

SH-CAPAC
INCEPTION & COORDINATION MEETING
& MEETING OF THE SH-CAPAC PROJECT WITH
INTERNATIONAL STAKEHOLDERS
EASP, January 14th – 15th, 2016

SH-CAPAC

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

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& MEETING OF THE SH-CAPAC PROJECT WITH INTERNATIONAL
STAKEHOLDERS**

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LIST OF PARTICIPANTS

- Iain Aitken** Independent Consultant
- José Cuellar** Andalusian School of Public Health – Spain
- Antonio Chiarenza** Azienda Unità Sanitaria Locale di Reggio Emilia –Italy
- Paola D'Acapito** CHAFEA – Project Officer
- Ilaria Dalla'Asta** Azienda Unità Sanitaria Locale di Reggio Emilia –Italy
- Jackie Gernay** Independent Consultant
- Alberto Infante** Independent Consultant
- David Ingleby** Independent Consultant
- Ines Keygnaert** International Centre for Reproductive Health /
University of Ghent - Belgium
- Riitta-Liisa Kolehmainen-Aitken** Andalusian School of Public Health – Spain
- Daniel López-Acuña** Andalusian School of Public Health – Spain
- Eva Nemcovska** Trnava University in Trnava – Slovakia
- Natxo Oleaga** Andalusian School of Public Health – Spain
- Ainhoa Rodríguez** Andalusian School of Public Health – Spain
- Ainhoa Ruíz** Andalusian School of Public Health – Spain
- Amets Suess** Andalusian School of Public Health – Spain
- Janny Louise Suurmond** Academic Medical Centre / University of Amsterdam
– The Netherlands
- Anna Szetela** Jagiellonian University Medical College – Poland
- Mette Kirstine Tørslev** University of Copenhagen – Denmark

AGENDA JANUARY 14TH. MINUTES.

9.00 Welcoming remarks

Joan Carles March, Dean, EASP

Natxo Oleaga, Coordinator International Health, EASP

9.10 Introductions by all the Members of the Consortium

9.20 Objectives and Methodology of the SH-CAPAC Inception and Coordination Meeting

Daniel Lopez-Acuña, Coordinator SH-CAPAC. EASP

9.30 The EC Initiative “Support Member States under particular migratory pressure in their response to health related challenges:” Scope of the initiative, funded projects and expected results (Group Discussion)

Paola D’Acapito, Project Officer, CHAFEA, EC

9:45 Update on the situation of the refugees coming into the EU with special emphasis on health related matters

Daniel Lopez- Acuña, EASP

David Ingleby, Consultant , University of Copenhagen

Group discussion

10:15 What SH-CAPAC is supposed to accomplish by the end of 2016

Daniel Lopez-Acuna, EASP

Group discussion on the objectives and expected results of the project

10.45 Coffee break

11.15 Engaging EU Member States in the activities of the SH-CAPAC Project

Daniel Lopez- Acuña, Coordinator SH-CAPAC. EASP

Paola D’Acapito, Project Officer, CHAFEA, EC

Group discussion

11:45 WP1, Health Sector Coherence and Coordination. What does it entail and how will we organize our work?

Daniel Lopez- Acuña. EASP

Ines Keygnaert, ICRH ,University of Ghent

Group Discussion

12.15 WP2, Health Situation and Health Care Assessments. What does it entail and how will we organize our work?

Mette Kristine Torlev, University of Copenhagen

David Ingleby, Consultant, University of Copenhagen

Group Discussion

13.15 WP3, Planning a Public Health Response. What does it entail and how will we organize our work?

Eva Nemcovska, Trnava University

Group Discussion

13.45 Lunch

14.45 WP4, Improving Access to Health Care. What does it entail and how will we organize our work?

*Antonio Chiarenza, Azienda Unita Sanitaria Locale di Reggio Emilia
Group Discussion*

15.15 WP5, Capacity building. What does it entail and how will we organize our work?

*Ainoa Ruiz Azarola, EASP
Group Discussion*

15.45 WP6, Coordination of the project, Communication Plan and Governance of the SH-CAPAC Initiative. Rules and Procedures of the implementation of the SH-CAPAC project.

*Natxo Oleaga EASP
Group Discussion*

16.45 Budgetary and financial accountability aspects of the SH-CAPAC project

*José Cuellar, EASP
Group discussion*

17.30 Any other business

17.45 Wrap up and summary of conclusions

Daniel Lopez- Acuña EASP

18.15 End of the session

Welcome: The SH-CAPAC kick-off meeting opened with welcoming comments by Natxo Oleaga, Coordinator, International Health, and Joan Carles March Cerdá, Dean of the EASP. The participants then briefly introduced themselves.

