Co-funded by
the Health Programme
of the European Union

SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

GUIDELINES FOR THE DEVELOPMENT OF ACTION PLANS FOR IMPLEMENTING A PUBLIC HEALTH RESPONSE AND TO STRENGTHEN A COUNTRY'S HEALTH SYSTEM IN ORDER TO ADDRESS THE NEEDS POSED BY THE INFLUX OF REFUGEES, ASYLUM SEEKERS AND OTHER MIGRANTS'

Working document

Draft No. 12, June 2016

This report 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 report 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.

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List of acronyms

BEOC	Basic emergency obstetric care
CD	Communicable disease
CEOC	Comprehensive emergency obstetric care
EPI	Expanded Programme of Immunization
EU	European Union
GE	Gastro-enteritis
GBV	Gender based violence
HIV	Human immunodeficiency virus
HRH	Human resources for health
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IMCI	Integrated management of childhood illnesses
MISP	Minimum Initial Service Package
MSF	Médecins sans Frontières (Doctors without Borders)
MUAC	Mid-upper arm circumference
NCD	Non-communicable disease
NGO	Non-governmental organization
PHC	Primary health care
PMTCT	Prevention of mother to child transmission
RH	Reproductive health
RTI	Respiratory tract infection
SGBV	Sexual and gender-based violence
SHC	Secondary health care
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
TB	Tuberculosis
THC	Tertiary health care
UN	United Nations
WHO	World Health Organization
WP	Work package

1. Introduction

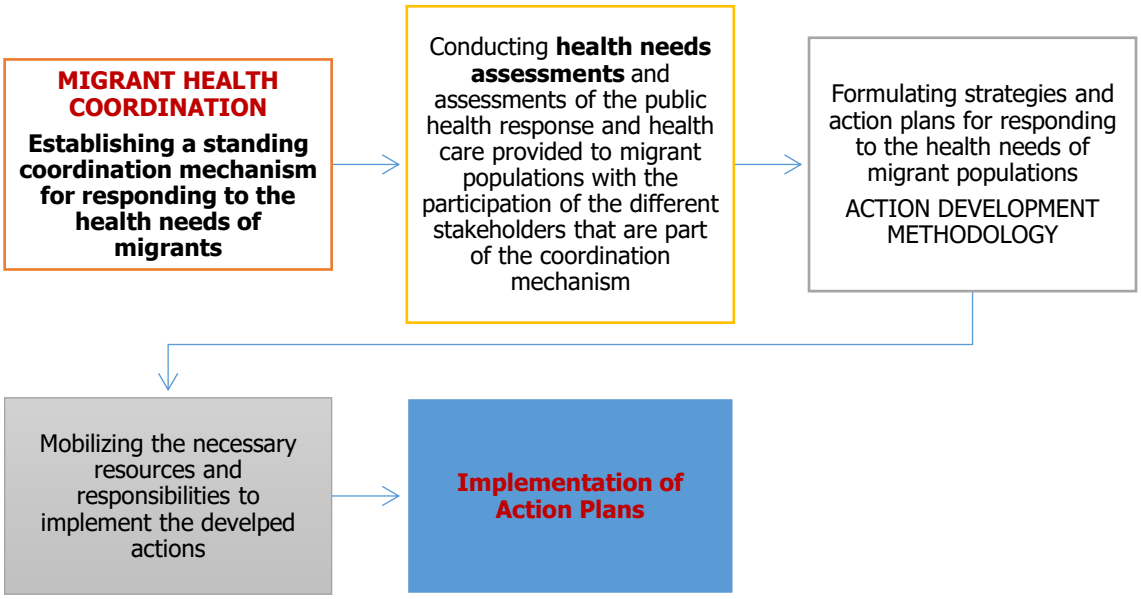
The SH- CAPAC Project was launched by the European Commission on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

SH-CAPAC Project aims at building capacity in areas of coordination practices, needs assessments, planning 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. One of the project´s expected outcomes is to strengthen EU Member States health systems to address the needs posed by the refugees, asylum seekers and other migrants' influx and support its formulation in at least 8 affected countries.

This Guideline is part of the SH-CAPAC project. Their purpose is to 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 challenges of the refugee, asylum seekers and other migrant's influx.

It has close ties with other frameworks and tools developed as part of the SH- CAPAC project, namely the Health Coordination Framework (WP1) and the Guideline for the assessment of health needs and available health protection resources (WP2). Figure 1 explains how these three tools are connected.

Figure 1. Public health response implementation roadmap



Even though the responsibilities in the EU Member States are shared by different ministries, law enforcement agencies and governmental and non-governmental organizations, the driving forces for the public health and health systems response should be the health authorities at different levels. Therefore, they have to be an active player in the country coordination mechanisms at local, regional and national level from the very beginning. The *Health Coordination Framework* deals with these and other related topics.

Need assessments are essential for coordination, planning and implementation of the health response. Need assessment is a systematic process of collection and analysis of information relevant to the decision makers. This information could come from different sources (literature, data bases, focal groups, field visits and

interviews, etc.) and have to be organized, analysed and presented in due form and time to help the decision process. Classically, need assessments identify and prioritize challenges, risks, gaps and unmet health needs. The *assessment guide* (WP-2) helps to identify gaps between health needs and available resources to provide the basis for planning and carrying out action in terms of necessary health provision and preventive measures.

For refugees, asylum seekers and migrants, barriers for accessing health care represent a complex and crucial problem. Newly arriving migrants may face special health risks and, at the same time, they do not receive the care they need because of a constellation of legal, cultural and administrative factors, and also because of the fear of detention. A *Resource Package for ensuring access to health care of refugees, asylum seekers and other migrants in the EU countries* (WP-4) is also part of the SH-CAPAC Project.

