide was presented as an independent, yet integrated part, of the SH-CAPAC frameworks, guidelines and capacity building tools developed to support Member States under migratory pressure in their response to health-related challenges. Hence, it was emphasised that the public health assessment should be carried out under the authority of a Health Coordination Team (A Catalan Government core/executive team in relation to all stakeholders related to the health response under the leadership of health authorities – see also SH-CAPAC Health Coordination Framework, WP1) to form basis for the development of action plans and contingency planning (WP3).

Divided into four dimensions, the guide provides four toolkits to assist the government and stakeholders of migrant health to assess public health needs of migrants and available health protection resources:

Toolkit I: Socio-demographic mapping

- To identify the locations, numbers and general characteristics of these migrant populations

Toolkit II: Identifying health needs and risks

- To identify the general and, particularly, the special health needs of migrants, and the health risk factors in their current living circumstances

Toolkit III: Assessing health protection services

- To assess the extent to which the health services provided meet those needs and address those risk factors: Where are the gaps in health protection resources? What are the barriers to accessing and quality of care?

Toolkit IV: Health protection at accommodation facilities

- To assess health and safety of accommodation facilities

An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants need to be reflected in the assessment guide. Moreover, it was stressed in all aspects how the assessment must be contextualised within the country setting.

Discussion and comments followed the presentation, and two points were emphasised:

Work Package 3

Alberto Infante made a presentation on the Guide for developing action plans and contingency plans. The following aspects were highlighted:

- It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.
- Contingency planning is essential to be prepared for a possible increased influx.
- It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.
- Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).
- There is a need to place greater attention to the living conditions in camps as important determinants of health.

Work Package 4

Daniel Lopez Acuña made a presentation on the Resource Package for Improving Access to Health Care. The following aspects were highlighted:

- Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.
- There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.
- It is necessary to consider the impact of policies of relocation and it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.
- It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care to formulate recommendations to overcome those barriers.
- Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.
- The list of best practices and solutions contained in the Resource Package suggest the following key elements:
 - Adapted administrative procedures.
 - Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
 - Continuous training both, of health professionals as well as other parties involved.
 - Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
 - Involvement and participation of users and community (partnerships and networking).
 - Relocation systems.
 - Intra and intersectoral coordination.
 - Structures to exchange information and good practices.
 - Standardised inter-institutional operational procedures.

Work Package 5

Ainhoa Ruiz made a presentation on the capacity building activities of the SH-CAPAC project and the following aspects were highlighted.

One of the SH-CAPAC Objectives was to develop **national capacity** through **training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

As part of Work Package 5 a training strategy was developed, circulated and discussed first in the Reggio Emilia workshop in June, and will subsequently be discussed in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training

health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that is being developed by the SH-CAPAC project.

The feedback derived from these consultations will be used to revise the draft Training Strategy and develop the Online Training Course. A Training of Trainers workshop will be conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course. Participation from the South Aegean Region is expected.

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

Group Discussions and Feedback Received

The mission to Catalonia did not involve any site visit to a refugee camp or reception centre but it encompassed a very fruitful group discussion with all stakeholders who participated in the workshop.

The exchange of experiences and the recommendations were presented to the health authorities of Catalonia as well as to representatives from other sectors involved in the management of refugees, asylum seekers and other migrants.

With respect to coordination the participants welcomed the suggestions made by the SH-CAPAC framework and representatives and indicated that there is already an intersectoral and multi-stakeholder process of coordination in Catalonia that functions reasonably well headed by the Refugee Commission of the Autonomic Government. Some of the recommendations contained in WP1 will be incorporated into the functioning of the existing Commission.

With respect to the frameworks and tools proposed in WPs 2, 3 and 4 the participants in the workshop stated their relevance and usefulness and requested an ample dissemination of the documentation among the different stakeholders in Catalonia.

Finally in connection with WP5 The Catalan Agency for Health and the representatives of the Barcelona Agency for Health as well as other stakeholders indicated their willingness to participate in the Pilot Exercise of the Training Course on Improving the Health Response to Asylum Seekers, Refugees and Other Migrants, which will take place in October under the Coordination of the Andalusian School of Public Health and will nominate participants of the three different subgroups: health care providers, health administrators and managers and other types of staff.



