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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"
**PROGRESS ACHIEVED AND FINAL RESULTS
OF THE SH-CAPAC PROJECT**

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MEMBERS OF THE CONSORTIUM

The Consortium was formed by seven institutions:

- Escuela Andaluza 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).

GENERAL OBJECTIVE

The general objective of the project was to:

Support Member States under particular migratory pressure in their response to health related challenges

EU Member States Capacities for Implementing a Health Response to the Increased Migratory Influx

FRAMING QUESTION

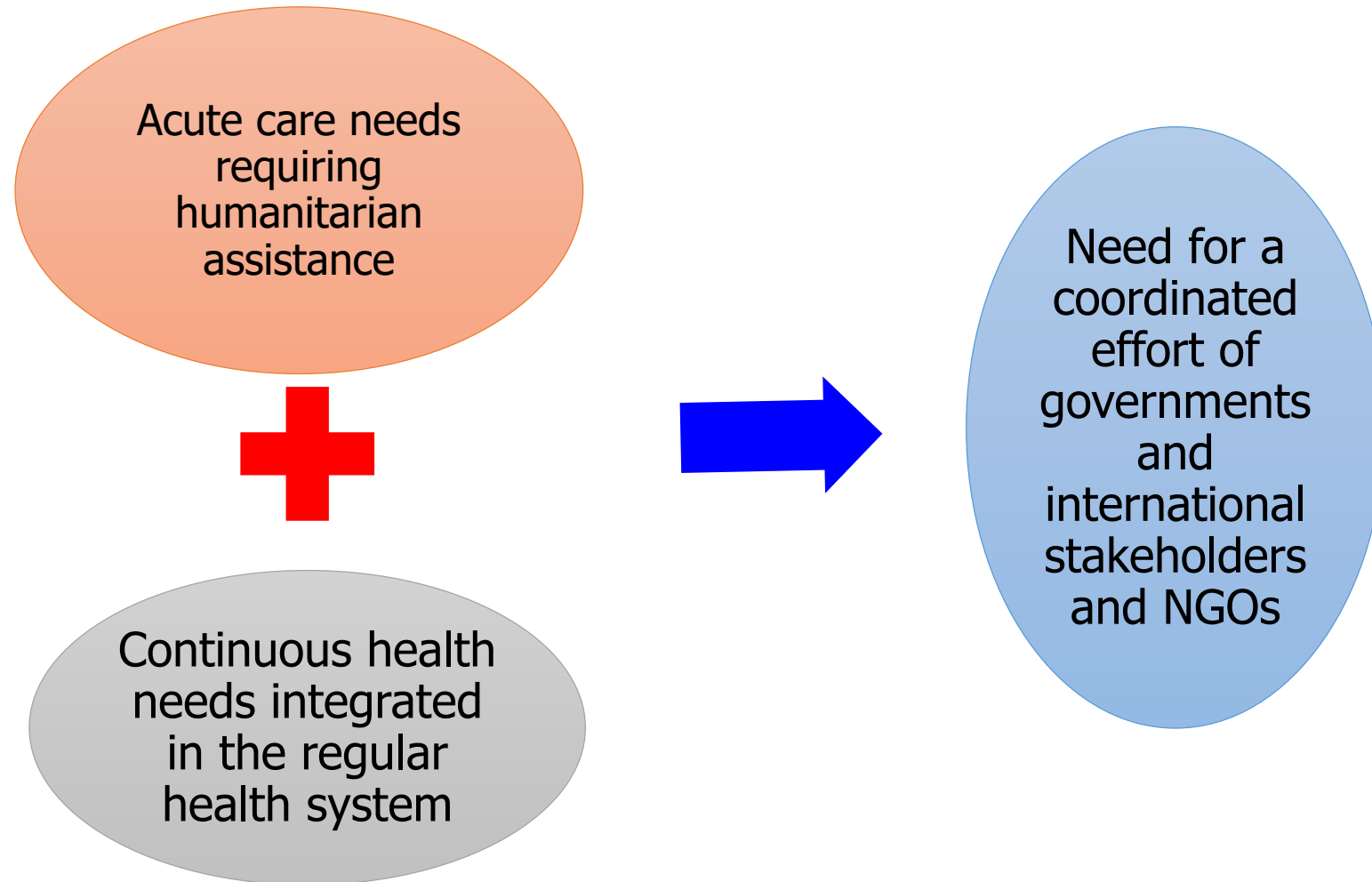
What are the critical capacities that the EU Member States will need to put in place and further develop to articulate an effective health response and respond to the changing needs of the increased migratory influx?

