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

**GRANT AGREEMENT
NUMBER — 717275 — SH-CAPAC - HP-HA-2015**

Action financed by the Consumers, Health, Agriculture and Food
Executive Agency (CHAFEA)

COMMUNICATION PLAN



Introduction

The SH-CAPAC project's mission is to support Member States under particular migratory pressure in their response to health related challenges. It is financed by the European Commission's Executive Agency on Consumers, Health and Food (CHAFEA) and is being developed by a multi-institutional consortium composed of seven members.

Goal

The goal of this communication plan is to ensure that all of the project's internal and external activities are taken into account and conducted in accordance with a series of actions and instruments outlined in this document.

Specific Goals

1. That the persons and institutions involved in implementing these activities understand the project's communication strategies and how to contribute to them.
2. Provide information about the project's "corporate" identity.
3. Guarantee the financing entity's visibility and ensure compliance with its requirements.
4. To disseminate the aims of the project and the actions to be developed.

Overall Strategy

Includes the following:

- Prioritized targets.
- Project values.
- Key concepts in the communication process.
- Actions, instruments and tools.
 - Internal communication.
 - External communication and the dissemination of results.
- "Corporate" identity and project's visibility.

Prioritized Targets

1.- Consortium Members

- Escuela Andaluza de Salud Pública (Spain).
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy).
- Trnava University (Slovakia).
- ICRH (International Centre of Reproductive Health) – Universiteit Gent (Belgium)
- Jagiellonian University Medical College (Poland).
- University of Copenhagen (Denmark).
- Academic Medical Centre / University of Amsterdam (Netherlands).

2.- EU Member States and relevant national and regional health authorities.

3.- Decision-making bodies in CHAFEA and DG SANCO.

4.- NGO's, UN agencies, other bodies or institutions of interest.

Project's Values

- Respect for individual and collective rights.
- Focus on intercultural issues and respect for diversity.
- Seek continuous improvements in the way health care is provided to refugee asylum seekers and other migrants population.
- Improve national and international health sector coordination mechanisms.
- Improve training programs through training of trainers in affected countries.
- Recognize the need to encourage consensus and participation among all involved to meet health needs that the massive refugee, asylum seekers and other migrants flow poses.
- Pursue the principles of appropriation and sustainability of results.

Key Concepts in the Communication Process

- Health as a basic human right.
- Refugees, asylum seekers, migration, health and health care.
- Intercultural competence.
- Professional training as an opportunity to improve refugee asylum seekers and other migrants' access to quality health care.
- Institutional, interinstitutional and international coordination.

Actions, Instruments and Tools

To address the specific needs of a diverse number of target groups, the actions to be undertaken have been grouped along the following lines:

1.- Internal Communication: Among consortium members and between consortium members and the financing entity (ongoing communication through the EASP's Project Director and its Technical Secretariat). Most internal communication and document-sharing will take place on the following intranet: <http://www.easp.es/sh-capac/>.

2.- External Communication: External communication includes dissemination and communication to direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red

Crescent facilities) as well as to involved international key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society). The main tool for external communication will be the following website: <http://www.easp.es/sh-capac/>.

The strategy comprises the following action lines and dissemination tools:

1. Internal Communication

The internal communication strategy's goal is to systematize and structure information in ways that will guarantee efficient and transparent management of the different Work Packages (WP), while also ensuring fluid and efficient communication among all the partners involved and the financing authority. This will be achieved through the use of the following tools:

- Ongoing communication among partners and the financing authority (phone, email, web conferences, teleconferences, etc.).
- Periodic meetings among partners (Steering Committee), as established in the Manual on Rules and Procedures, and with CHAFEA, as required.
- Intranet (<http://www.easp.es/sh-capac/>).

The Technical Secretariat has created the **SH-CAPAC project website** (<http://www.easp.es/sh-capac/>) allowing intranet-restricted communication among partners. It will be maintained by the lead institution in close collaboration with all partners. The objectives are:

1. To systematize and structure information in ways that will guarantee efficient and transparent management of the different work packages.
2. To ensure fluid and efficient communication among partners.
3. To disseminate the Project's information, milestones and deliverables.

