Re Health

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IOM • OIM

FINAL PUBLIC REPORT

International Organization for Migration (IOM)
The UN Migration Agency

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Acknowledgments

The RE-HEALTH project was launched in February 2016 by the Migration Health Division of the IOM Regional Office in Brussels. Co-funded by DG SANTE, through the Consumers, Health, Agriculture and Food Executive Agency (Chafea) under the amended European Union (EU) Third Health Programme (2014-2020).

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Acronyms

ASP	Local Health Authority
CCs	Country Coordinators
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CSO	Civil Society Organization
DG HOME	Directorate-General for Migration and Home Affairs
DG SANTE	Directorate-General for Health and Food Safety
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
HIV	Human Immunodeficiency Virus
HP	Health Professional
HQ	Headquarters
ID	Infectious Diseases
IO	International Organization
IOM	International Organization for Migration
GBV	Gender Based Violence
LSCs	Local Stakeholder Consultations
MDM	Medecins du Monde
MENA	Middle East and North Africa
MHD	Migration Health Division
MoH	Ministry of Health
MoI	Ministry of Interior
MoU	Memorandum of Understanding
MS	Member States
MSF	Médecins Sans Frontières
NCC	National Consultative Committees
NGO	Non-governmental organization
PHR	Personal Health Record
e-PHR	Electronic Personal Health Record
NCC	National Consultative Committee
RH	Reproductive Health
RO	Regional Office
STD	Sexually Transmitted Disease
SSL	Secure Sockets Layer
TB	Tuberculosis
ToT	Training of Trainers
UC	Universal Care

UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

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Introduction

The RE-HEALTH project was launched in February 2016 by the Migration Health Division of the IOM Regional Office in Brussels and was concluded in May 2017. Co-funded by DG SANTE, through the Consumers, Health, Agriculture and Food Executive Agency (Chafea) under the amended European Union (EU) Third Health Programme (2014-2020).

As identified within the IOM/DG SANTE action Equi-Health,[1] measures were recommended in regard to data collection and ensuring that standardized health assessments took place at point of entry and further to it by competent authorities.

Within 2015, under the request of DG SANTE/Chafea, to respond to the need to foster appropriate health care provision to migrants and to harmonize health assessment practices within the EU, a Handbook for Health Professionals was developed by the Migration Health Division (MHD) of the International Organization for Migration. Based on this, the Personal Health Record (PHR) was produced with the support from the European Commission and contribution from the European Centre for Disease Prevention and Control (ECDC), as approved within the Health Security Committee.

The PHR helps to construct/reconstruct the medical history of arriving migrants, thereby establishing their health status and medical needs. It provides an opportunity to record subsequent provision of treatment, including vaccinations, and to offer counselling and health education services. Therefore, the PHR is a personal document that migrants and refugees should keep with them and that contains the individual's health data and information. The tool will also help Health Professionals get a comprehensive view of the person's health status and needs during clinical encounters and/or treatment.

The Personal Health Record (PHR) is available in EN/AR
The Handbook for Health Professionals is available in 9 European languages - BG, DE, EL, FR, HR, HU, IT, RO and SL

The limitations presented by a paper PHR in relation to safety and operability, together with a broader need to assist member states under migratory pressure, leaded to the action Re-Health. The project aimed at:

a) establish links between the hotspots and the health systems;
b) make use of the established booklet (Personal Health Record-PHR) to check the health status/health needs of the arriving refugees and other migrants;

[1] http://equi-health.eea.iom.int/

c) promote that health assessments and preventive measures are provided, taking into account the needs of children and other vulnerable groups; and
d) ensure that data initially collected in the handbook/booklet (PHR) are kept in a database in order to be available at the destination country.

Further to it IOM engaged in active coordination with other consortia awarded under the Third Health Program funding specific to migration health for what concerns the use of the PHR/e-PHR and technical advisory.

1. Exploratory phase and early implementation

During the exploratory phase, and in parallel to the e-PHR development, a consultative process involving a wide range of stakeholders was set up, establishing links between key reception areas and the health system. In addition, exploratory missions took place to stock of the actual situation and select appropriate project implementation sites. Formal engagement from MSs (MoH and its representatives and MoI) was received in order to implement the action at field level, the main implementer being the MSs in collaboration with IOM.

