International Network of Health Promoting Hospitals & Health Services

HPH Task Force Migration, Equity & Diversity

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia

Contributions of HPH to meet health needs of refugees and migrants

Antonio Chiarenza, PhD
Chair HPH Task Force Migrant, Equity & Diversity
AUSL di Reggio Emilia, Italy

25st International HPH Conference
Vienna, 12-14 April 2017

Questions addressed

- What are the main challenges that health systems are facing related to the refugee crisis?
- How can health systems be supported to respond adequately to the health needs of refugees and migrants?
- What are the lessons learned from international projects?
- What recommendations for the HPH networks?

The HPH-Task Force on Migration, Equity & Diversity

- The HPH Task force was established in December 2016;
- It involves health organisations from 16 countries;
- It continues the work carried out by the Task Force on Migrant Friendly & Culturally Competent Healthcare (TF MFCCH 2005-2016); and the Migrant Friendly Hospitals project (2002-2004);
- It aims to support member organisations in developing policies, systems and competences for the provision and delivery of accessible health care to patients from diverse populations.

Contribution of the HPH-Task Force to the development of EU projects

- **NOWHERELAND** 2008-2011(Improving health care for undocumented migrants)
- **COST-ADAPT** 2011-2015 (Adapting European Health Systems to Diversity)
- **EQUI-HEALTH** 2013-2015 (Improving the access and quality of health services for migrants and the Roma)
- **MEM-TP** 2013-2015 (Developing training packages for health professionals)
- **SH-CAPAC** 2016 (to support EU countries under particular pressure from increased migration in their response to health related challenges).

Co-funded by
the Health Programme
of the European Union

SH-CAPAC: "Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure"

Consortium members:

- 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).

Co-funded by
the Health Programme
of the European Union

SH-CAPAC: specific objectives

1. Support MS, in the establishment of national and international **health sector coordination mechanisms.**
2. Support MS in the **analysis of health challenges and unmet health needs** of the recent migrant flow as well as developing tools for periodic **assessments of the health care response.**
3. Support MS in **developing action plans** for implementing a public health response and for reinforcing their health systems to respond to the challenges of migrants' influx
4. Support MS in **promoting and ensuring access** of refugees, asylum seekers and other migrant populations to health care and public health interventions
5. **Build national capacity through train the trainer initiatives** in affected countries who can implement training activities for health workers.