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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**

ANNEX 4: MISSION REPORT TO SLOVAKIA

25th October, 2016



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MINISTRY OF HEALTH
OF THE SLOVAK REPUBLIC

WORLD HEALTH ORGANISATION COUNTRY OFFICE
IN SLOVAKIA

TRNAVA UNIVERSITY

WORKSHOP

"Improving the health response to the refugees, asylum seekers and other migrants: the EU funded SH-CAPAC Project"

25th October 2016

PROGRAMME

Time	Topic	Speaker
08:30 – 9:30	Registration	
9:30 – 10:00	Opening session	Ministry of Health Trnava University
10:00 – 10:30	Key note Dr. Santino Severoni	Coordinator of Public Health and Migration WHO Regional Office for Europe
10:30 – 11:30	Major trends in the health response to the recent migratory influx into the EU and the SH-CAPAC Project	Daniel López-Acuña Birgit Kerstens
	Coordination framework for improving health response	
	Questions and answers	
11.45 – 12.00	Coffee break	
12:00 – 12:30	Assessing health needs and health protection resources	Mette Torlev
	Questions and answers	
13:00 – 13:30	Lunch brake	
13:45 – 14:15	Developing action plans for the health response	Daniela Kalayova
	Questions and answers	
14:15 – 14:45	Improving access and reducing barriers to health care	Daniel López-Acuña
	Questions and answers	
14:45 – 15:00	Coffee break	
15:00 – 15:30	Building institutional capacity and training the health workforce	Jaime Jimenez Pernett
	Questions and answers	
15:45 – 16:30	Plenary discussion on possible actions in Slovakia	Daniel López-Acuña, project coordinator
	Wrap up and closing	

MINISTERSTVO ZDRAVOTNÍCTVA
SLOVENSKEJ REPUBLIKY

KANCELÁRIA SVETOVEJ ZDRAVOTNÍCKEJ
ORGANIZÁCIE NA SLOVENSKU

TRNAVSKÁ UNIVERZITA

PRACOVNÉ STRETNUTIE

" Zlepšenie postupov v súvislosti so zdravím utečencov, žiadateľov o azyl a iných migrantov. Výstupy projektu SH CAPAC financovaného z prostriedkov Európskej únie. "

25.10. 2016

PROGRAM

Čas	Téma	Prezentujúci
08:30 – 9:30	Registrácia	
9:30 – 10:00	Otvorenie a privítanie	Ministerstvo zdravotníctva Trnavská univerzita
10:00 – 10:30	Pozvaná prednáška koordinátora pre verejné zdravie a migráciu Regionálneho úradu WHO pre Európu	Santino Severoni
10:30 – 11:30	Hlavné trendy v reakciách súvisiacich so zdravím pri nedávnom prílive migrantov do Európskej únie a informácia o projekte SH CAPAC. Koordinačný rámec pre zlepsenie reakcií v súvislosti so zdravím a migráciou.	Daniel López-Acuña Birgit Kerstens
	Otázky a odpovede	
11:45 – 12:00	Prestávka na kávu	
12:00 – 12:30	Hodnotenie zdravotných potrieb a zdrojov potrebných pre ochranu zdravia.	Mette Torlev
	Otázky a odpovede	
13:00 – 13:30	Obed	
13:45 – 14:15	Rozvoj akčných plánov pre zdravotnícke reakcie.	Daniela Kalayova
	Otázky a odpovede	
14:15 – 14:45	Zlepšenie prístupu a redukovanie bariér pri poskytovaní zdravotnej starostlivosti.	Daniel López-Acuña
	Otázky a odpovede	
14:45 – 15:00	Prestávka na kávu	
15:00 – 15:30	Budovanie inštitucionálnych kapacít a tréning zdravotníkov.	Jaime Jimenez Pernett
	Otázky a odpovede	
15:45 – 16:30	Plenárna diskusia o možných aktivitách v súvislosti s výstupmi projektu na Slovensku.	Daniel López-Acuña projektový koordinátor
	Zhrnutie a ukončenie.	

Considerations on the Project and on some of the different SHCAPAC Work Packages

General Considerations on the SH/CAPAC Project

Daniel Lopez Acuña made an introductory presentation where he highlighted the following aspects:

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

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

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

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

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

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

Work Package 1

Birgit Kerstens gave an overview of the main elements of the health coordination framework. The mapping exercise mentioned in the previous presentation demonstrated that the health response in the EU Member States is fragmented and results in overlap and duplication of actions and yet in unmet health needs. Moreover, the differences in health needs - which depend very much on the journey stage of the refugees, asylum seekers and migrants: first arrival, in transit, or at destination – call for a coordinated response as well. Therefore, the SH-CAPAC project recommends using the health coordination framework which guides stakeholders at national or subnational level to set up a health coordination mechanism, led by a health coordination team.

It was stressed that the health coordination framework is a document, which is to be used in a flexible way. The framework anchors migrant's health in the human rights framework with references to the rights and entitlements of migrants, such as stipulated e.g. in the European Directive of Minimum Standards of Reception of Asylum Seekers. The tool guides ministries or organisations to establish and strengthen a health coordination mechanism led by a health coordination team:

The purpose of the health coordination mechanism is to share information, adopt a coordinated approach, establish common objectives, harmonise efforts and use available (human and financial) resources efficiently to ensure access to appropriate integrated health services for these population segments. The mechanism should include all relevant national and international partners (i.e. public services, NGOs, civil society, UN, EU and other international organisations).