Meeting objectives and methodology: Daniel López-Ácuña, coordinator of the project at EASP, explained the objectives and methodology of the meeting. He pointed out that that the project has a very short time in which to implement all project activities. Therefore, unifying the approaches of all members of the Consortium is essential. This requires the full participation of all the members in clarifying the work packages, in which they participate.

Daniel explained that a selected group of relevant international stakeholders would join the second day of the meeting. This is so that they can share information on their organisations' activities that are relevant to the SH-CAPAC project. Daniel stated that time had been reserved in the meeting agenda at the end of the first day for administrative and budgetary aspects, as clarifying these aspects from the very beginning of the project implementation is very important.

EC emergency call and CHAFEA's role: Paola D'Acapito, CHAFEA Project Officer for the SH-CAPAC project, gave a presentation, in which she described the background, objectives, budget and expected results of the emergency call on migrant health. She explained that the EC emergency call has a total budget of 5.5 million Euros, of which one million is a direct grant to the IOM. The objectives of the project grants are to support the Member States under particular migratory pressure and NGOs working in those countries. The support is intended to help them address the health related issues of arriving migrants, and prevent and address possible communicable diseases and cross-border health threats. She pointed out the exceptional aspect of the emergency call, namely its geographical coverage, exceptional utility (80%) co-funding, and that grant agreements can be mono-, as well as multi-beneficiary.

External evaluators assessed twenty-four grant applications. Three of them had been granted by the time of the SH-CAPAC kick-off meeting. These were (1) SH-CAPAC, (2) 8 NGOs in 11 States, and (3) EUR-HUMAN. Given the rushed timetable to evaluate the proposals, there is a potential for duplication of activities between these projects. Keen to avoid duplication, CHAFEA and DG SANTE will organise an inter-coordination meeting of all approved projects. The meeting will take place in Brussels on 19 January 2016. Both project coordinators and financial managers have been invited to attend.

Paola next explained the role and responsibilities of CHAFEA project coordinators, as well as those of co-beneficiaries. She emphasised that the project coordinator has to have total control of the budgetary aspects, and the consortium members must be able to produce all supporting financial documents. She therefore asked all Consortium members to pay attention to all aspects of the Grant Agreement. (This had been made available to all meeting participants.) She further pointed out that that while CHAFEA works with and is linked to EG SANTE, it is independent. All project communication should go through CHAFEA, and the consortium members should avoid contacting DG SANTE directly. If under exceptional circumstances they did so, they must copy CHAFEA to keep it informed. Finally, Paola stressed her willingness to support the project's successful execution, and encouraged the Consortium members to contact her whenever any clarification was needed. In response to a question about correctinh a few inconsistencies that had been identified in the SH-CAPAC proposal, she advised the project to request an amendment.

Update on refugee situation in the EU: David Ingleby briefed the participants on the current refugee situation in the European Union, pointing out that all migrants are not refugees. The available data on the number of entering migrants are often not very exact; they may, in fact, be misleading in some countries. Asylum applications in EU27 have increased dramatically from 2013. Hence, the question remains: How can countries give regular health care to all the people who currently are receiving just emergency attention?

SH-CAPAC project objectives and expected results: SH-CAPAC is a complex project that will deal with governments, NGOs, and other international institutions. Understanding what the other funded projects are going to do and a close relationship with them are therefore very important.

SH-CAPAC concentrates on building capacity of the Member States through development of framework and tools, regional training and dissemination workshops, and technical support to national and regional health authorities. The main focus of the five work packages and their respective expected outcomes are listed below:

- WP1: Establishing coordination mechanisms for implementing a coherent and consolidated health response.
Expected outcome: Coordination platforms in at least 6 target countries.
- WP2: Having reliable information for decision making on health needs and access to health services.
Expected outcome: Assessment of health challenges in at least 8 countries.
- WP3: Developing an appropriate public health response,
Expected outcome: Action plans to implement a public health response in at least 8 countries.
- WP4: Promoting and improving health access for refugees,
Expected outcome: Adoption of tools and measures in a resource package in at least 8 countries.
- WP5: Developing training materials and training trainers and health professionals in migrant sensitive health care.
Expected outcome: Framework for a migrant-sensitive health care delivery model implemented and 240 health workers trained in at least 8 countries.
- WP6: Project coordination.

