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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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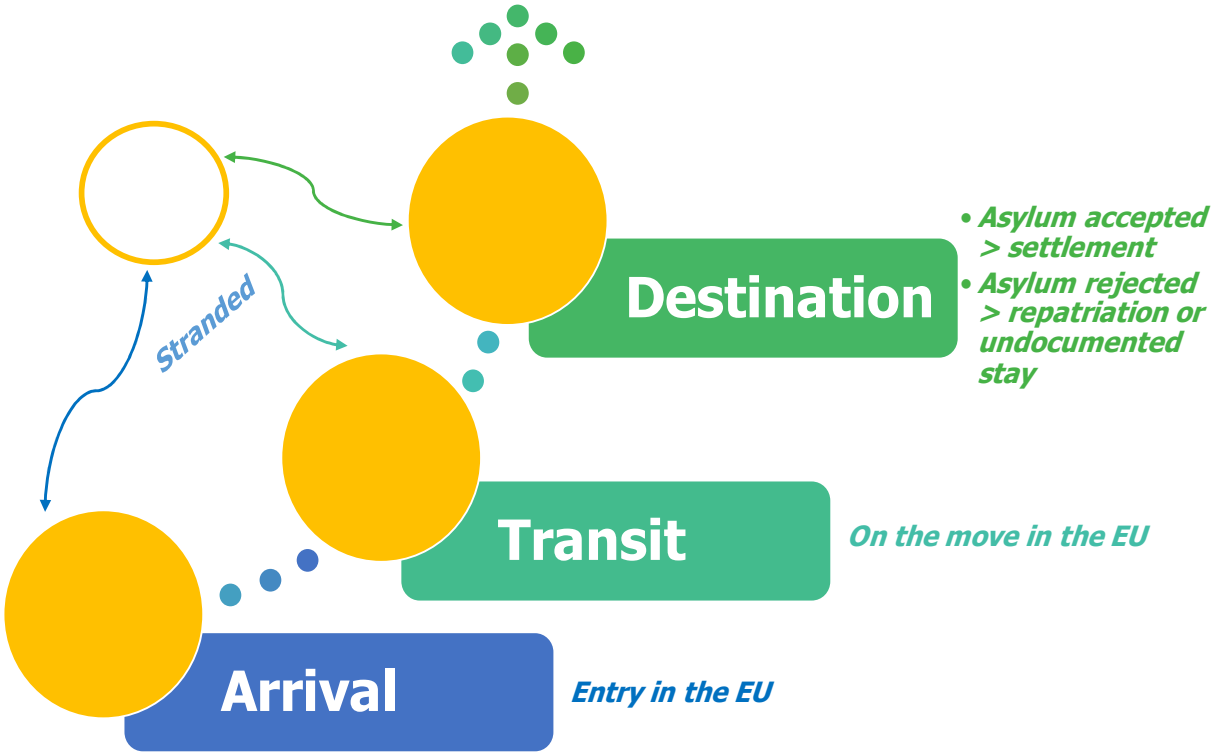
SH-CAPAC Reggio Emilia Workshop