The functioning of the health coordination mechanism is facilitated by a health coordination team that coordinates the response of all stakeholders and actors involved. It is suggested that this team consists of a coordinator, a health information management and communication expert, and a staff member from the health authority with public health experience. SH-CAPAC even recommends that the Ministry of Health or an equivalent health authority at national or subnational level should be in the driver's seat/leading role.

The main tasks of the health coordination team were briefly mentioned because they were discussed in more detail in the following presentations. These tasks are: stakeholder mapping, followed - if needed - by a health needs assessment so that strategic orientation and action planning can be conducted. In parallel with these tasks the team coordinates the health response, monitors and evaluates, and takes responsibility of information-sharing, communication and advocacy.

During the Q&A part of this session, the importance of a preparedness and contingency plan was stressed; an attendee confirmed that Slovakia was prepared for any unexpected event or high influx of refugees and asylum seekers. This comment gave rise to additional remarks from Dr. Santino Severoni, WHO/Europe Coordinator of Public Health and Migration, and Dr Daniel Lopez-Acuña, the SH-CAPAC coordinator, about the need of a multisectoral coordinated approach.

Furthermore, a discussion was held with regards to integration of the refugees and asylum seekers into (Slovak) society. Some attendees referred to the cost of taking care of the refugees and migrants, while others stressed the economic value added of their presence because the migrants will enter the labour market and start paying taxes so there will be a pay-off for the investments made now by the Slovak government.

Work Package 2

Mette Tørslev gave an overall introduction to the Guide for Assessment of Health Needs and Health Protection Resources (WP2) emphasising the various dimensions and elements of the guide. Participants who were interested in detailed explanations on the methodological approach and technical details were referred to the guide available online. The presentation explained how the SH-CAPAC Guide can provide an opportunity to Slovak government, stakeholders and health and social services professionals, to identify the health needs of migrants and risk factors in their living circumstances, and assess the adequacy of services in meeting those needs as the basis for developing action plans to bring in improvements. The guide was presented as an independent, yet integrated part, of the SH-CAPAC frameworks, guidelines and capacity building tools developed to support Member States under migratory pressure in their response to health-related challenges. Hence, it was emphasised that the public health assessment should be carried out under the authority of a Health Coordination Team (A Slovak core/executive team in relation to all stakeholders related to the health response under the leadership of health authorities – see also SH-CAPAC Health Coordination Framework, WP1) to form basis for the development of action plans and contingency planning (WP3).

Divided into four dimensions, the guide provides four toolkits to assist the government and stakeholders of migrant health to assess public health needs of migrants and available health protection resources:

Toolkit I: Socio-demographic mapping

- To identify the locations, numbers and general characteristics of these migrant populations

Toolkit II: Identifying health needs and risks

- To identify the general and, particularly, the special health needs of migrants, and the health risk factors in their current living circumstances

Toolkit III: Assessing health protection services

- To assess the extent to which the health services provided meet those needs and address those risk factors: Where are the gaps in health protection resources? What are the barriers to accessing and quality of care?

Toolkit IV: Health protection at accommodation facilities

- To assess health and safety of accommodation facilities

An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants need to be reflected in the assessment guide. Moreover, it was stressed in all aspects how the assessment must be contextualised within the country setting.

Discussion and comments followed the presentation, and two points were emphasised:

The complexity of barriers to access to health care is very complex in reception and accommodation facilities. In Slovakia, the number of arriving migrants is low, and the most migrants move on quickly. Based on participants' experiences from visits to Greece it was discussed how to prepare for an increase in the influx of migrants to Slovakia. The flow of health information was highlighted as a central point because many migrants have difficulties in navigating the services available upon arrival. They do not know what to expect, they do not know who to ask or where to go to get health protection. A participant emphasised the importance of facilitating flow of information and community support among groups of migrants with similar cultural and language background within the accommodation facilities.

A representative of the Ministry of Transportation emphasised the importance of ensuring that accommodation facilities meet appropriate standards of safety and security, hygiene and sanitation. In particular, Toolkit IV was in this respect considered useful as tools intended as simple, ready to use checklists of areas of concern to public health and safety, including water, sanitation and hygiene. These checklists can help health

authorities to assist those in charge of migrants' accommodation facilities in ensuring that an acceptable standard of general health and SGBV protection, safety and security is guaranteed and maintained in the facilities, in order to comply with the European Directive laying down minimum standards for the reception of applicants for international protection and the Minimum Standards for Humanitarian response.

Work Package 3

Daniela Kallayova made a presentation on the Guide for developing action plans and contingency plans. The following aspects were highlighted:

- It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.
- Contingency planning is essential to be prepared for a possible increased influx.
- It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.
- Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).
- There is a need to place greater attention to the living conditions in camps as important determinants of health.

Work Package 4

Daniel Lopez Acuña made a presentation on the Resource Package for Improving Access to Health Care. The following aspects were highlighted:

- Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.
- There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.
- It is necessary to consider the impact of policies of relocation and it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.
- It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care to formulate recommendations to overcome those barriers.
- Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.
- The list of best practices and solutions contained in the Resource Package suggest the following key elements:
 - Adapted administrative procedures.

- Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
- Continuous training both, of health professionals as well as other parties involved.
- Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
- Involvement and participation of users and community (partnerships and networking).
- Relocation systems.
- Intra and intersectoral coordination.
- Structures to exchange information and good practices.
- Standardised inter-institutional operational procedures.

Work Package 5

Jaime Jimenez-Pernett made a presentation on the capacity building activities of the SH-CAPAC project and the following aspects were highlighted.

One of the SH-CAPAC Objectives was to develop **national capacity** through **training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

A training strategy was developed, circulated and discussed first in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project.

The Regional workshop on improving access to health care and capacity building in Member States under particular migratory pressure took place in Reggio Emilia, Italy, on 15-17 June 2016 gave an initial opportunity to discuss a Training Strategy developed for improving the health response to refugee-s, asylum seekers and other migrants

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

An online training course is being developed for piloting over a period of six weeks between 20th October and 30rd November 2016.

Visit to accommodation centre, Rohovce refugee camp, October 26th

During the visit to the Rohovce refugee camp the availability and access to health protection was addressed and discussed as well as the general health and security standards. Since very few asylum seekers stay at the centre (currently 19 registered, 6 accommodated) the facility manager confirmed full availability and access to health care as well as health promotional and preventive efforts (e.g. leisure activities and access to cooking facilities). The accommodation centre is even prepared for asylum seekers with an infectious disease with a

separate bedroom at their disposal. However, it was also addressed that a sudden increase in arrivals would potentially jeopardise the currently high standards of the accommodation centre's facilities.

Concerning both the health needs of the immigrants and the public health of the Slovak population, it was stressed that an extensive health screening of all arriving migrants is carried out in a separate reception/quarantine facility where they stay for approximately one month. The SH-CAPAC team thinks that this complex health screening would be impossible to maintain in case of a sudden increased influx of migrants, necessary follow-ups measures would be impossible to carry out, and it must be questioned to which degree the extensive health screenings are necessary and effective.



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of the European Union

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


ANNEX 5: MISSION REPORT TO ANDALUSIA, SPAIN

13th – 14th December, 2016

**CÓMO MEJORAR
LA RESPUESTA SANITARIA A LOS
REFUGIADOS, SOLICITANTES DE ASILO
Y OTROS MIGRANTES QUE FORMAN PARTE
DEL INFLUJO MIGRATORIO RECIENTE A LA
UNIÓN EUROPEA: PRESENTACIÓN DE LOS
RESULTADOS DEL PROYECTO SH-CAPAC**

PROYECTO SH-CAPAC:

**SUPPORTING HEALTH COORDINATION,
ASSESSMENTS, PLANNING, ACCESS TO HEALTH
CARE & CAPACITY BUILDING IN MEMBER
STATES UNDER PARTICULAR
MIGRATORY PRESSURE**



www.easp.es/sh-capac

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CARE & CAPACITY BUILDING IN MEMBER
STATES UNDER PARTICULAR
MIGRATORY PRESSURE

Martes

13 DE DICIEMBRE

2016

Lugar de celebración

EASP

Cuesta del Observatorio 4,
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OBJETIVOS

Su objetivo principal es el refuerzo de capacidades en ámbitos como la coordinación, la evaluación de necesidades, la planificación de acciones para el fortalecimiento de la respuesta de salud pública de los sistemas locales de salud, la mejora del acceso a la atención sanitaria así como el desarrollo de las capacidades de los profesionales de la salud para una prestación sanitaria sensible a las personas refugiadas y migrantes.

SH-CAPAC está siendo desarrollado durante este año por un consorcio europeo compuesto por 7 instituciones lideradas por la Escuela Andaluza de Salud Pública (EASP) y está cofinanciado por la Unión Europea en el marco del tercer programa de acción de la Unión en el ámbito de la salud así como por las 7 instituciones mencionadas.

Tal y como se destacó en la reunión de Alto Nivel sobre la atención sanitaria a los refugiados y migrantes, celebrada en Roma en noviembre de 2015, las necesidades de salud de una población vulnerable de al menos 1 millón de personas que han entrado en Europa en 2015 -y que podría ascender a finales de 2016 a 2 millones de refugiados, solicitantes de asilo y otros migrantes-, es una cuestión primordial de salud pública.

Las necesidades de salud que estamos observando son una combinación del resultado de graves problemas de salud agudos que exigen intervenciones humanitarias, así como otras que requieren acceso a una atención sanitaria integral e intervenciones de salud pública provistas por los sistemas de salud de los países.

Responder a estas necesidades requiere un enorme esfuerzo coordinado entre los gobiernos de los EEMM de la Unión Europea, Sociedades de la Cruz Roja, ONG, Unión Europea, agencias de las Naciones Unidas (particularmente ACNUR, OMS y UNICEF) y la Organización Internacional para las Migraciones, OIM.

