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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**

WORK PLAN OF THE SH-CAPAC PROJECT

Deliverable 6.1

Updated August 1, 2016



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Table of contents

1	Introduction	2
2	Adjusted SH CAPAC list of deliverables (updated August 1, 2016).....	4
3	SH-CAPAC List of milestones (updated August 1, 2016)	6

Annex 1 Design of the SH-CAPAC web site

Annex 2 Communication Plan

1 Introduction

The inception and coordination meeting of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. All members of the Consortium participated in the meeting. The meeting included a discussion of the detailed activities of the project and of the schedule of workshops, training activities and country missions.

In preparation of the regional workshop held in Ghent in February 2016, it was decided that a mapping of the response to the health needs of refugees, asylum seekers and other migrants would be completed. The SH-CAPAC Consortium therefore planned to prepare Country Profiles for each of the 19 target countries of the project. It was also agreed that drafts would be sent to national health authorities of the target Member States for review and validation. A preliminary analysis of some of the major trends has been completed.

Similarly it was agreed that an umbrella document providing background information on the health response to the recent migratory influx into the EU and drawing preliminary conclusions from the mapping would be produced.

An internal consortium meeting of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH_CAPAC activities and products.

The work plan was prepared as a result of the inception and kick-off meeting in January 2016, and was adjusted in April during the Trnava meeting. Partner's responsibilities in each Work Package were defined as part of the work plan as follows. Final adjustments were made following the July 7th, 2016 meeting with the CHAFAEA Project Officer in Luxembourg and are dated August 1st, 2016.

Work package activities	Lead responsible organisation and supporting consultant
WP 1 Health Sector Coherence and Coordination	
<ol style="list-style-type: none"> 1. Develop a coordination framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union. 2. Convene a WP1 regional workshop in Ghent. 3. Set in motion coordination platforms in target countries. 4. Provide technical advice to MS coordination platforms. 	Ghent University, Escuela Andaluza de Salud Publica and Dr. Jackie Gernay
WP 2 Health Situation and Health Care Assessments	
<ol style="list-style-type: none"> 1. Develop a guide for assessment of health needs of migrants and problems in the health services provided for them. 2. Convene a combined WP2 and WP3 regional training workshop in Copenhagen. 3. Provide technical advice on conducting the assessments. 	University of Copenhagen and Drs. David Ingleby and Iain Aitken

WP 3 Planning the Implementation of a Public Health Response	
<ol style="list-style-type: none"> 1. Develop a guide to formulate action plans for programmes designed to meet the needs and problems identified in the assessments. 2. Convene a combined WP2 and WP3 regional training workshop in Copenhagen. 3. Provide technical advice on formulating action plans. 	Trnava University with Dr. Alberto Infante
WP 4 Improving Access to Health Care	
<ol style="list-style-type: none"> 1. Develop a resource package to ensure access to health care for migrants. 2. Review and promote the resource package in a combined WP4 and WP5 workshop in Bologna. 	Azienda Unita Sanitaria Locale di Reggio Emilia
WP 5 Training activities	
<ol style="list-style-type: none"> 3. Design a virtual training course on migrant-sensitive health services for health managers and professionals. 4. Review and promote the training course in a combined WP4 and WP5 workshop in Bologna. 5. Organise a seminar in Granada for trainers in how to adapt the course for their national use. 6. Support the implementation of the course and evaluate in target countries. 	Escuela Andaluza de Salud Publica
WP 6 Coordination of the project	
<ol style="list-style-type: none"> 1. Manage the project to ensure it is implemented as planned and attainment of results is assessed. 	Escuela Andaluza de Salud Publica

The language of the original Deliverables and Milestones was slightly adjusted to better reflect the exact nature of the work being conducted. Some adjustments in the due dates of the deliverables and milestones, which result from the need to incorporate the rich feed-back received from target Member States in the multiple consultations, have been introduced as well. There are no new deliverables or milestones (Chapters II and III). These modifications will be submitted as an amendment to the grant agreement at the end of August. The scope and nature of the deliverables and the milestones remain unchanged.

The SH-CAPAC website (www.easp.es/sh-capac) has been created, and is fully operational since February 2016. It is continuously updated. It has a component for the internal use of the Consortium members, as well as an external component open to the public for the dissemination of relevant information on the project (annex 1). A communication plan has been elaborated. It is available on the SH-CAPAC website (annex 2). A brochure on the SH-CAPAC project has also been produced and disseminated in all regional workshops or related events (included in annex II).