2. Objectives

The **objective** of this Guideline is to provide to health authorities at national, regional and local levels, and other relevant stakeholders, with tools and ways to develop **action plans** to implement a public health response and strengthening country health systems which are under the pressure of a massive influx of refugees, migrants and asylum seekers, taking into account different situations and scenarios.

This Guideline has been developed having particularly in mind the needs and tasks of health workers at the district level, local health systems, community health centres and local hospitals in government institutions, the Red Cross and other NGO´s health facilities, who are responsible for the provision of health services and the organisation and management of public health interventions.

In such conditions "planning" is not an academic exercise and a "quick and dirty "approach" is usually adopted. Therefore, a simple, understandable and pragmatic approach has been chosen for this Guideline.

On the other hand, continuity with the results of the application of WP-1 and WP-2 Guides needs to be emphasized. Many of the findings of the application of WP-4 framework could also be considered.

3. How to use the Guideline

It is recommended that the following points be taken into account when the Guideline is going to be used:

- **Flexibility**: in some EU Member States (or regions) those Action Plans have been developed but this is not the case in others. The Guide has been designed to help in both situations; therefore, any regional or local health authority or manager may decide if the Guideline is going to be used for the elaboration of a new plan or to revise the existing one; more than that, they can select those section that are relevant for their context and customized it to develop or strengthen their response.
- The purpose of **section 4** (*Guiding concepts*) is to facilitate a set of concepts, language and terminology to the Action Plan working team. In many respects, this section summarizes the basic concepts and issues discussed in the Coordination and Assessment guidelines as well in the Resource Package Framework.
- **Section 5** shows how to elaborate Action Plans. This section is in close contact with *Annex 1*: *Elements for developing action plans to implement public health and health services response to migrant´s*

influx according to type of migrants. Please, take the content of both, section 4 and Annex as indicative not as compulsory.

- **Section 6** includes *two different scenarios* elaborated from several EU member states country, regional and local experiences at the end of 2015 and the beginning of 2016. Therefore, they need being adjusted accordingly to future context evolution. This section is in close contact with a checklist to facilitate their implementation, and with checklist (Annex 2) that deals with the issue of stockpiling.
- **Section 7** describes some conditions for feasibility and sustainability.
- **Section 8** shows a model for an "Action Plan" document that, again, have to be adapted to particular circumstances and contexts. Action plan template complements this chapter presenting a decision making chart flow that includes the critical points to be considered to deal with massive migrant´s influx.

4. Guiding Concepts

A public health and health systems response Action Plan is "*a concise statement of the overall approach to which different partners should contribute with the aim of reducing and avoiding mortality, morbidity and disability among migrants and guaranteeing the access to, and the delivery of, preventive and curative health care as quickly as possible in a sustainable manner*"

In this particular EU influx of migrants, three **main dimensions** have been identified when a public health and health system response action plan is going to be implemented:

- type of country
- type of health problems and risks[1]
- type of migrants[2] and vulnerable groups[3]

Related to **the first dimension,** there are differences among EU Member States both in terms of health laws and policies, organizational and financial arrangements, technical capacities, etc. Additionally, countries are located differently regarding the migratory influx: roughly they may be **arrival**, **in transit** and **destination countries**, even though some countries may be placed in more than one category at the same time.

Time is a key factor. First, because migration patterns may vary quickly and some countries may be forced to cope with a heavy migratory pressure from one day to another. And second, because concepts as arrival, transit and destination are not clear cut and they offer a lot of grey zones both from migrants and countries (i.e. depending on circumstances a group of migrants may change of being in transit to be "stranded")

Health problems and organizational arrangements may vary depending on the length of time the migrants will stay in a given place (i.e. from the emergency care to guarantee vital support in the shore lines to the mobile units to treat people in movement, to the primary health surgery in a migrant´s camp, to specialized care needed to treat chronic conditions in a destination city)

[1] Sexual/reproductive health; Sexual and gender-based violence (SGBV); Maternal/child health; Mental health; Non-communicable and chronic illnesses; Communicable diseases and vaccination; Injuries; Socio-Environmental health

[2] Those categories are: recent arrival, people in transit, asylum seekers, refugee status granted, and undocumented migrants.

[3] Among them: un-accompanied minors, children and adolescents, women, injured people, people with disabilities, and the elderly and un-documented migrants.

Related to **health problems and risks**, a preliminary communication showed that, in 2015, most of health care demand happened during the migrant´s trip. The illness distribution was: respiratory symptoms, trauma, gastrointestinal problems, skin problems and chronic diseases. Malaria was rare and tuberculosis very scarce. Only a small fraction of patients is referred to secondary care, mainly for trauma, respiratory infections, and gynaeco-obstetrics. Most of migrants were men but in the last 2-3 months of 2015 the proportion of women, including pregnant women and old people is increasing.

In addition to this, a series of interviews and focus groups have been conducted in the context of the WP-4 of the SH-CAPAC project in 10 EU countries between February and March 2016[4]. The major findings were:

- Delivery of health care to migrants is seriously hampered by the complexity of **legal and administrative procedures** that have to be executed to guarantee access to care. Care providers are insufficiently familiar with rules that apply for refugees, asylum seekers and migrants, and moreover, some of them act randomly. Some restrictions exist, some payments are required for certain services and some treatments and drugs cannot be prescribed.
- **Linguistic and cultural barriers** are systematically identified as one of the major challenges. In many Member States no or insufficient professional interpreters or intercultural mediators are available. Care is often provided on the basis of poor communication and understanding of cultural differences.
- **Lack of health records** hampers the continuity of care. No adequate systems for exchange of medical information between EU Member States exist. It is often impossible to trace patients in movement from one country to another.
- **Living conditions** in the arrival camps has been criticized. In some EU Member States (or regions), hospitals have limited resources to provide pamper, food and clothes to the patients. In countries were a lot of care is provided by NGOs the quality of care may vary.
- **Lack of organization**, abundance of NGOs, lack of knowledge on cultural differences and media pressure have created unjustified **fears among native citizens**, particularly where health resources were limited or underfunded.
- Even though most of migrants do not suffer severe health problems (with the exception of some arrivals to the shorelines), health professionals have to be alert to recognize the few **cases of diseases that are uncommon** in the receiving countries but may be so in the countries of origin.
- The collected information also shows that pregnant women, unaccompanied minors, victims of torture and people with mental post traumatic disorders pose special problems. Due to the factors mentioned above, **mental health care is usually poorly delivered**.