Rapid feedback was received despite the complex situation present on the ground, with remarkable changes at border and field level across Europe, thanks to the IOM outstanding and preceding the action relationships with MSs, as well as consolidated presence on the ground with its missions.

NCC meeting in Athens, Feb. 2016

Further to the exploratory phase and before the field implementation, IOM organized National Consultation Committee (NCC) to provide strategic direction for each country, validate and endorse project outcomes, to support inter-institutional and in-country dialogue respectively. The NCCs set up within the IOM/DG SANTE Equi-Health project was sustained and used as a basis for work and discussion of priorities at local level.

Here the timeline for the exploratory phase for each country:

Croatia:

- February 2016 - Discussions with Health authority and MoI, the former consulted with WHO acting as MoH advisor in the response and received their support.
- 3 March 2016 – First meeting with EUR-HUMAN.
- 20 May 2016 – Meeting with MoH – IOM presented Re-Health project and PHR.
- 3 June 2016 – Meeting with MdM/Croatia - Presentation of Re-Health project and PHR. agreement on cooperation.
- 14 June 2016 – Meeting with CIPH (CARE project partner).
- 16 June 2016 – Email of MoH support for three locations.

Italy:

- February-April 2016 - IOM CO Italy discussions with MoH and MoI.
- 8 March 2016 - RC in Athens, Greece, attended by MoH.

- 7 April 2016 – NCC hosted by MoH, attended by MoI and relevant stakeholders (among which national leads for CARE, EUR-HUMAN and MdM, Chafea, DG Santé and DG Home).
- 20 April 2016 - Identification of a National Focal Point for Re-Health within the MoI, as one was already initially identified within MoH.
- April 2016 - Palermo, Italy, meeting with the Health Council of Sicily and local health authority of Syracuse.
- 25 June 2016 -Brussels, Belgium meeting with Trento Health Council.
- June 2016- talks with Gallieri Hospitals, Genova.

Greece:

- January 2015, MoH provided letter of commitment to the action.
- 20 November 2015 the EC Commissioner for Health and Food Safety Dr Andriukaitis launches the PHR in Greece, IOM CO Greece supported the visit.
- 25 February NCC in Athens.
- 8 March 2016, RC in Athens, attended by MoH and Ministry of Migration (MoM).
- 31 March 2016 meeting with President MdM Greece; with MoH and MoI.
- 16 June 2016: conference call DG HOME, DG SANTE, Chafea and DG ECHO to coordinate in the field of health migration with national authorities (MoH, MoM).
- 29 June 2016 meetings with MdM Greece office and with Praxis.
- October 2016 a series of meetings/calls takes place with KEELPNO and MoM facilitated by IOM Greece.

Slovenia:

- First quarter 2016 - IOM CO Slovenia re-engages with SIovenia MoI and MoH, interrupted due to change in 'Balkan Route'.
- 8 March 2016 - RC in Athens, Greece.
- Organization of NCC with support from SIovenia National Institute of Public Health (NIPH).
- 21 April 2016 - NCC with MoH, MoI, NIPH and national stakeholders and MdM 8/11 in-country implementing partner.
- 6 May 2016- IOM Country Office (CO) meets bilaterally with Slovene Philanthropy.
- 11-13 May 2016 - Equi-Health conference attended by NIPH.

2. Personal Health Record (PHR) and electronic Personal Health Record (e-PHR)

The aim of the electronic Personal Health Record (e-PHR) and its platform is to enhance knowledge amongst stakeholders about refugees' and migrants' health needs; to ensure that migrant health assessment records are available at transit and destination countries;

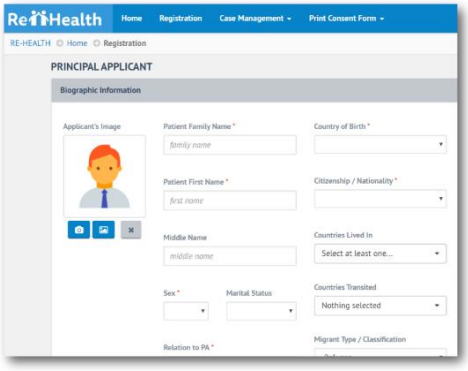
To further address the operational limitations of a paper document and within the framework of the Re-Health project, IOM MHD has developed an electronic version (e-PHR) and a platform to facilitate data entry, analysis and transfer within and between EU Member States.

