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COORDINATION FRAMEWORK FOR ADDRESSING THE HEALTH NEEDS OF THE RECENT INFLUX OF REFUGEES, ASYLUM SEEKERS AND OTHER MIGRANTS INTO THE EUROPEAN UNION (EU) COUNTRIES

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

Ghent Workshop, February 24th, Session 1

The aim of this Health Coordination Framework:

- Providing EU MS **strategic guidance** in the development of a **coordination mechanism** for the multiple national and international stakeholders involved in health response
- Primarily addressing the **national or subnational health authorities** in defining an **operational strategy** for harnessing the contributions of different actors
- **Putting** different governmental and non-governmental **actors** as well as international organizations **in line**

-> **In accordance with international agreements, directives and guidelines:**

International Bill of Human Rights, European Charter of Human Rights, European Directive of Minimum Standards of Reception of Asylum seekers, international guidelines on health responses, ...

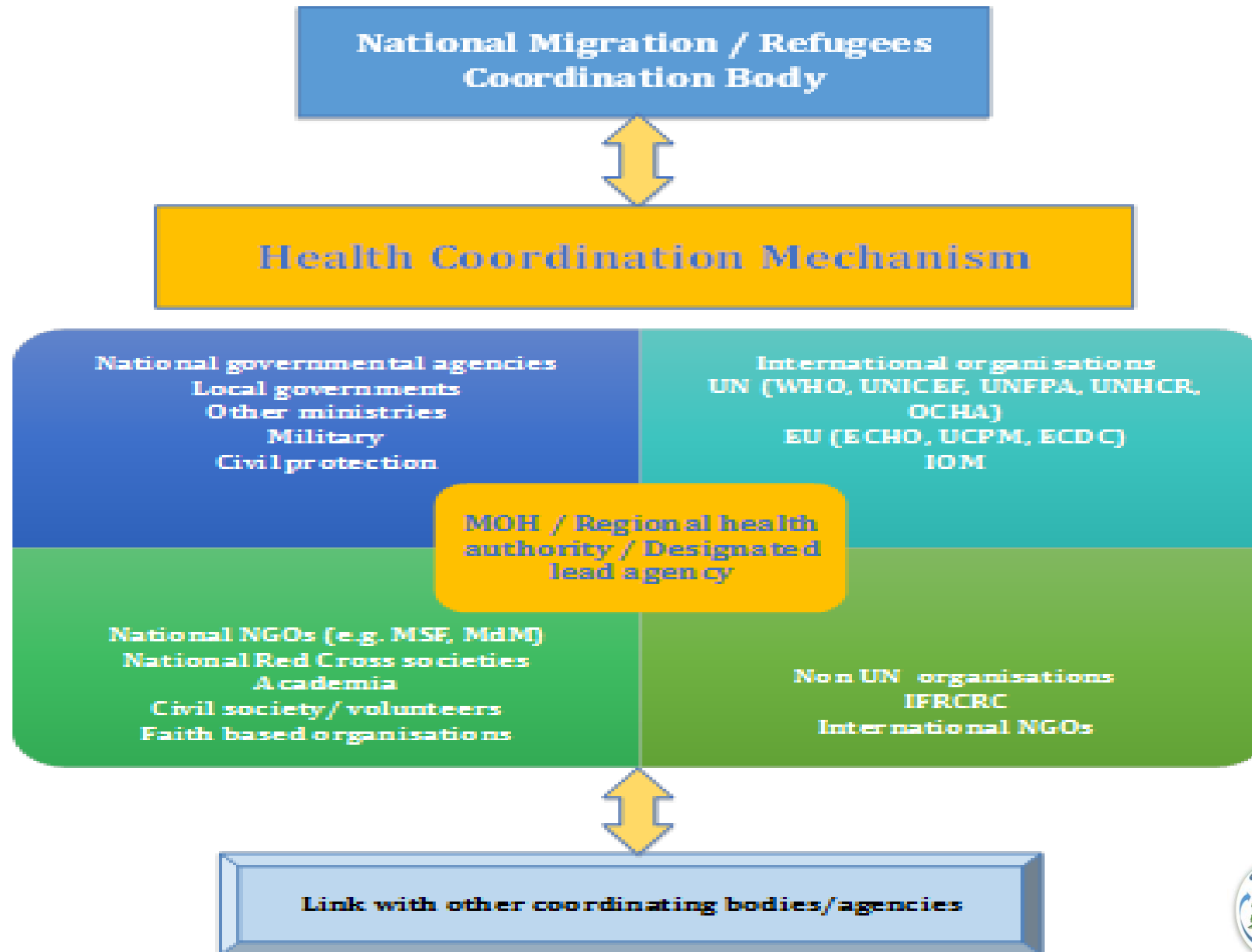


When applied this Health Coordination Framework will help MS with participation of stakeholders in:

1. Establishing a standing coordination mechanism, led by the Ministry of Health or other designated authority
2. Conducting health needs assessments and assessments of the public health response and health care
3. Formulating strategies and action plans for responding to the health needs of these populations
4. Mobilizing the necessary resources to implement the actions mentioned in the above
5. Monitoring and evaluating the health response to the refugees, asylum seekers and other migrants



Actors to be involved in the health coordination mechanism



Functions of the Health Coordination Team

1. Coordination mechanisms and inclusion of all health actors
2. Coordination of needs assessment & analysis including gap identification
3. Coordination of Strategic planning with attention to cross cutting issues such as SRH+ SGBV, mental health, and filling gaps
4. Development of action plans to respond to the health needs identified
5. Coordination of Contingency planning for protracted situations aiming at adopting a health systems approach



Functions of the Health Coordination Team (cont.)