Taking into account both prevalent health problems and risks, and issues related with migrant´s access to health services, a pragmatic, flexible **primary health care approach** is recommended to prepare the Action Plan[5].

[4] The interviews and focus groups were addressed to professionals working in center for refugees and asylum seekers, working in health services where migrants go for health care, "hot spots", arrival camps, transit camps, destination centers, mental health services, and services specialized in health care for victims of sexual violence, mother and child care. They include physicians, nurses, psychologists, intercultural mediators, health and social workers, volunteers for NGO, persons in charge of health services, head of health services, public officers in charge of health issues/refugees affairs at municipal/regional/national levels, and civil servants working with ministries involved in health/justice/immigration.

[5] For an updated conceptual approach to this sort of situations see: Bayard Roberts. Health Responses to the humanitarian crisis. Heart (February 2016) http://www.heart-resources.org/wp-content/uploads/2016/03/Bayard-Roberts-Reading-Pack.pdf

5. Before starting the Action Plan

The political and institutional circumstances of the current influx of migrants are unusual. There is division of political attitudes and expectations, and institutions like the military and police play a major role in setting the culture of the whole planning and management process. These sorts of considerations need to be thought about **at every stage of the process**, including the selection of the assessment and planning team. That is why we show below some general principles (even though they are fully developed in WP1).

Table 1. Before starting

1. **Secure commitment from the top.**
   Start the planning process by exploring expectations, clarifying outcomes, and negotiating with the top leadership to secure the commitment and resources that are essential to the planning process.
2. **Involve all the key stakeholders.**
   Negotiate for the participation of all the key stakeholders in the planning process in a politically and culturally sensitive way.
3. **Recognize and manage the effect of the organizational culture**.
   Management of the migrant population involves several types of organizations with very different cultures, for example, the Ministry of Defense, Ministry of Health, NGOs and international organizations. First, recognize which may be the dominant culture in the situation. Second, allow time for the group that is doing the assessments and planning to develop mutual understanding of their different perspectives.
4. **Collect, comprehend and use valid information.**
   The assessments will be based on a mix of objective and subjective information. Because people perceive and understand a situation from their own perspective, it is important to gather information from different sources, e.g. both providers and receivers of care. This also helps reach a consensus in the planning team since they, with their different backgrounds, will tend to trust one source better than another.
5. **Set a clear overall goal.**
   In a situation in which political views and attitudes towards migrant may vary greatly, it is important the stakeholders in the planning team have the opportunity to develop a consensus on expectations and outcomes of the process for the different groups of asylum seekers, refugees and other migrants. They should agree on how the laws and regulations on entitlements are to be interpreted, and what kinds of improvements are possible within these constraints.
6. **Maintain links with operational plans for the health services.**
   Ensure that new plans take into consideration existing priorities of the health services and the possible impact of the new activities proposed by the plan.

Therefore, the **primary health care approach** we recommend to cope with this current influx of migrants should:

- ✓ Be part of a wider, inter-sectoral strategy or plan established to cope with the influx of refugees, asylum seekers and migrants (as settled in the WP-1 *Health Coordination Framework*)

- ✓ Be clearly based on the needs of the refugees, asylum seekers and migrants, the most vulnerable groups and the locations of response (as described in the WP-2 *Assessment Guide*).
- ✓ Consider cross-cutting issues (i.e. human rights and protection, gender, culture, environment - including waste disposal and burial issues, psychosocial support, etc.)
- ✓ Define the priority areas to be addressed during a given period of time, as well as the specific objectives of different actors involved during every period of time.
- ✓ Consider issues related to migrant´s access to health care services (as described in the WP-4 *Resource Package*)
- ✓ Setting the means to measure health response processes and outcomes.
- ✓ Be updated as and when necessary according to new information and/or changes in the situation.

The following questions may be used to check the current situation (baseline) of the response at national, regional and local level, and also the way in which this response adapts to the evolution of the situation.

Table 2. Check list

- Are there national and regional/local action plans in the sense it has been defined above? If the **answer is not**, why? And how you could contribute to develop it?

- If the answer is **totally or partially yes**, are these Action Plans:
  - ✓ Part of a wider, inter-sectoral strategy/plan to cope with migrant´s influx?
  - ✓ Adequately supported by the "top" political level?
  - ✓ Involving all the relevant stakeholders?
  - ✓ Recognising the different organizational cultures?
  - ✓ Collecting, comprehending and using valid information?
  - ✓ Setting shared, clear and measurable goals?
  - ✓ Based on the health needs of different categories of migrants, the most vulnerable groups and the locations of response?
  - ✓ Considering adequately cross-cutting issues such as human rights and protection, gender, culture, environment, psycho-social support and other?
  - ✓ Considering adequately issues related to migrant´s access to health care services (including legal and administrative barriers, living conditions, linguistic and cultural issues, medical records, etc.)?
  - ✓ Defining priority areas and specific objectives for the different actors involved?
  - ✓ Including the means to measure health response processes and outcomes.
  - ✓ Being periodically updated accordingly to new information and/or changes in the situation?
  - ✓ Maintaining links with the operational plans for "normal" health services?

