

*Best practices in implementing IHR*  
*Key points from session 5:*  
**Migration and public health**



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**HCDCP**

# Migrants, refugees 2018

- 250 million international migrants

750 million internal migrants

1 in every 7 is a migrant



At least half of Syria's refugees are children – at least **2.4 million**

At least **306,000** have been born as refugees

Over **200,000** children are living in besieged areas

**2 million** children are currently without regular access to aid



Source: IOM

## Mediterranean Sea arrivals in 2018 :28,633

*Last updated 25 May 2018*

## Dead and missing in 2018 (estimate) 628

*Last updated 23 May 2018*



Previous years	Sea arrivals	Dead and missing
2017	172,301	3,139
2016	362,753	5,096
2015	1,015,078	3,771
2014	216,054	3,538



**UNHCR**

# Most common nationalities of Mediterranean sea arrivals from January 2018

Country of origin	Source	Data date	Population
Syrian Arab Rep.		30 Apr 2018	18.6% 4,151
Others		30 Apr 2018	11.9% 2,649
Iraq		30 Apr 2018	9.8% 2,185
Tunisia		30 Apr 2018	8.6% 1,910
Eritrea		30 Apr 2018	8.1% 1,810
Guinea		30 Apr 2018	5.4% 1,204
Côte d'Ivoire		30 Apr 2018	4.5% 1,011
Mali		30 Apr 2018	4.4% 987
Afghanistan		30 Apr 2018	4.3% 955
Algeria		30 Apr 2018	3.4% 755

# Migration management

## EU CRISIS MANAGEMENT TOOLS



The 2015-16 refugee crisis took Europe by surprise. To avert a humanitarian crisis and enable a joint response to this challenge, **the coordination and crisis management systems had to be activated.** The Commission took the lead in **ensuring timely information exchange with all actors at EU level.**

While the overall migration pressure has decreased, the availability of support remains key when responding to any future crisis.

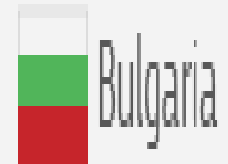
# Coordination team

- The weekly Coordination Team Meeting was established in Jan 2016. It is the Commission's central tool to coordinate all actions taking place to address the migration crisis.
- **Services taking part in the Coordination Team Meeting:** DG HOME (*migration and home affairs*), DG DEVCO (*development & cooperation*), DG NEAR (*neighbourhood and enlargement*), DG ECHO (*europ. Civil protection & humanitarian aid operation*), European External Action Service (EEAS), Secretariat-General. **DG SANTE??**
- **Through video-conference:** EU Delegation in Turkey, Team of the EU Coordinator for the implementation of the EU-Turkey Statement in Athens, Migration management team in Rome

# EU EMERGENCY FUNDING FOR MIGRATION MANAGEMENT

**The commission supports national efforts to improve migration management with dedicated funding on multi-annual national programmes. MS also have the possibility to apply for emergency assistance**

