

ABOUT

The international refugee crisis has reached a critical point and many European countries are developing policy and plan to better define their role in supporting refugees entering Europe. The Syrian civil war has resulted in the relocation of large proportion of the Syrian population with an estimated seven to eight million Syrian refugees relocated in neighboring countries. In addition to Syrians, the movement of refugees into Europe includes peoples from Afghanistan, Pakistan, Iraq, Iran, Eritrea, Bangladesh and migrants from various other nationalities. Among those refugees who have relocated to European countries, many are challenged with medical issues, economic devastation and racial discrimination. More than one million of refugees arrived in Greece without documents in 2015 attempting to travel north to European countries which they believe will offer a better chance of safety and a new life. However the current demand has placed significant strain on European countries that were not adequately prepared to address an influx of refugees of this scale. The lack of access to treatment is particularly an issue for the vulnerable groups including women, the elderly, the very young and children, or those previously suffering from poor health. The proper assessment of health care needs has been limited due to a broken dialogue between refugees and other stakeholders. The current refugees' crisis has also placed a need for the design of programs to test the feasibility and acceptability of proposed actions prior to large-scale implementation of these actions.

OBJECTIVES

The objective of the **EUR-HUMAN** project is to reinforce and develop skills and abilities, and to expand knowledge and experience in the EU member-states receiving refugees and immigrants, ultimately aiming to successfully address the various health needs of these vulnerable groups in an effective manner, as well as to ensure all population groups in these European countries are well-protected, safeguarding them from specific risk factors and at the same time minimizing cross-border health risks. This initiative focuses on addressing both the early arrival period and longer-term settlement of refugees in European host countries. A primary objective of this project is to identify, design and assess interventions to improve primary health care delivery for refugees and migrants with a focus on vulnerable groups.

THE PROJECT

The main target groups of the **EUR-HUMAN** (website: <http://eur-human.uoc.gr/>) project are newly arriving refugees and migrant groups, primary health care health professionals involved in providing holistic integrated health care in coordination with social services and national, regional and local stakeholders engaged in providing assistance to refugees and their families.

The design of the **EUR-HUMAN** project is based on the European health prevention policy for migrant and refugee health issues coming to European countries. The project will focus on defining, designing and evaluating interventions that will allow the development of integrated human-centered interventions for the provision of primary healthcare to refugees and immigrants with particular emphasis on vulnerable groups. It will promote comprehensive health need assessment by using the Participatory Learning and Action (PLA) research methodology and the Normalisation Process Theory (NPT) to design and implement effective interventions in the selected implementation sites.

The services provided will include: communicable diseases screening (e.g. chicken pox, measles), chronic disease management (diabetes, heart disease, cancer), surveillance of vaccination coverage, psychological evaluation and support, application of general hygiene measures, etc. In addition to managing risk, the **EUR-HUMAN** will be grounded in an holistic model of health and wellness and will support the delivery of the appropriate acute, primary care, and social services to refugees and migrants.

Such interventions include, amongst others, the development of tools and of practical guidelines for the provision of the primary health care. It is important to note the starting point for evaluating refugee needs is considered to be the arrival to the first-port of entry in a European country with, continuous, however, re-evaluation of the emotional, psychosocial and physical wellbeing throughout any movement and during any potential relocation.



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RESULTS

The results of the project and the pilot implementation of the EUR-HUMAN model are expected to be transferrable across EU countries, particularly the main recipient countries through which refugees enter Europe. This is to be achieved through dissemination and knowledge transfer activities, and always taking into consideration the local context.

The EUR-HUMAN project will contribute significantly to the development and enhancement of the capacity building for staff in Community Oriented Primary Care Centers as well as other existing primary care settings with regard to refugee and migrants care in EU countries.

CONSORTIUM MEMBERS

 Coordinator, University of Crete, (UOC), Greece	 Stichting Katholieke Universiteit, (RUMC), Nijmegen, Netherlands	 THE UNIVERSITY of LIVERPOOL The University of Liverpool, (UoL), Liverpool, United Kingdom	 Stichting Nederlands Instituut Voor Onderzoek van de Ge- zondheidszorg (NIVEL), Utrecht, Netherlands
 Sveuciliste u Zagreb Filozofski Fakultet (FFZG), Zagreb, Croatia	 MEDICAL UNIVERSITY OF VIENNA Medizinische Universitaet Wien (MUW), Vienna, Austria	 Univerza v Ljubljani Fakulteta za socialno delo Univerza v Ljubljani (UL), Ljubljana, Slovenia	 European Forum for Primary Care (EFPC), Utrecht, Netherlands
 Azienda Unita' Sanitaria Locale Toscana Centro - AUSL 11, Italy	 Stichting ARQ (ARQ), Diemen, Netherlands	 Debreceni Egyetem (UoD), Debrecen, Hungary	

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