



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**

FINAL REPORT

Executive Summary



© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under conditions.

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.

Executive summary

In light of the increased migratory influx into the European Union, the European Commission decided to provide support from the Health programme to organisations able to quickly support Member States under particular migratory pressure to rapidly respond to possible health threats. It was also deemed as necessary to support public health capacity-building and develop appropriate tools, as well as increase access to medical expertise and information to support Member States to deliver the necessary health care.

CHAFEA and a consortium of seven European institutions, coordinated by the Escuela Andaluza de Salud Pública (EASP), signed a grant agreement for a one-year action on December 2015. The action is called '*Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure*' (SH-CAPAC).

The grant was awarded under an EC emergency call for proposals in response to the refugee situation in Europe. The action spans the period between January 1 and December 31, 2016. The other consortium members are Azienda Unita Sanitaria Locale di Reggio Emilia in Italy, Trnava University in Slovakia, University of Ghent in Belgium, Jagiellonian University in Poland, Copenhagen University in Denmark, and Academic Medical Centre of the University of Amsterdam.

The general objective of the project was to support Member States under particular migratory pressure in their response to health related challenge.

This support was particularly geared to build and strengthen capacities among relevant stakeholders in the 19 target Member States covered by the project so they can attain an effective coordination of the health response, undertake population based needs assessments, develop action plans and contingency plans for improving the health response, identify and reduce access barriers for the vulnerable populations and train health workers, health managers and other professionals on the necessary skills and competences for improving the health response to refugees, asylum seekers and other migrants and for providing migrants' and refugee's sensitive health care.

The action, divided into 6 work packages, comprised 14 deliverables as well as 25 milestones. During the execution of the project and following recommendations from CHAFEA, the language of the original deliverables and milestones were slightly adjusted to better reflect the exact nature of the work that was being conducted. Some adjustments in the due dates of the deliverables and milestones, resulting from the need for incorporating the rich feed-back received from target Member States in the multiple consultations, were introduced as well.

All deliverables have been posted on the SyGMA platform as well as on the project website <http://www.sh-capac.org/>, which the EASP has hosted during the course of the project. EASP intends to maintain this webpage beyond the duration of the project to facilitate the dissemination

of the methodologies, tools and training packages developed as part of the implementation of the project.

In August 2016 the EASP elaborated and sent to CHAFEA the SH-CAPAC Interim Report. This interim report covered the first seven months of implementation of the grant agreement (January to July 2016). Some conclusions and recommendations were presented at the end of the report. The intention was twofold: a) suggesting possible courses of action to give continuity to the work of this and other funded projects after the date of the grant conclusion at the end of 2016, particularly if a Joint Action is designed for 2017 and b) providing inputs for the dissemination conference planned by DG Santé/CHAFEA for March 2017. It was highlighted that the project was progressing satisfactorily and except for the postponement from July to September of the workshop on the training strategy and trainer or trainers, which will take place in Granada, all other meetings and deliverables have been implemented and produced as planned. Financial execution was progressing accordingly and it was anticipated that all the commitments of financial disbursement and program delivery would be accomplished at the end of December.

The initiative began on 1 January 2016 and was scheduled to last 12 months. It was completed on 31 December 2016. The project has been coordinated by the Andalusian School of Public Health (EASP). The EASP has been responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained. The partners that constitute the consortium for the implementation of the project SH-CAPAC have functioned as a collective entity for:

- a. Developing the necessary instruments and tools through a division of labour among the members of the consortium.
- b. Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries.
- c. Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project.
- d. Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population.
- e. Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU.
- f. Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

The activities, distributed into six Work Packages, have been 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 and coordinate with national health authorities and international organizations.

As part of Work Package 1, the *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 is currently being 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.

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 with the participation of a large number (twelve) of target Member States and other international stakeholders, involved in the health response to the large migratory influx. The meeting served as a consultation for further developing the draft framework for coordination and coherence. It also provided an opportunity to disseminate the SH-CAPAC project and highlight the need to intensify coordination of all health actors.

In preparation of the regional workshop, a mapping was done 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. Information was gathered through desk reviews and consultation of multiple sources. Drafts were sent to national health authorities of the target Member States for review and validation. Country officials reviewed a large number of Country Profiles, which are available in final form. A preliminary 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.

As part of Work Package 2, the *Guide for Assessment of Health Needs and Health Protection Resources* was produced. It incorporates inputs received during the workshop held in Copenhagen May 17 and 18, 2016.

A regional workshop of representatives from ten target Member States 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.

As part of Work Package 3 set of *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.

The rich feedback from the Copenhagen regional workshop, together with the inputs derived from the meeting in Reggio Emilia and the missions to Member States, were used to revise the *Guidelines*.