EU Member States Capacities for Implementing a Health Response to the Increased Migratory Influx (II)

MAIN AREAS

- Capacity to coordinate a multi-stakeholder health sector response to the refugee influx
- Capacity to undertake comprehensive public health and health systems assessments for determining the impact of the migratory pressures and the response needed by the national health systems
- Capacity to develop action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Capacity to take the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants
- Capacity to develop the workforce competence to understand the main health challenges associated to the recent migratory influx and provide migrant sensitive health services

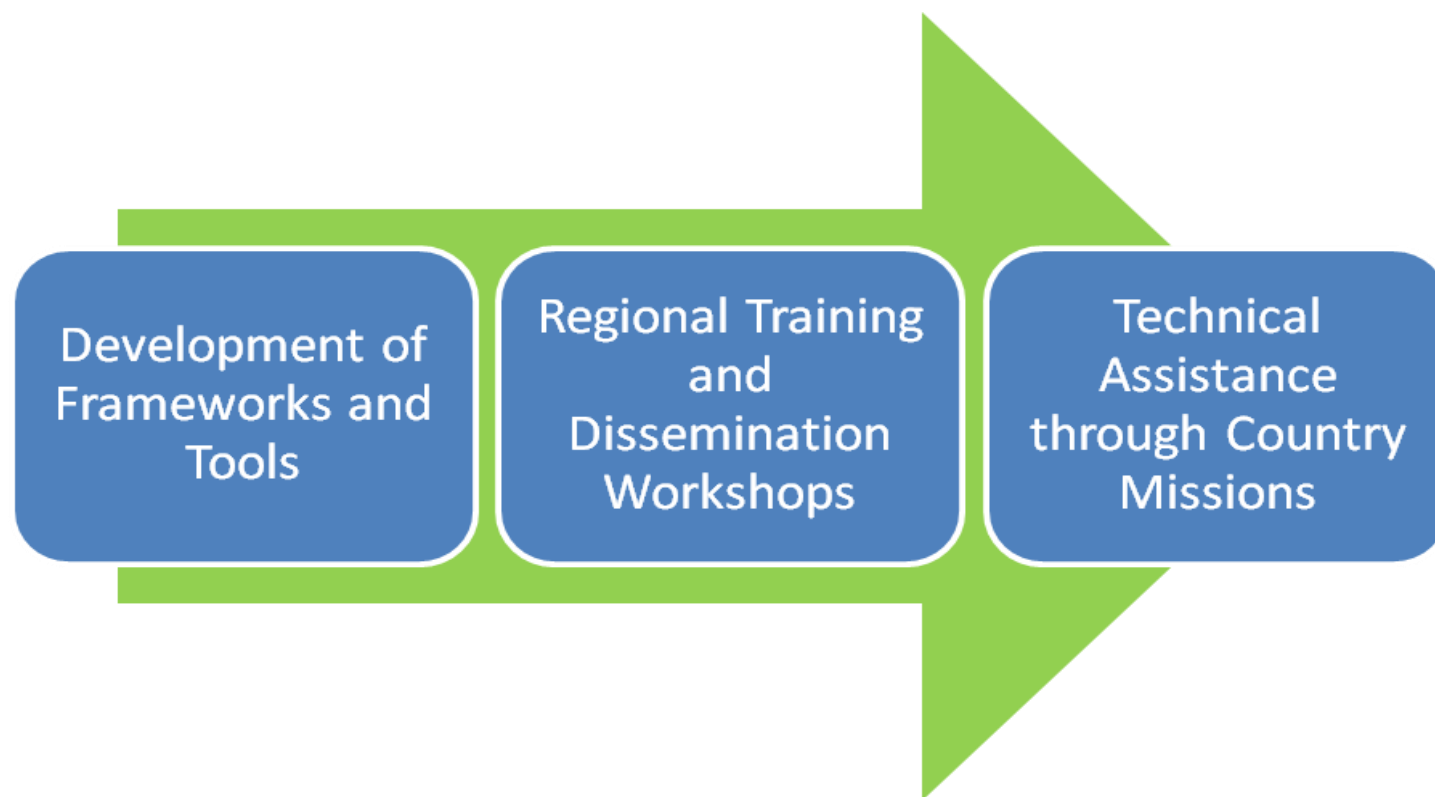
THE NATURE OF THE SH-CAPAC PROJECT



THE APPROACH NEEDED

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

LOGIC OF THE PROJECT



SPECIFIC OBJECTIVES I

Support Member States in the establishment or strengthening of a **health sector coordination mechanisms** for implementing a coherent and consolidated national and international response to the health needs of the refugees, asylum seekers and other migrants population

