Since 2011, the geopolitical instability in the Middle East and North Africa has been contributing to exceptional flows of migrants to South European countries. In 2015, 1,015,078 sea arrivals of migrants and refugees were documented in Greece, Italy, Malta and Spain (UNHCR) and a total of 220,796 migrants arrived in Europe since the beginning of the year to the 15th of June (IOM).
WHO recommends offering and providing **health checks** at the entry points to ensure access to health care for all refugees and migrants in need of health protection, specific populations groups (children, pregnant women, elderly) included.

Migrant’s health deserves to be profoundly understood and clinical attitude accordingly adapted.

That’s why migrant’s health needs are at the very centre of today’s discussion and **multidisciplinary teams** are identified as the most appropriate approach.

This model results to be effective particularly in approaching even more fragile subgroups, such as minors, pregnant women and victims of violence.
The EC services decided to allocate funds for «Responding to health related challenges in MS under particular migratory pressure» within the third health programme.

Therefore, 5 projects have been funded in this regard.

One of these is CARE, which is led by INMP.

INMP will bring its well-established experience and knowledge into the project activities, given its National role of advocate in this specific model, and will include in it pediatricians for children health care and child age determination.
GENERAL OBJECTIVE

To promote and sustain the good health of migrants and populations in Member States experiencing strong migration pressure
The project counts upon the endorsement of 5 Member States experiencing strong migration flows and deploys its potential with a view to hosting societies.

The project Consortium consists of a broad and highly skilled mix of public health authorities and civil society organisations, 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.
TARGET GROUPS

With reference to participating Countries, the main target groups are:

- **Migrants and Refugees** in Hotspots, migrants’ Centres and at arrival points
- **Health Professionals** and **Other Operators**
- **Municipalities and Local Health Authorities**
- **Relevant Scientific Community**
- **Policy Makers** on issues related to refugees and migrants
- **General Population**
WORK PACKAGES

WP1. COORDINATION OF THE PROJECT

WP2. DISSEMINATION OF THE PROJECT

WP3. EVALUATION OF THE PROJECT

WP4. HOTSPOT AND MIGRANTS’ CENTRES HEALTH MANAGEMENT

WP5. MONITORING OF COMMUNICABLE DISEASES WITH A POTENTIAL FOR BECOMING CROSS BORDER HEALTH THREATS

WP6. TRACKING AND MONITORING OF HEALTH STATUS

WP7. CROSS CUTTING ACTIVITIES

WP8. NATIONAL/REGIONAL PLANNING AND THE ROLE OF CIVIL SOCIETY ORGANISATIONS
SPECIFIC OBJECTIVES 1

Sustain the establishment of a multidisciplinary team in Hotspots and migrant’s centres in Italy, Greece and Croatia and appropriate healthcare provision to migrants.

Ensure rapid detection of disease outbreaks and potential public health emergencies occurring in hotspot/migrants’ centres and contribute to prevent cross border health threats.

Assess the current policy in vaccination offer targeting newly arrived migrants in different countries.

Provide information on endemic and currently epidemic diseases in the countries of origin and transit of migrants to front line health care workers in order to complement the individual health assessment.

Realize a prototype of an integrated system for tracking and monitoring the health status of migrants/refugees, based on advanced technology.
**SPECIFIC OBJECTIVES 2**

- **Raise knowledge and awareness in general public** with regard to “true” and “false” health topics about migrants and refugees.
- **Empower health professionals and non-health personnel** who are not working into Hotspots and other migrants’ centres, to meet the needs of migrants all over their stay in the target MSs, considering also children and adolescent needs.
- **Promote migrants health literacy** with emphasis on the right to access public health care services in MSs aiming to facilitate delivery of services to migrants, according to their age.
- **Support the development of integrated Public Health plans**, relevant to migrant and refugee populations, based on synergies and complementarities between public sector and civil society organisations and good practices and evidence-based interventions.
### KEY COMPONENTS OF THE PROJECT

#### Healthcare model
- It includes tools, processes and protocols for managing clinical contingencies and operational relationships between health staff and other stakeholders. It will help to deal with migrants and refugees in a proper way, with regard to health protocols and procedures.
- Implemented by multidisciplinary teams, (dermatologists, infectious disease doctors, paediatricians, developmental psychologists and transcultural mediators) to ensure that migrants and refugees in hotspots and migrants’ centres receive appropriate and integrated healthcare, including age determination of unaccompanied minors.

#### Monitoring of migrants’ & refugees’ health status
- Developing of an integrated system for tracking and monitoring the health status of migrants and refugees:
  - a software for medical doctors and health care professionals to store health data
  - a portable device for migrants and refugees, containing their health data and giving other doctors the possibility to read and update them

#### Communicable diseases monitoring
- Firstly, the project will develop and pilot a syndromic surveillance system to strengthen the capacity to rapidly detect potential public health emergencies. Secondly, it will conduct a survey to assess the current policy in vaccination offer targeting newly arrived migrants in different European countries. Thirdly, it will produce dispatches of targeted information on communicable disease outbreaks occurring along the recognized Mediterranean migration routes for frontline healthcare professionals.
KEY COMPONENTS OF THE PROJECT

**Public health planning**
- Development of integrated public health plans, relevant to migrant and refugee populations, based on synergies between the public sector and civil society organisations. Evidence will be collected on best practices in migrants and refugees healthcare provision and reports will be produced sustaining new governance models for public health policies and thus evidence-based policy making.

**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 all over their stay in the target EU MS. Topics: clinical items, hygiene and safety, cultural and psychological issues, and communication skills, unaccompanied minors, 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, in areas of high concentration of migrants and refugees, with a focus on misconceptions on health threats.
- Information materials will be produced to inform migrants and refugees about their right to access healthcare services in EU Member States.
EXPECTED OUTCOMES

More appropriate healthcare deliveries

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Increased control of infectious disease risk in the early phase of migrant’s care

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better taking care of migrant’s health over the European territory