

The emergency context provides a useful scenario in which to define the specific roles and responsibilities of all sectors with regard to migration and public health, and the mechanisms for coordination between them. There is also, however, a need to redefine roles and responsibilities beyond the emergency scenario. On the one hand, the health sector should be accountable for providing health services in migration centres, defining common health standards and procedures, and advocating the achievement of health equity and reduction in vulnerabilities among migrant populations through culturally sensitive support that takes into account the different needs, values and perceptions of migrant patients in an increasingly diverse society. On the other, a whole-of-government approach to health is needed to achieve policy

coherence among all relevant sectors involved in the management and coordination of large-scale migration, both during the acute phase and afterwards. These structural changes would have a positive impact on the health of both the migrant population and society as a whole.

Large influxes of migrants represent a significant social process occurring in Europe today, which will continue into the future. The way in which host countries respond to this phenomenon will determine health and human rights outcomes for refugees and migrants, and for host populations. While European countries have adopted different approaches following different political agendas, assessment findings suggest that a common, homogeneous regional strategy is needed.

WHO Regional Office for Europe
Public Health Aspects of
Migration in Europe



PILOTING THE TOOLKIT FOR ASSESSING HEALTH SYSTEM CAPACITY TO MANAGE LARGE INFLUXES OF MIGRANTS IN THE ACUTE PHASE

Scope and purpose

The WHO Public Health Aspects of Migration (PHAME) project developed the Toolkit for Assessing Health System Capacity to Manage Large Influxes of Migrants in the Acute Phase in recognition of the fact that migrants arriving in large groups present a particular set of public health needs, and that assessment of preparedness and capacity requires a specialized approach, tailored to these complex, resource-intensive and politically sensitive situations. Using the Toolkit, assessments were carried out to support countries in analysing existing health system preparedness and response mechanisms in the event of large influxes of migrants, with the ultimate goal of contributing to reducing morbidity, mortality and health inequity among migrants, rescuers and resident populations. Assessments were conducted in Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Serbia, Spain

and Portugal from 2013 to 2015. The assessment considered the scenario whereby a large influx of migrants overwhelmed the existing response capacity of the local health system, requiring the involvement of national health system resources or, in the case of a major event, the support of the international community. The assessment focused on the acute phase until after migrants' arrival and placement in their first accommodation facility.

Based on intersectoral collaboration, the assessments, led by ministries of health, included the participation of officials from relevant ministries, other stakeholders and international experts. Depending on the context, the length of the assessment varied from 3 to 7 days, and was conducted by between 3 and 8 assessors.


Method

Desk reviews preceded the field assessments, with the aim of gathering and analysing existing information on the country's demography, national health system structure, legal framework, history of and trends in refugee and migrant influxes, as well as health issues in migrants' countries of origin, and the health risks posed by their mode of travel. The desk reviews were used to tailor the assessment to national contexts.

Based on the information collected during the desk reviews, the assessment organizers identified the profile of the experts needed to carry out the assessments. Members of the assessment teams represented different institutions, organizations, and sectors. Given the complex and intersectoral nature of migration, this multi-disciplinary collaborative approach helped to ensure that all perspectives

were taken into account during the assessment.

The process began with the national health authorities and partners agreeing the assessment design, including the meetings and interviews to be held, the participants to be involved, and the sites to be visited. Assessment sites were selected through a risk analysis and using the findings of the desk reviews. The Ministry of Health in the country concerned appointed one national focal point, the national assessors, and the assessment team leader. The basic competencies of the team included public health, health systems, and emergency preparedness and response. Specific competencies in fields such as epidemiology, disease surveillance and immunization were included according to the national context. Particular attention was paid to the intersectoral nature of the assessment and the



involvement of experts from other ministries as required, since refugee and migrant health is heavily influenced by decisions, management models, and regulations made by government authorities in sectors other than health, such as interior ministries, labour ministries, and civil protection authorities. In all of the countries assessed the assessment teams comprised experts from the Ministry of Health and WHO. In addition, experts from the United States Centres for Disease Control and Prevention, the European Centre for Disease Prevention and Control and the International Organization for Migration joined the assessment teams in some countries.

