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

**REPORT OF THE SH-CAPAC COPENHAGEN
WORKSHOP MAY 17-18 2016
“NEEDS ASSESSMENT AND PLANNING THE PUBLIC
HEALTH RESPONSE FOR THE BIG INFLUX OF
REFUGEES, ASYLUM SEEKERS AND OTHER
MIGRANTS IN THE EU MEMBER STATES”**

ME&U
DANISH RESEARCH CENTRE FOR
MIGRATION, ETHNICITY AND HEALTH



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Day 1, Tuesday May 17 2016

**Introduction to the first day and welcome to Copenhagen University
Researcher Mette Tørslev and Professor Allan Krasnik**

Mette Tørslev welcomed all participants to Copenhagen University and gave an introduction to the program and practicalities. The value of the variety of participants was emphasized as representatives from several EU member states, International Organizations and the project group was present.

Allan Krasnik also welcomed the participants and gave a short introduction to the Faculty of Health and Medicine. In relation to the topic of the seminar, it was stressed that the EU member states are diverse in terms of health systems, policies and migration patterns. There are a lot of gaps between policies and their implementation, and the gaps between needs and practice is the core of this project. It was emphasized that accomplishing this task is the responsibility of governments.

**Keynote speech by Dr. Santino Severoni, Coordinator of Public Health and Migration,
WHO Regional Office for Europe: Migration and Health Situation in the WHO European
Region.**

Dr. Severoni started his speech by giving an overview of the migrant situation in the WHO European Region: 77 million migrants are currently living in the region, which equals 8 % of its population. There is an increasing number of families with young children, pregnant women and elderly arriving, migrating from conflicts, economic crisis, natural disasters, manmade disasters and climate changes.

Forced migration is a recurrent phenomenon in the WHO European Region, and the migration situation is different depending on region and setting. There are countries where the solution needs a coordination approach, and not a single country intervention.

Furthermore Dr. Severoni stated that we cannot separate the public health of the general public from the public health of migrants. Migration should be on a multi sectorial agenda, and cover health, education, social issues, laws and policies. The reality is that the size of the current influx is a challenge and that countries are not prepared, this goes for both receiving and transit countries. In situations like these it is important to remember human rights and universal access.

Dr. Severoni emphasized that several health issues arise from the migration situation and efforts should be made in terms of Health systems' preparedness; including assessment, risk communication strategies, health system barriers, data availability, migrant health professional training and identification of migrant health focal point.

He also underlined that migrants do not pose an additional health security threat to the host communities, and that massive screenings and mandatory examinations are not the solution. Therefore focus on risk assessment and information sharing on disease profile across the regions and countries, interagency collaboration, shared data base and data set is needed. Exchange and sharing of information should be intensified as well as effective communication to general public.

In conclusion Dr. Severoni talked about The Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region 2016-2022. This contains the following strategic areas:

1. Public health preparedness and response.
2. Health systems strengthening and resilience.
3. Preventing communicable diseases.
4. Preventing and reducing the risks posed by non-communicable diseases.
5. Health screening.
6. Health information and communication.
7. Social determinants of health.
8. Advocating for the right to health refugees, asylum seekers and migrants.
9. Framework to collaborative action.

Introduction to and status of SH-CAPAC: Objectives and status linking to current situation of the influx of refugees, asylum seekers and migrants to Europe, Daniel López-Acuña, Project Coordinator SH-CAPAC

Daniel López- Acuña gave an introduction to the goals and objectives of the SH-CAPAC: to support the administrations on a national, regional and local level to do population-based assessments and support member states in planning the response to migration, including training and capacity building. The project has a running time of 1 year, which gives a certain time pressure, but also reflects the urgency of the current migration situation.

Due to the heterogeneity of the migrant population and the different settings, different responses are needed. The SH-CAPAC reflects this by incorporating different scenarios to the frameworks and tools of the project, according to level of trajectory flight.

The frame of the SH-CAPAP project is to develop framework and tools, carry out regional training and dissemination of workshops, offer technical assistance through country missions, carry out regional advocacy and capacity building activities, conducting visits to target countries, coordinate with national health authorities and international organizations.

