EUR-HUMAN

Newsletter
VOL. 2 Spring 2016

EUropean Refugees HUman Movement and Advisory Network

Spring 2016 Newsletter

EUR-HUMAN in context

The international refugee crisis has reached a critical point. Since the situation is not stabile many European countries are developing policy and plan to better define their role in supporting refugees entering Europe. Among refugees who have relocated to European countries, many are challenged with medical issues, social isolation, economic devastation and racial discrimination. **EUR-HUMAN** project "**EU**ropean **R**efugees - **HU**man **M**ovement and **A**dvisory **N**etwork" (Specific Call HP-HA-2015 Project Proposal number 717319), is an integrated project under the Third Programme for the Union's action in the field of health 2014-2020 (duration 12 months).

Aim & Objectives

The overall aim of the **EUR-HUMAN** project is to enhance the capacity, knowledge and expertise of European member states who accept refugees and migrants in addressing their health needs, safeguard them from risks, while at the same time to minimize cross-border health risks. This initiative focuses on addressing the early arrival period, transition 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 mi¬grants with a focus on vulnerable groups.

Specific Objectives

1. To facilitate sense of coherence and community engagement
2. To undertake a systematic review of existing knowledge from observational and intervention studies to identify suitable tools for needs assessment and effective interventions
3. To arrange an international consensus panel meeting of the approval of tools and evidence based practice guidelines
4. To develop the model and protocol for rapid assessment of mental health and psychosocial needs of refugees and psychosocial care
5. To enhance capacity building for staff in Community Oriented Primary Care centres as well as other existing primary care settings (in 6 countries)
6. To test the feasibility and acceptability of best-practice interventions

This newsletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

Expected Final Results

The **EUR-HUMAN** project focuses particularly, on strengthening PHC as the first point of entry for refugees and migrants with the objective of providing affordable, comprehensive, person-centred and integrated care for all ages and all ailments. This is attempted by taking into account the trans-cultural setting and the needs, wishes and expectations of the refugees and migrants. A curriculum and training material in English for PHC professionals and refugees who have previously worked in PHC field will be developed. Then an integrated, holistic, patient centred intervention will take place in six European countries. The designed interventions are going to test the feasibility and acceptability of proposed actions prior to large-scale implementation programs.

Progress Update

EUR-HUMAN consists of 7 different work packages which span all the stages of the project. We have made significant progress in these WPs over the past 6 months working on Communication and Liaison with refugees and stakeholders in different countries (WP2), reviewing the literature and conducting interviews with experts and discussion with stakeholders (WP3), finding the best protocols and tools for rapid mental health assessment (WP5), describing the present situation on primary healthcare (PHC) in 6 different countries for refugees/immigrants/asylum seekers (WP6). Finally, based on the above, an expert meeting was held in Athens in order to find the best tools and set of guidelines in order to provide holistic, comprehensive, integrated and person centered PHC services to these vulnerable populations (WP4).

WPs Results

WP2: We conducted a qualitative, comparative case study in hotspots, transit centres, intermediate - and longer- stay first reception centres in seven EU countries (Greece, Croatia, Slovenia, Hungary, Italy, Austria, and the Netherlands) using a Participatory Learning and Action (PLA) research methodology. The fieldwork ran from February 2016 until the end of March 2016. To conduct this sessions 16 staff members of local teams involved in the fieldwork were trained during a two-day course that took place on the 6th and 7th of February 2016 in Ljubljana.

WP3: WP3 seeks to learn from literature and experts on measures and interventions and the factors that help or hinder their implementation in European healthcare settings. Except the literature review, an online survey and expert interviews were also conducted. The preliminary evaluation of the existing literature showed high heterogeneity between studies in terms of design. Most of them were cross-sectional and/or descriptive in nature and therefore the assessment of the quality of the provided evidence on the basis of established schemes was, in many cases, a challenge.

WP5: The objective was to build on existing scientific knowledge and expert consensus, while adapting it to current situation. A hierarchical approach was utilized. Firstly, several key guidelines were addressed, focusing on overall approach to mental health and psychological support (MHPSS). Secondly, over 20 handbooks, manuals and reports focusing on more specific MHPSS topics were collected and assessed. Finally, a comprehensive search of peer-reviewed studies was conducted in order to focus specifically on tools for rapid assessment of MH status and needs. In the provision of Mental Health and Psychosocial Support (MHPSS), we propose a stepped model of rapid assessment and care that includes triage, screening and referal. The purpose of the stepped model of assessment and care is to provide MHPSS services on the basis of different levels of individual needs. In the proposed model, both the assessment of mental health (MH) needs and the overall MHPSS provision are integrated in healthcare provision in a seamless manner.