SH-CAPAC targets a great diversity of countries that show very different responses to the refugee problem. The group discussion raised the concern about country receptivity to the support offered by the project. Daniel stressed the importance of the Ghent workshop as a forum for introducing the project to the invited countries. We need to define with EC how to inform the target countries and get their involvement and participation. CHAFAEA's network of focal points can help in this regard. The project will also reach out to the Consortium members' own networks, both government and NGOs. Daniel pointed out that these contacts must be made in the next three weeks.

WP1 (Coordination platforms): The partners in Belgium and Spain are the leads for WP1. Belgium is organising the Ghent workshop. In addition to the introduction of the initiative, the Ghent workshop will also offer a good venue for a marketing campaign to get the country engagement with the project. Jackie Gernay will support this work package as a consultant.

WP2 (Health care assessments): Denmark leads this work package. Mette Tørslev explained that the first step will be to develop the framework for a rapid assessment of health needs,

resources and services. Next steps will be to pilot test framework, followed by a dissemination/training workshop, and reporting both on the rapid assessment framework and training workshops. The methodology has not been finalised and partner contributions are welcome. David will work with the Danish team on this work package.

The focus of WP2 must be on selected critical problems. In this work package especially, establishing a very good relationship with the other initiatives is important in order to avoid duplicate activities. Paola stated that this was the main reason for organising the CHAFAE Brussels meeting. She emphasised that SH-CAPAC can propose what countries can do, and which approach they should take given the differences among regions in refugees' transit in the same country.

WP3 (Public health action plans): Slovakia takes the lead for this work package. Eva Nemcovska raised a number of questions regarding the work package activities, such as the number of selected countries, criteria for their selection, and level of the action plans. Daniel addressed some of these questions, but noted that several still need to be addressed. Alberto Infante will support the Slovakia team in this work package.

WP4 (Health access):

- Migrants in situation of arrival, transfer, destination: Italy, a transit country?
- Distribution of asylum seekers
- Project team
- Aim: promoting and ensuring access
- Specific objectives
- Resource packages, language and communication support services, resources for improving information, develop measures
- Strategy and timeline
 - Resource package development (January – March) - sections
 - Dissemination to target countries (April – July)
 - Implementation in target countries (September – Nov)
 - Deliverables
 - Languages?

WP5 (Training):

Training Package

- Most materials have to be developed
- National context is important
- Target group: managers
- Combined workshop with wp 4, training of trainers course in Granada
- Evaluation tools
- Wp5 y wp6 bologna
- Web platform, private – public part

WP6 (Project coordination): Natxo Oleaga explained that the EASP team were drafting a Manual of Rules and Procedures, as well as a Communication Plan. Both will be shared with the Consortium members for their comments, as soon as they are ready. The EASP is also designing a project logo and web site. Partners input will be sought before these are finalised.

Budgetary and financial accountability: [Summarise here main points of Pepe's presentation.]

- Clarification of the Per-Diem concept. This issue could vary from different countries.
- Paola ask to list all the doubts to take to Luxembourg to the meeting
- 20% issue needs to be very clear

AGENDA JANUARY 15TH. MINUTES.

9.00. - Welcoming remarks

Joan Carles March. Dean EASP

Ignacio Oleaga, Coordinator International Health. EASP

9.10. - Round of introductions by all the Participants

9'12 Starting of the second meeting day with a welcome and introduction of the international stakeholders by Jose Ignacio Oleaga.

- **Rocío Zurriaga**, World Health Organization
- **Roumyana Petrova-Benedict**, International Organization for Migration
- **Jaqueline Weekers**, International Organization for Migration

And the stakeholders attending via Skype

- **Santino Severnoni**, World Health Organization
- **Richard Kneller**, ERCC/ECHO/UCPM

During the session will join to the meeting as observer, Ana María Carriazo, responsible of international affairs in the regional Andalusian Government.

9.20. - Objectives and Methodology of the Meeting

Daniel Lopez-Acuna, Coordinator SH-CAPAC. EASP

Explanation of the composition of the consortium, and our initiative in response to the EU call for proposals. Why we have respond to this call as continuation of our previous project as consortium. This is the second meeting day, yesterday were the discussion about the administrative and technical issues and today we want to have a dialogue with stakeholder in order to not duplicate efforts, activities or initiatives carried out by the institutions they work in. We want to initiate an ongoing relationship and create synergies.