Presentation of and status on the Health Coordination Framework, Ines Keygnaert

Ines Keygnaert presented the final report "Coordination Framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union (EU) countries" including feedback from the workshop held in Ghent in February 2016. As a result of the discussions in Ghent, diversity in the coordination approach, diversity in health needs, health care utilization and health care entitlements has been taken into account, and incorporated in the project. Furthermore a different structure and glossary has been applied. The recent EU Turkey agreement has changed the political scenario, and puts more pressure on destination countries, and must be taken in to consideration when working with SH-CAPAC.

The participants commented on the presentation. It was noted that for countries such as Greece, the refugee crisis must be seen in the context of the financial crisis. It was asked whether non- EU countries

can be included in the work of SH-CAPAP. The consortium replied that since the project is EU funded, the focus will be EU member states. However, other countries can use the frameworks and guidelines developed on own expenses.

Session 2: Presentation of WP2: Guide for Assessment of Health Needs and Available Health Protection Resources, Iain Aitken, Jeanine Suurmond and Mette Kirstine Tørslev

Mette Tørslev gave an overall introduction to WP 2: developing an assessment guide to assist European countries in their efforts of health response and contingency planning during the current influx of refugees, asylum seekers and other migrant to European countries.

The purpose of the assessment guide is to identify health needs and risks, mapping health protection resources, and identifying gaps between the two.

The assessment guide needs to reflect the multiplicity of the challenges across Europe, and to account for the different scenarios of migration: 1) first arrival to Europe/ transit and 2) settlement. An attention to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants also need to be reflected in the assessment guide.

In order to assure this the assessment guide consists of the following 3 tools:

- Tool I: Socio-demographic overview
- Tool II. Contextual needs and resource identification
- Tool III: Resource mapping and monitoring

Mette Tørslev gave an introduction to Tool I, concerning obtaining a socio-demographic overview, in terms of frequencies and characteristics of refugees, asylum seekers and migrants. This is to understand and gain overview of current and anticipated health needs. The info is to be determined by available data on national and sub national levels. Jeanine Suurmond gave an introduction to Tool II, concerning contextual needs and resource identification. Iain Aitkin gave an introduction to Tool III, concerning resource mapping and monitoring. This mapping includes lists of inventory, services, staff and access to those. Furthermore health information system/s needs to be considered in order to monitor the patterns of health problems, and ensure that the health services capacities of facilities are adequate to meet changing demands

Speech by Dr. Octavi Quintana-Trias, Principal Adviser of Migration, Directorate-General for Research and Innovation European Commission

Mr. Quintana-Trias, gave a speech on the European Commission's important role of attracting member states, policy makers and institutions to the debate and the perception related to migration and migrants, as these are sometimes far from reality. Therefore the Commission is funding migration research, and we must consider carefully how we translate and present the results to policy makers, so that the dissemination is made useful. The workshop participants had the chance to ask questions and give comments to the speech.

Session 3: Group discussion of Guide for Assessment, part 1. Strengths, Weaknesses, Opportunities, Threats of the guide/tools focusing on different migration scenarios

After a brief presentation of the SWOT analysis method and the goal of the session, the participants divided themselves into 3 groups, according to which migration scenario they found most relevant for their own contribution (1: arrival/transit, 2: asylum seeking process/stranded migrants; 3: settling with protected status). Each group did a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the assessment guide. The results of the group work were presented in plenum.

First arrival and transit scenario:

Strengths: The group found the assessment guide to be a useful and well developed tool.

Weakness: The group expressed a need for better flow between the different tools, and some logistic adjustments. A need for including abortion care was also expressed.

Opportunities: There were suggestions of using assessment tools from other bodies like for example UNFPA, to seek inspiration on how to structure the tools, and to consider the order of the tools.

Threats: Some participants commented that the tools could be too time consuming in practical use, and that the terminology could lead to misunderstandings.

Asylum seekers and stranded migrants scenario:

Strengths: The group pointed out the strength of the availability of data, for the socio-demographic mapping, and that qualitative information was incorporated in the tools.

Weakness: The need for context specific tools with cultural adaptation was emphasized.

Opportunities: None was mentioned.

Threats: The group was concerned that there could rise an obstacle due to the lack of shared information, and from police/ military, as well as mis-registration of data.