WP4: (initially results): The objective of this work package is to define optimal content of primary healthcare and social care services and identify necessary knowledge, skills, training to provide comprehensive care for refugees and other migrants. Based on the information gathered in WP2, 3, and 5, the **EUR-HUMAN** consortium produced an operational plan with specific actions to optimize the health care offered to refugees and other newly arrived migrants at the first reception centres as well as the longer stay reception centres, the so-called work flow chart (see below figure 1). From WP4 we intend to develop guidance documents/recommendations and to pilot guidance, tools and training for the provision of integrated comprehensive person centred primary care for refugees at the intervention site in hotspots, transit centres and longer stay first reception centres on 1) mental psychological care and Initial assessment/triage, 2) women, maternal and childcare, 3) infectious diseases, 4) chronic and non-communicable diseases, 5) vaccination. During WP4 an expert Consensus meeting was held on 8 -9 June 2016 in Athens at the National School of Public Health (69 participants in total from 14 different countries).

This newletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

Progress Update at a glance

- ◊ Kick off meeting 19-20 January Brussels
- ◊ Project website D. 1.2 - http://eur-human.uoc.gr/
- ◊ Leaflet in 9 languages D. 1.3
- ◊ Data collection (interviews with immigrants and refugees at the six implementation countries-PLA sessions) D. 2.1
- ◊ Systematic literature review D. 3.1
- ◊ Report of Expert Meeting D. 4.1
- ◊ Set of guidelines, guidance, training and health promotion materials for ptimal primary care for newly arrived migrants including refugees D4.2
- ◊ Model and protocol for rapid assessment of mental health and psychosocial needs of refugees and psychosocial care D. 5.1
- ◊ Model of integrated care D5.2
- ◊ Identification and assessment of the local situations regarding primary care for refugees and other migrants D. 6.1
- ◊ Monitoring and evaluation framework D. 7.1

WPs Key Results

Main health problems: war and journey related

- ◊ **Disabilities and injuries** (violence related wounds, burns, frostbites, broken bones, sprained ankles, pain in back and legs, blisters, hypothermia)
- ◊ **Mental health problems** (trauma related distress, depression, insomnia, fatigue, anxiety, uncertainty, disorientation)
- ◊ **Pregnancy related issues** (dehydration, no medical examinations, privacy, facilities or healthy food)
- ◊ **Infectious diseases** (common cold, flu, respiratory, urogenital, eye, scabies)
- ◊ **Gastro intestinal problems** and dehydration (diarrhoea, viral gastroenteritis, vomiting and dehydration)
- ◊ **Dental problems**
- ◊ **Chronic diseases** (not mentioned frequently)

Health care needs and preferences

- ◊ **Compassionate attitude of health care workers** (respect, smile, kind word, feeling of being accepted)
- ◊ **Bridging linguistic and cultural barriers** (Multilingual health care providers, Involve refugees / migrants as mediators)
- ◊ **Information needs** (on healthcare facilities and organisation, on procedures and support)
- ◊ **Psychological support** (in most cases (hotspot and transit) enough to just talk about situation, expert mental health care - long-term)
- ◊ **Continuity of care**: provide information (about medical history, about care services in the present country or the following countries)

WP3 Key Results

- ◊ **General lessons** (refugee or other migrant health care optimization depends on many factors, linked to characteristics of: guidelines, protocols, policies and legislation; health care professionals; particular target groups (refugees and other migrants); professional interactions; incentives and resources; local capacity for change; and social and political context).
- ◊ **Mental health /psychosocial care** (e.g., results focus on the training of professionals, refugees/immigrants involvement in the organization of mental and social health care to identify their needs, the absence of continuity of care).
- ◊ **Women, maternal and childcare** (e.g., individual barriers of staff and patients, difficulty with communication is seen as a primary issue, lack of knowledge and/or skills of health personnel, lack of a comprehensive monitoring system, social and cultural norms in the community can result in a low uptake of services.
- ◊ **Infectious diseases** (e.g., patient factors were identified as major barriers, such as language/communication limitations, psychological and socio-cultural factors, lack of adhere to medication, and migration status.
- ◊ **Chronic and non-communicable diseases** (e.g., patient factors and incentives-recourses were identified as frequent barriers, cultural beliefs, forced lifestyle changes, unfamiliarity of patients with healthcare systems, fear of prosecution, passive attitude towards treatment, and language barriers).

The content of this leaflet 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.

This newsletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

WP5 key results

◊ **MH triage (3 steps):**

1. Recognition of behavioural signs that indicate severe distress
2. Rapid assessment and immediate mental health assistance
3. Urgent referral

◊ **Mental health screening:**

4. Recognition of behavioural signs that indicate high levels of distress
5. Applying the MH screening tool
6. Referral to a specialist, for further assessment and treatment, if needed

◊ **Psychological first aid core actions:**

1. Preparation
2. Making first contact
3. Ensuring safety and comfort
4. Helping with stabilization
5. Gathering information on current needs and concerns
6. Providing practical assistance
7. Promoting social support and connectedness
8. Providing information on coping
9. Linking with collaborative services

WP4 key results

Main conclusions and recommendations

General principle: Primary Healthcare for refugees and other migrants should be person-centred, comprehensive, goal-oriented, minimally disruptive, compassionate, outreaching, integrated within the existing primary health system and other services, and provided by a multidisciplinary team.

Important contextual factors

◊ There are different migrant groups with different entitlements to care, undocumented migrants and unaccompanied minors are in need of special attention.

◊ There is a lack of resources and manpower, especially in crowded first reception centres. This challenges the provision of good quality integrated PHC.

◊ Local circumstances will to a high degree determine the extent to which ideal PHC can be implemented. The ATOMIC model, developed by NIVEL (WP3), may play an important role in local decisions on the implementation of interventions.

This newletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

Recomendations

Recommendations relate to the necessary cultural competencies (attitude, knowledge and skills) of care providers, the content of care with disease specific recommendations and organisation of care.

1. All care providers need to be cultural competent, compassionate and person centred.
2. The content of person-centred, comprehensive, goal-oriented, minimal disruptive and compassionate primary health care should involve:
   - ◊ Delegating triage to several trained persons within the multidisciplinary team where possible.
   - ◊ Working outreaching, proactive to find vulnerably migrants
   - ◊ Assessing health needs and personal preferences of the patients at all stages and all sites
   - ◊ Applying the disease specific recommendations
3. The organisation of outreaching, integrated primary health care should include:
   - ◊ Enabling the composition of multidisciplinary primary health care teams and task shifting
   - ◊ Enabling the organisation of person-centred and culturally competent care:
   - ◊ Providing quality interpretation service - avoiding informal interpreters wherever possible
   - ◊ Providing culturally appropriate health promotion in adequate languages / literacy level
   - ◊ Providing necessary (on-line) training on cultural competences and compassionate care
4. Continuity of care should be guaranteed locally and throughout the migrant journey by
   - ◊ Improving the continuity of care throughout Europe preferably by an electronic –ICPC/ICD/ATC coded- system.
   - ◊ Minimal using the same language in medical patient held reports throughout Europe (prefer English over national Language) and using universal names/codes for diseases/medication/vaccination.

WP6 task 6.1 key results

→ On an organizational level the greatest challenge in all intervention countries appeared to be the lack of staff and resources. Particularly the lack of multidisciplinary teams, including GPs, pediatricians, nurses, psychologists, social workers, cultural mediators, pediatricians and midwifes was found extremely problematic and challenging in terms of adequate health care provision.

→ Clear pathways for (primary) health care for refugees are missing in many intervention site countries (no standardized initial health assessment).

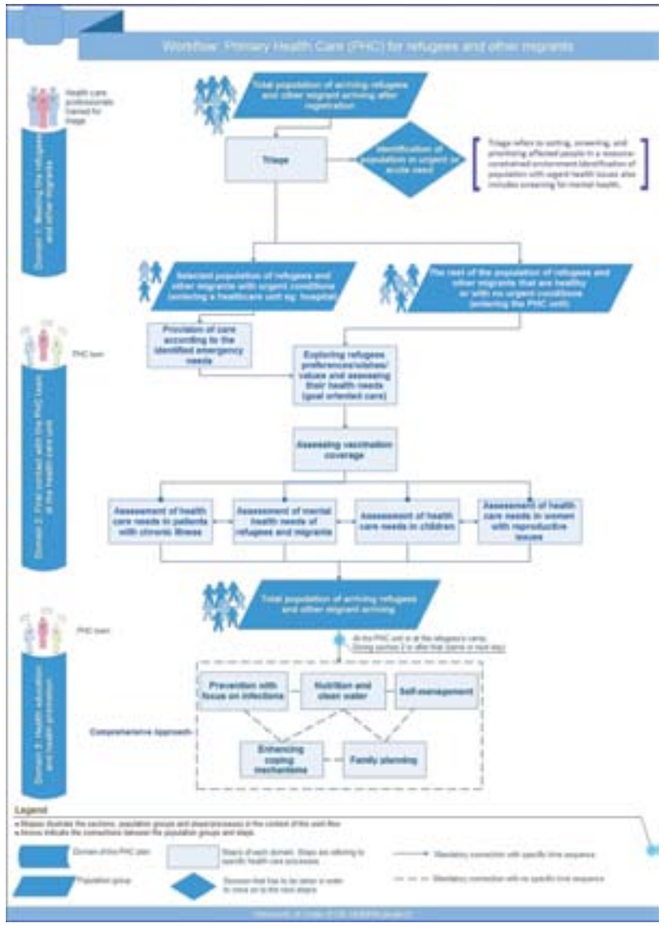
→ Lack of specific guidelines for vulnerable refugees, such as pregnant women, unaccompanied minors, refugees and migrants subjected to torture and violence, was also identified as challenging for health care provision.

