



Co-funded by  
the Health Programme  
of the European Union

**Re****Health<sup>2</sup>**

Co-funded by the Health Programme  
of the European Union



DGA 20175101 Re-Health2

D4 - External evaluation report

## External evaluation report

*"This document was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union"*

# Evaluation Report

## Introduction

After the initial piloting phase of the Personal Health Record (PHR) within the Re-Health action, and in line with the EU Migration Agenda, the New Skills Agenda for Europe - Commission Communication COM(2016) 381 in its part related to the integration of third country nationals and the Action Plan on the Integration of Third Country Nationals - Commission Communication COM(2016) 377, the aim of this project is to consolidate the use of the PHR/e-PHRs as a single tool for health assessments in EU countries and to develop a revised version of the electronic tool after its first piloting phase.

The Re-Health<sup>2</sup> - Implementation of the Personal Health Record as a tool for integration of refugees in EU health systems - project, has the overall objective to contribute to the integration of newly-arrived migrants and refugees, including those to be relocated, in the EU Member States' health systems through the utilization of the PHR/e-PHR - a universal EU tool for health assessments that aims at improving the continuity of care, making medical records available to health professionals within and from reception to destination countries, and facilitating data collection to better understand and meet migrants' and refugees' health needs as also through supporting and fostering use of and capacity-building of health mediators. Ultimately, the project will contribute to the EU Digital Strategy by demonstrating the feasibility and limitations of such a system, which then can, if positive, be further up taken /taken in to consideration by e-(Health) EU related entities.

As an integral part of the project implementation, IOM has continuously monitored progress through regular collection and analysis of quantitative and qualitative data and information in line with the indicators assessed in coordination with DG SANTE/Chafea.

An evaluation has been conducted in each of the roll out countries, and these together with the overall lessons learned from the project implementation are presented in this report from. The action has been closely monitored by the IOM Country Missions involved in the direct implementation of the project and this information presents a useful source of learning for the future.

The Member States and stakeholders have been extremely supportive of the tool and its implementation acknowledging that such instrument is welcome and needed. Evidence of such is the rapid commitment received at national level by MoH and MoI.

This report, which summarizes the feedback from countries reports presents data on the use of the PHR/e-PHR and highlights the challenges encountered during the implementation phase.

### Implementation sites

Countries of Implementation	Old sites	New sites	Duration	Number of e-PHR
CROATIA	Jasevo Asylum Center - Zagreb	3 Residential Child Care Institutions: Karlovac, Rijeka, Ivanec	November 2017 – December 2018	375 e-PHR with 32 follow ups
GREECE	<ul style="list-style-type: none"> <li>○ Amygdaleza pre-removal detention centre – Attica Region</li> <li>○ Eleonas Refugee Camp [activities started under Re-Health]</li> </ul>	<ul style="list-style-type: none"> <li>○ Open Polyclinic MdM Greece - Piraeus</li> <li>○ Psychosocial Department MdM - Sappfous</li> <li>○ 4 Accommodation Shelters - Metaxourgeio</li> <li>○ Accommodation Refugee Shelters - Chios Island</li> <li>○ Fylakio pre-removal center – Evros Region (one visit)</li> <li>○ Samos Island</li> </ul>	December 2017 – December 2018	8872 e-PHR with 1510 follow ups
SLOVENIA	Vič Asylum Centre – Ljubljana	Kotnikova Asylum Center – Ljubljana	July 2017 – December 2018	3 e-PHR

New countries of implementation	Sites	Duration	Number of e-PHR
BULGARIA	Ovcha Kupel Open center, Sofia	December 2018 – January 2019	28 e-PHR
CYPRUS	<ul style="list-style-type: none"> <li>○ Kofinou Reception and Accommodation Center for Applications for International Protection</li> <li>○ Temporary Accommodation Centre in Kokkinotrimithia ('Pournara')</li> <li>○ Limassol Refugee Centre</li> </ul>	June 2018 – December 2018	1111 e-PHR
SERBIA	9 reception centres: Belgrade (Krnjaca Asylum Center), Obrenovac, Kikinda, Adasevci, Principovac, Sjenica, Vranje, Bujanovac, and Banja Koviljaca	December 2017 – December 2018	9888 e-PHR

## Bulgaria

IOM engaged with the Bulgarian Ministry of Health (MoH) in order to ensure the implementation of Re-Health2 in Bulgaria early on in the action. During October 2018 the MoH requested additional clarification and upon its satisfaction ensured its support.

