



Co-funded by  
the Health Programme  
of the European Union

# SH-CAPAC: “SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE”



## Introduction to the project

Daniel Lopez-Acuna

Coordinator SH-CAPAC

Adjunct Professor of the Andalusian School of Public Health ( EASP)

Ghent, February 23rd, 2016

# THE NATURE OF THE CRISIS IN THE EUROPEAN UNION

- The most recent assessment on the refugees and other migrants entering the EU by land and sea without authorisation in 2015 reveals a figure of approximately 1,000,000 people
- The initial route from North Africa to Italy has shifted to a route where people travel through Greece and then through the Western Balkans to reach destinations in northern and western Europe.
- This only concerns **unauthorised** entry into Europe
- In addition to people fleeing countries in conflict there are many other migrants not regarded *prima facie* as refugees. In 2012 and 2013 approximately 2,5 million migrants entered Europe legally, the figure for 2015 is unlikely to be very different.
- Greece had received the highest number of unauthorized entrants in decades. Over 750,000 people have arrived by sea in 2015.

## THE NATURE OF THE CRISIS IN THE EUROPEAN UNION (2)

- More than 93% come from the world's top 10 refugee producing countries and over 60% are from Syria.
- In the same period, there were over 141,000 arrivals to Italy, nearly 4,000 to Spain and 102 to Malta
- At least 3,455 migrants are known to have died making the crossing.
- In addition there are over 2.2 million refugees in Turkey.
- Close to 250,000 people crossed the Mediterranean only in October.

# European Migrant Crisis: Transit Centres

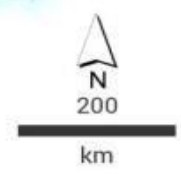
(as of 5 Nov 2015)



Country	Transit Centre	Average # of daily arrivals
Greece	Moria	Not fully functional
Macedonia	Gevgelija	6,000
	Tabanovce	n/a
Serbia	Preševo	6,000-10,000
Croatia	Opatovac	4,000
Slovenia	Brežice	4,000
	Dobova	
	Rigonce	
	Gruškovje	
	Šentilj	

- ▲ Transit Centres
  - ★ Border Crossings
  - ➔ Main Current Route of Migration
- Borders**
- Fences
  - Partial Fence Planned
  - Additional Border Controls
- Country**
- EU Country with Schengen Agreement
  - EU Country without Schengen Agreement

**Data Sources:** GADM, Natural Earth, UNHCR, ACAPS, New York Times, Wikipedia  
 Map created by MapAction (2015)



## HIGH LEVEL MEETING ON REFUGEE AND MIGRANT HEALTH CONVENED BY WHO EURO AND ITALY'S MINISTRY OF HEALTH CONVENED IN NOVEMBER 2015

- Stepping up actions on refugee and migrants health
- Member States are taking many positive steps to respond to the health needs of refugees and migrants arriving in Europe.
- The current surge may require rapid humanitarian responses and increased technical assistance to countries.
- Responding quickly and efficiently can be complex, resource intensive and socially disruptive if countries are not fully prepared.
- It is time to work together to for public health solutions.

# OVERARCHING CONSIDERATIONS

- The current massive refugee, asylum seeker and other migrant influx in Europe is an **urgent public health concern** for all Member States in the Region
- **Solidarity and humanity** are the principles that ought to inspire the pan-European collaborative response to the current crisis
- If not for any other reason, **let us act** because of human security and public health reasons
- Communication efforts should receive priority attention to dissipate fears and false perceptions among refugees and other migrants as well as among host populations
- Priority attention ought to be given to unaccompanied minors

# AGENDA FOR ACTION: short- and medium-term measures

- Refugees and migrants should be assisted in overcoming the difficulties of arriving in a new environment.
- Health systems need to be prepared to respond to the immediate health needs of refugees and migrants.
- Epidemiological surveillance capacities should be strengthened, to include migrant-sensitive data.
- Comprehensive immunization programmes should be put in place..
- Special efforts should be made, aimed to protect the most vulnerable.

# AGENDA FOR ACTION: long-term measures

- Strengthening health system capacity to provide health care over the longer term.
- Continuity and quality of care should be guaranteed for migrants in all settings, including for care received from NGO health services and alternative providers
- Developing migrant-sensitive health policies.
- Pursuing intersectoral collaboration to address the socioeconomic determinants of migrant health.



# Key issues in connection with Communicable Diseases

- Migrants and refugees do not pose a health security threat to the host communities
- Individual health assessments, massive screenings and mandatory examinations are not the solution and ought to be put in perspective and demystified.
- In that respect refugees and migrants are not different from international travellers
- It will be important to address the improvement of living conditions influencing health: i.e. prevent overcrowding ,ensure immunization,access to clean water and basic sanitation

# Key issues in connection with Non-Communicable Diseases

- There are important gaps in the treatment continuity of those refugees and asylum seekers affected by non-communicable conditions
- Mental health problems should receive priority attention and mental health promotion and psychosocial support should be put in place
- Intersectoral action and health in all policies are fundamental for improving the health situation of the refugees and other migrants
- Sexual and reproductive health and prevention and treatment of sexual violence and other forms of violence ought to be contemplated as part of the health response