Settlement / destination scenario:

Strengths: The systematic checklists are useful.

Weakness: It was suggested to ask questions about relationship between groups traveling together in order to support social / family network.

Opportunities: The group suggested including relevant NGO's in implementing the tools, and for training initiatives.

Threats: None was mentioned.

Session 4: Group discussions on WP2, part 2

In the same groups as previously, the members discussed what information is needed in order to construct a useful socio-demographic overview and how this information could be obtained. Furthermore, it was discussed what information is needed in order to do needs assessment and map the health protection resources, and how this information can be obtained. During the following plenary discussion it was stated that nuances of the different groups need to be added. The organization of the tools was also discussed, in terms of whether it would be most beneficial to organize them according to scenario, or according to steps of assessment. A participant stated that national standards and plans also have to be taken into account.

After a long day of productive work Allan Krasnik gave a brief wrap-up of the day.

Day 2, Wednesday May 18 2016

Welcome and introduction to the second day

Researcher Eva Nemčovská

Eva Nemčovská gave an introduction to the goals and objectives of the second day to workshop participants. She briefly introduced discussion approach and World café method focused on WP 3 Guide for development of action plans for implementing public health response, main interest was emphases on checklists and action plan template for implementing public health response.

Session 1: Presentation of WP 3: Guide for development of action plans for implementing a public health response and to strengthen a country's health system

Alberto Infante and Peter Letanovsky gave a brief overview on the process followed to develop the Action guidelines. The evolution of the document was explained step by step. It has tried to respond to the needs of potential users, which has been very challenging. The presentation discussed the concept of a public health response and the rationale for differentiating two distinct scenarios. The public health response was defined as: "Strategy or action plan, 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, as quickly as possible, in a sustainable manner".

Peter Letanovsky and Alberto Infante introduced the checklists developed and the proposed Action plan template. The presentation ended with questions for discussion in working groups:

- Are the health needs of different types of migrants adequately incorporated into the framework and how could you improve the approach to them?
- How do you think of the checklists and the action plan template and how could you improve them?
- How could you encourage / facilitate the usage / implementation of the planning framework and guidelines?

During the following plenary discussion it was stated that population based assessment must take into account the resources available as the basis to inform the preparation of the planning. Generally this takes place under the responsibility of Ministry of Health, but the multiplicity of actors should be taken into account and is a key for success in the implementation of the response: there is a need for strong partnership among different actors.

Session 2: Group discussion of the Guide for development action plans for implementing public health response and the strengthening of a country's health system

In the three working groups the members discussed the proposed questions followed by a group presentation related to the guide in general and to the checklists and action plan template in particular. There is a need to place greater attention to the living conditions in camps as important determinants of health. Participants emphasized that the checklists are very general and missed some questions about non communicable diseases, diseases related to living conditions in the camps, injuries from war, sexual/reproductive health, LGTB, disease infrastructure, living conditions in camps and there is a need for greater number of answer options, not only yes and no.

There was also a discussion on the importance to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees). It was stated that is important to develop checklists as flexible and as sensitive to the different contexts for the different MS countries. However it was agreed that it is difficult to predict all possible scenarios in all countries.

There is no one size fits all template, but rather a need for a very flexible and simple tool/guide for rapid action taking into account time, type of country and characteristics of the migrants.

The action plan template must be sufficiently detailed so it can inform the identification of resources and specific enough to account for unexpected changes and events. The guide for developing action plans for implementing the public health response must avoid academic language and should be user friendly. The inter-sectoral approach is crucial for the implementation in conjunction with the strengthening the country's health system.

Session 3: Wrap up after group presentations in plenary

The plenary was coordinated by Alberto Infante and Peter Letanovsky.

The salient points emerging from the discussion in working groups can be summarized as follows:

- There is a need to cover different levels (local and national levels).
- Spaces to improve health care must be built despite of the adverse political environment.
- It is important to be prepared for a possible increased influx. Contingency planning is essential.
- It is crucial to consider the complexity due to political changes.
- There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It is important to be aware that sometimes the technical rationale does not match the real politik.
- The spaces for improving the health of refugees have to be built sometimes against the grain, facing an adverse political climate.
- European policies on the refugee influx are constantly evolving, and major changes will probably occur during the year, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.
- A humanitarian public health approach is crucial for some of the actions. Pragmatism is of the essence.