*Some examples of emergency assistance allocated since 2015:*



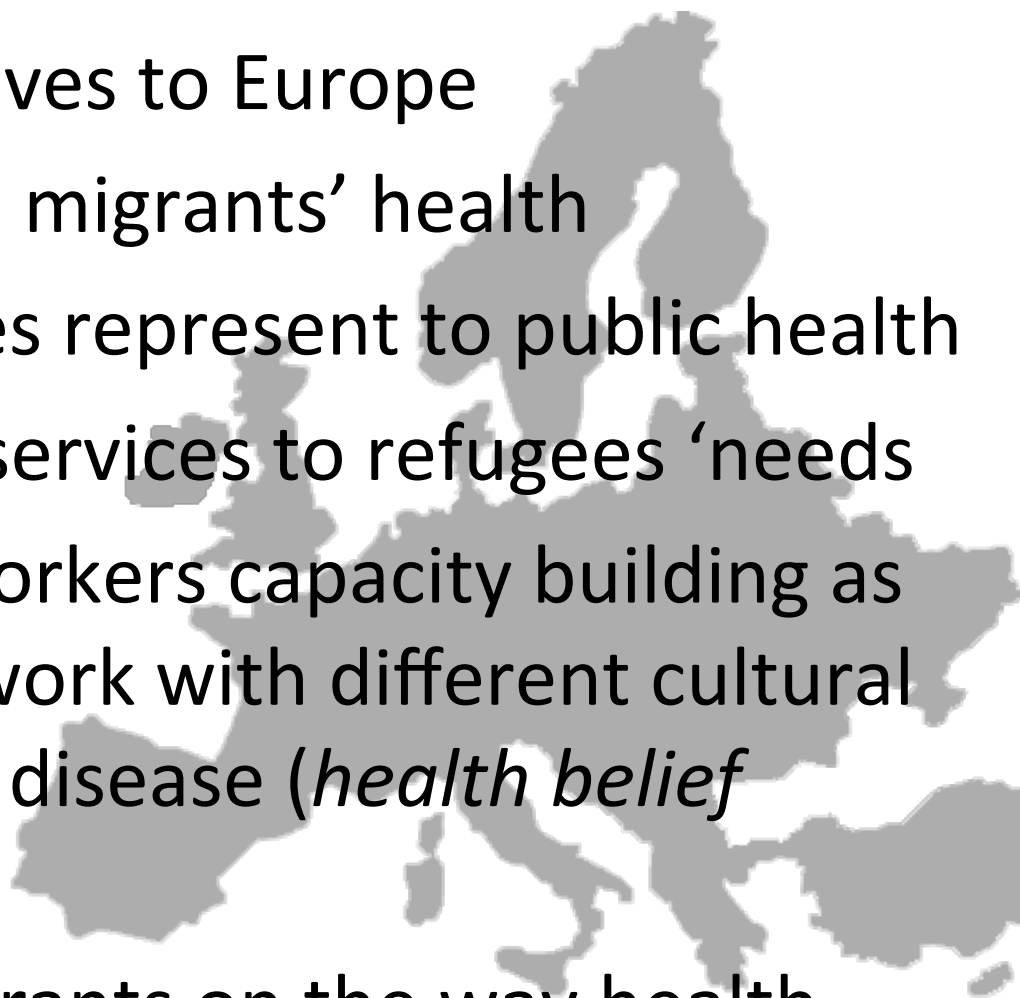
€393 million

€189.4 million

€171.6 million

## Challenges health sector had to face due to migration pressure:

- Massive migration waves to Europe
- Impact of journeys on migrants' health
- Challenge the refugees represent to public health
- How to adapt health services to refugees 'needs
- To improve Health workers capacity building as they should learn to work with different cultural context of health and disease (*health belief model*)
- To train refugees/migrants on the way health system works and link them to the system





Under 3<sup>rd</sup> pr/me in the field of health (2014-2020) through a special call, DG SANTE provided **financial support FOR:**

- improving healthcare for vulnerable migrants
- integrating migrants into national healthcare systems
- training healthcare professionals.

The EU provided:

- €7.2 million in 2015 to support EU countries facing particularly high influx of migrants and refugees to health-related challenges
- €7 million in 2016 for sharing **best practices** on healthcare models for vulnerable migrants, and **training health professionals and enforcement officers.**
- In 2017, €1.3 million to assess the feasibility of a European expert network for **rare pathologies linked to migration**, to assess the **actual health status of the newly arrived** migrants and refugees, and **to support the implementation of tools for integration** of migrants and refugees in the EU health systems.

# FUNDED PROJECTS & COORDINATORS

## Work programme 2015

- 1. SH-CAPAC**, *Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure* (<http://www.sh-capac.org/>), **Spain**
- 2. EUR-HUMAN**, *European Refugees - Human Movement and Advisory Network* (<http://eur-human.uoc.gr/>), **Greece**
- 3. 8 NGO in 11 States**, *8 NGOs for migrants/refugees' health needs in 11 countries* ([https://webgate.ec.europa.eu/chafea\\_pdb/health/projects/717307/summary](https://webgate.ec.europa.eu/chafea_pdb/health/projects/717307/summary)), **France**
- 4. CARE**, *Common Approach for Refugees and other migrants' health* (<http://careformigrants.eu/>), **Italy**
- 5. IOM-Re-Health I,II** (<http://re-health.eea.iom.int/>), **Belgium**

## Work programme 2016

1. **WHO-MIHKMA**, *Migration and Health Knowledge Management*, **Denmark**
2. **ORAMMA**, *Operational Refugee And Migrant Maternal Approach* (<https://oramma.eu/>), **Greece**
3. **My Health**, *Models to engage Vulnerable Migrants and Refugees in their health, through Community Empowerment and Learning Alliance* ([https://ec.europa.eu/health/sites/health/files/migrants/docs/20170717\\_projects\\_en.pdf](https://ec.europa.eu/health/sites/health/files/migrants/docs/20170717_projects_en.pdf)), **Spain**
4. **MigHealthCare**, *Strengthen Community Based Care to minimize health inequalities and improve the integration of vuln. migrants and refugees into local communities*, **Greece**

# ***Work Programme 2017***

- **IOM-Re-Health II**, (<http://re-health.eea.iom.int/>)

IOM, Brussels, **Belgium**

- Re-Health aimed at improving the capacity of EU Member States to address the health-related issues of migrants arriving at key reception areas, while preventing and addressing possible communicable diseases and cross-border health events based on the experience ***IOM EQUI Health (2<sup>nd</sup> programme 2008-2013) project aimed to improve the access and appropriateness of health services, health promotion and prevention to meet the needs of migrants, the Roma and other vulnerable ethnic minority groups, including irregular migrants in the EU/EEA.***