Before formal endorsement of the e-PHR implementation from MoH, formal clearance from the State Agency for Refugees (SAR) was also requested. IOM Bulgaria in coordination with IOM RO MHD provided to all the counterparts all the needed information mostly specific on data protection and compliance with national and European legislation (GDPR).

Upon understanding the project and satisfactory response to all queries, the national entities provided the needed clearances.

At this point of the action (November – December 2018) the procurement for one laptop, internet provision, the recruitment of a mediator and the identification of a site, the Open center *Ovcha Kupel*, with one medical doctor took place.

IOM trained on the use of the e-PHR, allowed the implementation of the action, which in this case lasted until end of January 2019, having collected 28 e-PHR. The delay of the initiation for external reasons meant that the impact of e-PHR was limited in Bulgaria, although the roll out in the one site was successful.

## Croatia

The activities in the country started with a delay due to the lack of continuity between the Re-Health and the Re-Health 2. Activities of recruitment and re-establishment of the dialogue with National Authorities in the frame of field operation were completed during October 2017. The overall number of e-PHR collected was of 375 health assessments with 32 follow ups.

### Implementation site

The action has been implemented in collaboration with the Outpatient clinic Zagreb-Center which serves the Reception Center for Asylum Seekers (RCAS) in Zagreb. The collaboration between the IOM mission in Croatia and the clinic has been positive and successful.

### Local health staff and health mediators

Local health staff using the e-PHR was composed of 1 medical doctor and 5 nurses. IOM staff attended coordination meetings at RCAS in Zagreb between MoI and NGOs/IOs on a regular basis (every Monday) and stimulated conversation on health topics, especially on availability of health services off-site.

The health staff working at the Outpatient clinic was composed of 1 GP (every day), 1 Pediatrician (one day per week), 1 Gynecologist (one day per week). In addition, two mediators for Arabic and Farsi were available to health professionals at Outpatient clinic Zagreb-Center every working day on previously agreed schedule – Arabic on Monday, Wednesday and Friday, Farsi on Tuesday, Wednesday and Thursday during IOM working hours.

The initiative has been recognized as important and efficient by the health professionals and health mediators working in the clinic since the beginning of the action.

### **Migrants**

Migrants at nearby Reception center for asylum seekers in Zagreb are well informed of doctors' working hours and availability of IOM health mediators. Most migrants have welcomed the initiative and adapted their needs to health mediators' availability when possible.

### **Capacity building – Health promotion**

Within the project implementation, various initiatives on health promotion for asylum seekers have been organized by the Primary Health Doctor working in the Outpatient clinic.

- In October 2017 a lecture on hygiene and basic care in conditions of collective accommodation and similar situations was held in the RCAS Zagreb for 20 asylum seekers hosted in the center. The lecturer was Dr. Rašić from Zagreb Outpatient Clinic. The lecture was held in English, and simultaneously translated to Persian language. The lecture was very successful. Listeners had several questions and they showed interest in the subject. The lecturer was Dr. Rašić was satisfied.
- In November 2017, a lecture on infectious diseases was held at RCAS in Zagreb with an emphasis on TB and touching base with personal and space hygiene. The lecturer was Dr. Rašić from Outpatient clinic Zagreb-Center and there were 19 participants to whom lecture was translated into Persian, Arabic and Turkish.

### **Field visits to Karlovac/Rijeka/Ivanec homes for UMC (producing ePHR, contact with doctors, health promotion)**

Health mediators visited the dormitory in Karlovac and spoke with the manager regarding Re-Health2 project, who was already acquainted with e-PHR. A Farsi speaking health mediator visited Rijeka Dormitory for children and presented Re-Health 1 & 2 projects, e-PHR and collaboration between RH2 and UMC projects to the manager of the dormitory and nurse working with children. The reaction to both projects was positive and the nurse showed interest in using the platform. Further to these visits, e-PHR data collection was implemented also for these sites until December 31, 2018.

### **Cyprus**

From June 2018, 1111 e-PHR were collected in the country.

After an initial negotiation phase (see the final report for a comprehensive picture), in June 2018 the data collection started in Pournara and Limassol Center, as well as in the Kofinou Reception Center.

The Kofinou Center is the major reception facility in Cyprus. No permanent medical staff was/is based in the center, nor there a Clinique in the proximities. Migrants usually reached the Larnaca Public Hospital for proper care. Those in high need were referred to the emergency services.

In the framework of Re-Health2, IOM was able to assist in the recording of the standard health assessments at point of entry, following the Cypriot Standard Operating Procedures. In addition, the action promoted the routine visits of medical doctors and nurses at the Kofinou

Center.