6. Application of standards; ensure use of national policies, norms and standards (support evidence-based development/revision of guidelines)
7. Coordination of training and capacity building
8. Monitoring and evaluation
9. Resource mobilisation (financial, human resources, supplies)
10. Advocacy
11. Reporting to all relevant stakeholders and information to media, public.



Basic principles of the Health Coordination Framework

- Comply with values of equity, human rights, gender, cultural sensitivity
- Ensure health provision based on health needs
- Ensure safety, confidentiality, respect and non- discrimination
- Be inclusive: identify all health actors (including volunteers)
- Complement and strengthen existing coordination structures (make use of what exists already) at national and sub national level (important for hotspots and involvement of regional health authorities). Avoid parallel systems



Basic principles of the Health Coordination Framework

- Focus on affected people needs, work at the field level and adopt a result-oriented approach
- Identify major gaps, problems, barriers, etc., and learn from other similar situations (neighbouring countries...). Learn from error and mistakes
- Set realistic objectives based on key priorities, get the buy in (understand and respect the partners' mandates) and build from there
- Ensure transparency
- Give feedback to the populations concerned, stakeholders involved



Stepwise approach

Process of the functioning Health Coordination Mechanism		
Process item	What	How/remarks
1. Designation of the Health Coordination Mechanism (HCM) team/coordinator	The MOH or designated health body by the national/regional authority designates a team and coordinator for the Health Coordination Mechanism	The coordinator should if possible be supported by other technical public health professionals as per context, an epidemiologist, information management specialist and a communication specialist
2. Mapping of stakeholders	<ul style="list-style-type: none"> <input type="checkbox"/> Identify local and international actors <input type="checkbox"/> Map who is doing what and where <input type="checkbox"/> Conduct a simplified resource mapping exercise in order to have a rough estimate of the available financial and human resources <input type="checkbox"/> Understand their mandates, expectations and constraints <input type="checkbox"/> Gather information, guidelines and tools 	<ul style="list-style-type: none"> <input type="checkbox"/> Gather info (simple form) <input type="checkbox"/> Consider use of a tool: e.g.: <ul style="list-style-type: none"> o WHO assessment
3. Ensure regular successful meetings	<ul style="list-style-type: none"> <input type="checkbox"/> HCM chairs (co-chairing possible as decided by MOH) <input type="checkbox"/> Choose suitable venue <input type="checkbox"/> Set realistic agenda: "smart" objectives <input type="checkbox"/> Hand out info <input type="checkbox"/> Ensure recording of minutes with action sheets (who is responsible for what) <input type="checkbox"/> Keep meetings short <input type="checkbox"/> Set date for the next meeting <input type="checkbox"/> Be open to new partners <input type="checkbox"/> Former agreements follow-up 	<ul style="list-style-type: none"> <input type="checkbox"/> Focus on problem solving/action not just info sharing <input type="checkbox"/> Consider subgroups for specific issues (vaccination campaign, SGBV, mental health...) reporting back to the coordination meetings
4. Work with other national and international coordinating entities/ working groups	<ul style="list-style-type: none"> <input type="checkbox"/> Especially important for cross cutting issues: SRH, SGBV, Mental health, WASH... <input type="checkbox"/> Ensure free flow of information <input type="checkbox"/> If WHO is part of the HCM, it can liaise with UNCT 	<ul style="list-style-type: none"> <input type="checkbox"/> Invite their representative at the HCM team meetings <input type="checkbox"/> Designate someone from the HCM team to attend the respective meetings as relevant
5. Information management	<ul style="list-style-type: none"> <input type="checkbox"/> Identify information management and communication specialist (from onset) <input type="checkbox"/> Plan health assessment <input type="checkbox"/> Regular update of the data base & info system, <input type="checkbox"/> Internal feedback to all partners of the HCM and to national coordinating body 	<ul style="list-style-type: none"> <input type="checkbox"/> Focus on information for action that will inform national and decentralized health planning



Salient aspects of the health response by population segment

Population segment	Location of response	Type of health response	Key actors in the health response	Authority/ coordination
Recent arrivals	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
Unaccompanied minors recently arrived	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid Protection SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
People in transit	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC ¹ , mobile clinics, flexible referral to SHC National and trans border follow up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
Unaccompanied minors in transit	Reception facilities (protected)/special protection facilities	Acute care Psychological first aid Protection Comprehensive PHC ³ , mobile clinics, flexible referral to SHC National and trans border follow up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
Asylum seekers	Reception facilities/ health centre/hospital	Comprehensive PHC ³ , mobile clinics, flexible referral to SHC SGBV prevention & response SRH	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI Integration into regular health system initiated
Unaccompanied minors seeking asylum	Reception facilities/special protection facilities/ health centre/hospital	Comprehensive PHC ³ , mobile clinics, flexible referral to SHC SGBV prevention & response	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI+ child protection Integration into regular health system initiated

¹ Comprehensive PHC: A PHC-based health system is composed of a core set of functional and structural elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity-enhancing. It provides comprehensive, integrated, and appropriate care over time, emphasizes health promotion and prevention, and assures first contact care. PAHO/WHO: Renewing PHC, March 2007. In this case SGBV and psychosocial support should be integrated.



Questions?

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