# AMIF FUNDING

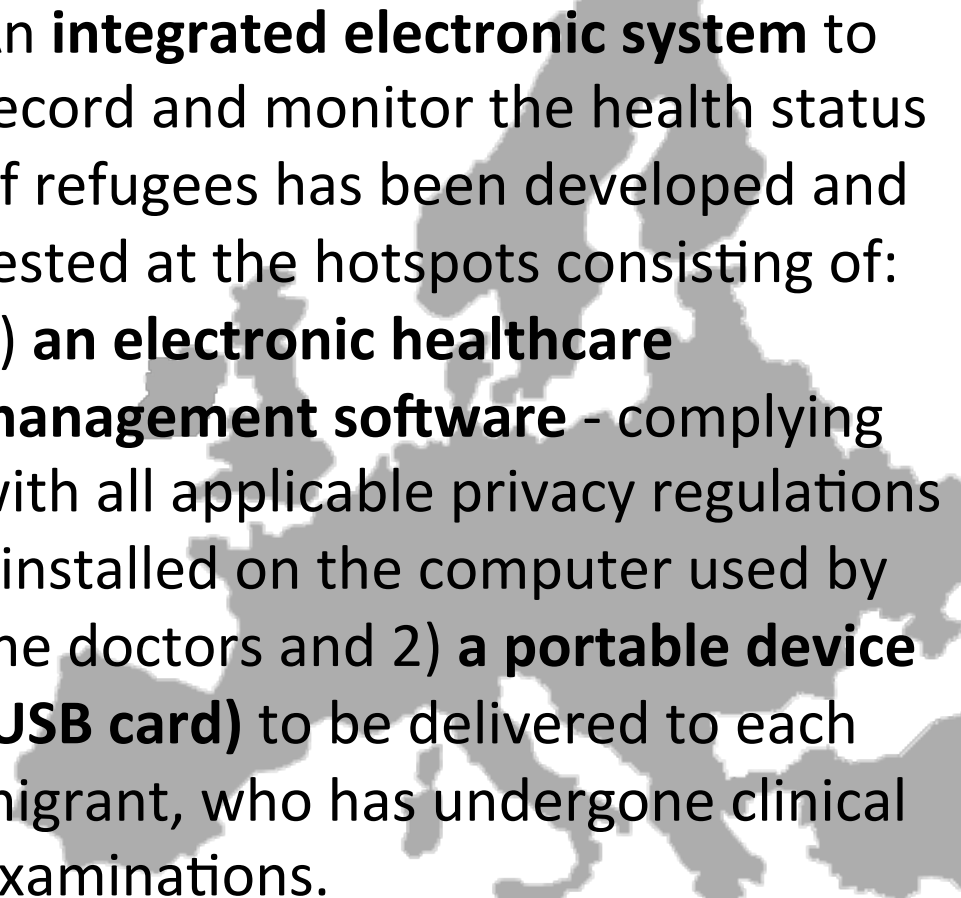
**Comprehensive Emergency Health  
Response to Refugee Crisis\_MoH  
PHILOS project Greece (2016-today)**



# CARE project: *Common Approach for Refugees and other migrants' health*

- The CARE project aimed to promote and sustain the good health of migrants and local populations in **five Member States** experiencing strong migration pressure: Italy, Greece, Malta, Croatia and Slovenia.

An **integrated electronic system** to record and monitor the health status of refugees has been developed and tested at the hotspots consisting of: 1) **an electronic healthcare management software** - complying with all applicable privacy regulations - installed on the computer used by the doctors and 2) **a portable device (USB card)** to be delivered to each migrant, who has undergone clinical examinations.



# CARE project

- the CARE project produced policy oriented activities, which **analysed the existing situation on health management of migrants and refugees** in 3 EU Member States (Slovenia, Greece, Italy) and documented good practices

The CARE project focused on 2 main domains:

- - **How to take care of migrants' health** into hotspots and other migrants' centres
- - **How to make countries invest** either on their own communities and **on their health systems' preparedness.**



# CARE project

To strengthen capacity in preventing and detecting communicable diseases among the newly arrived migrant populations within participating countries (Italy, Greece, Malta, Croatia, Slovenia) and Portugal, through a **syndromic surveillance system piloted**

- **Assess the current policy in the vaccination offer** targeting newly arrived migrants and
- Provide information on endemic and currently epidemic diseases in the countries of origin and transit of newly arrived migrants to front line health care workers





# *SH-CAPAC Support Health Coordination, Assessment, Planning, Access to health Care and capacity building*

- 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



# SH-CAPAC project

- Support Member States to:
- **1. establish, mechanisms to respond to the health needs of the refugees and asylum seekers**
- **2. analyse health challenges and 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. develop action plans for implementing a public health response**
- **4. promote and ensure access of the migrant populations to health care and public health interventions through the reduction of access barriers**