The electronic health database is based on the experience of IOM in Health Assessment (HA) and medical data management.

The application is for external use and only those with granted access can have access to it (i.e. health staff). Different levels of permission to the personnel (i.e. registration, signing medical services, and filling medical forms) can be granted. Data can be extracted in single (one PHR) or aggregated form through a report per site or at national level and exported to Excel or Pdf, ad hoc reports can be sent directly by email to designated medical staff.

2.1. Building of the e-PHR database

The electronic health database, as the Handbook for Health Professional and the paper PHR, is also based on the experience of IOM in Health Assessment (HA) and medical data management.



The e-PHR allows traceability of previous recorded HA, a comprehensive summary of HA made and is divided in specific sections, which can be accessed by HPs to rapidly visualize individual medical conditions and treatment prescribed or actions taken, if any.

The e-PHR is built in line with the Europe 2020 strategy, Digital Agenda for Europe, which encourages the use of digital applications to address societal challenges, including to improve the quality of care and reduce medical costs. The EU 2020 strategy is the EU's agenda for growth and employment for the current decade. It emphasizes smart, sustainable and inclusive

growth to overcome the structural weaknesses in the European economy, improve its competitiveness and productivity.

Regarding the collection of patient data, a legal frame is built on the following regulations with regard to the processing of personal data and on the free movement of such data:

- International Health Regulations (IHRs) 2005;
- Built-in Consent and Data sharing forms in compliance with Member States' regulations;
- EU Legislation on Communicable diseases;
- EU definition of reportable diseases;
- IOM's Data Protection Principles;
- Directive 95/46/EC of the European Parliament and of the Council on the protection of individuals;
- All relevant national legislations with regard to data protection;
- Existing work developed in the frame of e-health in Europe (i.e. epSOS project).

Once the platform was developed virtual consultation with variety of stakeholders among which, MoH of implementing countries (Italy, Greece, Slovenia, Croatia) and other MSs interested in the action, DG SANTE, Chafea, ECDC, DG HOME, DG ECHO, the Open Society Foundation NY and Budapest Offices, the Italian Red Cross and International Committee of the Red Cross and MdM was generated. Three main upgrades were undertaken, taking also in account the subsequent direct feedback from the users.

Main updates based on the feedback received are:

1. Add/Update Initial Health Assessment data (Modifications)
2. Add/Update Follow-up Exam- History data
3. Add/Update Follow-up Exam- Physical Exam data
4. Add/Update Follow-up Exam- Additional Lab Test data
5. Add/Update Follow-up Exam- Diagnosis data
6. Generate offline PDF form supporting Follow-up Exams
7. Upload offline PDF form for Health Assessment
8. Print consolidated PHR form (Initial Health Assessment form and Follow-up Exam forms)
9. Generate offline PDF form supporting initial Health Assessment data
10. Optional - Print PHR form in Arabic Language
11. Add/Update Follow-up Exam- Treatment data
12. Add/Update Follow-up Exam- Recommendations data
13. Upload Attachments- Initial Health Assessment form
14. Upload Attachments- Follow-up Exam form

3. Guaranteeing that data initially collected through the PHR is stored in a database so that it is available to transit and destination countries.

To support users, an user manual for the e-PHR platform has been developed and shared with the HPs who received certified access to the platform and were further trained by an IOM Migration Health Information Manager through an online training modality, this in order to reach all the users in different locations.

Twenty-eight HPs received access and training for the platform during the 8 months of implementation on the field of the e-PHR, in four European MSs and across 14 sites (Italy, Greece, Slovenia, Croatia), further to its development.

Table 1: e-PHR Training calendar

	e-PHR platform Training
Croatia	*September 2016*
Italy	*September 2016*
Slovenia	*January 2017*
Greece	*January 2017*

Further to the exploratory phase and the launches the action within country, RE-HEALTH started its implementation on the ground in four countries. Here a summary of the implementation sites:

Italy:

- Syracuse: in 6 Reception facilities (Centro di Accoglienza Straordinaria - CAS) and 1 hospital: Umberto I
- Genoa: 1 Reception facility (CAS) linked to 1 hospital: Gallieri

Slovenia:

- Asylum Centre in Ljubljana Vič and related structures

Croatia:

- Asylum center in Zagreb: Jasevo

Greece:

- Attika Region: 2 Pre-Removal Centers (PRC): Amygdaleza, Tavos
- Attika Region: Lavrio camp

The implementation of the e-PHR, does not refer only to the usage of the electronic tool, but rather to a model of migration health which ensures the presence of health practitioners at first encounter and further to it, supported by of trained health mediators, able to provide qualified interpretation and support for both migrant and HPs. IOM within RE-HEALTH Recruited health mediators/interpreters to support the piloting of e-PHR as well as performed trainings to support them in the overall implementation of the tool.