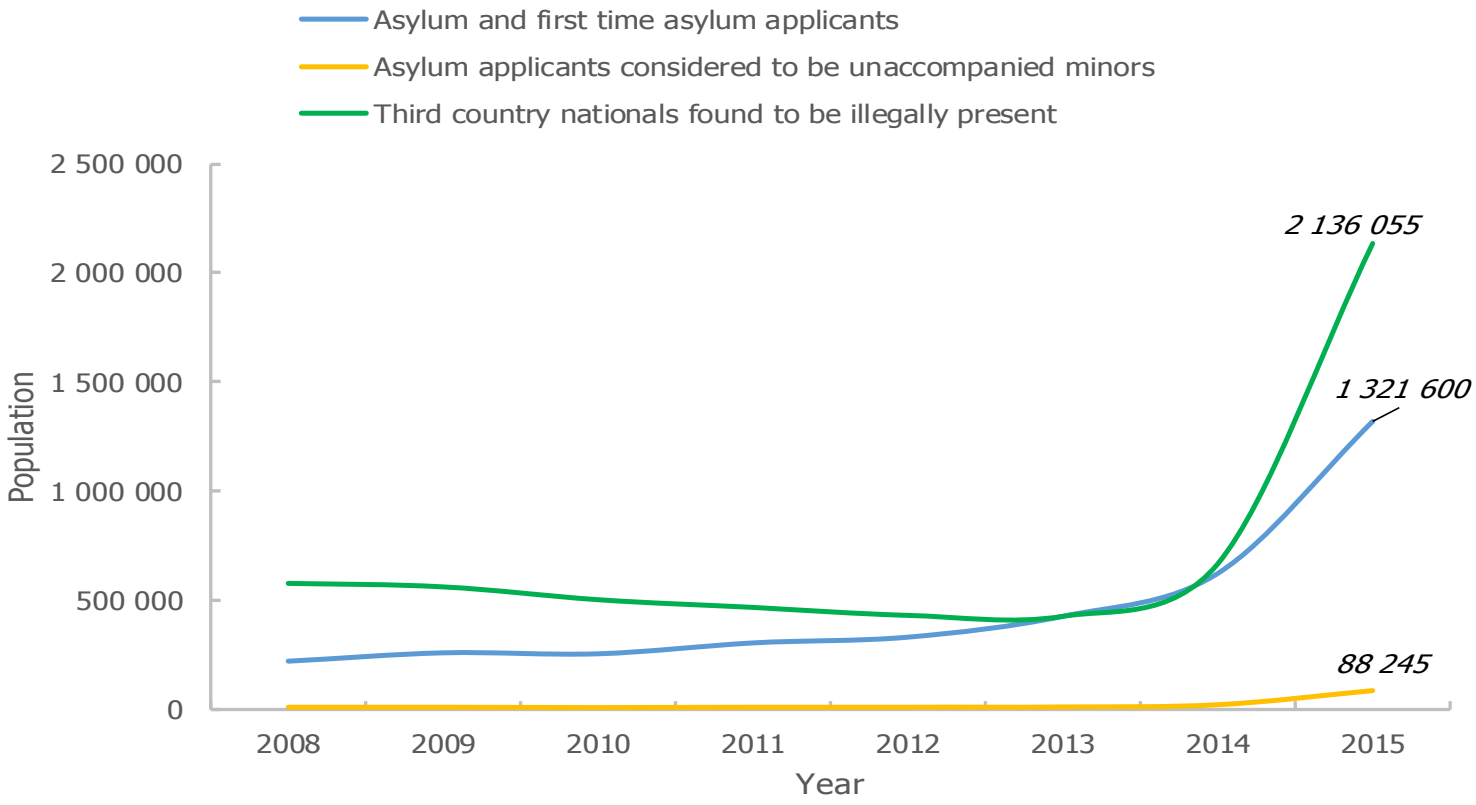
«**Improving access to health care and capacity building in Member States under particular migratory pressure"**»

Reggio Emilia , 16-17 May 2016

TAJECTORY OF FLIGHT/MIGRATION



Evolution of asylum applicants into the European Union as of June 6,2016



Categories of countries and corresponding legal status of migrants

(1) Arrival and transit countries

Arrival countries most affected are Greece and Italy, but changing political circumstances and seasonal variations can lead to shifts in migration routes. Greece is having to shoulder the burden of accommodating and caring for large numbers of migrants, including providing them with health care. Most migrants travel northwards if they can. Many remain, however, so Greece faces a large increase in numbers of asylum seekers, as well as irregular migrants.

Transit countries are characterized by a large influx, but at the same time a large outflow of migrants, and can be placed under great – but temporary – strain. Only immediate and stopgap forms of health care – first aid – can be administered to migrants in transit, unless they are so incapacitated that they are unable to travel further. Transit countries currently include Greece, Croatia, Slovenia and Austria. The Baltic States and Poland have long been transit countries for migrants arriving via Russia. Belgium, France, Germany and Denmark may be transit countries for migrants trying to reach the UK and Sweden respectively.