In some cases, well prepared **interviews and focal groups** could help both to have a clear picture of the situation (baseline) and to kick off the preparation of an action plan (when there is none), or to improve and/or revise an existing one if it is deemed necessary.

6. Preparing the Action Plan

According to the results obtained using the *Health Coordination Guide* and the *Assessment Guide*, as well as the basic issues included in section 5, the team in charge of preparing the Action Plan must:

- Analyse the context, including previous experiences, capacities, resources and constraints[6].
- Define priority areas, location of response, health problems, vulnerable sub-groups and potential health risks[7].
- Define objectives that are SMART: **s**pecific, **m**easurable, **a**greed upon, **r**ealistic and **t**ime-based.
- Analyse the living conditions of hotspots, detention centres and camps, etc. and propose measures to improve them when needed.
- Ensure that life-threatening needs (i.e. security, food, shelter, water&sanitation, acute medical emergencies) of migrants are met.
- Take into account seasonal variations and the expected evolution of the migrant´s influx.
- Select strategies that are appropriate and feasible in the local/regional context and prioritize them. In this stage the political, institutional and technical aspects need to be considered together. Prioritization is always a tricky process. It involves exercising judgment and them trying to align the "judgements" of all stakeholders involved.
- Define well the sequence of activities, using diagrams or specific methodologies if deem appropriate (i.e. PERT, GANTT).
- Adjust the resources (material, human, financial) for each activity, decide on what can be fit into the budget, and work for them to be available.
- Focus on filling the gaps in areas where large number of migrants are concentrated both in critical life-sustaining services and in information that is critical for determining needs and planning.
- Guarantee reliable and rapid means of communication among different providers.
- Try to make sure each health organization taking responsibility for a particular area or activity has, or will soon have, the capacity required.
- While doing this, estimate how many migrants will probably be attended in a medium-long term period by local and regional health system and the better ways to cope with it.

When conflicting perspectives and pressures arise, it would be wise to adopt and *incremental approach* and proceed gradually, trying to get consensus on intermediate objectives, achieving them and, and then moving to a higher objective as soon the context is favourable.

Another important point is to avoid short-term actions that could create problems in the medium and long-term "normal" service delivery. In particular, it is important to avoid consolidating "specific health systems for migrants" that could hamper their integration in the EU Member State "regular" health system.

Preparing and disseminating **clinical guidelines** could facilitate the work, particularly to field units. They have to deal with the most prevalent conditions among the migrants´ population and vulnerable groups (i.e. advanced vital support, pregnant women, child and maternal health, vaccination, nutrition, injuries and

[6] Please see the Health Coordination Guide from WP1
[7] Please see the Guide for assessment of health needs and available health protection resources from WP2

trauma, sexual and reproductive health, psychological support, mental issues, people with disabilities, systematic control of some communicable and non-communicable diseases, and other).

These clinical guidelines could be part of the Action Plan or the Plan may mandate their elaboration.

They may include both criteria for primary care and the thresholds at which the people in charge should make the alerts and/or take specified actions as well as clear procedures for the referral of cases.

Even though these clinical guidelines may be written taking into account the particular circumstances in which such clinical conditions are detected and treated (i.e. shorelines, hotspots, refugee camps, mobile units), **the basic assumption is that the quality of care must be appropriate; that means with the same quality standards that for the EU Member State citizens.**

The following questions may be used to orient the preparation of the Action Plan at the national, regional and local level.

Table 3. Criteria to prepare an Action Plan

Is there any Action Plan that has been developed after a situation assessment that includes analysis of the context, previous experiences, capacities, resources and constraints? If the **answer is not**, what are the reasons, explanations, barriers? How could you contribute to overcome them?

If the **answer is yes**, check the if the Action Plan meets to the following criteria:

- Does it include priority areas, location of response, health problems, vulnerable sub-groups and potential risks?
- Are the objectives SMART (i.e. specific, measurable, agreed upon, realistic and time-based)
- Ensure that life-threatening needs (i.e. security, food, shelter, water & sanitation, acute medical emergencies) are met?
- Has been taken into account seasonal variations and the expected evolution of the situation?
- Has been selected strategies that are agreed upon and they are appropriate and feasible in the local/regional context?
- Is there a focus on filling the gaps in areas where large number of migrants are concentrated both in critical life-sustaining services and in information that is critical for determining needs and planning?
- Are the activities well defined and sequenced?
- Are the resources (material, human, financial) for each activity well allocated and available?
- Are there reliable and rapid means of communication and transport among different providers?
- The Action Plan includes or mandate elaborating clinical guidelines for the most prevalent conditions among migrants with appropriate standards of quality?
- Each organization taking responsibility for a particular area or activity has, or will soon have, the capacity required?

Additionally, **Annex 1** shows the different health responses and the minimum health services to be ensured, the basic equipment/supplies/resources to be provided, the necessary network/coordination tasks and different notes to remember per type of migrant according to the phase in their migration trajectory. It ranges from what should be foreseen in case of recent arrivals (including in hotspots), in different reception facilities for people in transit, in different reception facilities for asylum seekers and then finally for refugees integrating them in the general public health system. For each of these migrant groups we specify what is to be taken into account in the case of undocumented migrants.

7. Scenarios for countries formulating action plans

Elaborating **scenarios** and **contingency plans** according to them may be useful. There are good references that can be read on this topic, some of them elaborated in the light of previous humanitarian crisis.

A pragmatic public health response to this crisis may use two possible scenarios. These scenarios are based on two fundamental factors: time and number of migrants.

The two scenarios are:

- Scenario A: a time period in which migrants come in to a country during **hours or days**. The total number of migrants is seriously large sized and overcome receiving capacities of the country. A contingency plan for public health threats and activation of all available resources is prepared and taken in to account.