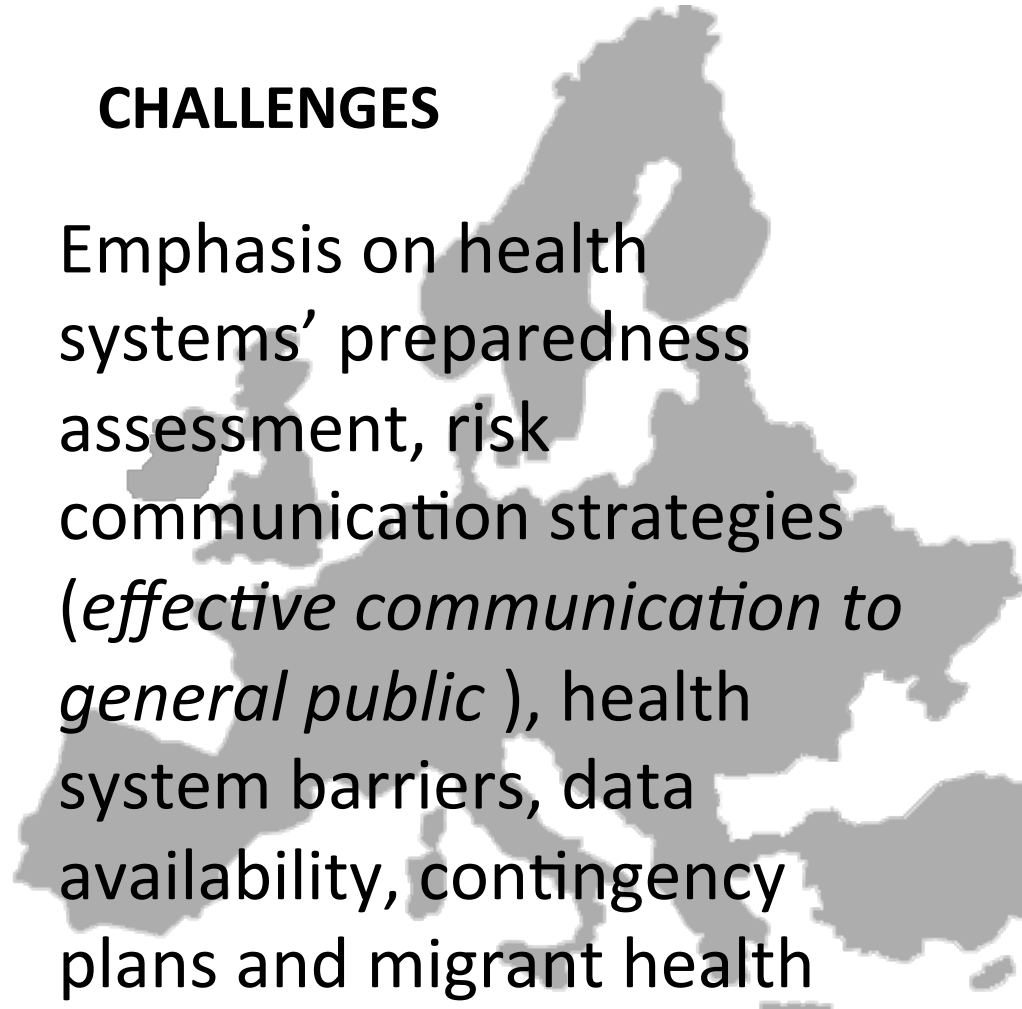


# SH-CAPAC project

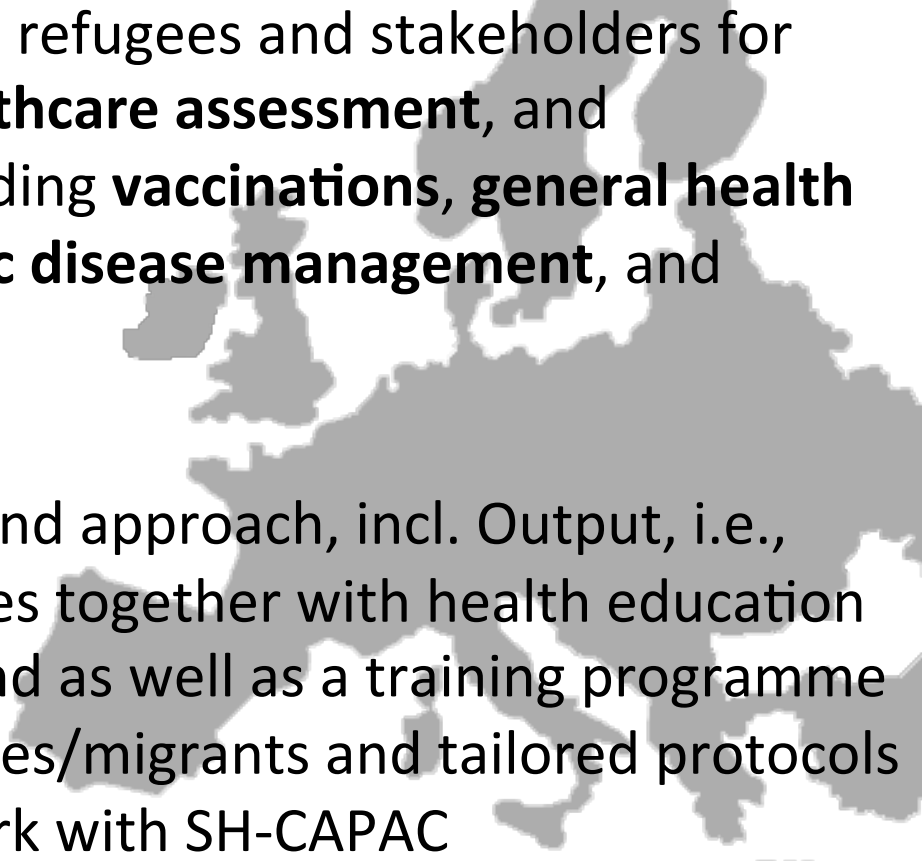
- Build national capacity through training of trainers in affected countries, on cultural and on a migrant sensitive health care delivery model, respecting human rights and dignity.

