



Co-funded by
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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”**

**MAPPING CAPACITIES FOR IMPROVING
THE HEALTH RESPONSE TO
REFUGEES, ASYLUM SEEKERS AND
OTHER MIGRANTS**



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Best Practices in the Implementation of International Health Regulations

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GENERAL OBJECTIVE OF THE SH-CAPAC PROJECT

The general objective of the project was to:

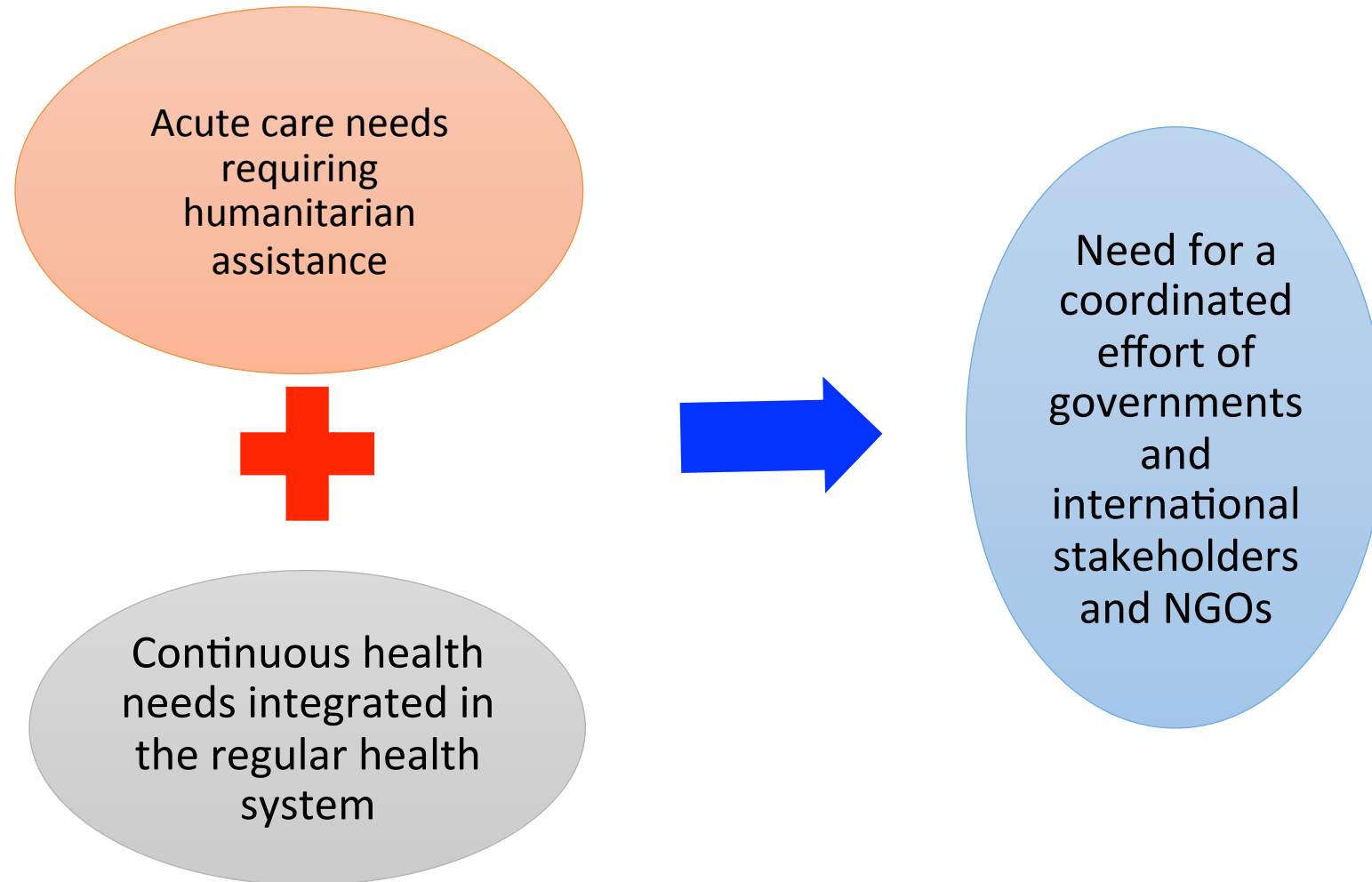
“**Support** Member States under particular migratory pressure in their response to health related challenges”