- Scenario B: a time period in which migrants come in to a country during **weeks** or **months**. The total numbers of migrants might be relatively big, but the influx is continual and it is distributed in a relatively long lasted time period. So that health services can be modified accordingly to the migrants' needs and a sensitive primary health care services approach.

a. Scenario A

The **Scenario A** should be seen on one hand, as a description of current situation in the "buffer" countries and, on the other hand, as a possible role model for crisis management and planning schemes for other countries.

The basic features of this scenario are tremendous number of people located in the one place at the same time. The response, including health response, demands all resources available.

The scenario could last a few hours or days or weeks (even months) depending on international relations, security measures, local conditions etc. Uncertainty is obviously an issue.

How might this scenario be coping with? There is no simple or comprehensive response. Local factors and conditions are determinant. These local factors and conditions have to be taking into account and each action plan needs to be tailored for those limitations.

What lessons have been learned so far? Here you may find some:

- **Migration patterns may vary quickly** and some countries may be under a heavy migratory pressure from one day to the other. There are so many variables and factors operating that changes cannot be predicted. Unpredictable variables may strike and change current stage, consequently it is impossible to prepare a plan for all possible situations that may occur. We must accept the resources are always limited and moving them is a way to maximize. Therefore, **day by day assessment, flexibility and adaptability** are essential.

- So far, **countries responses vary a lot**. Elaborating contingency plans, foster coordination mechanisms among different stakeholders, and establishing ad hoc, integrated, top-down schemes are different models. In all of them, good coordination between health authorities and NGO´s is essential. A country mentioned how ICRC is acting as an "umbrella" to facilitate the coordination between the government and other NGO´s.

- Give priority to **communication and coordination** (including at the international level) among decision makers, NGO´s and other players involved in the planning process and should have been responsible for execution of the plans and practical measures. **Rebalance health issues and security** issues: health issues use to be underestimated at the field level.

- Stockpiling of appropriate drugs, vaccines and other medical supplies and general supplies like babies' food, quilts, shelters, water supplies, sanitation etc. Although, the planning process may incorporate adequate amount of medical supplies, the **supplies cannot track the transiting groups of migrants from one country to another**. International laws cannot allow import, export or transfer of medical drugs, vaccines and supplies among countries - at least at the required speed. Countries might **take advantage of WHO and other international institutions experience** and criteria on this. Be aware of problems related to European legislation and vaccines. A simple checklist for dealing with the stockpiling of more common supplies is presented below. Please, adapt it to your particular circumstances.

Checklist for stockpiles

No.	Are you able to provide General Stockpiles?	Yes	No	If answer no, why? How could you contribute to solve this?
	Drugs/ treatment			
	Water pipe			
	Clothing			
	Accommodation			
	Ensuring warmth			
	Waste removal			
No.	**Are you able to provide Specific Stockpiles for…?**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Small surgery/wound			
	Minors			

	Pregnant women			
	Others (high virulence, non-communicable diseases, etc.)			

- The best-prepared plan is an unrealistic sheet of paper without adequate **human resources**. Health personnel in charge of providing this sort of care must be sufficient and trained. Health care authorities and providers have to listen them in order to assure the appropriateness of care. Specific clinical guidelines for them –including health and human rights, and legal and administrative issues- have to be elaborated and disseminated. Their special efforts need to be recognized and their security guaranteed.

- It is important to wider the public health response strategies on basic aspects of the **environment**. Poor environmental conditions, insufficient access to drinking water and sanitation aggravate health status of the migrants and might pose potential health risk for inland community as well. This is particularly important where big camps with hundreds or thousands of people are located.

- **Personal identification** enabling to tag specific medical information to the right person and, eventually, to share this information among health institutions in different countries is important. In spite of the fact that technologies for this identification system are available, there are difficulties to implement them, in part due to the fact that many migrants reject them for legal and security considerations.

- Given their experience and means, **the military** could be very useful (and they are being used in some countries) particularly for logistic and communication purposes. For obvious reasons, they might work unarmed and been kept **in a "second" line**.

Three **check-lists** that can be used **to help to and monitor** the preparation of the Action Plans for this scenario -or to revise an existing one- are presented below:

Checklists: SCENARIO A

1. Some questions to be answered before a refugee´s camp is set up (The Reconnaissance Stage)

Stage 1	**The Reconnaissance of a Possible Location**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Has the selected area or location appropriate size for installation of all important staff and issues? (Think mainly on people, staff, stockpiles, corridors and infrastructure, vehicles place for quarantine, mortuary services, savage water and waste management)			
•	Do we set effective checkpoints and control movement of the people in the selected area? (Think about security measures and emergency evacuation in case of fire or violence)			

•	Is selected are located pretty close to cities or places with high population density? (Think about possible spread of communicable diseases, security measures and specific hazards)			
•	Is evacuation and transport of people possible besides main transport corridors in a case of emergency? (Think about possible collisions and traffic jams or safety measures)			
•	Are climatic and environmental conditions take in to account in the selected area? (Think about wind directions and health risk in a case of fire or emission of chemical substances or biological agents in to the air; eventuality that trash will be burnt to the ground; use health risk assessment and risk anticipation)			
•	Are sources of potable water utilized for huge amount of inlands located on the selected area? (Precautionary principles against diseases spreading and protection of water resources; think on all drinking water resources as groundwater, springs, aquifers or surface water and for mineral springs or locations which can be protected because of water cycle)			
•	Can we do pest control in the selected area? (Think about insects, small rodents and other animals can be fed by biological waste and food supplies)			
•	Can we use the place for temporary burry of departed in the case of high contagious infectious? (Although, the probability is relatively low, think about the eventuality that high contagious diseases may occur)			
•	Can we restore the environment in the selected area when the camp will be terminated? (Think about environmental damages that may happen and potential environmental health risk for inlands)			

2. Some questions to be answered before the camp is built-up (The Building-Up Stage)

Stage 2	**The Building-Up**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Is the each sector of the camp clearly tagged? (Think about every single sector of the camp and its single purpose; avoid that vehicle corridors cross corridors for people, high risk activities (e.g. first aid station) are separated from others activities or sectors (e.g. food processing)			
•	Are the evacuation corridors set? (Think about an evacuation in a case of emergency, fire etc.)			
•	Is there enough space for staff and its changing rooms? (Think about the staff, its duty and safety precautions at work)			
•	Is there a space for health entry and exit screening procedures? (Think about health check not only for migrants, but for staff too)			
•	Is there enough space for first aid and emergency care?			
•	Is there enough space for stockpiles?			