2 Adjusted SH CAPAC list of deliverables (updated August 1, 2016)

Deliverable number	Deliverable title	WP number	Lead beneficiary	Type	Dissemination level	Due date (in months)
D1.1	Report on the workshop for the framework for national and regional coordination and coherence (including the final version of the framework)	WP1	1 - EASP	Report	Public	4
D1.2	Reports on technical advice missions to seven countries to support coordination and coherence	WP1	1 - EASP	Report	Public	12
D2.1	Report on the combined regional WP2 and WP3 workshop (needs assessment component), including the final version of the <i>Guide for Assessing Health Needs and Health Protection Resources</i>	WP2	6 - UCPH	Report	Public	8
D2.2	Report on technical advice missions to seven countries to support needs assessments at country level	WP2	6 - UCPH	Report	Public	12
D3.1	Report on the combined regional WP2 and WP3 workshop (action planning component), including the final version of the <i>Guide for Formulating Action Plans</i>	WP3	3 - TU	Report	Public	8
D3.2	Reports on technical advice missions to seven countries to support action planning at country level	WP3	3 - TU	Report	Public	12
D4.1	<i>Resource package</i> on ensuring access to health care	WP4	2 - AUSL RE	Report	Public	8
D4.2	Report on combined WP4 and WP5 workshop (improving access component).	WP4	2 - AUSL RE	Report	Public	8

Deliverable number	Deliverable title	WP number	Lead beneficiary	Type	Dissemination level	Due date (in months)
D5.1	Design of a training programme on the health response to refugees, asylum seekers and other migrants for health managers, health professionals and administrative staff	WP5	1 - EASP	Report	Public	7
D5.2	Report on Training of Trainers workshop to discuss the adaptation of the training materials and strategy to national and subnational situations.	WP5	1 - EASP	Report	Public	10
D5.3	Report on design, development and evaluation of the online training course	WP5	1 - EASP	Report	Public	12
D6.1	Work plan of the project (including design of a web site and communication platform)	WP6	1 - EASP	Report	Public	3
D6.2	Interim technical report	WP6	1 - EASP	Report	Public	8
D6.3	Final technical and financial report as well as a layperson version for dissemination of the project's products	WP6	1 - EASP	Report	Public	12