En este Taller se pretende:

1. Diseminación de los resultados del proyecto.
2. Discusión sobre posibles acciones de seguimiento en Andalucía y en España.



PROGRAMA

09.00 – 09.15	Bienvenida e introducción. Representante de la Consejería de Salud / Joan Carles March, Director de la EASP.
09.15 – 09.30	Ronda de presentación de los participantes.
09.30 – 10.30	Marcos Legales Europeo y Español para Refugiados y Solicitantes de Asilo. Paloma Favieres, Consejera Legal CEAR.
10.30 – 10.45	Ronda de preguntas.
10.45 – 11.15	Tendencias en la respuesta en salud durante el reciente flujo migratorio en la UE y el proyecto SH-CAPAC. Daniel López Acuña, Coordinador del proyecto SH-CAPAC
11.15 – 11.30	Ronda de preguntas.
11.30 – 12.00	Pausa Café.
12.00 – 12.30	Marco de coordinación para mejorar la respuesta en salud. Jacqueline Gernay, Consultora EASP.
12.30 – 12.45	Ronda de preguntas.
12.45 – 13.15	Evaluación de las necesidades sanitarias y recursos de protección en salud. Julia Bolívar, Técnica EASP.
13.15 – 13.45	Desarrollo de planes de acción para la respuesta en salud. Iain Aitken, Consultor EASP.
13.45 – 14.15	Ronda de preguntas y discusión de las dos presentaciones.
14.15 – 15.15	Pausa Almuerzo.
15.15 – 15.45	Mejora del acceso y reducción de barreras para la atención sanitaria. Daniel López Acuña, Coordinador del proyecto SH-CAPAC.
15.45 – 16.00	Ronda de preguntas.
16.00 – 16.30	Construir capacidad institucional y formación de profesionales sanitarios. Ainhoa Ruiz y Olga Leralta, Técnicas EASP.
16.30 – 16.40	Ronda de preguntas.
16.40 – 17.30	Posibles acciones en Andalucía – Grupos de trabajo.
17.30 – 18.00	Sesión Plenaria.
18.00	Clausura. Representante de la Consejería de Salud y Joan Carles March, Director EASP.



EA
SP

Mission to the Andalusia Region, Spain. Report.

Andalusian School of Public Health. December 13th

Considerations on the Project and on some of the different SHCAPAC Work Packages

General Considerations on the SH/CAPAC Project

Daniel Lopez Acuña made an introductory presentation where he highlighted the following aspects:

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

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

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

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

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

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

Work Package 1

Jacqueline Gernay gave an overview of the main elements of the health coordination framework. The mapping exercise mentioned in the previous presentation demonstrated that the health response in the EU Member States is fragmented and results in overlap and duplication of actions and yet in unmet health needs. Moreover, the differences in health needs - which depend very much on the journey stage of the refugees, asylum seekers and migrants: first arrival, in transit, or at destination – call for a coordinated response as well. Therefore, the SH-CAPAC project recommends using the health coordination framework which guides stakeholders at national or subnational level to set up a health coordination mechanism, led by a health coordination team.

It was stressed that the health coordination framework is a document, which is to be used in a flexible way. The framework anchors migrant's health in the human rights framework with references to the rights and entitlements of migrants, such as stipulated e.g. in the European Directive of Minimum Standards of Reception of Asylum Seekers. The tool guides ministries or organisations to establish and strengthen a health coordination mechanism led by a health coordination team:

The purpose of the health coordination mechanism is to share information, adopt a coordinated approach, establish common objectives, harmonise efforts and use available (human and financial) resources efficiently to ensure access to appropriate integrated health services for these population segments. The mechanism should include all relevant national and international partners (i.e. public services, NGOs, civil society, UN, EU and other international organisations).

The functioning of the health coordination mechanism is facilitated by a health coordination team that coordinates the response of all stakeholders and actors involved. It is suggested that this team consists of a coordinator, a health information management and communication expert, and a staff member from the health authority with public health experience. SH-CAPAC even recommends that the Ministry of Health or an equivalent health authority at national or subnational level should be in the driver's seat/leading role.

The main tasks of the health coordination team were briefly mentioned because they were discussed in more detail in the following presentations. These tasks are: stakeholder mapping, followed - if needed - by a health needs assessment so that strategic orientation and action planning can be conducted. In parallel with these tasks the team coordinates the health response, monitors and evaluates, and takes responsibility of information-sharing, communication and advocacy.