→ There was hardly any information on health care skills of refugees.

The content of this leaflet 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.

This newsletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union



Next Step

Over next months (July-August 2016), the **EUR-HUMAN** team will develop the intervention based on the results of WP 2, 3, 4 and 5. All concluded WPs including the consensus meeting will guide us to the development of a comprehensive guidance for primary health care workers. In addition, all knowledge will be used to develop an online training platform for Primary Health Care personnel in implementation sites.
The intervention will be implemented between September and October 2016 in existing Early Hosting and First Care Centres for refugees (Greece, Italy, and Croatia) and in existing Transit Centres and centres for refugees and migrants with uncertain residency status who have applied for asylum (Austria, Hungary and Slovenia). The aim of the intervention phase is to test to what extent the multifaceted, integrated, person-centred, and multidisciplinary care intervention and if it is practical, feasible and acceptable in the different setting.

This newletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

Each **EUR-HUMAN** partner who is responsible for an intervention has to select a multifaceted, integrated, person-centred, and multidisciplinary intervention and underlying training (described in the WP4 results) which is suitable for the local intervention setting and existing needs of the local primary care providers.
After the intervention has been piloted, it will be evaluated and analysed to ascertain the practicality, acceptability, feasibility of its broader implementation and so that it can be adapted for future trials or dissemination. The evaluation process will be finalized during December. We will keep you updated in our next newsletter in Winter 2016/2017.

Project News

The project website is regularly updated with news, so please make sure you log on to keep up to date. Recent items include:

1. Kick-off meeting took place in January 19-20, 2016 in Brussels.
2. Participatory Learning and Action (PLA) training was held on February 6-7 in Ljubljana.
3. Visit of Greek Research Team at First Reception Center of Moria from 27th February to March 3rd.
4. Participation at "Regional Consultation" meeting organized by International Organization for Migration in collaboration with Hellenic Ministry of Health in Athens, on March 8th 2016.
5. The research team of the Clinic of Social and Family Medicine, of Medical School, University of Crete met in Mytilene island with local stakeholders in order to discuss the refugees/migrants issue and also to inform them about the **EUR-HUMAN** project.
6. The experience of volunteer work at the Refugee Centre at Šentilj Slovenia.
7. Presentation of the **EUR-HUMAN** project during the meeting on refugee care organized by the EU commission in Lisbon, on May 13
8. "The migrants and refugees in Italy. **EUR-HUMAN**: a European project to combat inequalities" oral presentation at the 21th WONCA Europe Conference in Copenhagen, Denmark, 15 -18 June 2016.
9. A two-day workshop took place in Athens (Greece) on June 8-9, with a panel of expert scientists from universities and bodies from European countries.

Spreading the Word

- ◊ Dissemination of EUR-HUMAN project is important and there are a number of ways you can help:
- ◊ Contact us to arrange free delivery of our project flyer or printed copies of our newsletters and leaflets
- ◊ Follow us on twitter at https://twitter.com/eur_human
- ◊ Add a link to EUR-HUMAN website on your own page
- ◊ Get in touch with us by using the contact form on the project website http://eur-human.uoc.gr/

The content of this leaflet 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.

This newsletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union

EUR-HUMAN

Project Partners

Coordinator, University of Crete, (UOC), Greece	Stichting Katholieke Universiteit,(RUMC), Nijmegen, Netherlands	The University of Liverpool, (UoL), Liverpool, United Kingdom	Stichting Nederlands Instituut Yoor Onderzoek van de Gezondheidszorg (NIVEL), Utrecht, Netherlands
Sveuciliste u Zagrebu Filozofski Fakultet (FFZG), Zagreb, Croatia	Medizinische Universitaet Wien (MUW), Vienna, Austria	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	

The content of this leaflet 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.
This newletter is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

Co-funded by the Health Programme of the European Union