•	Are the procedure and waste management rules set? (Think about all possible type of waste and its possible health risks; especially biologically contaminated medical waste)			
•	Is the space for quarantine big enough? (Think about spreading of common contagious diseases; in the case of emergency quarantine can be ordered for staff too)			
•	Is the space for waste disposal set?			

3. Some questions to be answered about how the camp will operate (The Operational Stage)

Stage 3	**The Operational Stage**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
•	Is the each sector of the camp clearly tagged? (Different colours may be used)			
•	Are the corridors clearly tagged?			
•	Are the public health measures set?			
•	Are the public health measures obeyed?			
•	Are the public health measures supervised?			
•	Are the emergency care and clinical guidelines set?			
•	Are the emergency care and clinical guidelines obeyed?			
•	Are the emergency care and clinical guidelines supervised?			
•	Are the precautionary measures set?			
•	Are the precautionary measures obeyed?			
•	Are the precautionary measures supervised?			
•	Are the evacuation measures set? And obeyed?			
•	Are the evacuation measures obeyed?			
•	Are the evacuations routes kept clear?			
•	Are the security measures set?			
•	Are the security measures obeyed?			
•	Are the security measures supervised?			
•	Are the security standards for third party (mainly NGOs staff etc.) set?			
•	Does third party obey the security standards?			
•	Are the controls measures set and executed?			
•	Is the chain of command strictly set?			
•	Are the communication and coordination rules set?			
•	Are the communication routes and schemes verified and updated in periodical time?			
•	Are the responsibilities and competencies strictly set?			
•	Are the stockpiles schemes set and updated?			
•	Are the stockpiles regularly renewed?			

a. Scenario B

The **Scenario B** is pretty close to regular situation it used to be in Europe before the current migration crisis. The most significant role in public health response is providing of adequate primary health care services for all migrants.

Health personnel have to be trained and educated and health services should be enriched by migrants' sensitive approach, including interpretation and cultural mediation.

The health care services should be ready to provide all spectrums of health care from emergency care, primary health care, mother and child care and adequate response for those who suffer from chronic diseases.

Relatively limited numbers of migrants who are spread in a relatively long time give health services professionals and managers an opportunity to prepare specific models for health care provisions, model for financial sustainability and close cooperation with non- governmental organization and state agencies.

The situation is almost similar to regular conditions and organization of health services may be equal as for inlands. The scenario gives more time and space for implementing health needs oriented services.

A **check list** that can be used **to help to and monitor** the preparation of the Action Plan for this scenario – or to revise an existing one - is presented below.

Checklist: SCENARIO B

Stage 1	**Strategies related to the health care oriented towards cultural and ethnic diversity**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Do you think are there any strategies related to health care oriented towards cultural and ethnic diversity in your own country / regional context?			
	What advantages and limitations can you identify in culture- ethnic-specific health care services, in self-organized health care services or in health care services oriented towards cultural and ethnic diversity and reduction of health inequalities?			
	Do you think it could be useful to work with a mixed model?			
Stage 2	**Strategies for planning and implementing actions related to health care with migrants and ethnic minorities**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Could you list reasons for taking cultural diversity into account in your own institutional context?			

	Could you identify relevant stakeholders?			
	Could you list potential barriers for the implementation of management changes?			
	Could you introduce a service organization oriented towards cultural and ethnic diversity in your institution?			
Stage 3	**Strategies and good practices related to health promotion and prevention**			
No.	**Question**	**Yes**	**No**	**If answer no, why? How could you contribute to solve this?**
	Could you identify any strategies, or good practices related to health promotion in your national context?			
	Could you identify relevant health promotion stakeholders?			
	Could you reflect on conflict situations in health prevention and health promotion interventions oriented towards cultural and ethnic diversity, and strategies to resolve the situation?			

In both scenarios, a good **communication strategy** of migrant´s health care arrangements, including potential health risks to the country citizens, is required. Citizens´ perception about these issues, accurate or not, is a critical issue. Therefore, a good communication strategy should be established, including the choosing of credible speakers to communicate it.

Additionally, **contingency plans** to cope with **worst case** scenarios (i.e. new and unexpected massive migrant influx; overcrowding of locations; deterioration of security conditions, secondary disasters like floods, earthquakes, etc.; outbreaks; breakdown of in-country supplies chains, etc.) are also recommendable.

8. Contingency Plans

A contingency plan is a tool to anticipate and solve problems that typically arise during a situation of crisis that requires a rapid and coordinated response. Experience confirms that effectiveness of the response is heavily influenced by the level of **preparedness** and **planning** of responding agencies/organizations, as well as the capacities and resources available to them.

The fundamental reason for contingency planning is **to improve the quality of the response.** Planning in advance of an emergency allows participants time to think through and address some critical questions including:

- What could happen? When?
- What would be the impact on the country, region affected?
- What actions would be required to meet the expected needs?
- How would agencies/organizations work together?
- What resources would be required?
- What can agencies/organizations do to be better prepared?

Contingency planning provides an opportunity to identify constraints and focus on operational issues prior to the on-set of a crisis. For example, it provides opportunities to map the strengths and weakness of a migrant´s rescue system, potential areas of rights violations, assess logistical infrastructure such as port or housing capacity, and assess coordination and institutional capacity.