Work Package 2

Iain Aitken gave an overall introduction to the Guide for Assessment of Health Needs and Health Protection Resources (WP2) emphasising the various dimensions and elements of the guide. Participants who were interested in detailed explanations on the methodological approach and technical details were referred to the guide available online. The presentation explained how the SH-CAPAC Guide can provide an opportunity to the Andalusian government, stakeholders and health and social services professionals, to identify the health needs

of migrants and risk factors in their living circumstances and assess the adequacy of services in meeting those needs as the basis for developing action plans to bring in improvements. The guide was presented as an independent, yet integrated part, of the SH-CAPAC frameworks, guidelines and capacity building tools developed to support Member States under migratory pressure in their response to health-related challenges. Hence, it was emphasised that the public health assessment should be carried out under the authority of a Health Coordination Team (An Andalusian core/executive team in relation to all stakeholders related to the health response under the leadership of health authorities – see also SH-CAPAC Health Coordination Framework, WP1) to form basis for the development of action plans and contingency planning (WP3).

Divided into four dimensions, the guide provides four toolkits to assist the government and stakeholders of migrant health to assess public health needs of migrants and available health protection resources:

Toolkit I: Socio-demographic mapping

- To identify the locations, numbers and general characteristics of these migrant populations

Toolkit II: Identifying health needs and risks

- To identify the general and, particularly, the special health needs of migrants, and the health risk factors in their current living circumstances

Toolkit III: Assessing health protection services

- To assess the extent to which the health services provided meet those needs and address those risk factors: Where are the gaps in health protection resources? What are the barriers to accessing and quality of care?

Toolkit IV: Health protection at accommodation facilities

- To assess health and safety of accommodation facilities
- An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants need to be reflected in the assessment guide. Moreover, it was stressed in all aspects how the assessment must be contextualised within the country setting.
- Discussion and comments followed the presentation, and two points were emphasised:

Work Package 3

Iain Aitken made a presentation on the Guide for developing action plans and contingency plans. The following aspects were highlighted:

- It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.
- Contingency planning is essential to be prepared for a possible increased influx.
- It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.
- Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).
- There is a need to place greater attention to the living conditions in camps as important determinants of health.

Work Package 4

Daniel Lopez Acuña made a presentation on the Resource Package for Improving Access to Health Care. The following aspects were highlighted:

- Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.
- There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.
- It is necessary to consider the impact of policies of relocation and it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.
- It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care to formulate recommendations to overcome those barriers.
- Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.
- The list of best practices and solutions contained in the Resource Package suggest the following key elements:
 - Adapted administrative procedures.
 - Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
 - Continuous training both, of health professionals as well as other parties involved.
 - Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
 - Involvement and participation of users and community (partnerships and networking).
 - Relocation systems.
 - Intra and intersectoral coordination.
 - Structures to exchange information and good practices.
 - Standardised inter-institutional operational procedures.

Work Package 5

Ainhua Ruiz made a presentation on the capacity building activities of the SH-CAPAC project and the following aspects were highlighted

One of the SH-CAPAC Objectives was to develop **national capacity** through **training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

As part of Work Package 5 a training strategy was developed, circulated and discussed first in in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers,

health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project.

The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course. A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.

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

The SH-CAPAC project coordinated with the training activities of other CHAFEA funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

The training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

Visit to the CEAR reception centre in Antequera, Malaga, Andalusia, 14th December 2016

The team paid a visit to a reception centre run by the Spanish Commission of Aid to Refugees (Comision Española de Ayuda al Refugiado, CEAR) in the city of Antequera, Malaga province of the Autonomic Region of Andalusia. Introduction was made by the centre responsible officers who are part of CEAR the institution that running the centre.

Antequera Centre opened in June 2016 and hosts 30 families of asylum seekers (from Iraq, Syria, Afghanistan, Pakistan and Ukraine) The centre is fully operational and hosts comfortably all the families. It is an open centre. Families can go in and out.

The Centre hosts families that have been defined as eligible for requesting asylum and hosts them for a period of 12 to 18 months while the asylum granting process is completed. The funding for the operation of the Centre comes from the National Government, through The Ministry of Employment, Social Security and Migration. Most reception centres of this nature are managed by the Spanish Red Cross and by CEAR. Couple of other NGOs also participate in the management of such Centres.

Children are registered in the local public schools, and all members of the families are registered in the Local Health Centre of the Andalusian Health System. The health services are provided by the Andalusian Health Service at no cost and referrals to hospitals and specialists are included.

Families receive Spanish classes and orientation for insertion in the labour market. While there are enough interpreters at the camp, the need for more interpreters in Andalusia is high.

Our overall impression was that this open reception centre is well organised, runs in the best way possible, and is a good model of comprehensive care of families that have applied for asylum. It is respectful of human rights and provides an environment of dignity and decent living conditions.



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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**

ANNEX 6: MISSION REPORT TO GREECE

16th – 17th December, 2016



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Program

"Improving the health response to the refugees, asylum seekers and other migrants: the EU funded SH-CAPAC Project"

Pasteur Institute. Athens, Greece.