3 SH-CAPAC List of milestones (updated August 1, 2016)

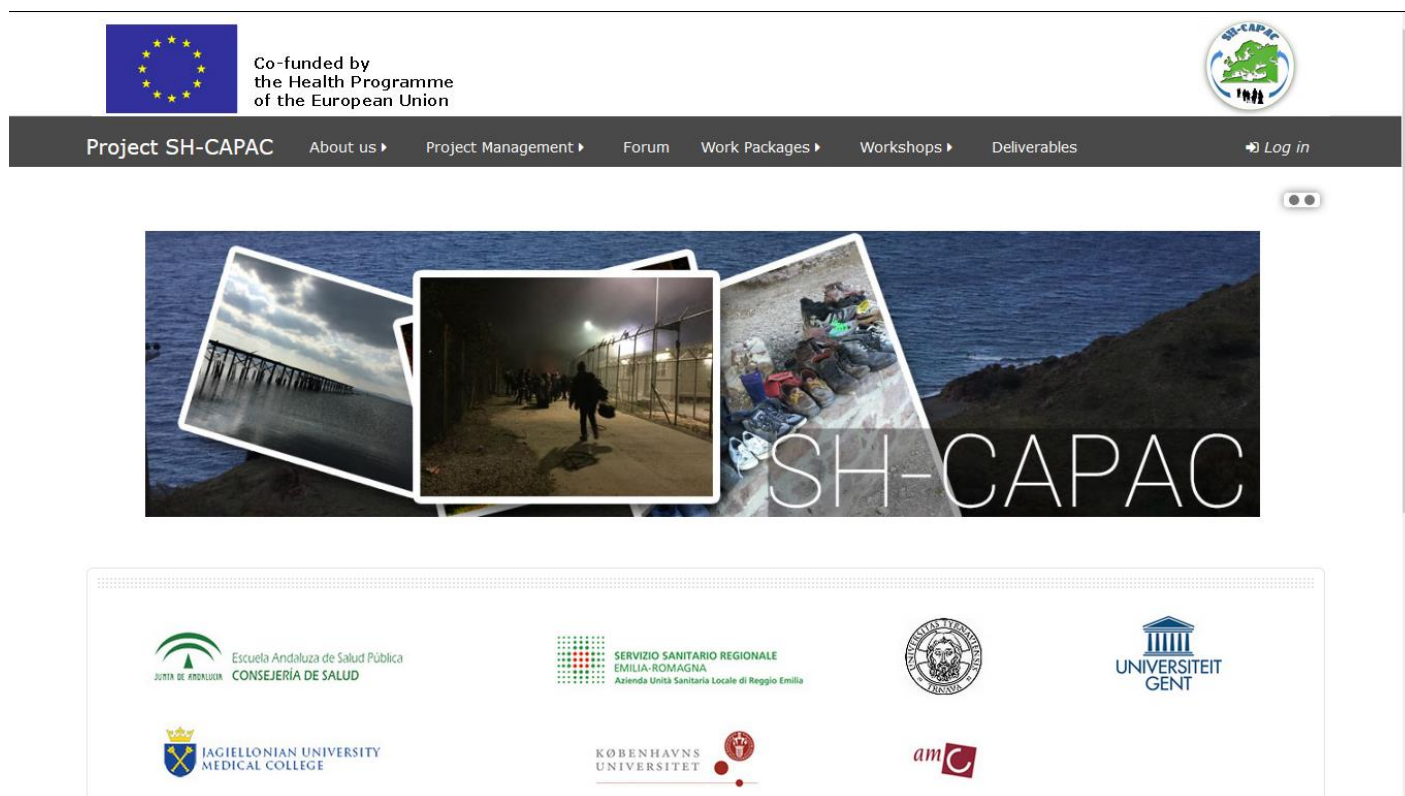
Milestone number	Milestone title	WP number	Lead beneficiary	Due date (in months)	Means of verification
MS1	Framework for national and regional coordination and coherence of health sector activities addressing the needs of refugees, asylum seekers and other migrants	WP1	1 - EASP	4	Framework developed for national and regional coordination and coherence.
MS2	Regional workshop on the framework	WP1	1 - EASP	2	Regional workshop organised with relevant stakeholders.
MS3	Support to MS on health sector coordination mechanisms and platforms through seven country missions	WP1	1 - EASP	12	Seven country missions to support Member States
MS4	Needs assessment framework to diagnose unmet health needs and gaps in access	WP2	6 - UCPH	8	Rapid assessment framework developed
MS5	Combined regional WP2 and WP3 workshop on needs assessment and action planning) (See MS8)	WP2	6 - UCPH	5	Regional workshop held.
MS6	Support to MS on rapid assessment of health challenges, responses and needed public health interventions through seven country missions	WP2	6 - UCPH	12	Seven country missions to support Member States
MS7	Framework for the development of action plans to strengthen a country's health system	WP3	3 - TU	8	Framework prepared for the development of action plans
MS8	Combined regional WP2 and WP3 workshop on rapid assessment and action planning) (See MS5)	WP3	3 - TU	5	Regional workshop held
MS9	Support to MS on action planning through seven country missions	WP3	3 - TU	12	Seven country missions to support Member States
MS10	Resource package to improve access, containing recommendations and action guides	WP4	2 - AUSL RE	8	Resource package prepared
MS11	Combined WP4 and WP5 workshop to disseminate the resource package on improving access (See MS13)	WP4	2 - AUSL RE	7	Workshop held
MS12	Support in 7 countries the adoption of tools and measures	WP4	2 - AUSL RE	12	An analysis prepared of measures and tools adopted

Milestone number	Milestone title	WP number	Lead beneficiary	Due date (in months)	Means of verification
	contained in the resource package				in each country
MS13	Combined WP4 and WP5 workshop to raise awareness of training strategy and training programme (See MS11)	WP5	1 - EASP	7	Workshop held
MS14	Design of training programme for health managers, health professionals and administrative staff	WP5	1 - EASP	8	Training programme completed and made available on a virtual campus in the project website.
MS15	Training of Trainers workshop	WP5	1 - EASP	9	Workshop held
MS16	Online training course	WP5	1 - EASP	12	Training course implemented
MS17	Evaluation of the training course	WP5	1 - EASP	12	Evaluation report prepared
MS18	Consortium one day meeting to elaborate the operational work plan and task distribution between partners	WP6	1 - EASP	2	One day consortium meeting held at EASP, Granada
MS19	Consortium and other institutions' one day coordination meeting to ensure that other institutions' strategies are adequately included in the work plan.	WP6	1 - EASP	2	One day Consortium and other institutions' meeting held at EASP, Granada
MS20	Consortium meeting to revise instruments elaborate products, and monitor the work plan	WP6	1 - EASP	5	Consortium meeting held in TU, Slovakia.
MS21	Work plan	WP6	1 - EASP	3	Work plan prepared and submitted.
MS22	Web design	WP6	1 - EASP	2	Website designed and active.
MS23	Communication plan	WP6	1 - EASP	2	Communication plan prepared.
MS24	Interim technical report	WP6	1 - EASP	8	Interim technical report prepared and submitted.
MS25	Final technical and financial report	WP6	1 - EASP	12	Final technical and financial report prepared and submitted.