Its structure includes:

- Access to site contents:
 - ❖ Description of the action.
 - ❖ Documents related to the project's planning and management.
 - ❖ Work plan.
 - ❖ Project contract.
 - ❖ Templates.
 - ❖ Communication plan.
 - ❖ Forum.
 - ❖ Specific sites for working groups dealing with WPs (including forums and a document repository to support WP development).

2. External Communication and the Dissemination of Results

Public access to the project's website will be focused on:

- Direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities).
- International key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society).

Access is given to following contents:

- Information about partners and the Project (ABOUT US) and the option to submit a query.
- Project's milestones (CALENDAR).
- Relevant information such as final products, events, references/recommended readings links to other EU-related projects (DELIVERABLES).

Particular relevant is external communication with other national and international key stakeholders operating in the organization and implementation of the health response to refugees, asylum seekers and other migrants in the target EU countries, or with the other projects funded by the EC under this initiative. The following activities will be undertaken under this action line:

- Information exchange with all relevant international stakeholders in order to build synergies with the project activities.
- Dialogue efforts for building coordination with the mentioned relevant international stakeholders.
- Organizing a meeting in Granada, early in January 2016, with the presence of all the key international stakeholders mentioned and, if at all possible, with the other grantees of the EC being funded through this initiative to take stock of their tools and lines of action and build complementarities and synergies.
- Establishing coordination platforms with all key national and international stakeholders.
- Participation of consortium members in the coordination meetings convened by the EC (CHAFEA and DG SANTE) to ensure timely exchange of information and coordination with other related projects and initiatives.

It is strongly recommended to document all these actions and send relevant material (photos, videos, etc) to the EASP.

Dissemination and communication activities will also be conducted among other targets to the project (other institutions, similar associations and organizations, experts in health, refugees, asylum seekers and other migrants, non-governmental organizations, civil society, etc.). Following is a list of lines of actions and specific tools to be used for dissemination:

- Corporate image
 - Project logo.
- Leaflet (see annex 1).
- Web and information technologies
 - A specific website (<http://www.easp.es/sh-capac/>).
 - The use of partners' social networks. The Twitter hashtag is #SHCAPAC.
- Work with the communications media:
 - Press releases.
- Disseminate information on the project by participating in activities that address the same or similar topics, whether organized by partner institutions involved in the SH-CAPAC project, or by CHAFAEA/DG SANTE or outside entities.
- Publications and scientific articles
 - Scientific publications that could emerge once the project's planned products have been developed.
 - Scientific articles whose dissemination could be considered of general interest; formats to be determined.

Corporate Identity and Project Visibility

A very clear and simple logo has been designed, which represents the project's essence (refugees, asylum seekers and other migrants, Europe...):



The project's logo, as well as the EU emblem, should be included in the cover pages of all reports - as well as in all written and electronic communication (in the upper section; the EU emblem must have appropriate prominence and shall be placed well apart from any other

logos). The following statement should also appear alongside the EU emblem: “Co-funded by the Health Programme of the European Union”, as illustrated in the following example:



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Furthermore, the following text has to be included in any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, etc.) and any infrastructure, equipment or major results funded by the grant: *“This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] is part of the project ‘717275 / SH-CAPAC’ which has received funding from the European Union’s Health Programme (2014-2020).”*

As specified under the Grant Agreement Contract, article 22, the following disclaimer shall be added in the inner pages of all reports:

“The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it can not 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.”

For further information regarding the use of the EU Emblem, please refer to the document “use of the EU Emblem in the context of EU Programmes – Guidelines for beneficiaries and other third parties”, which can be consulted and accessed on the project’s website <http://www.easp.es/sh-capac/>.

The logos of all partners should be included in the bottom section on the cover pages for all reports. The visual weight of each logo should be equal and balanced and the logos should be distributed in accordance with the following format:



All reports shall be written in Tahoma 10 characters with 2 cm margins and 1,25 line spacing.

In relation to communication activities by CHAFEA, article 22.2 of the Grant Agreement shall apply.

Finally, annex 2 and 3 include templates for elaboration of PowerPoint presentations and reports.