December 16th 2016

- 9.00-9.15 Welcoming Remarks. Greek Health Authority.
- 9.15-9.30 Round of introduction of participants.
- 9.30-10.00 Major trends in the health response to the recent migratory influx into the EU and the SH-CAPAC Project. Daniel López-Acuña (
- 10.15- 10.45 Coordination framework for improving the Andalusian School of Public Health).
- 10.00-10.15 Questions and answers.
- health response. Birgit Kerstens (University of Ghent).
- 10.45-11.00 Questions and answers.
- 11.00-11.30 Coffee break.
- 11.30-12.00 Assessing health needs and health protection resources. Andrej Kallay University of Trnava).
- 12.00-12.15 Questions and answers.
- 12.15-12.45 Developing action plans for the health response. Andrej Kallay (University of Trnava).
- 12.45-13.00 Questions and answers.
- 13.00-14.30 Lunch break.
- 14.30-15.00 Improving access and reducing barriers to health care. Daniel López-Acuña (Andalusian School of Public Health).
- 15.00 15.15 Questions and answers.
- 15.15-15.45 Building institutional capacity and training of the health workforce. Daniel López-Acuña (Andalusian School of Public Health).
- 15.45-16.00 Questions and answers.
- 16.00-16.30 Recommendations and follow up actions.

December 17th 2016

Visit to hospitality centre "Skara Camp", Skaramagas, 9 am to 11.30 am.

Greece Country Mission Report.

16-17 December 2016

Athens workshop, Hellenic Pasteur Institute, December 16, 2016.

SH-CAPAC Introduction and General Considerations

Daniel Lopez Acuña made an introductory presentation where he highlighted the following aspects:

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

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

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

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

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

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

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

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

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

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

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

SH-CAPAC WP1 – Health coordination framework

Birgit Kerstens gave an overview of the main elements of the health coordination framework. The mapping exercise mentioned in the previous presentation demonstrated that the health response in the EU Member States is fragmented and results in overlap and duplication of actions and yet in unmet health needs. Moreover, the differences in health needs - which depend very much on the journey stage of the refugees, asylum seekers and migrants: first arrival, in transit, or at destination – call for a coordinated response as well. Therefore, the SH-CAPAC project recommends using the health coordination framework which guides stakeholders at national or subnational level to set up a health coordination mechanism, led by a health coordination team.

It was stressed that the health coordination framework is a document, which is to be used in a flexible way. The framework anchors migrant's health in the human rights framework with references to the rights and entitlements of migrants, such as stipulated e.g. in the European Directive of Minimum Standards of Reception of Asylum Seekers. The tool guides ministries or organisations to establish and strengthen a health coordination mechanism led by a health coordination team:

- The purpose of the health coordination mechanism is to share information, adopt a coordinated approach, establish common objectives, harmonise efforts and use available (human and financial) resources efficiently to ensure access to appropriate integrated health services for these population segments. The mechanism should include all relevant national and international partners (i.e. public services, NGOs, civil society, UN, EU and other international organisations).
- The functioning of the health coordination mechanism is facilitated by a health coordination team that coordinates the response of all stakeholders and actors involved. It is suggested that this team consists of a coordinator, a health information management and communication expert, and a staff member from the health authority with public health experience. SH-CAPAC even recommends that the Ministry of Health or an equivalent health authority at national or subnational level should be in the driver's seat/leading role.

The main tasks of the health coordination team were briefly mentioned because they were discussed in more detail in the following presentations. These tasks are: stakeholder mapping, followed - if needed - by a health needs assessment so that strategic orientation and action planning can be conducted. In parallel with these tasks the team coordinates the health response, monitors and evaluates, and takes responsibility of information-sharing, communication and advocacy.

During the Q&A part of this session, one participant remarked that the health coordination framework (HCF) could be considered a 'Europe-friendly' health cluster guide and concurrently the question was made if accountability has been included and if not, if it shouldn't be. We replied that the M&E task already tries to insert some accountability aspect in the framework but that accountability of the health coordinator and health

coordination team could be included more explicitly in the HCF. In the same context we were asked if M&E indicators have been included in the HCF and we referred to the specific section that contains a possible list of indicators to be monitored.

A NGO staff member asked if the Greece country profile revealed anything specifically about an existing or future health coordination mechanism. We learnt that our information dating from February 2016 mentioned a coordination team but that it should be updated with the official nomination of the National Health Operations Centre in March 2016 as coordination body to lead and coordinate the response of health services provided to refugees and asylum seekers.

A question about undocumented migrants in urban areas and how to target them was considered beyond the scope of the SH-CAPAC project. Nevertheless, it is important to integrate undocumented migrants as much as possible in the national public health system.

During this discussion we also learned that as from mid-January 2017 Greece (through the Hellenic CDC) will implement a health-oriented project in the refugee centres. Funded through AMIF this implementation project only targets the Greek mainland; as the required health services in the Greek islands are considered to show a humanitarian character.