Annex 1

Design of the SH-CAPAC web site

Design of the SH-CAPAC web site



<http://www.easp.es/sh-capac/>

Annex 2

Communication Plan



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COMMUNICATION PLAN



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Introduction

The SH-CAPAC project's mission is to support Member States under particular migratory pressure in their response to health related challenges. It is financed by the European Commission's Executive Agency on Consumers, Health and Food (CHAFEA) and is being developed by a multi-institutional consortium composed of seven members.

Goal

The goal of this communication plan is to ensure that all of the project's internal and external activities are taken into account and conducted in accordance with a series of actions and instruments outlined in this document.

Specific Goals

1. That the persons and institutions involved in implementing these activities understand the project's communication strategies and how to contribute to them.
2. Provide information about the project's "corporate" identity.
3. Guarantee the financing entity's visibility and ensure compliance with its requirements.
4. To disseminate the aims of the project and the actions to be developed.

Overall Strategy

Includes the following:

- Prioritized targets.
- Project values.
- Key concepts in the communication process.
- Actions, instruments and tools.
 - Internal communication.
 - External communication and the dissemination of results.
- "Corporate" identity and project's visibility.

Prioritized Targets

1.- Consortium Members

- Escuela Andaluza de Salud Pública (Spain).
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy).
- Trnava University (Slovakia).
- ICRH (International Centre of Reproductive Health) – Universiteit Gent (Belgium)
- Jagiellonian University Medical College (Poland).
- University of Copenhagen (Denmark).
- Academic Medical Centre / University of Amsterdam (Netherlands).

2.- EU Member States and relevant national and regional health authorities.

3.- Decision-making bodies in CHAFEA and DG SANCO.

4.- NGO's, UN agencies, other bodies or institutions of interest.

Project's Values

- Respect for individual and collective rights.
- Focus on intercultural issues and respect for diversity.
- Seek continuous improvements in the way health care is provided to refugee asylum seekers and other migrants population.
- Improve national and international health sector coordination mechanisms.
- Improve training programs through training of trainers in affected countries.
- Recognize the need to encourage consensus and participation among all involved to meet health needs that the massive refugee, asylum seekers and other migrants flow poses.
- Pursue the principles of appropriation and sustainability of results.

Key Concepts in the Communication Process

- Health as a basic human right.
- Refugees, asylum seekers, migration, health and health care.
- Intercultural competence.
- Professional training as an opportunity to improve refugee asylum seekers and other migrants' access to quality health care.
- Institutional, interinstitutional and international coordination.

Actions, Instruments and Tools

To address the specific needs of a diverse number of target groups, the actions to be undertaken have been grouped along the following lines:

1.- Internal Communication: Among consortium members and between consortium members and the financing entity (ongoing communication through the EASP's Project Director and its Technical Secretariat). Most internal communication and document-sharing will take place on the following intranet: <http://www.easp.es/sh-capac/>.

2.- External Communication: External communication includes dissemination and communication to direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities) as well as to involved international key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society). The main tool for external communication will be the following website: <http://www.easp.es/sh-capac/>.

The strategy comprises the following action lines and dissemination tools:

1. Internal Communication

The internal communication strategy's goal is to systematize and structure information in ways that will guarantee efficient and transparent management of the different Work Packages (WP), while also ensuring fluid and efficient communication among all the partners involved and the financing authority. This will be achieved through the use of the following tools:

- Ongoing communication among partners and the financing authority (phone, email, web conferences, teleconferences, etc.).
- Periodic meetings among partners (Steering Committee), as established in the Manual on Rules and Procedures, and with CHAFAE, as required.
- Intranet (<http://www.easp.es/sh-capac/>).