The e-PHR itself became a powerful tool for advocacy, ensuring that migrants and overall vulnerable population receive the deserved care; it also reinforced the jointed IOM-WHO advocacy actions for Universal Care (UC), including in such also migrants.

4. Ensure Health Assessment (HA) and preventive measures are provided

4.1 Training on Health Mediation

IOM in the frame of its health promotion activities, in line with the curricula developed within the Equi-Health action, and in collaboration with national and international trainers, developed and implemented a face to face training in health mediation in a list of subjects specific to migration health:

Training on Health Mediation in Athens, Dec. 2016

- Code of Ethics and Tasks of Cultural Mediators in Health
- Sexual and Reproductive Health
- Child Care
- Health Promotion and Disease Prevention – Communicable and Non-communicable Diseases
- Medical Record and Personal Health Record
- Conflict Mediation
- Mental Health and Psychosocial Support
- Psychosocial Support/Occupational Health
- Cultural Diversities in Health Perception
- Entitlement to Health Care and Responsibilities of Refugees and Migrants
- Occupational Health
- Unaccompanied Minors and Age Assessment
- Greek, Italian, Slovenian and Croatian, National Health System

Around 75 participants attended the training in the four implementation countries, the participants were HPs, health mediators and Law Enforcement Officers involved in the action and not only, training have been opened for participation to other NGOs, having participants from i.e. MdM, MSF, or in Italy the MoH health mediators at that time deployed on the boats. The training lasted between two and a half or three days. Before the training concern for the length was expressed given the so called emergency situation and the need to be removed from field work. A post training evaluation form has been distributed and the overall appreciation is extremely high as reported by each country. Specifically the participants expressed the

Training on Health Mediation in Ljubljana, Sept. 2016

need for more training and hope for longer training as in 2/3 days not the topics could not be discussed in depth. Particular interest has been expressed in the evaluation for: Health Mediators - Code of Ethics and Tasks, Medical Record and Personal Health Record, Mental Health and Psychosocial Support, Caring for people in vulnerable situations.

Table 2. Calendar of health mediation training

	Health Mediation Training
Croatia	September 2016 *Location: Ljubljana*
Italy	September 2016 *Location: Rome*
Slovenia	September 2016 *Location: Ljubljana*
Greece	December, 2016 *Location: Athens*

4.2 Health Promotion: Training on GBV and RH

Training on GBV & RH in Syracuse, May 2017

Building on the comparative advantage of each entity, IOM and UNFPA established cooperation in Greece, and piloted a project of capacity building of SRH and GBV within IOM supported programs. IOM implementing partners, health mediators, social workers and law enforcement officers were trained by UNFPA for two and a half days. Upon successful cooperation and piloting, the partnership was extended to the IOM country operations in Croatia, Slovenia and Italy. By profession, the groups were composed of medical doctors, guards/police, psychologists, social workers, health mediators and interpreters and IOM professionals. For an overall number of 60 participants.

The training was of the introductory character and delivered to persons who have in some way already worked with the survivors of GBV, but intended to complete their understanding of the approaches, roles and responsibilities in responding the RH and GBV needs. Hence, the sessions focused on the core concepts and guiding principles in working with the survivors of GBV, SRH and MISP, but also clinical management of rape and roles and responsibilities in the response, interview skills. The training was delivered by UNFPA Greece team and by the IOM Mental Health, Psychosocial Response and Intercultural Communication for the mental health component.

The participants took a pre-test and a post-test related to the topics of the session. Based on the pretest evaluation, the participants already had some understanding of the topics with overall average score of 65 percent. This score increased to 82 percent upon finalization of the training, in one country some language limitations have been experienced as the training was performed in English.