There are some guidelines for contingency planning elaborated for the humanitarian assistance (i.e. *Interagency contingency planning guidelines for humanitarian assistance*) that could be helpful. Typically they establish four phases of the contingency planning process:

- **Preparation**: political commitment, establish a steering group of senior decision-makers, establish a technical level, contingency planning working group, structure the process and ensure adequate facilitation and take stock of previous experiences are the key elements of the first phase.
- **Analysis**: hazard and risk analysis, scenarios building and defining planning assumptions (including projections of needs and assessing of potential constraints) are the key elements of the second phase.
- **Response Planning**: agree upon response objectives and strategies, define management and coordination arrangements, define collective and individual actions to meet with the objectives and prioritize them are key elements of this phase.
- **Implementing preparedness**: defining and monitoring early warning events that could trigger the activation the contingency plan and the actions to be taken in the first hours or days, as well as the ways and procedures to update the contingency plan are key elements of this phase.

When you are preparing a contingency plan, it is important to avoid the "**consolidation trap**", when a large planning document is compiled with the inputs from multiple sectors/clusters and agencies/organizations. The result is a complex and dense document that is difficult to develop, update and use. This trap can be avoided by defining what documents will be useful and what is usefully consolidated. Most often this means a set of different documents at inter-agency, sector/cluster and organizational level. For example, detailed sector/cluster contingency plans are not useful for senior decision makers -or donors- who need short focused documents that highlight the potential scenarios, response strategies, and resource needs. By contrast, health facilities or hot-spot managers definitely need the details.

It could be wise to prepare the contingency plan following a "What- if" or "If - then" logic. Particularly in order to identify which parts of the plan –or which assumptions that it depends upon- are most at **risk of failure** and setting the best alternatives to cope with them.

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9. Annexes

ANNEX 1. Elements for developing action plans to implement public health and health services response to migrant´s influx according to type of migrants

Recent Arrivals (Including Hotspots)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember

Triage/Assessment
Acute care
	• First aid:
	  • Resuscitation/emergency care aiming at stabilizing and refer if necessary/
	  • 24/7 Referral System for obstetric & newborn emergencies established
	  • Health assessment re identification of pregnant women, elderly, disabilities, special needs including CD, NCD and RH
	• Psychological first aid: Prepare, Look, Listen, Link
	• SGBV prevention and response
		• Transport 24/7
		• Communication/interpretation, appropriate materials
		• Appropriate health registration
		• Staff: female human resources in health
		• Supplies:
		  • MISP
		  • Individual delivery kits (plastic bag, toilet soap, plastic draw sheet, razor blade, tape, cotton towels, gloves, pictorial instruction sheet) provided to visibly pregnant women & girls
		  • Contraceptives available to meet demand
		  • Post rape treatment kit: levonorgestrel, antibiotics (azithromycin, cefixime,…), Lamivudine/Zidovudine, pregnancy test, bag, guidelines and checklists
		  • Suture of tears/vaginal examination kit: chlorhexidine, polyvidone iodine, lubricant, sutures, compress, gloves, Mayo scissors, needle holder, retractor, speculum, forceps, tray
		• Security personnel
		• Secure and confidential environment
		• Legal protection and advice
		• Staff trained in psychological first aid
		• SGBV staff
		• IASC guidelines
			• Coordination at local level with all partners involved preferably under local health authority's responsibility
			• Hotspot or reception facility aware of referral services
				• Avoid separation of families at registration
				• Consider photographs (smartphone) of children
				• Adapted communication skills and materials (language, same-sex interviewers, pictograms, drawings,…)
				• Don't use registration procedures which rely only on household registration, as they exclude some from accessing resources, in turn increasing their risk of exploitation and abuse
				• Psychological first aid process = PLLL:
				  • **Prepare:** inform yourself quickly about the crisis event, available services and supports, safety and security concerns
				  • **Look:** Check for safety and shelter, go first to people with obvious urgent basic needs and those with serious distress reactions
				  • **Listen:** approach people who may need support, ask about their needs and concerns, listen and help them to feel calm (again)
				  • **Link:** help people to address basic needs and access services, to cope with problems, give information and

				connect them with loved ones and social support

Unaccompanied minors	• Medical First aid
	• Resuscitation/emergency care aiming at stabilizing and refer if necessary (Assess potential consequences of lengthy and unsafe travel)
	• RH needs, disability
	• Psychosocial first aid: prepare, look, listen, link
	• SGBV prevention and response
		• Transport 24/7
		• Communication/interpretation, appropriate materials
		• Appropriate health registration
		• Staff: female human resources in health
		• Supplies:
		  • MISP
		  • Individual Delivery Kits provided to visibly pregnant women & girls
		  • Contraceptives available to meet demand
		  • Security personnel
		  • Secure and confidential environment
		  • Legal protection and advice
		  • staff trained in psychological first aid
		  • SGBV staff
		  • IASC guidelines
		  • Senperforto Framework SGBV prevention & response
				• Avoid separation of families
				• Consider photographs (smartphone) of children
				• Psychological first aid process=PLLL

People in Transit: Reception Facilities (from a few hours to months)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember

Comprehensive PHC and 24/7 Referral System when necessary	• General Outpatient services (NCD mainly cardiovascular diseases including hypertension, and diabetes, RTI…)
	• Psychological first aid in first hours: prepare, look, listen, link.
	• Days after: Follow up on trauma care,
	• Referral to SHC if necessary 24/7
	• PMTCT in place
	• SGBV prevention and response
		• Transport (ambulance 24/7)
		• Communication/interpretation
		• Staff : Female HRH including staff trained in BEOC
		• Basic supplies/equipment including:
		  • Vaccines/ cold chain
		  • Individual delivery kits: plastic bag, toilet soap, plastic draw sheet, razor blade, tape, cotton towels, gloves, pictorial instruction sheet
		  • Post rape treatment kit: levonorgestrel, antibiotics (azithromycin, cefixime,…), Lamivudine/Zidovudine, pregnancy test, bag, guidelines and checklists
		  • Suture of tears/vaginal examination kit: chlorhexidine, polyvidone iodine, lubricant, sutures, compress, gloves, Mayo scissors, needle holder, retractor, speculum, forceps, tray
		• Culturally sensitive materials on STI & HIV prevention
		• Senperforto Framework SGBV prevention & response
			• With Local hospital for referrals: X-ray, lab, blood bank surgery and BEOC/CEOC
			• Coordinated response with partners with specific technical resources re SGBV, HIV, Psychosocial support, disabilities
			• Local health workers
			• Security personnel
				• No Overcrowding (transmission of specific communicable diseases like TB, GE, meningococcal meningitis, scabies…)
				• Ensure water and sanitation (prevention of GE,
				• Ensure appropriate separate sanitation and
				• Ensure privacy for consultations
				• Teach and support (exclusive) breast feeding practices, discourage infant formula feeding if possible in the first half year
				• Ensure sleeping areas for women and girls and appropriate lighting and locks from inside
				• Security patrols in displacement sites
				• Highlight suspect features as unexplained bruising, fractures, trouble walking or sitting, excessive emotions, extremes in behaviour, attachment troubles, STI or pregnancy in young children
				• Reduce or eliminate fees for GBV-related services and public health related intervention

Unaccompanied minors	• Child health: can be integrated in outpatient clinic
	  • Expanded Programme of Immunization (EPI)
		• Transport (ambulance): 24/7
		• Communication. Interpretation
		• Basic supplies/equipment
		  • Vaccines/ cold chain
		  • MUAC and fortified supplements
			• Coordinate with Local hospital with X ray, lab, surgical unit, blood bank access,
			• Coordinate with partners involved in child care and protection
				IDEM
				• Child friendly area
				• Only use valid documented proof of immunization. In the absence of proof, vaccinate accordingly using

	• Nutrition • Integrated management of childhood illnesses (IMCI) • Referral to SHC if necessary • Trace victims of SGBV	• Protocols • Consider Mobile clinic for specialist referral • Culturally sensitive materials on STI & HIV prevention • Temporary separate housing for unaccompanied children until a foster care situation can be arranged		PMR for follow up and avoidance of unnecessary repeats. • Highlight suspect features as unexplained bruising, fractures, trouble walking or sitting, excessive emotions, extremes in behaviour, attachment troubles, STI or pregnancy in young children • Identify the Signs of Child (Sexual) Abuse based on age-specific symptoms
	• Psychosocial support	• Trained staff	• Coordinate with partners who have competencies and skills	
	• Communicable diseases: • Surveillance of TB, HIV, STI other relevant diseases (hepatitis, GE outbreaks, Scabies, vaccine preventable diseases) • Consider syndromic surveillance. • Take into consideration country of origin (i.e. malaria, polio, cholera)	• Consider rapid test kits depending on the main countries of origin (i.e. malaria) • Treatment supplies for known HIV cases • Careful follow up of known TB cases to ensure continuity of care and avoidance of multi drug resistance	• Surveillance network across countries (important for known TB cases)	• Avoid mandatory testing. • TB and HIV testing not a priority in acute setting. TB care and control not to be implemented if movement expected in the near future • Any screening should be connected to a process of diagnosis and treatment
Unaccompanied minors	• Outpatient services • RH, psycho social support, special needs (disability) • SGBV prevention and response	• Trained staff • Senperforto Framework SGBV prevention & response	• Coordination with Partners with pre requisite skills	• Avoid mandatory testing. • See chapter 1 above

Asylum Seekers: Need to integrate migrants in the regular health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion and prevention • Psychosocial support • SRH • SGBV prevention and response	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages • Senperforto Framework SGBV prevention & response: code of conduct, sensitisation, standard operating procedure, training	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • TB surveillance coordination • Social protection • Link with SGBV actors • Education (school health)	• Ensure migrant awareness and understanding of health entitlements
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention and response • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Education (school health)	

Refugee Status Granted: Need to integrate migrants in the regular Health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion • Psychosocial support • SRH • SGBV prevention & response • Special needs: disability…	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • TB surveillance coordination • Social protection • Education (school health)	• Ensure migrant awareness and understanding of health entitlements
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention & reponse • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Link with SGBV actors • Education (school health)	• Signs/symptoms/ • behaviour changes due to violence, discrimination…

Undocumented Migrants: Need to integrate migrants in the regular Health system (link to national health plan)

Health response	Minimum health services to be ensured	Basic equipment/supplies/ resources to be provided	Network/coordination tasks	! Remember
Comprehensive PHC, SHC and THC and rehabilitative services	• Follow up of known illnesses (CD and NCD) • Ensure start of treatment of newly diagnosed TB cases • Health promotion and prevention • Psychosocial support • SRH • SGBV prevention & response • Special needs: disability	• Female HRH • Trained staff in health entitlements of migrants and cultural sensitivities • Interpreter facility • Health promotion materials in most prevalent languages	• NHA, RHA • Specialised psychosocial services • NGOs and volunteer organization • Tb surveillance coordination • Link with SGBV actors	• Ensure migrant awareness and understanding of health entitlements • Particularly important in irregular migrants as they may postpone care out of fear or lack of finances
Unaccompanied minors	• Psychosocial support • SRH • SGBV prevention & response • Special needs	• Trained staff • Senperforto Framework SGBV prevention & response	• Social protection • Education (school health)	• Signs/symptoms/ • behaviour changes due to violence, discrimination…