Annex 1

Leaflet

This project is being carried out by the following institutions: Andalusian School of Public Health – EASP (**Spain, coordinator**), Azienda Unità Sanitaria Locale di Reggio Emilia (**Italy**), Trnava University in Trnava (Slovakia), Jagiellonian University Medical College (**Poland**), International Centre for Reproductive Health / University of Ghent (**Belgium**), Academic Medical Centre/University of Amsterdam (**The Netherlands**) and University of Copenhagen (**Denmark**).



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The images have been loaned by Pablo Simón, @psimoneasp, collaborating professor of EASP and volunteer of Doctors of the World providing aid for refugees in Lesvos Island (Greece). December 2015

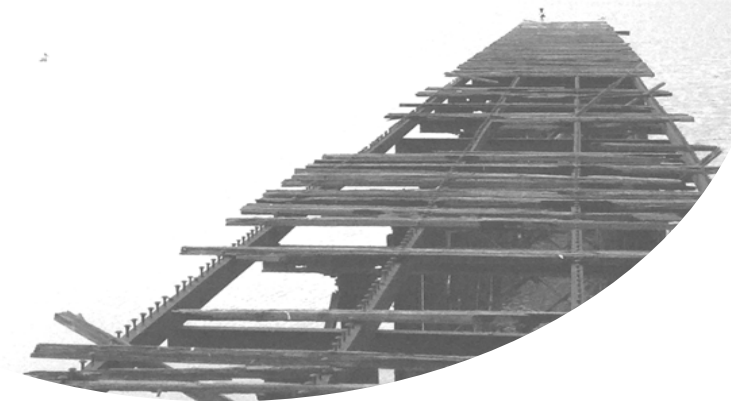
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SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE

SH - CAPAC



Health needs of the refugees, asylum seekers and other migrants

The health needs of a vulnerable population of at least 1,000,000 people who have entered the EU in 2015 is an issue of public health importance. This population may amount to two million refugees, asylum seekers and other migrants at the end of 2016.

The health needs we are observing are a compounded effect of acute critical health needs that warrant humanitarian interventions as well as health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.

The deteriorated purchasing power of these population groups, among others things, leads to rising malnutrition rates. Their access to care other than emergency care is limited.

Gaps exist in the national health information and disease surveillance systems. These, in turn, increase the risk of vaccine preventable diseases and epidemic outbreaks. Hundreds of thousands of children should keep on track with their vaccination schedule.

The profile of the displaced population indicates an increased need for sexual, reproductive and child health services, as well as geriatric care. Sexual violence is also a specific reason for claiming asylum and a priority health concern, which requires specific interventions.

Many of these migrants are survivors of violence and have serious medical conditions. Some are amputees needing prostheses, victims of trauma needing specialized treatment or cancer patients.

Responding to these needs requires an enormous coordinated effort of EU Governments, Red Cross societies, NGOs, the European Union, the UN agencies (especially UNHCR, WHO and UNICEF) and the International Organization of Migration (IOM).

The Project



SH-CAPAC is a project launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges. The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions 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.

The project is directed at supporting countries' health systems and public health infrastructures in the following nineteen EU Member States:

Austria	Belgium	Bulgaria	Croatia	Denmark	France
Germany	Greece	Hungary	Italy	Malta	Netherlands
Poland	Portugal	Romania	Slovakia	Slovenia	Spain
Sweden					



General Objective

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

Specific Objectives

1. Support Member States to establish, in close collaboration with international stakeholders, national and international health sector coordination mechanisms for implementing a coherent and consolidated national and international response to the health needs of the refugees and asylum seekers and other migrant populations.
2. Support Member States to analyse health challenges and unmet health needs that the massive population influx poses, as well as to conduct periodic assessments of the health care response and public health interventions needed.
3. 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 health challenges of the refugee, asylum seekers and other migrants influx.
4. Support Member States to promote and ensure access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the reduction of access barriers.
5. Build national capacity through training of trainers in affected countries, so health workers can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

Expected results at the end of 2016

At the end of 2016, the target countries participating in the project will have:

- Implemented a coordinated approach to organise the multi-stakeholder health sector response to the refugee influx in their territory.
- Conducted comprehensive public health and health systems assessments of the impact of the migratory pressures and the response needed by the national health systems.
- Develop action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
- Developed institutional capacity and workforce competence to provide migrant sensitive health services.

Annex 2

PowerPoint presentation template



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Annex 3
Report template



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<Title>

Prepared by:

<Date>



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