## CHALLENGES

Emphasis on health systems' preparedness assessment, risk communication strategies (*effective communication to general public*), health system barriers, data availability, contingency plans and migrant health professional training.



# EUropean Refugees-HUman Movement and Advisory Network (Jan 2016, 1-year EU project)

- Need and opinions of both refugees and stakeholders for measures needed for **healthcare assessment**, and **preventive activities** including **vaccinations**, **general health hygiene measures**, **chronic disease management**, and **psychosocial support**.
  - Establish service content and approach, incl. Output, i.e., clinical protocols, guidelines together with health education and promotion material and as well as a training programme for staff serving the refugees/migrants and tailored protocols and pilot testing, close work with SH-CAPAC
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# EQUI-HEALTH

- *To contribute to the EC Public Health Programme  
ACTION: «Identifying the causes and reducing health inequalities within and between MS & supporting cooperation on cross-border care and patient / health professional mobility»*
- **EU/EEA Member States**

2013-2016

Promoting appropriate health care provision to migrants at the Southern EU Border

- Roma Health (nationals' and migrants')
- Migrant Health



# EQUI-HEALTH

## PARTNERS

- **Belgium;, Italy; Portugal;;**  
**Swiss** Embassy in Croatia,  
and **IOM**
- Migration Health Division

- Governmental partners/local authorities
- **EU agencies: ECDC, FRONTEX,**  
Fundamental Rights Agency  
(FRA)
- **IOs: WHO EURO, UNHCR (BG),**  
**OHCHR, UNICEF, UNDP,**  
**UNFPA**
- Academic/research networks  
and public health institutes/  
schools , CSOs