9.30.- The EC Initiative “Support Member States under particular migratory pressure in their response to health related challenges”. Scope, projects funded and expected results (Group Discussion)

Paola D’Acapito, Project Officer, CHAFAE, EC

Background information about the initiative EU support to MS under particular migratory pressure in their response to health related challenges.

The initiative comes from the emergency situation with refugees in Europe. EC decides to amend the annual work programme for 2015 to implement the grant. There were sent 25 proposals and in 5 days the evaluation committee decided to support 4 consortium proposals. EU co-finances the 80% of the budget of each one.

537.044 Euros (SH-CAPAC)

2.756.269 Euros to NGOs (11 countries participating in this consortium)

1.251.841 Euros to EUR-HUMAN (academia and refugees associations with 11 participants' countries)

1.000.000 Euros IOM

Explanation of the specific objectives of the 4 supported consortium proposals.

EC and CHAFEA wants to create synergies among the coordinators of these proposals to avoid duplication and overlapping activities.

All the abstracts are published in the web page of CHAFEA <http://ec.europa.eu/>

Paola CHAFEA does not want to interfere the project plan, just tries to harmonize and to better share the information.

David says after a long time seeing EU projects, this is completely different, and the necessity of avoid activities really close one from another, how CHAFEA is going to manage this.

Paola explains it's very important to meet with all the coordinators and have a good communication plan.

Daniel thinks for effective coordination, the first 6 months are critical to establish good communication basis.

Paola agrees there must be just a person by project and a person at CHAFEA, to guarantee good communication and prompt feed-back.

Jacqueline asks about the coordinating ways to manage with the different arms of EU

Paola really can not answer because she has the point of view of CHAFEA, they have fluent communication with DG Santé, but she can not say how the others DGs or institutions from EU are acting at this issue.

10'00 Objectives, methodology, activities and expected results of SH-CAPAC project.
Explanation of the project to the international stakeholders. Invitation to collaborate.

Jacqueline thinks the work is at policy level, extremely difficult to put together all the actors, responding to these needs, and the money is not coming, just published but not real.

Ana Carriazo from the Andalusian Health Ministry joins to the meeting.

**10.00. - What SH-CAPAC is supposed to accomplish by the end of 2016:
Objectives, activities and expected results of the project (Group Discussion)**

Daniel Lopez-Acuna, Coordinator SH-CAPAC. EASP

10.30. - Coffee break at EASP refectory

**11.00- Taking stock of the work of Key International Stakeholders on refugees,
asylum seekers and other migrant's health in EU Member States**

*Moderated by: Riitta-Liisa Kolehmainen-Aitken, EASP
Paola D'Acapito, Project Officer, CHAFEA, EC*

11.00 Introduction

11.40 WHO-EURO

Santino Severoni from WHO Euro explains the activities and conditions of their work at WHO member states during this refugee's crisis. They have different collaborating groups and institutions working together, to offer to the WHO MS policy documents with resources and plans to approach this situation. Review of another elements and consultations to identify elements to support the face to face contacts.

Daniel asks him some information about WHO High level meeting in Rome.

In the last slide, can be found the background and the future steps, the Rome meeting was very important, with participation of 3 WHO regions. The discussion was about health and non communicable diseases, burden actions to be implemented in the countries. In terms of tools, they have several instruments, the first of them, support the technical assistance in terms of public health, this tool has been piloting and testing on land. We are concentrating in the first 30 days refugees landing in the countries. It's not to say to the countries how to do it, but, supporting the public services to act. There have been produced 3 synthesis reports reviewing the response and the access to services. A web platform with key evidence information, this web is one of the priorities. Another platform to sharing information among partners. A letter with the latest information about migration, each edition is a special issue.

Daniel thanks Santino his video attendance in the meeting and the sharing information. Santino thanks the opportunity to find synergies.

Daniel welcomes the attendance of Ana Carriazo, responsible of international affairs in the regional Andalusian Government. And presents the next video conference attendant.

ECHO Emergency Response Coordination Centre. Richard Kneller

http://ec.europa.eu/echo/index_en, http://ec.europa.eu/echo/refugee-crisis_en

Daniel introduces Richard to the rest of the attendants in the meeting. Richard shares with us the ERCC approach and involvement to the refugees crisis. Mechanisms in several countries to manage the refugee and migrants crisis, Serbia, Slovenia, Croatia, are the countries in which they are acting at this moment, 19 countries collaborates in the mechanism, in terms of health specifically, first aid kits, other medical elements, as the platform to communicate, resources for medical post, they must willing with very extremely cases.