SH-CAPAC

Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia

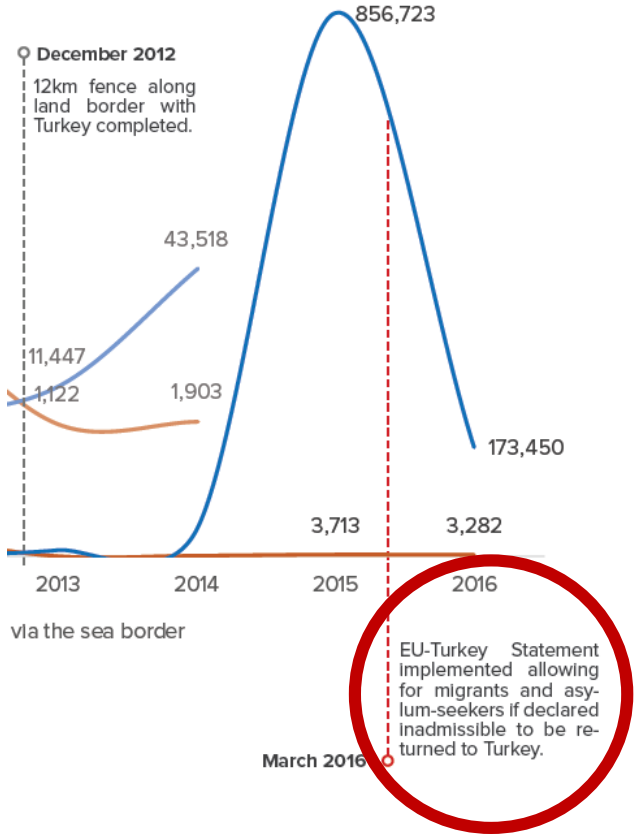
UNIVERSITEIT GENT

JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE

KØBENHAVNS UNIVERSITET

am

Migrant influx toward Europe: an expanding and dynamic phenomenon

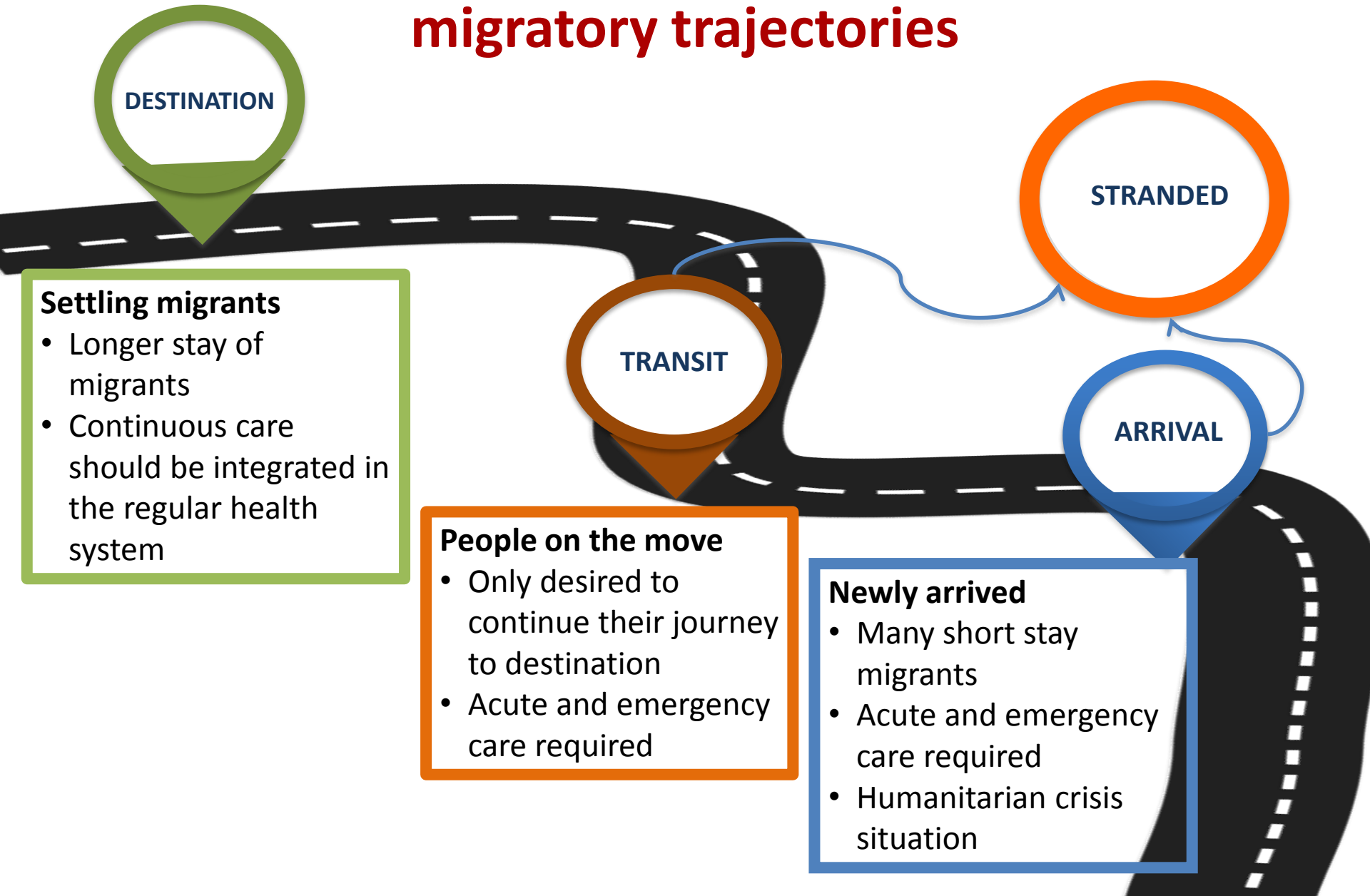


1,014,973 Sea arrivals in 2015

362,376 Sea arrivals in 2016

United Nations High Commissioner for Refugees (UNHCR) – data.unhcr.org/mediterranean