### **Capacity building for health mediators**

On the 22<sup>nd</sup> and 23<sup>rd</sup> of May, the Re-Health<sup>2</sup> team of Cyprus attended a training for Health Mediators, which took place in Belgrade. The purpose of the training was to provide instructions to participants on how to efficiently deal with a broad aspect of issues that arise during interaction with beneficiary populations and how teams should address them, based on their status and needs, based upon national specificities, dimension and national social, political and legal background.

The content of the training as well as the interactions and the exchanges with the IOM mission in Serbia, have been considered useful and important by the IOM mission in Cyprus.

### **Dissemination material**

Following the printing out of the project's dissemination material (brochure, poster) from English to Arabic and Somali respectively, the main languages spoken by the target group in Cyprus, their dissemination took place in various occasions:

- In Kofinou Reception and Accommodation Center, where refugees are residing. Although beneficiaries had already been informed on the project by the Re-Health<sup>2</sup> Health Mediators, the dissemination material's distribution was a good chance for beneficiaries to get more thoroughly informed on the project's milestones and goals.
- World Refugee Day (20th June). The Re-Health<sup>2</sup> team participated in the celebrations that took place in Larnaca (21st June) and in Nicosia (22nd June), representing IOM with a separate stand. The Re-Health<sup>2</sup> team informed people that visited IOM's stand not only for the IOM's presence in Cyprus, but also the scope, the methodology adhered and the goals of the Re-Health<sup>2</sup> project.
- In September and October, during the visits in the shelters run by Social Welfare in Nicosia, Larnaca and Limassol the health mediators left leaflets and handed posters as a means of information on the project and future sustainability.

### **NCC Migration's Health**

IOM Cyprus in coordination with IOM MHD RO Brussels, organized a National Consultative Committee (NCC) in Cyprus on 26-27, March 2018 in the framework of the launch of the Re-Health<sup>2</sup> field activities in the country, specific to the implementation of Electronic Personal Health Record (e-PHR).

### **Serbia**

Between December 2017 and January 2018, 9888 e-PHR have been collected.

The implementation of the e-PHR started in the ambulatory in Asylum Center Krnjaca, branch of Primary Health Center Palilula.

Overall nine reception facilities in less than one year started to use the e-PHR: Belgrade, Obrenovac, Kikinda, Adasevci, Principovac, Sjenica, Vranje, Bujanovac, and Banja Koviljaca.

### **NCC Migration's Health – A Multisector Challenge**

On February 27, 2018 the NCC *"Migration's Health – A Multisector Challenge"* took place, organized in the framework of this action by IOM Serbia and the support of IOM MHD Regional Office in Brussels; the event, hosted by the partner Primary Health Centre Palilula was held on 27 February 2018 in Belgrade with the objective to further address and discuss the challenges encountered at different levels in migration health by the different actors involved in the response mechanism at national level. The meeting was attended by around 60 key stakeholders in migrant' health in Serbia, representatives from the Serbian Ministry of Health and Interior, the Commissariat for Refugees and Migrants, Ministry for Labour, Employment, Veterans and Social Affairs, the Serbian Institute for Public Health, WHO, as well as the UNHCR, and NGOs providers CRS, DRC, MSF, MDM who all contributed and engaged in the discussions and presentations and were very positive on the initiative. Furthermore, IOM MHD RO Brussels met with IOM Serbia and representatives from Ministry of Health and other key stakeholders such as the Primary Health Centre Palilula, in bilateral meetings to advance commitments and cooperation on migration health activities in the country.

### **Training for Health Mediators**

Within Re-Health2 initiative, a Training of Health Mediators has been organised on 22nd and 23rd May 2018 in Hotel 88 Rooms in Belgrade. Beside 16 local health mediators, 3 guests from IOM Cyprus Office ( 2 Mediators and 1 Senior Project Assistant) participated, 19 in total. Various topics of interest for daily for of mediators were covered, through interactive sessions and lectures, performed by local specialists. Health, including those dealing with mental health, and social sector professionals upon given presentations were discussing with mediators all important issues which should enable their better performance in the future. Since the beginning of migrant crisis in 2015, no any education for mediators has been organised. Very often they didn't have anyone relevant to ask for advice or guidance on some issues related to their daily routine, Therefore, dicussions during training were very dynamic and long, and had to be interupted due to time limits. This training showed necessity for organisation of similar events more often, and not only in Belgrade, but elsewhere throughout Serbia, where migrants' centers exist and mediators operate.