MEMBERS OF THE SH-CAPAC CONSORTIUM

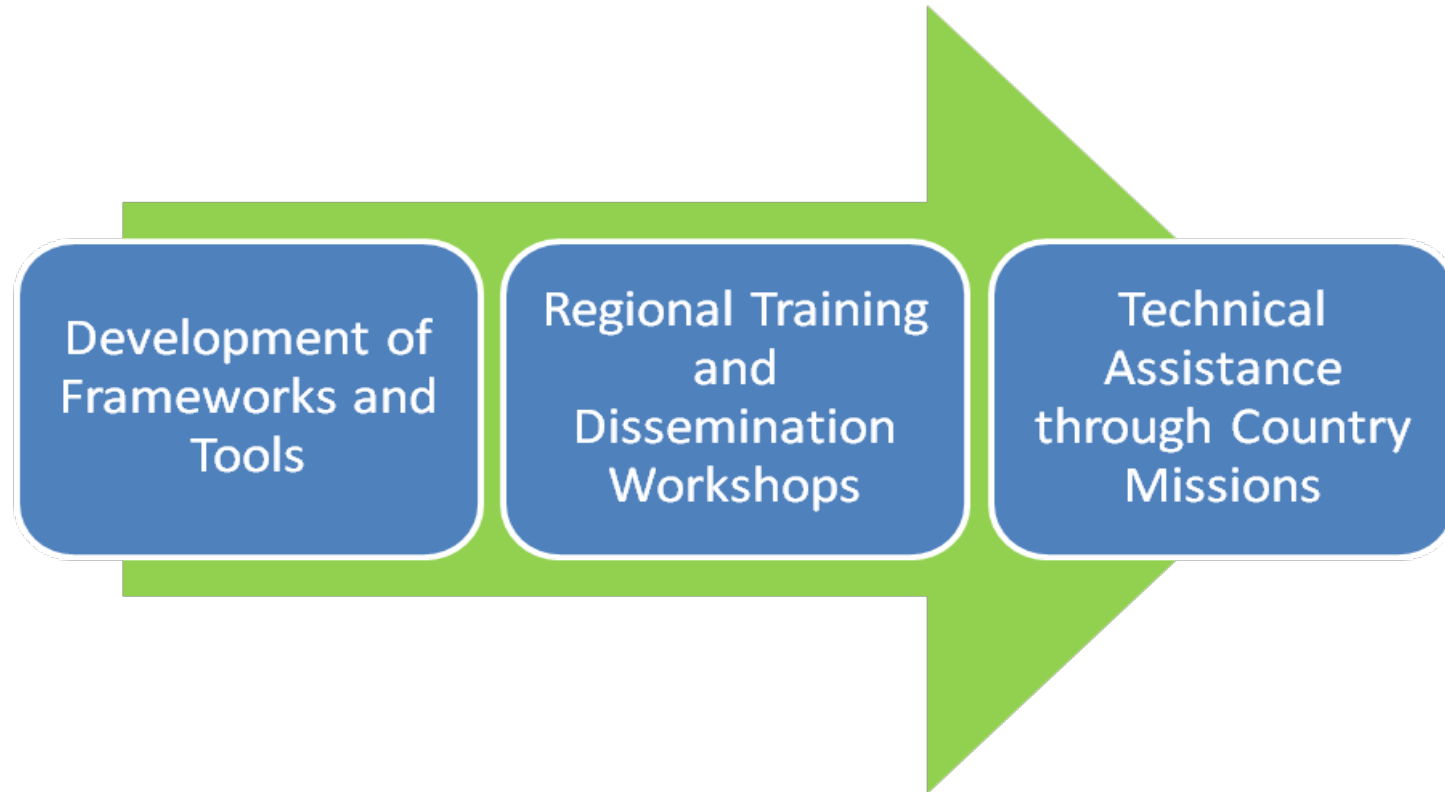
The Consortium was formed by seven institutions:

- 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**).

THE NATURE OF THE SH-CAPAC PROJECT



LOGIC OF THE PROJECT



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



IMPLICATIONS OF THE MAPPING OF THE HEALTH RESPONSE

The mapping exercise informed the development of a set of frameworks and tools for:

- Fostering a coordinated health response,
- Conducting population based health needs and health resources assessments,
- Supporting the planning of appropriate actions and the development of contingency plans
- Providing a resource package for increasing access to health care and
- Training on public health aspects, intercultural skills and migrant friendly provision of services.