Qualitative, semi-structured, in-depth interviews formed the bulk of the assessment. The interviews took place in a variety of settings, including the capital city, the national situation room, migrant accommodation facilities, clinics and hospitals, offices of partner organizations and border crossing points. In addition to understanding the current protocols and capacity, the site visits were also a means to assess the infrastructure, layout and organization of the different parts of the response mechanism, and to observe the activities under way.

A stakeholder meeting was organized in the capital city on day one, followed by a series of site visits during the following days. The stakeholders included ministries, government institutions, and non-governmental and civil society organizations contributing to the response to large influxes of migrants from the pre-arrival period until placement in temporary accommodation facilities.

Migration poses a broad range of health risks that vary according to the stage of migration and type of journey, as well as the age and legal status of the migrant (asylum seeker, trafficked person, or economic migrant). People undertaking the journey experience the greatest health risks. There are, however, also risks for the personnel involved in the rescue, care and placement of migrants, and for the populations at the host site. A joint public health risk analysis, usually agreed during the initial stakeholder meeting, was therefore essential for orienting preparedness and response action, and reaching consensus among the assessment team members on the overall assessment approach and method.

During the site visits interviews were conducted with representatives of the local health system (regional, provincial, or district as appropriate), referral hospitals, migrant centres and border crossing points, with migrants included whenever possible. During those interviews, the Toolkit was used as a flexible guide for open discussions.

The final assessment report was built on the findings of the desk review, the semi-structured interviews, and the field visits. The final reports followed the structure of the WHO health system framework, which allowed for a comprehensive, in-depth and yet straightforward analysis. The six functions of the WHO health system framework are: leadership and governance, health workforce, medical products, vaccines and technologies, health information, health financing and service delivery.

Challenges

The assessments confirmed the variety of geographical, socio-economic and political contexts in the countries assessed, and showed how these resulted in different challenges to health systems' capacity to manage large influxes of migrants. Differences in public health risk analysis, administrative procedures and legal frameworks, gaps and achievements in preparedness and response activities, and common aims and approaches were identified. The questions included in the assessment interviews were developed solely as a general guide, and did not cover specific issues that vary between countries and across contexts. For the assessments to be successful it was therefore crucial to incorporate context-specific challenges and successes. Indeed, the logistics of the assessments reflected those specificities: conducting the assessment in a small island nation had very different operational implications to conducting it in a landlocked country.

Most common challenges were related to the highly politically sensitive nature of the subject of migration and to the difficulties in promoting an interministerial approach, with migration mostly seen as a security issue. Although the proper management of the public health implications of large-scale migration demands the ownership and leadership of the health sector, in most of the

countries assessed health was disregarded due to the predominant role of other sectors in the overall management of migration, including the provision of health services. As a consequence, the health sector frequently showed poor awareness and ownership of the health of migrants, and the specific determinants of migrant health were neglected.

Furthermore, although the in-depth comparative analysis of the assessments conducted thus far has not yet been finalized, preliminary findings suggest that the most significant common gap in the health systems of almost all of the countries assessed was the absence of specific health contingency plans, coupled with a lack of migrant-sensitive health services. The operational complexity and particularity of responding to sudden, multiple, large-scale arrivals of migrants by sea and/or land were not fully considered as a potential scenario in many of the national contingency plans examined. This can cause deficiencies in response, with command and control mechanisms and information flow procedures often being fragmented due to the multiplicity of actors involved. The assessments also highlighted the shortage, or absence, of trained cultural mediators as one of the key obstacles to the establishment of effective health services for migrants.

Lessons learnt

The Toolkit addresses all major issues related to preparedness and response with regard to influxes of migrants. The six key functions of the WHO health system framework represent an effective method for assessing that preparedness and response capacity.

When conducting assessments, the use of a large assessment team with a variety of expertise and competencies is an advantage. Clear roles and responsibilities must, however, be established for each team member prior to undertaking the assessment, in order to ensure a smooth process and avoid confusion.

A transparent and timely preparation process can build trust among partners and facilitate the securing of permission to access refugee and migrant accommodation centres, as well as other sensitive places and information.