### **Coordination Meeting on Migrants' Health in the Ministry of Health of Serbia**

On 22nd May, a coordination meeting was held in the Serbian Ministry of Health, chaired by Dr Vesna Knjeginjic, Assistant Minister. This was one of regular periodic meeting which MoH organises to discuss progress in activities related to migrants' health. Dr Tamara Berberovic attended this meeting. She presented two training initiative that IOM was organising related to migrants' health, during May.

### **Challenges and solutions**

If additional implementation time was allowed to finalize the negotiation and for further implementation in the country, the entire reception system in Serbia will be covered with the e-PHR. Such an achievement may lead to a more positive dialogue in the frame of a sustainability plan.



## Greece

The activities in the country started with a delay due to the lack of continuity between the Re-Health and the Re-Health 2. Activities of recruitment and re-establishment of the dialogue with National Authorities in the framework of field operation were completed during October 2017. From December 2017 to December 2018, 8872 e-PHR have been collected with 1510 follow up exams.

The activities in Greece resumed during October 2017 with the established collaboration with the Ministry of Health/Hellenic Center for Disease Control & Prevention (KEELPNO) in the Attika Region in the Pre-removal center of Amygdaleza and in Elaionas camp.

In addition to it and further to the establishment of a formal collaboration with the NGO *Médecins du Monde* (MdM) during the month of December 2017 the e-PHR started to be implemented in:

- Open Polyclinic MdM Greece (Pireos 33, Omonoia)
- Psychosocial Department (MdM Greece, Sappfous 12, Omonoia)
- Chios Island (Accommodation Refugee Shelters)
- 4 Accommodation Shelters in Metaxourgeio

During the month of March 2018, the collaboration with the Hellenic Center for Disease Control & Prevention led to the use of the e-PHR on the island of Samos. Further and in coordination with KEELPNO and the Director of the Hospital of Chios the activities scaled up in the Chios, island. Specifically, in the reception facilities.

The e-PHR was also implemented by ICRC under request of MoH and Ministry of Migration and Policy (MoMP) in the region of Evros, in the Fylakio pre removal center, with the support of an IOM mediator already working in the site. ICRC expressed interest in continuing the collaboration upon award of further funds from their side.

The action in Greece was overall supported by mediators from KEELPNO, MdM and 2 IOM mediators recruited within the project (Arabic and Farsi/Urdu); the last two operated within the Attika region.

IOM Greece attended systematically the National Health Operations Center of the Hellenic Ministry of Health meetings (EKEPY), coordinated with other actions and main stakeholders (WHO, UNHCR, UNICEF, MSF, MdM, etc.) and reported on the e-PHR developments in Greece. During this period WHO formally established an office in the country with an officer responsible for Greece; IOM reached out and met with the staff of the office to further coordinate in the area of migration health.

IOM provided ICT equipment in the country where needed (4 computers, 2 printers, USB keys, or wireless modem/connection). Beside it KEELPNO requested for support with medical devices for the island of Samos and in the Attika due to the lack of medical devices in the reception facilities.

### **Trainings and Health Promotion**

- On October 27, 2017, through video connection, a training on the Re-Health2 platform was carried out for personnel from HCDCP and MdM.
- On 30 November and 1 December 2017, through video connection, a training on the Re-Health2 platform was provided to other users from MdM.
- On 24 November, 480 migrants were informed about oral hygiene benefits from HCDCP (Hellenic Center for Disease Control & Prevention) Dentist in coordination with IOM Greece. IOM Greece donated tooth brushes and tooth pastes to the Hellenic Center for Disease Control & Prevention (KEELPNO) requested by medical teams in Amygdaleza pre – removal center. The donation was under the Re-Health 2 project “Implementation of the e-PHR as a tool for integration of refugees in EU health systems”

### **Challenges and solutions**

It must be noted that the Greek MoH/KEELPNO between 2017 and beginning of 2018 took charge of health care provision in the reception facilities in the Greek islands, which were initially covered by NGOs. The transition from NGOs to MoH has been also delaying the implementation of the e-PHR in the islands. In addition to it an overall high turnover of health professionals in the main land and islands and lack of medical devices and pharmaceutical products have been highlighted in the implementation sites during IOM field missions. It should be noted that re-Health2 has supported the supply of medical devices in various facilities, despite the presence of other mechanisms which could have provided such. The action per se, given the limited budget and timeline could not address the wide number of needs assessed in Greece, among the many maternal health and mental health, but could only support within its capacity and capability the competent national authorities.

### **Slovenia**

From July 2017 until December 2018, 3 e-PHR records have been collected in Slovenia.

