

Partnership

The project Consortium consists of a broad and highly skilled mix of public health authorities and civil society organisations from 5 European Countries (Italy, Greece, Malta, Croatia, Slovenia), all with scientific, policy and public health background, who can ensure that the project will successfully meet its objectives. In order to achieve its expected results, the CARE project will be implemented in close cooperation with national and local authorities of the involved Member States.



Project Contact

- INMP (National Institute for health, migration and poverty – Rome, Italy)
- Dr. Gianfranco Costanzo, MD
- 0039 0658558259
- care@inmp.it



CARE

Common Approach for REFugees and other migrants' health



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Rationale of the CARE Project

In 2015, 1,015,078 sea arrivals of migrants and refugees were documented in Greece, Italy, Malta and Spain (UNHCR). Such increased migration flows have intensified the need for appropriate healthcare provision to migrants and refugees, particularly at entry points, with a focus on specialised tools and health management processes. In this context, WHO strongly recommends ensuring that all migrants and refugees in need for health protection have access to healthcare, with an emphasis on the most vulnerable groups (i.e. minors, pregnant women, elderly).

Overall, as the migration phenomenon is transnational, it is a top ranking priority and, therefore, there is a need for better cooperation and use of a common approach between health authorities and professionals over EU member states, especially those facing the greatest burden of the migration crisis.

CARE Project

The CARE project, in fact, aims to promote access to appropriate health care for migrants and refugees, through an integrated model for healthcare provision.

The activities of CARE are expected to increase coordination at EU level, as they are supposed to enable the cooperation between practitioners and health authorities across Europe, boosting the development of valuable expertise, while supporting public health.



Key components of the CARE project

Healthcare model

The proposed healthcare model includes tools, processes and protocols for managing clinical contingencies and operational relationships between health staff and other stakeholders. This model will help the involved stakeholders to deal with migrants and refugees in a proper way, with regard to health protocols and procedures.

It will be implemented by multidisciplinary teams, composed of medical doctors (dermatologists, infectious disease doctors, paediatricians) adolescence psychologists and transcultural mediators, in order to ensure that migrants and refugees located in hotspots and migrants' centres receive appropriate and integrated healthcare deliveries, including the age determination of unaccompanied minors.

Monitoring of migrants' & refugees' health status

The CARE project will develop an integrated system for tracking and monitoring the health status of migrants and refugees. It is based on: a) a software providing medical doctors and health care professionals with an interface enabling them to store health data into a local DB; b) a portable device, to be delivered to migrants and refugees, containing their health data and giving other doctors the possibility to read and update them.

Communicable diseases monitoring

A syndromic surveillance system will be developed and piloted in participating migrants' and refugees' centres of EU countries. The system is based on the collection of aggregated data on syndromes detected locally, in order to dispose of regular dispatches on health threats. This will enable health authorities and practitioners to take relevant actions and thus also prevent cross-border health dangers.

Public health planning

The CARE project aims also to promote the development of integrated public health plans, relevant to migrants and refugees, based on synergies between the public sector and civil society organisations. For this purpose, evidence will be collected on best practices in migrants and refugees healthcare provision models and reports will be produced, including guidelines, sustaining new governance instruments for public health policies and thus evidence based ones.

Training

Health and non-health professionals (i.e. social workers, transcultural mediators, volunteers, law enforcement operators, etc.) will be trained for better tackling the healthcare needs of migrants at their first arrival, during their move and over their stay in the target EU Member States. Training will include the following topics: dermatological issues, communicable diseases, hygiene and safety, cultural issues and communication skills, psychological issues, how to work with unaccompanied minors and human trafficking. Training will focus on the use and practical application of the tools developed in the framework of the project.

Awareness raising

Awareness raising campaigns targeting the general public will be organised, with a focus on misconceptions about migrants and refugees. The campaigns will be conducted at local level, in areas of high concentration of migrants and refugees. For this purpose, information material will help combating stereotypes related to health threats. Furthermore, information materials will be also produced to inform migrants and refugees about their own rights to access healthcare services in EU Member States.