A complex situation of diverse groups and migratory trajectories



Settling migrants
- Longer stay of migrants
- Continuous care should be integrated in the regular health system

People on the move
- Only desired to continue their journey to destination
- Acute and emergency care required

Newly arrived
- Many short stay migrants
- Acute and emergency care required
- Humanitarian crisis situation

Entitlements and barriers to health services

- The legal status linked to the migration trajectory stage as well as outcomes of the asylum seeking procedure play an important role in **migrants' access to health care**.
  - **Newly arrived migrants** have precarious status;
  - **Migrants in transit** do not claim asylum;
  - **Asylum seekers** (lodging an application, awaiting a decision, awaiting an appeal);
  - **Migrants granted refugee or protected status**;
  - **Failed asylum seekers** (awaiting deportation);
  - **Undocumented** migrants

Health needs during the migratory trajectory

Migrant health needs **change** and **accumulate** during the trajectory of migration:

1. Health needs should be addressed according to their context:
   - *Across countries (first arrival, transit and destination)*
   - *Within each country (stage of arrival, asylum process, settlement)*
2. The cumulative effect of health needs during the trajectory calls for early and coordinated action:
   - *Vulnerable groups may become increasingly vulnerable during flight*
3. Health protection at destination must be targeted based on the complexity of physical, psychological and social needs.

Need to integrate / coordinate humanitarian interventions with public health interventions

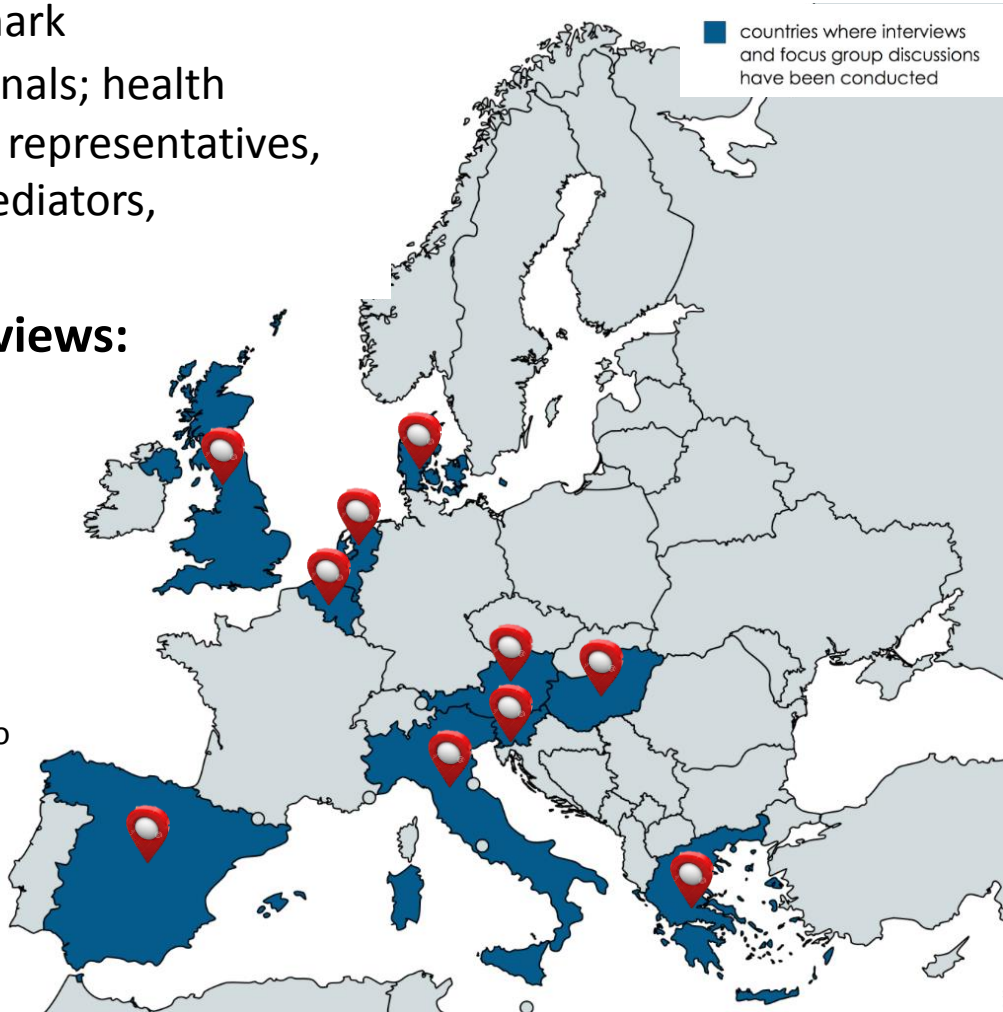
Mapping the health care response to the 2015-2016 refugee crisis in 19 EU countries