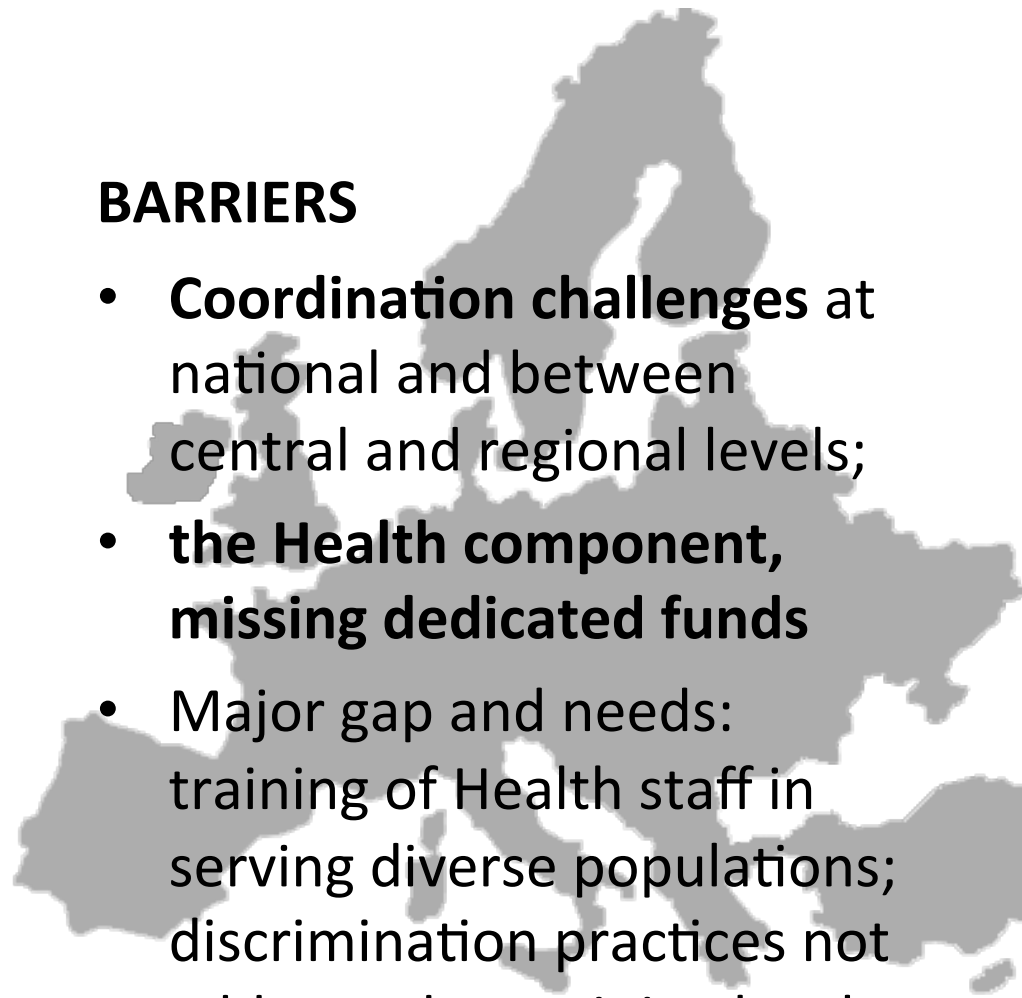
# EQUI-HEALTH

## Roma Health subproject

- Monitoring Progress of the implementation of NRIS (*National Roma Integration Strategies*) in the EU. Focus:
- Roma Nationals,
- Roma migrants (EU)
- Roma TCNs
- *Belgium, Bulgaria, Croatia, Czech Republic, Italy, Romania, Slovakia, Spain and, France*

## BARRIERS

- **Coordination challenges** at national and between central and regional levels;
- **the Health component, missing dedicated funds**
- Major gap and needs: training of Health staff in serving diverse populations; discrimination practices not addressed at training level



# EQUI-HEALTH

## objectives

- To increase understanding of the needs for improving migrant health in detention and border facilities
- Promote systematic data collection
- Strengthen the capacity of health workers and law officers
- To foster a harmonized EU approach to access to and provision of healthcare for migrants, including establishment of a mechanism for collaboration at regional and national level






# RE-HEALTH -IOM

## AIM

- Co-funded by the [European Union \(EU\)](#), implemented by the [\(IOM\)](#) – Migration Health Division, with the aim to support EU Member States (*Greece, Italy Croatia, Slovenia*) in:
  - **improving healthcare provision for migrants and integrating them into national healthcare systems**
  - **Preventing and addressing communicable diseases and cross-border health events**
- .



# Project components/actions

- Electronic personal health record (patient's medical history)
    - Exploratory phase
    - Piloting PHR in different countries across Europe
    - Implement the use of PHR
    - Develop revised version of the tool and the platform
    - Assess the feasibility and limitations of PHR
  - **Capacity building**
  - Health mediators participate in capacity building activities in respect to refugees health needs
    - Face to face trainings
    - On line training course
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# PHILOS