MAIN RESULTS OF WP1

- A *Coordination Framework* for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union countries was completed. It was used in the country support missions and has been disseminated in all the SH-CAPAC workshops as well as in the on-line training course.(D1.1)
- A **regional workshop on effective health sector coordination** for addressing health needs of refugees, asylum seekers and other migrants in EU countries was held in Ghent, Belgium on 23-24 February 2016. The meeting served as a consultation for further developing the draft framework for coordination and coherence.
- A **mapping of the response** to the health needs of refugees, asylum seekers and other migrants. The SH-CAPAC Consortium prepared draft Country Profiles for each of the 19 target countries of the project. An analysis of some of the major trends has been completed.
- An **umbrella document that provides background information** on the health response to the recent migratory influx into the EU and draws preliminary conclusions from the mapping has been produced. It is available on the SH-CAPAC webpage.

Salient aspects of the health response by population segment

Population segment	Location of response	Type of health response	Key actors in the health response	Authority/ coordination
Recent arrivals	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
People in transit	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC ¹ , mobile clinics, flexible referral to SHC National and trans-border follow-up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
Settling migrants				
Asylum seekers	Reception facilities/ health centre/hospital	Comprehensive PHC ³ , mobile clinics, flexible referral to SHC SGBV prevention & response SRH, mental health	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI Integration into regular health system initiated
Refugee status granted	Reception facilities/ Health centre/hospital	Comprehensive PHC ³ , 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 ³ , referral to SHC SGBV, mental health	MOH/RHA/LHA NGO Red Cross	MOH/RHA

SPECIFIC OBJECTIVES II

Support Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flows pose, as well as in conducting periodic **assessments of the health care response and public health interventions needed** (to be implemented by governments, Red Cross and NGOs)

MAIN RESULTS OF WP2

- A *Guide for Assessment of Health Needs and Health Protection Resources* was produced. It incorporated inputs received during the workshop held in Copenhagen May 17 and 18, 2016.(D2.1)
- A **Regional Workshop on health needs assessments and planning health interventions in response to the migratory influx** was held in Copenhagen May 16 to 17, 2016. The workshop provided an opportunity to discuss the basic tenets of the *Guide for Assessment of Health Needs and Health Protection Resources* . It was also an excellent forum to gather feed-back for the Guide.

SPECIFIC OBJECTIVES III

Support Member States in developing 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 migrants influx

MAIN RESULTS OF WP3

- *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants. (D3.1)
- The rich feedback from the Copenhagen regional workshop held in May , together with the inputs derived from the workshop in Reggio Emilia were used to revise the *Guidelines*.

SPECIFIC OBJECTIVES IV

Support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a **resource package** to reorient local strategies and plans.

MAIN RESULTS OF WP4

- A *Resource Package for Ensuring Access to Health Care of Refugees, Asylum Seekers and Other Migrants in the European Union Countries* was developed. It identifies a series of barriers for accessing health care, and formulates recommendations to overcome those barriers. *The Resource Package* is based on a large number of interviews and focus groups, conducted in several project target countries.
- A **Regional workshop on improving access to health care and defining a capacity building strategy for the health workforce** was held in Reggio Emilia in June 2016. The *Resource Package* was used as the background document for discussions with representatives of Member States.
- The extremely valuable feedback received in the Reggio Emilia meeting, was incorporated into the final version of the *Resource Package*.