The Technical Secretariat has created the **SH-CAPAC project website** (<http://www.easp.es/sh-capac/>) allowing intranet-restricted communication among partners. It will be maintained by the lead institution in close collaboration with all partners. The objectives are:

1. To systematize and structure information in ways that will guarantee efficient and transparent management of the different work packages.
2. To ensure fluid and efficient communication among partners.
3. To disseminate the Project's information, milestones and deliverables.

Its structure includes:

- Access to site contents:
 - ❖ Description of the action.
 - ❖ Documents related to the project's planning and management.
 - ❖ Work plan.
 - ❖ Project contract.
 - ❖ Templates.
 - ❖ Communication plan.
 - ❖ Forum.
 - ❖ Specific sites for working groups dealing with WPs (including forums and a document repository to support WP development).

2. External Communication and the Dissemination of Results

Public access to the project's website will be focused on:

- Direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities).
- International key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society).

Access is given to following contents:

- Information about partners and the Project (ABOUT US) and the option to submit a query.
- Project's milestones (CALENDAR).
- Relevant information such as final products, events, references/recommended readings links to other EU-related projects (DELIVERABLES).

Particular relevant is external communication with other national and international key stakeholders operating in the organization and implementation of the health response to refugees, asylum seekers and other migrants in the target EU countries, or with the other projects funded by the EC under this initiative. The following activities will be undertaken under this action line:

- Information exchange with all relevant international stakeholders in order to build synergies with the project activities.
- Dialogue efforts for building coordination with the mentioned relevant international stakeholders.
- Organizing a meeting in Granada, early in January 2016, with the presence of all the key international stakeholders mentioned and, if at all possible, with the other grantees of the EC being funded through this initiative to take stock of their tools and lines of action and build complementarities and synergies.
- Establishing coordination platforms with all key national and international stakeholders.
- Participation of consortium members in the coordination meetings convened by the EC (CHAFEA and DG SANTE) to ensure timely exchange of information and coordination with other related projects and initiatives.

It is strongly recommended to document all these actions and send relevant material (photos, videos, etc) to the EASP.

Dissemination and communication activities will also be conducted among other targets to the project (other institutions, similar associations and organizations, experts in health, refugees, asylum seekers and other migrants, non-governmental organizations, civil society, etc.). Following is a list of lines of actions and specific tools to be used for dissemination:

- Corporate image
 - Project logo.
- Leaflet (see annex 1).
- Web and information technologies
 - A specific website (<http://www.easp.es/sh-capac/>).
 - The use of partners' social networks. The Twitter hashtag is #SHCAPAC.
- Work with the communications media:
 - Press releases.
- Disseminate information on the project by participating in activities that address the same or similar topics, whether organized by partner institutions involved in the SH-CAPAC project, or by CHAFEA/DG SANTE or outside entities.
- Publications and scientific articles
 - Scientific publications that could emerge once the project's planned products have been developed.
 - Scientific articles whose dissemination could be considered of general interest; formats to be determined.

Corporate Identity and Project Visibility

A very clear and simple logo has been designed, which represents the project's essence (refugees, asylum seekers and other migrants, Europe...):



The project's logo, as well as the EU emblem, should be included in the cover pages of all reports - as well as in all written and electronic communication (in the upper section; the EU emblem must have appropriate prominence and shall be placed well apart from any other logos). The following statement should also appear alongside the EU emblem: "Co-funded by the Health Programme of the European Union", as illustrated in the following example:



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Furthermore, the following text has to be included in any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, etc.) and any infrastructure, equipment or major results funded by the grant: *"This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020)."*

As specified under the Grant Agreement Contract, article 22, the following disclaimer shall be added in the inner pages of all reports:

"The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

For further information regarding the use of the EU Emblem, please refer to the document “use of the EU Emblem in the context of EU Programmes – Guidelines for beneficiaries and other third parties”, which can be consulted and accessed on the project’s website <http://www.easp.es/sh-capac/>.

The logos of all partners should be included in the bottom section on the cover pages for all reports. The visual weight of each logo should be equal and balanced and the logos should be distributed in accordance with the following format:



All reports shall be written in Tahoma 10 characters with 2 cm margins and 1,25 line spacing.

In relation to communication activities by CHAFEA, article 22.2 of the Grant Agreement shall apply.

Finally, annex 2 and 3 include templates for elaboration of PowerPoint presentations and reports.