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	Lead authority (e.g. MOH/RHA/MI/MMA) with IOM/UNHCR
People in transit	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC[4], 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, Ministry of Migration and Asylum, etc.) NGO	Lead authority (e.g. MOH/RHA) with IOM/UNHCR/MI/MMA
Settling migrants				
Asylum seekers	Reception facilities/ health centre/hospital	Comprehensive PHC[3], mobile clinics, flexible referral to SHC SGBV prevention and response SRH, mental health	MOH/RHA/LHA/ designated lead agency NGO	MOH/RHA/MI/MMA 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

The Involvement of many different partners, not all acting in harmony, results in overlapping, duplication and unmet needs because of the lack of adequate coordination.

Identifying challenges and solutions for health providers related to the 2015-2016 refugee crisis

- **20 interviews:** 4 in The Netherlands, 10 in UK, 6 in Austria,
- **10 focus groups:** 2 in Belgium, 2 in Greece, 2 in Spain, 1 in Italy, 1 in Slovenia, 1 in Hungary; 1 in Denmark
- **Targeted professionals:** health professionals; health managers, social workers, volunteers, NGO representatives, Local authority representatives, cultural mediators, psychologists, (…)
- **Who conducted the FGs and the interviews:**
  - Jeanine Suurmond and Vinny Mak (The Netherlands)
  - Nazmy k. Villarroel williams, (UK)
  - Allan Krasnik (Denmark)
  - Ursula Trummer and Sonja Novak Zezula (Austria)
  - Hans Verrept (Belgium)
  - Elisabeth Ioannidi and Anna Maina (Greece)
  - Ainhoa Rodríguez García de Cortazar, and Jaime Jiménez Pernett (Spain, Malaga)
  - Manuel Gracia-Ramirez, Marta Escobar Ballesta and Rocío Valero Calle (Spain, Seville)
  - Antonio Chiarenza, Benedetta Riboldi and Anna Ciannameo (Italy)
  - Simona Jazbinšek and Uršula Lipovec Čebron (Slovenia)
  - István Szilárd and Erika Marek (Hungary)



Objectives of the focus groups and interviews

1. To identify the new challenges that refugees and health professionals were facing in relation to the refugee crisis.
2. To investigate how the situation of asylum seekers impacted on the accessibility of health care during, arrival, transit and destination phases.
3. To collect existing measures and tools that health services had put in place to deal with the challenges described.

New and old challenges related to specific situations in the migratory phases

Arrival phase

- *Personal medical files (e.g. on vaccination status) are rarely available*
- *Information on refugees' right to access to health care not always provided*
- *Primary care is provided mainly by international NGOs*
- *Emergency care ends up in hospitals*
- *Chronic diseases and migrants' personal plans are not taken into account*

Transit phase

- *NGO's provide primary health care services on site during the transit phase*
- *Focus is on acute health issues and communicable diseases*
- *Time is one of the main challenges to accessing care when it comes to migrants in transit.*

Destination phase

- *Asylum application procedures are long and have an impact on access to care*
- *At this stage, refugees will lose much of the assistance they received in previous phases*
- *Insufficient knowledge of the health care system*
- *Linguistic and cultural barriers / limited culture competence of many care providers*

Challenges and solutions for health services (I)

Complexity of legal and administrative procedures

- *The reduction of bureaucracy and delays in processing documentation;*
- *Focus for hospital managements on identifying administrative solutions to legislation barriers;*
- *Training for health professionals on the legislation affecting people seeking asylum and prepared to ensure appropriate health care is provided;*