Richard wants to be in touch with this project in order to share information, and dialogue in terms of other crisis, about logistical elements, they have 2 medical ships.

- 4 mechanisms active
- Mechanism thought to be used when other resources have been used up.
- Continued refugees flux
- Difficulties in using existing mechanisms

Contact with:

- Global health cluster
- IFRC
- ECDC
- Médecins du Monde
- MSF

Daniel thanks Richard his participation and asks him about assessing the medical needs, as part of mapping the activation in MS you have included any need assessment.

At national level it s quite tricky know how the situation are, to understand the real needs in each country.

Daniel thanks his intervention. Resume the difficulties and the narrow space to move among the political issues. The potential to be of use is great. Other invited organizations cannot participate in this meeting due to agenda troubles, but the contact and the interest in keep in touch has been established.

IOM

In terms of general information, IOM is working in different ways in migration issues, policy, research and direct interventions with the implementation of projects. They have a publication unit that produces reports on migrant issues. They participate in consultations, strategy plans, ministerial conferences, regional networks, etc.

In terms of implementation of projects, they participated and awarded from the EC financial support, they have partnership with several national and local authorities. Summary reports in 30 countries about migrant status.

They work in the cost of exclusion,

Explanation of the reception process in Italy, and the difficulties IOM found in their work. They have elaborated recommendations for health services to be more sensitive in migrant aspects, as well as training form staff working directly with migrants. Training of trainers' sessions in several countries.

Explanation of the extension during 2016 of the Equi Health project, with a conference and a hand book in training for health personal record.

Explanation of the grant agreement to support MS under particular migratory pressure. The main objective is to provide support to MS to hold address the health related issues of arriving migrants. The expected results are re-enforces response capacity of MS to provide to refugees and migrants with initial health assessment and preventive measures, and contribute to combating cross border health threats.

Explanation of two more projects directly related to infrastructure and relocation of refugees. Both of them, starting in 2016.

- Other projects:
 - ✓ Scoping study on infectious diseases health services for refugees and asylum seekers in Europe
 - ✓ Migration flows Europe map
 - ✓ Council of Europe Bank project
 - ✓ Regional refugee and migrant response plan for Europe

Daniel wants to thank IOM for their attendance and asks about the inter agency initiative lead by UNHCR and IOM on regional refugee and migrant response plan for Europe. He asks too about the re-health project.

Roumyana explains it is about the response' plan, it's a group of work at several levels, to ensure the re-staff and coordination, medication and vaccination. Basically usual lines, what is needed in terms of resources and staff linked with migratory links. With the idea of support MSs. The plan is country drive.

Paola wants to know how IOM manage the issue of non-accompanied minors.

Jacqueline explains it has a special department due to the legal complexity of the issue.

The starting point is the lack of guidelines at EU level about that. There are no protocols in identifying minors. And to complicate more things, what happens at 19, who defines who is 18 or 19 years old. There no specialized staff dealing with these minors.

Paola thinks although the implementation of these actions have the difficulty of the time, this is the gold opportunity to put on the table this problem and to improve the dialogue about this.

13.10.- Group discussion

13.30.- Lunch at EASP refectory

14.30.- How to create synergies and ensure complementarities between the SH-CAPAC project and the International Key Stakeholder activities in the area of refugee, asylum seekers and other migrants health

Moderated by Daniel Lopez-Acuna, Coordinator SH-CAPAC. EASP

- 14.30 Introduction
- 14.40 Health Sector Coherence and Coordination (WP1) and Engagement of the EU Member States
- 14.55 Health Situation and Health Care Assessments (WP2)
- 15.10- Planning a Public Health Response (WP3)
- 15.25- Improving Access to Health Care (WP4).
- 15.35- Capacity building (WP5)
- 15.50- WP6, Coordination of the project (WP6)

January	February	March	April	May	June	July	August	September	October	November	December
TC Tuesday 26 th	Workshop coordination in Ghent 23 th - 24 th		SEMANA DEL 4-8 ABRIL. Coordination meeting (1 day)	9-13 th may workshop in Copenhagen (2 days)	16-17 th Bologna	4-8 th ToT Granada					

16.00- Pause (30 minutes)

16.30 - Any other business Main Conclusions, and Action Points

End of the session