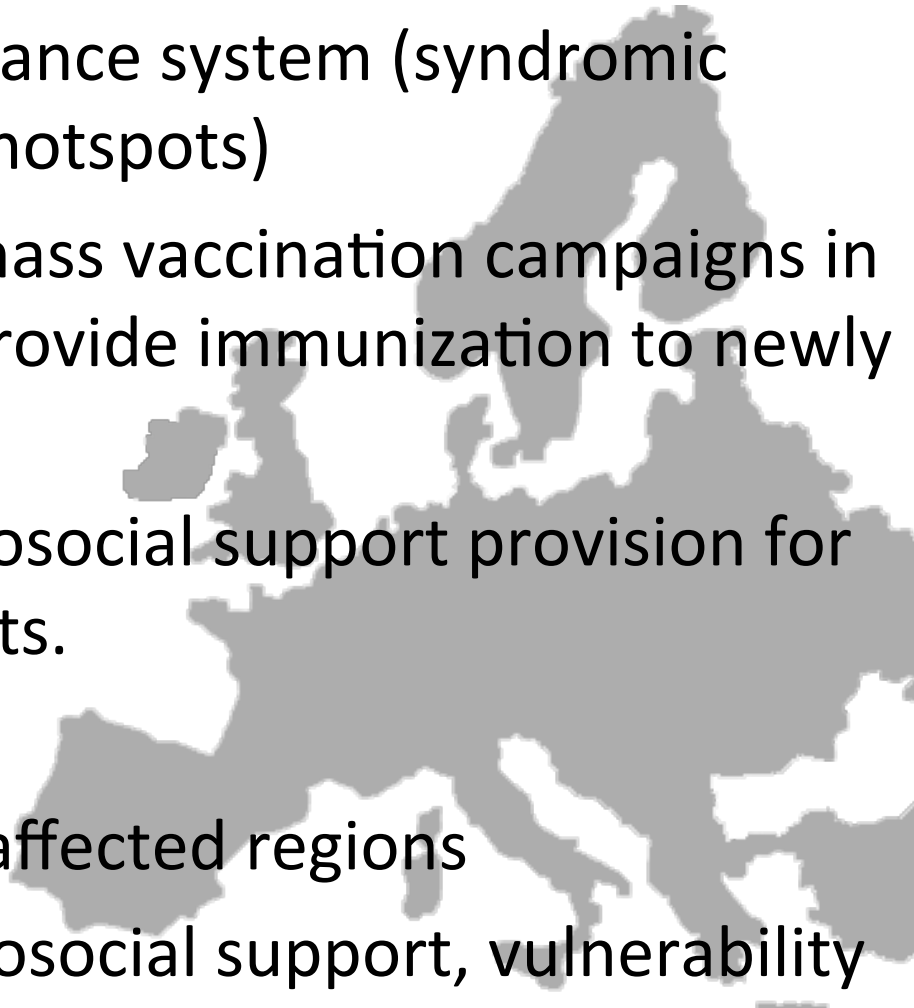


The MoH through KEELPNO reacted to emergency situation, protecting public health and the health of refugees.

## Aim:

- to address the emergency situation in the mainland and since last summer in the RICs
- To reinforce the capacity of the public health system and epidemiological surveillance
- To ensure onsite health care and psychosocial services in collaboration with DG ECHO/HOME partners
- To support the severely understaffed and underfunded NHS, primary health care structures and EKAB

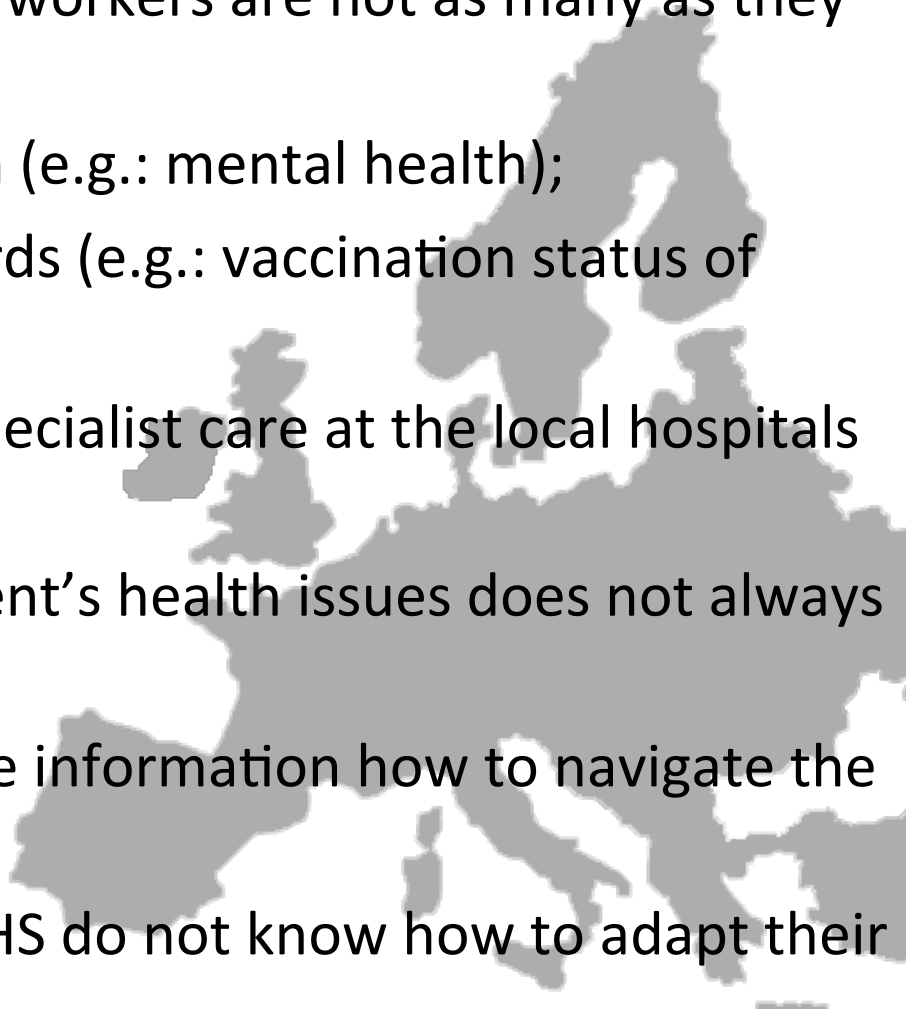
# Sub-actions

- Management –coordination
  - A Migration Health surveillance system (syndromic surveillance in camps and hotspots)
  - To organize and conduct mass vaccination campaigns in the mainland but also to provide immunization to newly arrived refugees.
  - Primary health care/psychosocial support provision for refugee camps and hotspots.
  - Staff training program
  - Reinforcement of NHS on affected regions
  - Medical assessment psychosocial support, vulnerability assessment in the RICs, age assessment for UAMs
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# Projects funded, common points

project	Situati on assess ment	surveill ance	Training health workers	Traini ng law office rs	Trainin g migran ts	aware ness	E-data bases	Roma	Providi ng health care
CARE		+	+			+	+		
SH- CAPAC	+		+						
Equi- health	+		+	+				+	
RE- HEALTH			+	+			+		
PHILOS		+	+				+		+
EUR- HUMA N	+		+		+				
8 NGOs/ 11 MS			+						+