Categories of countries and corresponding legal status of migrants (2)

(1) Destination countries

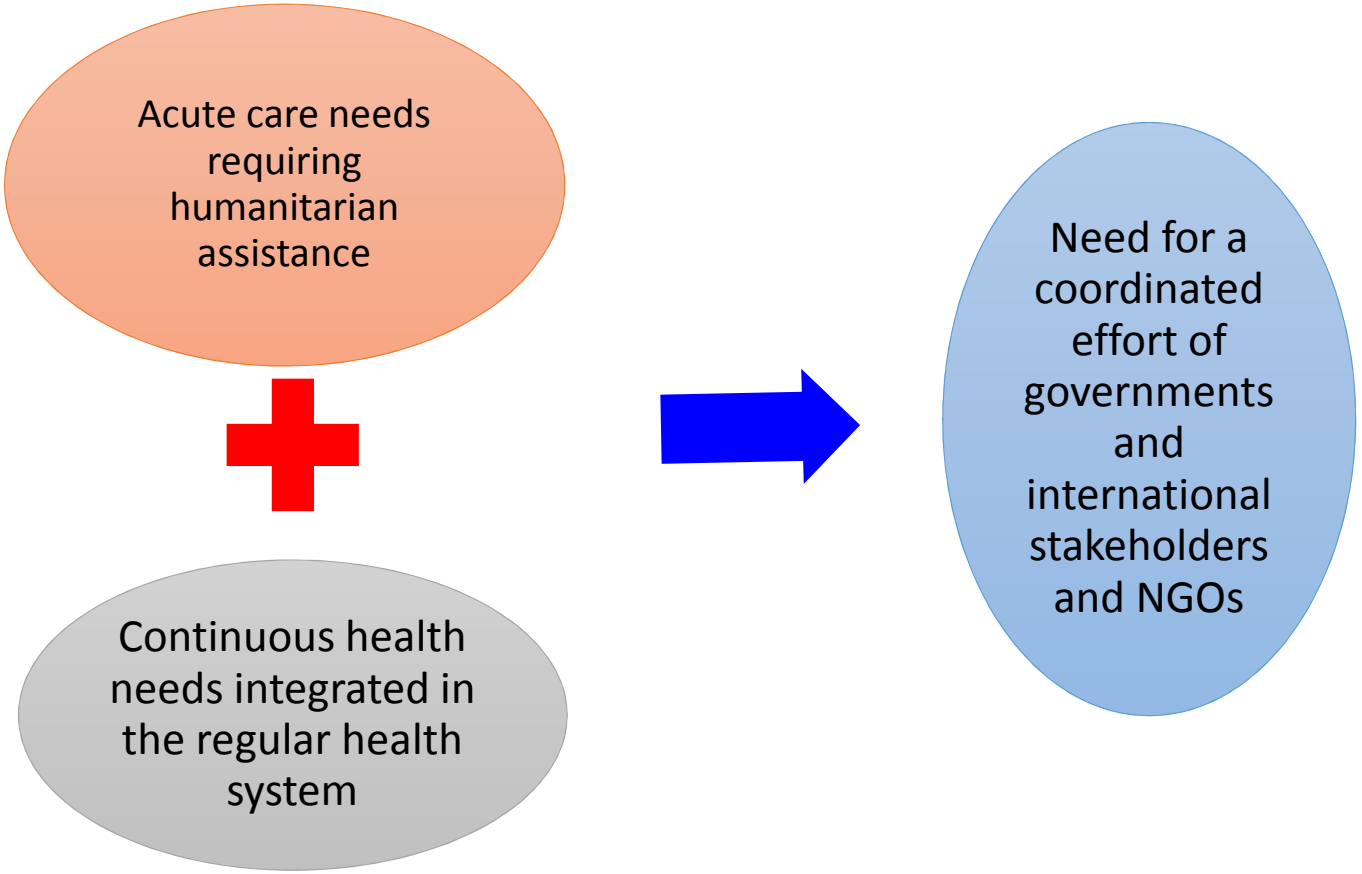
Traditional destination countries tend to be relatively wealthy countries with a history of granting asylum such as Sweden, Germany, the UK, Belgium and the Netherlands. The migratory pressure experienced by these countries can be considerable, but it is of a different kind to those described above. In several of the destination countries listed, reception and accommodation facilities (including health services) have already reached or exceeded the limit of their capacity. These countries may be familiar with the typical health needs of asylum seekers, but unable to meet them adequately because of restrictions on entitlement, poor accessibility of services and inadequate resources for overcoming linguistic and cultural barriers.