# Key issues in connection with coordination and collaboration

- In some countries it will be fundamental to engage civil society and NGOs in the response for addressing the health needs of refugees, asylum seekers and other migrants
- In some other countries it will be crucial to reinforce the country capacities of the public local health systems
- It is important to further the collaboration between countries and international organizations like WHO, IOM, UNICEF, UNHCR, UNFPA, UNICEF and UNDP finding consensus on several immediate measures.
- Exchange and sharing of information should be intensified
- We should move fast in developing transborder approaches, transnational data bases respecting privacy of information, and portability of health records/health cards

# THE NATURE OF THE SH-CAPAC PROJECT(1)

- Seeks to address the **compounded effect** of acute critical health needs that warrant humanitarian interventions as well as continuous health needs that require access to regular comprehensive health care and public health interventions provided by the regular countries' health systems.
- This requires a coordinated effort of Governments, Red Cross societies (IFRC), NGOs, the European Commission (DG Santé, CHAFEA, ECHO,UCPM,ECDC), the IOM and the UN agencies, especially UNHCR, WHO, UNICEF,UNFPA and OCHA.

# THE NATURE OF THE PROJECT II

- Significant **engagement and support from Member States** and from the International community is of the essence .
- It is critical to **support and build capacity** of the EU Member States to respond to the challenge of increased migratory pressure and refugees and asylum seekers influx
- The project has a **predominantly regional approach** developing tools and instruments, convening workshops to disseminate them and promote the engagement of Member States
- It has also a small component in some of the Work Packages of **individual technical support missions to EU Member States** who are willing to receive the project support

# MEMBERS OF THE CONSORTIUM

- The Consortium is comprised of the following seven institutions:
  - Escuela Andaluza de Salud Pública (EASP) (Spain),
  - 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),
  - University of Copenhagen (Denmark).
- Start date: January 1<sup>st</sup> 2016
- Kick off meeting of the project took place on January 14<sup>th</sup> in Granada, Spain
- A back to back meeting with key international stakeholders took place on 15<sup>th</sup> January

# METHODS AND MEANS

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

# LOGIC OF THE PROJECT





# INTERRELATEDNESS OF THE WORK PACKAGES



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

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

# BENEFICIARIES

## Final

- Registered and unregistered refugees asylum seekers and other migrants (currently 1,000.000 possibly rising to 2 million or more at the end of 2016) entering the European Union as a consequence of conflict, violence, or persecution in origin countries (mainly but not exclusively from Syria, Afghanistan and Iraq).as well as other migrants who are fleeing other kinds of hardship (poverty, climate change,,) consequences of adverse life in “failed States”.

## Direct

- National and regional health authorities of health systems of each EU Member State faced with the challenge of providing a coordinated response to the current influx of refugee, asylum seekers and other migrant’s population, entering the EU space temporarily or permanently.
- The health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities, who are responsible for the provision of health services, the organisation and management of public health interventions, and the conduct of health assessments in connection with the refugee, asylum seekers and other migrants’ population.

# TARGETCOUNTRIES

## Countries of First Arrival and Transit Countries:

Bulgaria  
Croatia  
Greece  
Hungary  
Italy  
Romania  
Slovakia  
Slovenia

## Traditional Destination Countries

Austria  
Belgium  
Denmark  
France  
Germany  
Malta  
Sweden  
The Netherlands

## New Destination Countries

Portugal  
Poland  
Spain

## GENERAL OBJECTIVE

The general objective of the project is to:

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

# SPECIFIC OBJECTIVES I

## SO1

Support Member States, in close collaboration with WHO, IOM, OCHA UNHCR, and other relevant international stakeholders, in the establishment of national and international **health sector coordination mechanisms** (similar to the architecture of the humanitarian health cluster) 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 under migratory pressure,

# SPECIFIC OBJECTIVES II

SO2

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

## SPECIFIC OBJECTIVES III

S03

Support Member States in developing action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrants influx



# SPECIFIC OBJECTIVES IV

SO4

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

## SPECIFIC OBJECTIVES V

S05

**Build 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.

# EXPECTED OUTCOMES

- Have a framework for coordination for building a coherent national and international response to meet the health needs of the refugees, asylum seekers and other migrant's population States and implement it in at least 6 target countries
- Have an instrument for the assessments of health challenges posed by the massive refugee flow and of the health care response and public health interventions needed for the refugees, asylum seekers and other migrants' population and applied it in at least 8 affected countries
- Have a framework for implementing a public health response and strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants' influx and support its formulation in at least 8 affected countries.
- Develop and disseminate a resource package to reorient local strategies and plans for promoting and ensuring access of the refugee, asylum seekers and other migrants populations to health care and public health interventions and have an adoption of tools and measures contained in the resource package in at least 8 countries targeted.
- Have a framework developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries and to have 240 health workers of health districts with a high case load of refugees in at least 8 target countries trained using the MEM-TP modules

# CHANGES TO OCCUR AT THE END OF 2016

Target countries that participate in the project :

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

© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under conditions.



This presentation is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this presentation represents the views of the author only and is his/her sole responsibility; it can not 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.