The mediators, two for Arabic and one for Farsi language recruited by the Slovenian National Institute of Public Health (NIPH) were key figures in the support during health assessments in the country. It must be noted that before the action Re-Health, mediators in Slovenia were not specialized in Health and were contracted solely by the Ministry of Interior. The IOM mission together with the NIPH weekly met with the mediators to support and coordinate the activities.

Re-Health2 fostered the integration of migrants arrived in 2015-2016 in the national health system and ensured an updated health record within Re-Health2 period during which numerous asylum seekers started entering the Slovenian employment market.

### **Implementation sites**

The project has been implemented in Kotnikova Asylum Center in Ljubljana and in Vič Asylum Center Ljubljana. In the main Asylum Center Ljubljana – Vič, health is provisioned only by a nurse, which performs sporadically. The main population in the center has been registered with the e-PHR. During the implementation period very few new migrants arrived in the country. Due to the precarious situation and high needs (i.e. maternal health, mental health, substance abuse) in the main Asylum center, IOM reached out to Community Health Center Logatec and

Community Health Center Ljubljana, and explored further specific needs for assistance within the e-PHR.

### **Weekly meetings and supervision with health mediators at the National Institute for Public Health (NIPH)**

Between December and August weekly meetings between administrator Ms Andreja Urh (NIPH), health mediators Mr Reza Shadani (NIPH), Ms Samar Zughool (NIPH), Mr Idris Fadul (NIPH) and IOM Country Coordinator Ms Ana Jereb (IOM) took place. Each meeting served as a weekly reporting and when needed as a supervision session for health mediators to discuss their work and dilemmas from the field.

### **Preparation of informational sheets on access to health care for asylum seekers**

Health mediators prepared a 5-page long document on rights to access health care for asylum seekers, including most often addressed questions coming from migrants. The document has been distributed among asylum seekers in the Asylum Center Ljubljana- Vič and in the department of the Asylum Center in Ljubljana–Kotnikova Street.

### **Encountered needs**

The e-PHR use and the reports highlighted psychological distress, mental health issues and drug abuse among the migrant population. A psychiatrist visited the Asylum Center – Vič Once a week, for prearranged appointments.

The e-PHR data and the health mediators working in the center, reported an increasing need in maternal and reproductive health.

### **Feasibility/transferability of the e-PHR**

The e-PHR instrument was implemented thanks to the support of national and local authorities depending on the national set up.

In all the reception facilities where the e-PHR was implemented no parallel, national or local e-health system was encountered. Hence IOM did not conduct any specific transferability test or analysis. The only interface and transferability action which took place under Re-Health and Re-Health2 is specific to the interfacing between the e-PHR and the IOM tool MiMosa<sup>1</sup> in the frame of the Relocation movement in place between Greece and the other European Member States. The interface action is merely a technical ICT operation which was addressed under two main challenges time and budget. As interfacing operation require beside the commitment in principle a set of ICT skills. At operational level the action has been mainly time consuming based on the need to match the individual item lines in the platform Mimosa (i.e. Name, specific sections such as vaccinations, medical history etc.) with the camps present in the e-PHR.

On the feasibility component based on the above mission reports developed in coordination with Member States evidence in most of the cases provides the following:

---

<sup>1</sup> <https://gss.iom.int/hc/en-us/articles/360005864160-Change-Core-Medical-Service-to-Non-Core>

Second Phase of implementation in the countries participating in the first phase and in new countries from the beginning of Re-Health2 16653, exams: 16367, of which 4671 are follow-ups have been collected at country level in Croatia, Cyprus, Bulgaria, Greece, Slovenia and Serbia.

Overall this demonstrate the increased uptake of the system through the reported implementation sites, the number of the e-PHR printed under the relocation mechanisms, the support received during the final dissemination event.

## **Conclusion**

This report is based on the practical experience of the implementation of the e-PHR in six countries, who experienced a large number of new arrivals in recent years. A number of practical barriers had been pointed out, such as administrative and approval processes, staff training and pragmatic and logistical issues. Despite these, the overwhelming feedback was very positive and the e-PHR with its accompanying actions was well received by member states, care professionals as well as beneficiaries. The electronic tool has been running very smoothly and no major technical problems have been reported. There has been a strong expressed desire from a number of countries to maintain the e-PHR and to have further roll outs in more places, and a number of initiatives have been taken forward – and one of these has received member state funding (for a roll out in Sicily). This interest extends to the geographical footprint as well as to facilitate further technical improvements, including ensuring cross-system compatibility.