Training on GBV & RH in Zagreb, May 2017

Also in this case further to the training the participants expressed the need for more time to learn in depth about the topic.

Health promotion material has been distributed among participants to assist them during their activities in the health promotion component among which also the IOM "Self-Help Booklet for Men facing crisis and displacement" developed by IOM and available in Arabic, English and Slovenian and a "Psychological first aid: Guide" for field workers available in English.

Table 3. Training on GBV and RH calendar

	UNFPA - IOM Health Promotion Trainings
Croatia	May 2017 *Location: Zagreb*
Italy	May 2017 *Location: Syracuse, Sicily*
Slovenia	May 2017 *Location: Zagreb*
Greece	March 2017 *Location: Athens*

4.3 Additional health promotion actions

Thanks to the engagement of IOM MHD with UNFPA, IOM received an in kind donation of 2.000 dignity kits which have been distributed in Greece by UNHCR.

The dignity kits were specific for man and women and included some tools for personal hygiene, reproductive health and clothing. The kits were distributed in the RE-HEALTH sites in Greece and also in other location where IOM was present.

In Croatia, IOM distributed 487 hygiene kits also here tailored for man and women.

Health mediators working in Greece

IOM also assessed the need of basic medical devices at field level and equipped medical teams with extensive provision of glows, masks, urinalysis kits, sanitary soap, as well as scales, thermometers and stethoscopes.

5. Feasibility Study

The feasibility study aims to assess the acceptability, feasibility and transferability of the electronic personal health record (e-PHR) in the framework of the Re-Health project. It focusses on the short piloting of the e-PHR in eight sites located in four countries Croatia, Greece, Italy, and Slovenia.

The study builds on three components:

- quantitative analysis of the use of e-PHR by health care professionals and migrants;
- qualitative analysis of acceptability, feasibility and transferability of e-PHR and its implementation;
- Assessment of characteristics of sites to contextualize data.

5.1. Acceptability of the e-PHR

To measure acceptability, ratings from staff concerning effort and pay off of using the e-PHR was used. Ideally, high pay off can be achieved with low effort. Those staff members who see high pay off will be more willing to take high efforts; staff members who experience high effort and low pay-off will not favour the e-PHR.

A majority of staff reports high pay off with high effort (66%; n= 23), and 26 % (n=9) report high pay off with low effort. 9 % (n=3) however, report high effort with low pay-off.

Named efforts are mainly connected to i) explaining the e-PHR to migrants to get informed consent; and ii) to overcome technical barriers. Pay offs are seen in the systematic collection of data and in the possibility to share data electronically. Staff appreciate this as a step of quality assurance of care for migrants.

Acceptability from migrant's perspective was measured as share of migrants consenting to use the e-PHR. 91% (n=2.838 of 3.125) gave their informed consent. Reasons for non-consent were fear of use of information against the migrant's interest and that migrants couldn't see any benefits.

5.2. Feasibility of the e-PHR

Feasibility of the use of e-PHR builds on four indicators: appropriateness of content, appropriateness of the technical solution, user friendliness, and the relevance of mediation.

Staff members on average give highest ratings for the relevance of mediation (9.1 on a scale from 0 to 10); are satisfied with the user-friendliness (8.4) and the content of the e-PHR (7.0). Lowest rating is given for the technical solution (5.4).

5.3. Transferability of the e-PHR

Transferability will depend on how acceptable and feasible the e-PHR is. Acceptability from migrants' and staffs' perspective is high, with 91% of migrants giving their informed consent and 92% of staff members seeing high pay-off. Feasibility of the e-PHR needs further improvement, especially in regard to the technical solution.

5.4. Recommendations

Staff members name the importance of the following measures to foster transferability:

- training for all staff members who use the e-PHR,
- information for migrants about scope, purpose and benefits of e-PHR, data safety and that the e-PHR is not connected to the asylum procedure,
- provision of tools to support delivery of such information, e.g. a short movie clip,
- provision of sufficient technical devices, including an offline solution and an app for mobile phones,
- ensure that doctors, including specialists, are on site to conduct the health assessment and fill in the medical sections of the e-PHR.