SH-CAPAC WP2 – Guide for Assessment of Health Needs and Health Protection Resources

Andrej Kallaj gave an overall introduction to the Guide for Assessment of Health Needs and Health Protection Resources (WP2) emphasising the various dimensions and elements of the guide. Participants interested in-depth explanations on the methodological approach and technical details were referred to the guide available online. The presentation explained how the SH-CAPAC Guide can provide an opportunity to the Greek government, stakeholders and health and social services professionals, to identify the health needs of migrants and risk factors in their living circumstances and assess the adequacy of services in meeting those needs as the basis for developing action plans to bring in improvements. The guide was presented as an independent, yet integrated part, of the SH-CAPAC frameworks, guidelines and capacity building tools developed to support Member States under migratory pressure in their response to health-related challenges. Hence, it was emphasised that the public health assessment should be carried out under the authority of a Health Coordination Team (A Greek core/executive team in relation to all stakeholders related to the health response under the leadership of health authorities – see also SH-CAPAC Health Coordination Framework, WP1) to form basis for the development of action plans and contingency planning (WP3).

Divided into four dimensions, the guide provides four toolkits to assist the government and stakeholders of migrant health to assess public health needs of migrants and available health protection resources:

Toolkit I: Socio-demographic mapping

- To identify the locations, numbers and general characteristics of these migrant populations

Toolkit II: Identifying health needs and risks

- To identify the general and, particularly, the special health needs of migrants, and the health risk factors in their current living circumstances

Toolkit III: Assessing health protection services

- To assess the extent to which the health services provided meet those needs and address those risk factors: Where are the gaps in health protection resources? What are the barriers to accessing and quality of care?

Toolkit IV: Health protection at accommodation facilities

- To assess health and safety of accommodation facilities
An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants need to be reflected in the assessment guide. Moreover, it was stressed in all aspects how the assessment must be contextualised within the country setting.
Discussion and comments followed the presentation, and xx points were emphasised:

SH-CAPAC WP3

Andrej Kallaj made a presentation on the Guide for developing action plans and contingency plans. The following aspects were highlighted:

- It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.
- Contingency planning is essential to be prepared for a possible increased influx.
- It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.
- Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).
- There is a need to place greater attention to the living conditions in camps as important determinants of health.

SH-CAPAC WP4

Daniel Lopez Acuña made a presentation on the Resource Package for Improving Access to Health Care. The following aspects were highlighted:

- Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.
- There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.
- It is necessary to consider the impact of policies of relocation and it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.
- It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care to formulate recommendations to overcome those barriers.
- Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.
- The list of best practices and solutions contained in the Resource Package suggest the following key elements:
 - Adapted administrative procedures.

- Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
- Continuous training both, of health professionals as well as other parties involved.
- Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
- Involvement and participation of users and community (partnerships and networking).
- Relocation systems.
- Intra and intersectoral coordination.
- Structures to exchange information and good practices.
- Standardised inter-institutional operational procedures.

SH-CAPAC WP5

Daniel Lopez-Acuña made a presentation on the capacity building activities of the SH-CAPAC project and the following aspects were highlighted

One of the SH-CAPAC Objectives was to develop **national capacity** through **training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

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

The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course. A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.

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

The SH-CAPAC project coordinated with the training activities of other CHAFEA funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

The training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

Visit to hospitality centre “Skara Camp”, Skaramagas, 17 December 2016

The team paid a 2-hours visit to a hospitality centre in the southwest of the Greek mainland. Introduction was made by the camp responsible officers of the Navy and the Ministry of Migration Policy, who are jointly running the centre.

Skara Camp opened in May 2016 and hosts 3,400 refugees in containers (mainly from Iraq and Syria, less than 20% from Afghanistan). The centre is fully operational but extra facilities are under construction, e.g. football fields and food distribution halls.

The health services are provided by the Navy, the (Spanish – till March 2017 – and the Hellenic) Red Cross and International Medical Corps (until end of this year):

- Red Cross offers primary health services and refers to hospitals for more complicated cases or emergencies; is open from 9a till 5pm; is about to have a dental clinic as from next week; and has a hygiene promotion block ran by volunteers;
- IMC offers the services of a psychologist and social workers; their services will be handed over to Red Cross.
- Through project funding the municipality provides several social workers and teachers daily.

In case of non-emergency medical cases the camp doctor calls the National Health Operations Centre (AKP) that registers the name of the patient and tries to make an appointment; at the day of the appointment the patient is supposed to take public transport to the hospital. In case of emergency the camp doctor immediately calls the ambulance and transfers the patient to a hospital.

While there are enough interpreters at the camp, the need for more interpreters is high, certainly during the night when the doctor is on duty, but no interpreters are present, and in the hospitals. Red Cross had just finalised vaccinating all the children in the camp, so that they can go to school – as from January onwards a local school (run by British Council) is open in the evening for the children of the camp, but only 50 are reported to attend school.

Our overall impression was that this open camp is well organised and run in the best way possible.

Questions remain on the appropriateness and comprehensiveness of the interface with the Greek National Health System and whether adequate access, quality and continuity of care are guaranteed for the people residing in the Centre in case of complex pathologies or need of secondary and tertiary care.