New destination countries are experiencing an increase in asylum applications and numbers of irregular migrants but with few previous experience of providing asylum. Most of these countries are in Eastern Europe, but Spain and Portugal also fall in this category. Such countries have in the past received extremely small numbers of asylum seekers. They are now faced with the problem of scaling-up provisions and acquiring new skills and resources.

Health needs during migratory trajectory

- The large numbers of people arriving in and migrating though Europe have different backgrounds, are in different physical, mental and social conditions, and positioned differently in terms of (e.g.) gender, age, educational level and socioeconomic status.
- 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.
- Hence the health needs observed 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 NATURE OF THE SH-CAPAC PROJECT(I)



THE NATURE OF THE SH-CAPAC 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
- 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.

MEMBERS OF THE CONSORTIUM

The Consortium is comprised of the following seven institutions:

- Escuela Andaluz a de Salud Pública (EASP) (Spain),
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy),
- Trnava University in Trnava (Slovakia),
- Jagellonian 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).

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

BENEFICIARIES

- 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.

LOGIC OF THE PROJECT

METHODS AND MEANS

- Develop instruments and tools
- Carrying out regional advocacy and capacity building activities (seminars and workshops
- 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,
- 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.

INTERELATEDENESS 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

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	Lead authority (e.g. MOH/RHA/MI/MMA) with IOM/UNHCR
People in transit	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC, mobile clinics, flexible referral to SHC National and trans-border follow-up SGBV prevention & response	MOH/RHA/designated lead agency (e.g. Ministry of Interior, Ministry of Migration & Asylum,…) NGO	Lead authority (e.g. MOH/RHA) with IOM/UNHCR/MI/MMA

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
Settling migrants				
Asylum seekers	Reception facilities/ health centre/hospital	Comprehensive PHC, flexible referral to SHC SRH, mental health	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI/MMA Integration into regular health system initiated
Refugee status granted	Reception facilities/ Health centre/hospital	Comprehensive PHC, flexible referral to SHC SRH, mental health	MOH/RHA/LHA/ designated lead agency	MOH/RHA Integrated into national health system
Undocumented migrants	Health centre/hospital NGO facility Red Cross facility	Comprehensive PHC, referral to SHC SGBV, mental health	MOH/RHA/LHA NGO Red Cross	MOH/RHA

IMPLICATIONS OF THE MAPPING OF THE HEALTH RESPONSE

The mapping exercise has thus informed the development of a set of frameworks and tools which:

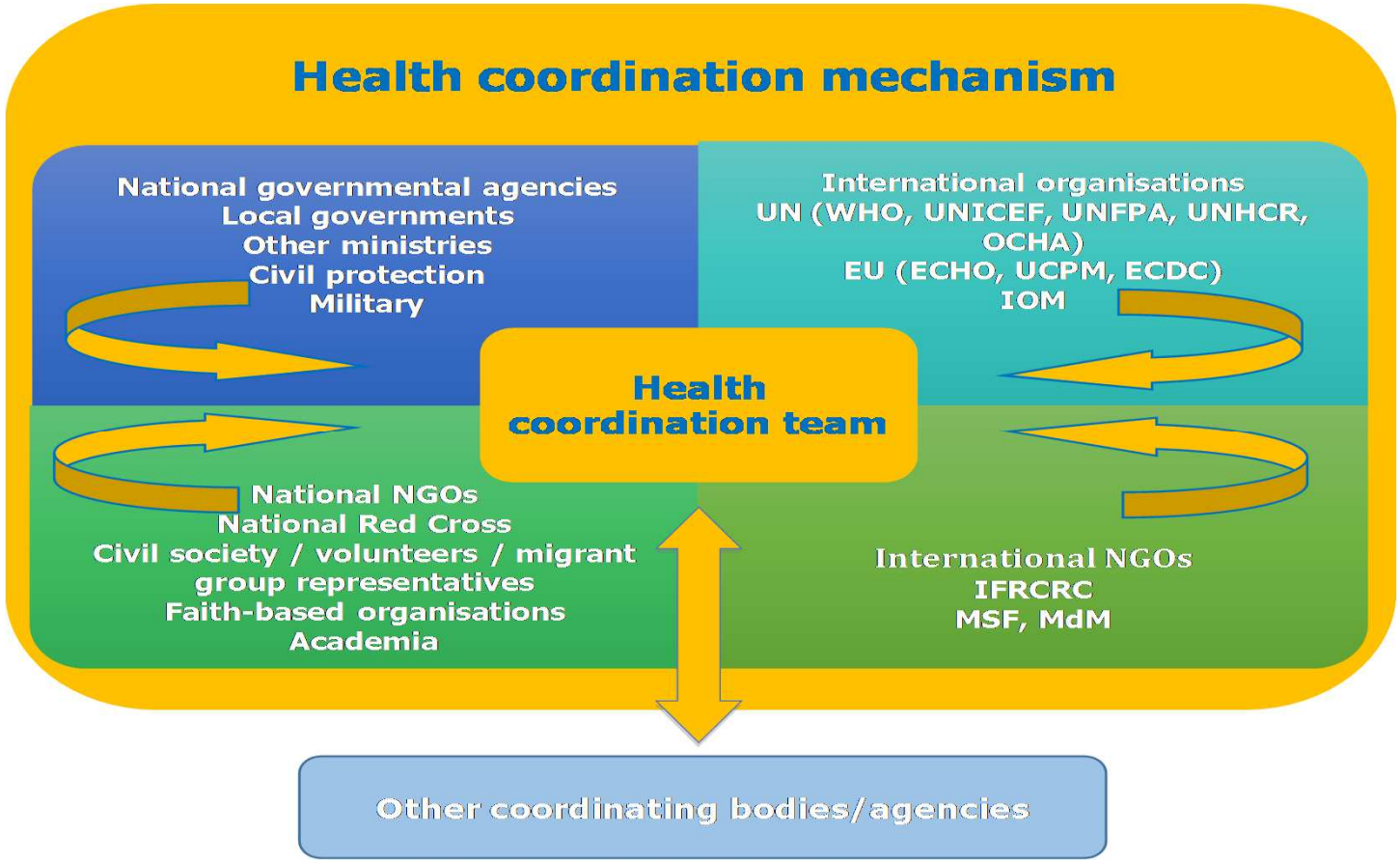
- address the need for a coordinated health response,
- help to conduct needs assessments,
- support the planning of appropriate actions,
- provide resource packages for increasing access to health care and
- training for more culturally-sensitive services.

These frameworks and tools can be consulted as stand-alone guidance documents produced by the SH-CAPAC èrpject.

THE APPROACH NEEDED

- A Public Health Approach
- A Health Systems Approach
- Relevance of Entitlements
- Importance of Continuity olf Care
- Centrality of Access to Care
- Intercultural Considerations
- Coordination of multiple stakeholders
- No dedicated, separate and second class services

HEALTH COORDINATION MECHANISM



PUBLIC HEALTH RESPONSE IMPLEMENTATION ROADMAP

TIMELINE OF THE PROJECT (FIRST SEMESTER)

- Start date: January 1st 2016
- Kick off meeting of the project took place on January in Granada,Spain
- A back to back meting with key international stakeholders took place on January as well in Granada, Spain
- A regional meeting with the presence of EU Member States on the need for a health coordination framework took place in Ghent in February 2016
- An Internal Consortium Meeting for coordinating the different work packages took place in Trnava, Slovakia in April 2016
- A workshop on health needs assessments and planning health interventions in response to the migratory influx has taken place in Copenhagen (May 17 and 18th)
- A workshop on improving access to health care and defining a capacity building strategy for the health workforce is taking place in Reggio Emilia IJune 16th and 17th)

CHANGES TO OCURR 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

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