Annex 1

Leaflet

This project is being carried out by the following institutions: Andalusian School of Public Health – EASP (**Spain, coordinator**), Azienda Unità Sanitaria Locale di Reggio Emilia (**Italy**), Trnava University in Trnava (Slovakia), Jagiellonian University Medical College (**Poland**), International Centre for Reproductive Health / University of Ghent (**Belgium**), Academic Medical Centre/University of Amsterdam (**The Netherlands**) and University of Copenhagen (**Denmark**).

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The images have been loaned by Pablo Simón, @psimoneasp, collaborating professor of EASP and volunteer of Doctors of the World providing aid for refugees in Lesbos Island (Greece). December 2015

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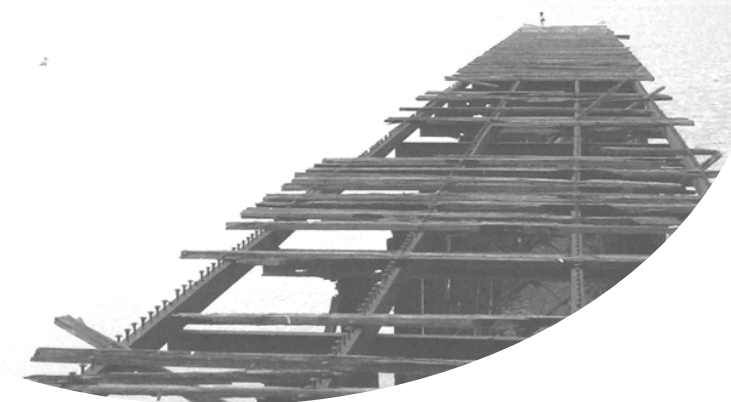
Web project: <http://www.easp.es/sh-capac/>



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

SH - CAPAC



Health needs of the refugees, asylum seekers and other migrants

The health needs of a vulnerable population of at least 1,000,000 people who have entered the EU in 2015 is an issue of public health importance. This population may amount to two million refugees, asylum seekers and other migrants at the end of 2016.

The health needs we are observing are a compounded effect of acute critical health needs that warrant humanitarian interventions as well as health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.

The deteriorated purchasing power of these population groups, among others things, leads to rising malnutrition rates. Their access to care other than emergency care is limited.

Gaps exist in the national health information and disease surveillance systems. These, in turn, increase the risk of vaccine preventable diseases and epidemic outbreaks. Hundreds of thousands of children should keep on track with their vaccination schedule.

The profile of the displaced population indicates an increased need for sexual, reproductive and child health services, as well as geriatric care. Sexual violence is also a specific reason for claiming asylum and a priority health concern, which requires specific interventions.

Many of these migrants are survivors of violence and have serious medical conditions. Some are amputees needing prostheses, victims of trauma needing specialized treatment or cancer patients.

Responding to these needs requires an enormous coordinated effort of EU Governments, Red Cross societies, NGOs, the European Union, the UN agencies (especially UNHCR, WHO and UNICEF) and the International Organization of Migration (IOM).

The Project



SH-CAPAC is a project launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges. The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers' competencies for the delivery of migrant/refugee sensitive health services.

The project is directed at supporting countries' health systems and public health infrastructures in the following nineteen EU Member States:

Austria	Belgium	Bulgaria	Croatia	Denmark	France
Germany	Greece	Hungary	Italy	Malta	Netherlands
Poland	Portugal	Romania	Slovakia	Slovenia	Spain
Sweden					

General Objective

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

Specific Objectives

1. Support Member States to establish, in close collaboration with international stakeholders, national and international health sector coordination mechanisms for implementing a coherent and consolidated national and international response to the health needs of the refugees and asylum seekers and other migrant populations.
2. Support Member States to analyse health challenges and unmet health needs that the massive population influx poses, as well as to conduct periodic assessments of the health care response and public health interventions needed.
3. Support Member States to develop action plans for implementing a public health response and for reinforcing their health systems in order to respond to the health challenges of the refugee, asylum seekers and other migrants influx.
4. Support Member States to promote and ensure access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the reduction of access barriers.
5. Build national capacity through training of trainers in affected countries, so health workers can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

Expected results at the end of 2016

At the end of 2016, the target countries participating in the project will have:

- Implemented a coordinated approach to organise the multi-stakeholder health sector response to the refugee influx in their territory.
- Conducted comprehensive public health and health systems assessments of the impact of the migratory pressures and the response needed by the national health systems.
- Develop action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
- Developed institutional capacity and workforce competence to provide migrant sensitive health services.

Annex 2

PowerPoint presentation template



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Annex 3

Report template



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Prepared by:



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