SPECIFIC OBJECTIVES V

Build national capacity through training health workers, so they can have a better understanding of the the refugees' health needs ,they can develop intercultural competences and and they can have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

MAIN RESULTS OF WP5

- A **training strategy** was developed, circulated and discussed first in in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course.
- A **Regional Workshop for adapting the training strategy to National and Subnational Situations** was held in Granada, Spain (on 15th and 16th September)2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.
- An **online training course** was developed and delivered over a period of six weeks. The course was in production in October and November for piloting the materials with participants from the target Member States. The targeted audience included health managers, health practitioners and administrative staff. Arrangements were made for identifying suitable candidates in the respective Member States.
- The SH-CAPAC project coordinated with the training activities of other CHAFEA funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.
- The **training course evaluation** was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

COUNTRY SUPPORT MISSIONS

- Six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed (D1.2,2.2, and 3.2) .
- The missions allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response
- They took place in
 - Sofia and Haskovo, Bulgaria, June-July;
 - South Aegean Region, Rhodes and Kos, Greece, August-September;
 - Barcelona, Catalonia Region ,Spain, September;
 - Bratislava, Slovakia, October;
 - Granada, Andalucia Region ,Spain,December;
 - Athens, Greece, December

MAIN RESULTS OF WP6 (Management and Coordination)

- The **inception and coordination meeting** of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. All members of the Consortium and the CHAFEA Project Officer, Paola D'Acapito, participated in the meeting.
- A **meeting with international stakeholders**, who are part of the health response to refugees, asylum seekers and other migrants, was held back to back with the inception and coordination meeting on January 15, 2016. It included representation from CHAFEA, IOM, WHO and ECHO.
- An **internal consortium meeting** of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH_CAPAC activities and products.
- The **work plan** was prepared as a result of the inception and kick-off meeting in January 2016, and was adjusted in April during the Trnava meeting. Final adjustments were made following the July 7 meeting with the Project Officer in Luxembourg. (D6.1)
- The **SH-CAPAC website** (www.easp.es/sh-capac) was created, and is fully operational since February 2016.. It has a component for the internal use of the Consortium members, as well as an external component open to the public for the dissemination of relevant information on the project. The on-line training course produced in October and November was accessible through the SH-CAPAC webpage. EASP plans to keep it alive for ensuring access and for supporting dissemination of the products of the projects.
- A **communication plan** was elaborated. It is available on the SH-CAPAC website. A brochure on the SH-CAPAC project was produced and disseminated in all regional workshops or related events. (MS23)
- An **interim technical report** covering the period January-July 2016 was produced and submitted. (D.6.2)
- The **final technical and financial reports** are hereby delivered, as planned, at the end of the project. (D 6.3)

CHALLENGES AND LESSONS LEARNED

- It is important to note that the time period for implementing this project was too short and we have had to compress in time tasks and activities that should have been implemented throughout a longer project period.
- A major challenge has been to engage Member States, particularly in light of the constant changes in national and European policies in connection with the recent migratory influx including the March 2016 EU Turkey agreement
- The SH-CAPAC project approached national authorities of the nineteen target Member States, briefing them about the initiative, engaging them in the different regional activities and trying to get them interested in accepting Country support missions. Some of these actions could have been facilitated by a more proactive role of the European Commission informing Member States of the special initiative and of the projects funded.

CHALLENGES AND LESSONS LEARNED (2)

- Throughout the implementation of the projects it has become crucial to emphasise the importance of health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability, contingency plans and migrant health professional training.
- The focus should be on risk assessment and information, on ensuring access and continuity of care and on interagency collaboration.
- Exchange and sharing of information as well as effective communication to general public is essential

CHALLENGES AND LESSONS LEARNED (3)

- One of the most important issues that have emerged throughout the implementation of the project has been the relevance of the dissemination strategy.
- The different workshops that have been organized as well as the technical advice mission to countries have been essential to disseminate the methodologies and tools that have been elaborated as well as the best practices to users fostering coordination as well as the engagement of multiple stakeholders at different levels.
- It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental.
- EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

RECOMMENDATIONS

- The real challenge ahead is to give continuity to the efforts and keep the tools, instruments and training materials alive after December 2016.
- Member States need more time to get familiar with them.
- EC's action in support to the implementation of what has been produced by SH-CAPAC and by the other four funded projects will be necessary.
- In this regard DG Santé and CHAFEA should consider the possibility of linking the results of these projects with the Joint Action on reducing inequalities envisioned for 2017
- The dissemination conference that is foreseen in March 2017 is of great importance and it would be good to start discussions as soon as possible about the scope and purpose of the meeting

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