6. Dissemination

6.1 Production of Visibility Materials

Display of the Re-Health poster at the Gastein Forum, Sept. 2016

The dissemination of the project was a continuous process throughout the implementation period, which ensured outreach through all possible dissemination channels to touch the targeted audience, i.e. partners, governmental counterparts, IOs, national and international NGOs providing health services to migrants, health professionals associations, civil society organizations and the broader public. A logo, website and brochures have been developed within the action to approach the public.

IOM introduced the project at more than 30 conferences and meetings with international organizations, academic institutions, the European Commission, EU Member States, including bilateral meeting with MoI and MoH in all the countries involved, and with permanent representations in Brussels, etc.

The Migration Health Division of the International Organization for Migration (IOM) Regional Office in Brussels, in cooperation with the Migration Health Division of the IOM Headquarters, IOM Country Offices in Croatia, Italy, Greece, Slovenia, Serbia and Cyprus organized on May 15, 2017, in Brussels, Belgium, the Re-Health Regional technical consultation and final conference event.

The objective of the Re-health dissemination event was to present its outcomes and to explain the methodology, with a particular focus on the tools used, such as the Electronic Personal Health Record (e-PHR) and the training on Migration Health open to Health Mediators, Health Professionals and Law Enforcement Officers involved in the action.

The conference gathered representatives of the European Commission (EC) from DG SANTE and DG HOME, Chafea, IOM country office Chief of Mission and coordinators; representatives of national and local health authorities, Non-Governmental Organizations (NGOs), health and cultural mediators, as well as health professionals from the implementation countries of the project (Croatia, Italy, Greece and Slovenia). Attended also by IOM representatives from the Regional Office for South-Eastern Europe, Eastern Europe and Central Asia in Vienna, Austria and from IOM country offices in Cyprus and Serbia and their national counterparts, which have expressed their interest in being part of the next implementation's phase of the e-PHR.

The conference was divided in two parts. During the morning session a regional technical consultation involving the Member States where the action has been implemented. In the

afternoon, during a dissemination conference the countries involved highlighted the main achievements and challenges in the implementation of the action, as well as first-hand experiences, best practices and future steps to be taken.

During the discussions, which followed the presentation of the results of the study, representatives of the countries where the project was implemented highlighted the following points:

- The role of health and cultural mediators was key in the success of the pilot project;
- In specific countries the number of doctors available was insufficient;
- Trust was essential in order to be able to work with migrants and convince them to be registered;
- The potential of this tool is enormous if implemented on larger scale, considering that for instance in the centres where it was used in Sicily, it allowed the easy sharing of information concerning the migrants registered;
- New challenges are faced by states that were previously only transit countries and have become also destination of migrant flows in reason of the resettlement quotas;
- The presence of basic technical equipment is needed in order to use the e-PHR system (i.e. a personal computer, tablet or laptop);
- Migrants especially when in pre-removal settings are sometimes afraid that the PHR registration might be used against them;
- The tool could be improved, especially in order to be more specific about the medical conditions of migrants;
- Psychosocial assessment could be introduced in the next version of the PHR in order to make it more comprehensive;
- Trainings were considered an essential part of the pilot project and should continue to be included in the future.

Dissemination event in Brussels, May 2017

Conclusions

The positive assessment along the action, the evidence provided and the need for further support by MSs leaded to the continuation of the action within Re-Health[2] and the engagement of additional two new countries: Serbia and Cyprus.

"It is provided that the most important advantage is the online sharing of patient´s medical history, which allows to avoid the repetition of clinical examinations, with significant economical savings, and to monitor clinical (physical and psychological) situations or, in some cases, chronic conditions."

Psychologist, Genoa, Italy

"The e-PHR is an useful tool recognized by migrants, regarding their personal health benefit and an important step in early integration, as it is one of the first documents they use in a foreign country. It reduces need for interpreters where not available."

Project Assistant, Zagreb, Croatia

"The effort always pays off. When the patients understand everything they are glad, thankful, and they feel that we are taking care of them and they thank us for our efforts."

Doctor, Genova, Italy

"We haven't encountered migrants refusing paper PHR as they see it as a valuable document for managing their health. They realized they could visit a doctor where interpretation isn't available and the PHR would help them. Word has spread and we have migrants asking us for a date and time to do their e-PHR."

Health mediator, Zagreb, Croatia

"Small effort is needed according to our experience from the consent form to hand over PHR."

Doctor, Lavrio, Greece