Poor communication and understanding in clinical encounters

- *Systematic implementation of interpreters and/or intercultural mediators;*
- *Specific tools to facilitate medical consultations: anamnestic questionnaires; multilingual posters to aid migrants to explain their symptoms and needs;*
- *Intercultural competence training for health professionals, social workers and law enforcement officers.*

Lack of health records hampers continuity of care

- *Establishment of a national, or European, information system able to monitor migrants entering the health care system;*
- *Introduction of patient-held records may improve continuity of care and standardise health assessments;*

Challenges and solutions for health services (II)

Lack of organisation and service quality

- *Adapt health care services to diversity (e.g.: Migrant-friendly Hospitals)*
- *Promote outreach services and/or free transport to and from appointments;*
- *Co-location of different health services; drop-in primary care units in hospitals.*

Poor health literacy and understanding of the health system

- *Establish health education and information programmes on how the health system works and how to navigate health services and prevention;*
- *Provide written material and computer-based information, e.g.: web pages, mobile apps, video tutorials, help-lines and geo-location platforms.*

Lack of coordination between health services, NGOs, International Organisations, volunteer groups

- *Implement "Contingency plans" involving multiple sectors and levels in order to define roles, responsibilities and effective interventions;*
- *Set up "Technical round-tables" facilitating coordination and the exchange of information and the sharing of experiences.*

Challenges and solutions for specific health needs

Mental health: lack of appropriate professionals in arrival and asylum camps and difficulties in accessing specialist therapies

- *Improve psychosocial assistance and support at arrival/transit phase;*
- *Incorporate mental health services in primary care clinics.*

Access to sexual and reproductive care depends on each country's regulations

- *Provision of full health coverage for all pregnant women and for children regardless of immigration status;*

Lack of common practices to assess the age of asylum seeking minors undermines their right to access health care

- *Establishment of a standardised, human rights friendly, system of age assessment;*

Torture and SGBV survivors are often reluctant to seek treatment

- *Train practitioners and cultural mediators to have the skills needed for dealing with emotionally draining situations and to become familiar with international guidelines on providing care for victims of violence.*

Supporting health systems to respond more adequately to refugees' and migrants' needs

Health coordination framework for a coherent national and international response;

Guide for the assessment of health challenges and of health care response;

Action plan framework for implementing a public health response;

Resource package to improve access to health care;

Training strategy for health staff.

All these tools and frameworks are available at: http://www.sh-capac.org/

Lessons learned from the EU project SH-CAPAC

Migration patterns may vary quickly and some countries may find themselves under increased migratory pressure from one day to another.

So far, **countries responses show considerable variation**. Elaborating contingency plans, developing coordination mechanisms between health authorities and NGOs is essential.

Priority needs to be assigned to **communication and coordination** between decision makers, NGOs and other players involved in the planning process.

The best-prepared plan is an unrealistic sheet of paper without adequate **human resources**. Health professionals must be sufficient in number and adequately trained.

Personal identification is crucial in order to tag specific medical information to the right person and, eventually, to share this information among health institutions in different countries.

Health Systems should assume a more prominent role in the initial phases of the migratory journey where health care is often provided by voluntary organisations

Recommendations for HPH networks

National and regional networks are invited to:

1. Participate in the new project on “Equity in health care” by joining the HPH Task Force Migration, Equity & Diversity.
2. Create their own national/regional “migrant-friendly” or “health equity” network (e.g.: Norwegian Migrant-Friendly Hospitals Network, NAKMI).
3. Implement and disseminate the outputs of international projects:
   - **MIPEX** (Migrant Integration Policy Index) : http://www.mipex.eu/
   - **MEM-TP** (Migrant and Ethnic Minority Training Packages for health professionals : www.mem-tp.org
   - **SH-CAPAC** (Supporting health coordination, assessments, planning, access to health care and capacity building) : www.sh-capac.org/

CONTACTS & DOCUMENTS

HPH-TF MED

http://www.hphnet.org/members/task-forces

E-Mail: antonio.chiarenza@ausl.re.it