These frameworks and tools can be consulted in the SH-CAPAC webpage as stand-alone guidance documents produced by the SH-CAPAC project.

BUILDING NATIONAL CAPACITIES

- Building national capacities through training of health work force is essential.
- This encompasses health managers and health planners, public health officials, health care providers and administrative workers
- The objective should be:
 - provide a better understanding of the migrant's and refugee's health needs
 - develop intercultural competences and
 - contribute to have a clear understanding of a migrant sensitive health care delivery model, inclusive, rights-based, respectful of human rights and dignity.

SH-CAPAC ON LINE 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 training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

LESSONS LEARNED (2)

- There is a need for building a conceptual and operational model for addressing migrant's health issues bridging the protractedness of forced migration and the challenges of voluntary migration
- Refugee's and asylum seeker's health pose a double challenge:
 - the need for a humanitarian health response in the acute situation of massive influxes of forced migrants
 - The need for an inclusive development response for those forced migrants who settle in countries whether as regular or irregular migrants

LESSONS LEARNED (3)

- The health response to refugees, asylum seekers and other migrants should be **through the strengthening of the national health systems** and not through ad hoc, dedicated, parallel or second class services
- It is of paramount importance to have the necessary modifications in health policies and health legislation for mainstreaming into the national health systems the issues related to migrant's and refugee's health
- It is crucial to adopt a human rights and a right to health approach for these populations

LESSONS LEARNED (4)

- The human rights dimension in the health response to migrants and refugees has not been sufficiently regarded
- More than a **health security** issue we are dealing with a critical aspect of **human security**, of **reduction of health inequities** and of **social cohesion**
- A crucial aspect is the definition of **entitlements** for these populations
- No one should be left behind.
- This is closely associated with the need of **improving social protection in health** for refugees, asylum seekers and migrants

LESSONS LEARNED (5)

- When it comes to health care for migrants and refugees, access is of the essence.
- Access barriers, whether financial, cultural, linguistic, legal or administrative constitute a big hurdle and ought to be mitigated or removed for the full realization of the SDGs for these populations
- Strengthening cultural and linguistic mediation in the national health systems is of great importance
- Another important element is ensuring a continuity of care so these populations groups receive the health care they need and is not limited to dispensaries or primary level of care

LESSONS LEARNED (6)

- It is critical to do away with the stigmatization and the **false concept of migrants as a health threat.**
- Health assessments, massive screenings and mandatory examinations ,unjustified from an epidemiological standpoint, are not the solution and ought to be put in perspective and demystified.
- In that respect refugees and migrants are not different from international travellers
- It will be important to address the improvement of living conditions influencing health: i.e.prevent overcrowding ,ensure immunization,access to clean water and basic sanitation
- It is critical to continue advancing a comprehensive and inclusive public health approach to the health of migrants, addressing the root causes of their health problems and of their health care delivery problems

LESSONS LEARNED(7)

- It is vital to strengthen the capacities of the health workforce to address the migrants and refugee's health issues within the regular health systems
- Massive efforts of training on intercultural competencies and on the specific challenges on health problems, health seeking behaviour and health care response to the refugees and migrants are needed
- This should cover different groups of health professionals, health managers and other staff involved in the health response to these populations

LESSONS LEARNED (8)

- The economic dimension to health care for refugees and migrants ought to be addressed
- It is critical to find solutions on portability of health insurance and health entitlements and on cross border mechanisms of access to health care
- The political economy of advancing the right to health of migrants and refugees requires greater analysis and consideration
- Greater investment in policies and programs to develop migrant sensitive health services are needed

LESSONS LEARNED (9)

- There are important gaps in the treatment continuity of those refugees and asylum seekers affected by non-communicable conditions
- Mental health problems should receive priority attention and mental health promotion and psychosocial support should be put in place
- Intersectoral action and health in all policies are fundamental for improving the health situation of the refugees and other migrants
- Sexual and reproductive health and prevention and treatment of sexual violence and other forms of violence ought to be contemplated as part of the health response

LESSONS LEARNED (10)

- 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

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