Session 4: Next steps of the SH-CAPAC initiative

Daniel López Acuña gave a brief wrap-up of the day and proposed next steps in relation to country missions, as well as the upcoming workshops in Bologna and Granada.

The intention of this meeting was to be able to share work in progress in an advanced stage, for getting stakeholders input. The feedback received will be very helpful to be able for tools improvement.

An important task will be to disseminate the methodologies and tools as well as the best practices to users and to undertake advocacy actions in MS countries.

The SH-CAPAC product for building capacities will be the distance learning course on improving the health response to refugees, asylum seekers and other migrants. The course in a virtual platform will be ready in October 2016. A workshop will be held in advance, the 15-16 of September 2016, to discuss

with an ample number of stakeholders from Member States both the content of the course, the training strategy and the need of adapting contents to national and local realities

After a long two days of productive work Daniel López Acuña gave thanked the participants for their contributions and engagement.

ANNEX 1

LIST OF PARTICIPANTS

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Member State Representatives			
Name	Country	Institution	Position
Daniela Cirlan	Romania	Ministry of Health	Program Implementation and Coordination Unit
Vedran Kranjcevic	Croatia	Ministry of Health	Crisis Centre
Filipa Pereira	Portugal	Directorate-General of Health	Senior Officer
Amalia Tzikou	Greece	Public Health of the South Aegean region	Public Health Inspector
Lies Verlinden	Belgium	Ministry of Asylum and Migration	Counsellor State Secretary Asylum & Migration
Carmen Montaño Remacha	Spain	Ministry of Health, Andalusian Government	Epidemiology and Occupational Health
Pela Soulatou	Greece	Ministry of Health	Advisor to the Minister of Health
Peter Letanovský	Slovakia	Ministry of Health	Expert Consultant Ministry of Health & Ministry of Defence
Mariella Hudetz	Austria	Amber Med	Coordination and Event Management
Francesco Bongiorno	Italy	Health Council of the Sicily Region	Health Councillor
International Stakeholders			
Name	Organisation	Position	
Santino Severoni	World Health Organisation	Coordinator of Public Health and Migration, WHO Regional Office for Europe	
Dr Snezhana Chichevalieva	World Health Organisation	Acting Program Manager National Health Policies	
Roumyana Petrova-Benedict	International Organisation of Migration	Senior Regional Migration Health Manager for Europe and Central Asia	
Wilma Doedens	United Nations Population Fund	Senior Technical Advisor for Sexual and Reproductive Health	
Elena Petelos	EUR-Health Project	Research Associate	
Consortium Partners			
Name	Country	Institution	Position
Daniel López Acuña	Spain	Andalusian School of Public Health	Project Coordinator EASP
Iain Aitken	Spain	Andalusian School of Public Health	Consultant
Alberto Infante	Spain	Andalusian School of Public Health	Consultant

Riitta-Liisa Kolehmainen-Aitken	Spain	Andalusian School of Public Health	Consultant
Amet Suess	Spain	Andalusian School of Public Health	Researcher
Julia Bolivar	Spain	Andalusian School of Public Health	Researcher
Ines Keygnaert	Belgium	Ghent University	Senior Researcher ICRH
Jeannine Suurmond	Netherlands	University of Amsterdam	Assistant Professor
Eva Nemčovská	Slovakia	Trnava University	Assistant Professor
Daniela Kállayová	Slovakia	Trnava University	Researcher
Antonio Chiarenzo	Italy	University di Reggio Emilia	Senior Researcher
Ewa Dobrogowska-Schlebusch	Poland	Jagiellonian University	Researcher
Anna Szetela	Poland	Jagiellonian University	Professor
Allan Krasnik	Denmark	MESU, University of Copenhagen	Professor
Mette Kristine Tørslev	Denmark	MESU, University of Copenhagen	Researcher
Janne Sørensen	Denmark	MESU, University of Copenhagen	Senior advisor, Centre Coordinator
Claire Munoz de Luna	Denmark	MESU, University of Copenhagen	Researcher
Julia Kadin Funge	Denmark	MESU, University of Copenhagen	MPH Student / Midwife