The Copenhagen regional workshop, with representatives of ten target Member States was held in Copenhagen May 16 and 17, 2016.

As part of Work Package 4 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.

The *Resource Package* was used as the background document for discussions with representatives of nine target Member States in a workshop held in Reggio Emilia, Italy, from June 16 to 17, 2016.

The extremely valuable feedback received in the Reggio Emilia meeting, which had the participation of representatives of nine target Member States, was incorporated into the final version of the *Resource Package*.

As part of Work Package 5 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 strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project. The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course.

A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 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 training materials were developed and were finalized by August 31, 2016. 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.

Finally, as part of Work Package 6, 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.

The SH-CAPAC website (www.easp.es/sh-capac) was created, and is fully operational since February 2016. It is continuously updated. 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. An interim technical report covering the period January-July 2016 was produced and submitted and the final technical and financial reports are hereby delivered, as planned, at the end of the project.

Six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed. They took place in Bulgaria (Sofia and Haskovo) from June 29 to July 3, 2016; to the South Aegean, Greece (Rhodes and Kos) 31st August- 2nd September; to the Catalonia Region (Barcelona), Spain, 21-23rd September; to Slovakia (Bratislava) 24-26th October; to the Andalusia Region (Granada) Spain, on 13th and 14th December and to Greece (Athens) on 15th and 16th December.

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.

Initiatives like this seek to strengthen the capacity of Member States to cope with the problem and to promote and safeguard human rights. However, its reach is heavily influenced by the receptivity and engagement of individual Member States.

The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems including human resources rather than creating parallel and unsustainable solutions to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

Given the situation, both a health systems and a public health approach is crucial for some of the actions. The problem has acute humanitarian dimensions as well as ongoing structural characteristics.

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 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.

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.

The complexity of problems to cope with the refugee crisis requires more prolonged and sustainable actions. All the SH-CAPAC consortium partners agree on the fact that the project's timeframe was too short and the resources allocated below expectations. It would have been ideal to have at least six to twelve additional months for setting the scene initially and for disseminating the products and raising awareness of all relevant stakeholders.

One of the most important issues that have emerged throughout the implementation of the project has been 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.

The following is a summary of recommendations related to the challenges and lessons learned throughout the implementation of the SH-CAPAC project:

- Although the project had an incidence on critical issues of relevance, a longer process for designing and planning the actions, involving different actors from countries, not only MS representatives, would have been ideal. Previous inputs from countries would have been an asset.
- Projects that address this kind of complexity need to be carried out with more time in order to assure continuity and sustainability.
- Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.
- Spaces to improve health care must be built despite of the adverse political environment. They have to be built sometimes against the grain, facing an adverse political climate. There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It could be necessary to be more sensible to identify regions in EU, which have similar challenges, in order to make tailored-made tools or elements relevant by clusters of countries.
- In collaboration with EC and others, disseminate results, methodologies and tools among relevant stakeholders.
- Mainstream results at EU level, to all relevant branches of EU. The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.
- It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.
- The proposed resource package containing tools and measures to improve access to health care for refugees and asylum seeker should be adapted at national/local level.
- Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.
- Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

Specific recommendations related to the training course

- The language is one of the barriers identified in the piloting. To be more effective, training activities should take place in local language and local context. Translation of materials developed is recommended
- Contents are designed to be easily fragmented to meet the needs of different target trainees at every level. The course does not necessarily have to be implemented with the structure of the piloted course programme.
- The suggested time for certain activities underestimates the real workload. More time is needed to complete all the readings and assigned tasks of the course.
- Case studies adapted to the local context are useful. Role-taking methodologies are very useful in face to face training activities.

- Tutor's feedback to the submitted documents by the trainees' is of great importance. In an online course, where interaction is more difficult than in face to face training, this can affect the motivation of participants.
- Participating in a forum requires contributing with answers to the forum questions, but also engaging in debate and commenting on other contributions. Participation in online forums is very time consuming, and requires regular presence in order to follow and reply to threads. The tutor's role in this aspect is of great relevance.
- In order to keep the discussion relevant in online settings, some forums could be organized via skype in real time. It is recommended that most activities have a forum for discussion with both tutors and participants.
- Forums should be moderated by tutors. Comments and questions that are posted in the wrong place can be moved. Technical questions should have their own specific forum.
- The Moodle platform may not be the best option for all local contexts since it needs basic technical skills for participants and computer and networking availability.
- Evaluation should be anonymous to meet good practice standards.

It is important to note that the time period for implementing this project is too short and we have had to compress in time tasks and activities that should have been implemented throughout a longer project period. As stated in the Interim Report 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 did its best for approaching 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.

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 a joint action in 2017 aimed at giving continuity to the action just initiated during 2016 by the five funded initiatives. 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.