# Organisational barriers

- Services ARE Limited, health workers are not as many as they should be
  - Specialist care hard to reach (e.g.: mental health);
  - Lack of updated health records (e.g.: vaccination status of children, chronic diseases)
  - Appointment systems for specialist care at the local hospitals are not easily accessible
  - The information on the patient's health issues does not always follow him/her
  - The refugees do not have the information how to navigate the system.
  - The health workers in the NHS do not know how to adapt their work culturally
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# Lessons learned

Health systems have been affected substantially by migrants **arrival**.

**Health-care systems have still not adapted** to respond adequately to the refugees needs.

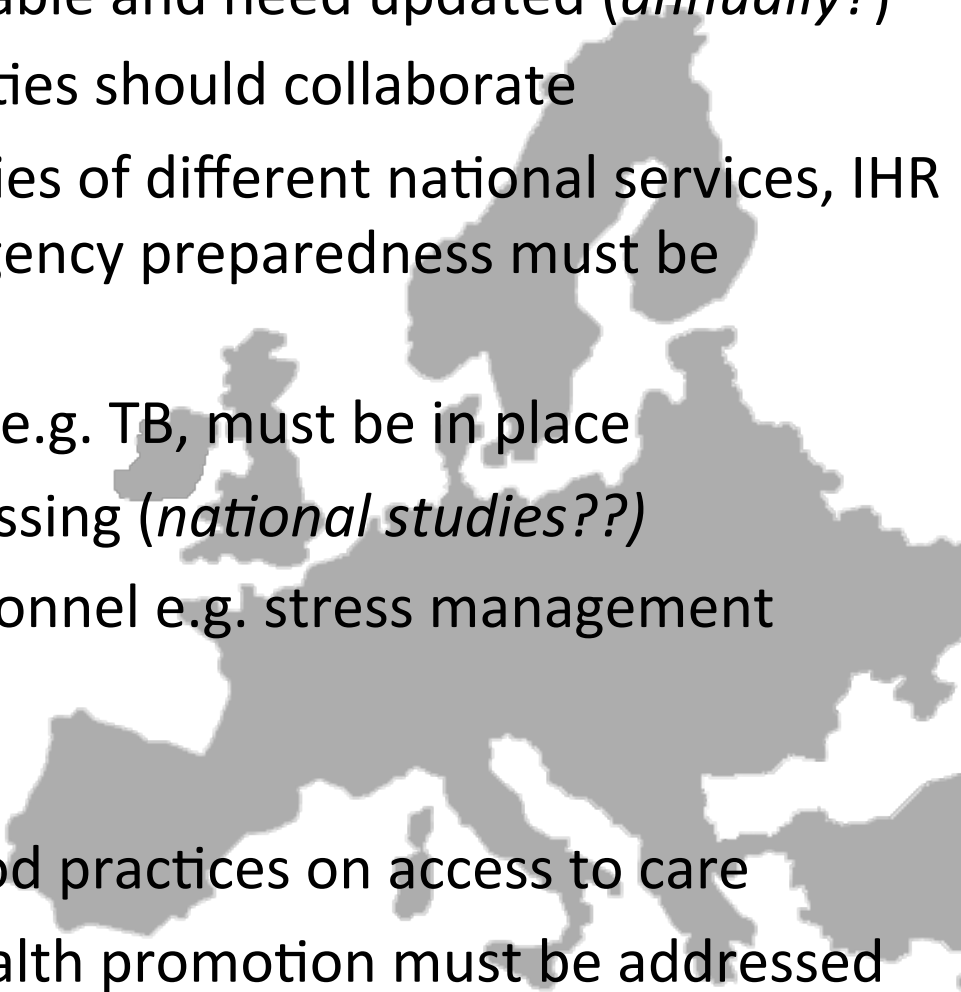
Staff capacity of all levels should be built addressing diversity

Barriers preventing people accessing health care should be addressed and access to care must be ensured

It is a challenge to continue the efforts and keep and use the tools and training materials developed.



# Challenges

- Response plans should be available and need updated (*annually?*)
  - Law officers and health authorities should collaborate
  - Information about responsibilities of different national services, IHR joint exercises for health emergency preparedness must be considered
  - Follow up of refugees with CDs e.g. TB, must be in place
  - Data on occupational health missing (*national studies??*)
  - Mental health care for the personnel e.g. stress management missing
  - Shortage of staff
  - Need on sharing among MS good practices on access to care
  - Training needs of migrants –health promotion must be addressed
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