

Consortium Agreement

**PROJECT TITLE: Supporting health coordination,
assessments, planning, access to health care and
capacity building in Member States under particular
migratory pressure**

(SH-CAPAC)

SH-CAPAC Consortium Agreement

Table of Content

Section 1: Definitions	2
Section 2: Purpose	2
Section 3: Entry into force, duration and termination	2
Section 4: Responsibilities of Parties	3
Section 5: Liability towards each other	4
Section 6: Governance structure	5
Section 7: Financial provisions	6
Section 8: Results	8
Section 9: Non-disclosure of information	10
Section 10: Miscellaneous	11
Section 11: Signatures	13
Annexes	14

CONSORTIUM AGREEMENT

THIS CONSORTIUM AGREEMENT is based upon REGULATION (EU) OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 11 March 2014 establishing the third programme for the Union's action in the field of health (2014-2020), amended with the Decision C(2015) 35942 of 2 June 2015 concerning the work programme for 2015 in the framework of the third Programme of the Union's action in the field of health (2014-2020) to support Member States under particular migratory pressure in their response to health related challenges, and the European Commission Multi-beneficiary General Model Grant Agreement and its Annexes, and is made on 31 January 2016 hereinafter referred to as the Effective Date.

BETWEEN:

1. ESCUELA ANDALUZA DE SALUD PUBLICA SA (EASP) SA, 2033, established in CUESTA DEL OBSERVATORIO CAMPUS UNIVERSITARIO DE CARTUJA 4, GRANADA 18011, Spain, ESA18049635, the Coordinator.
2. AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE), CF01598570354, established in VIA AMENDOLA 2, REGGIO EMILIA 42100, Italy, IT01598570354.
3. TRNAVSKA UNIVERZITA V TRNAVE (TU), 31825249, established in HORNOPOTOCNA 23, TRNAVA 918 43, Slovakia, SK2021177202.
4. UNIVERSITEIT GENT - Ghent University, public institution with legal personality, having its administrative offices in Belgium, B-9000 Gent, Sint-Pietersnieuwstraat 25, company registration number 0248.015.142, duly represented by Prof. dr. Anne De Paepe, rector, who entrusts the execution of the present agreement to prof. dr. Olivier Degomme, department of Department of Uro-gynaecology.
5. UNIWERSYTET JAGIELLONSKI (JUMC), 000001270, established in Ul. Golebia 24, KRAKOW 31007, Poland, PL6750002236.
6. KOBENHAVNS UNIVERSITET (UCPH), 29979812, established in NORREGADE 10, KOBENHAVN 1165, Denmark, DK29979812.
6. Academisch Medisch Centrum bij de Universiteit van Amsterdam (AMC), None, established in MEIBERGDREEF 9, AMSTERDAM 1105AZ, Netherlands, NL004627672B01.

hereinafter, jointly or individually, referred to as "Parties" or "Party" relating to the Action entitled: "Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure". In short: SH-CAPAC. Hereinafter referred to as "Project".

SH-CAPAC Consortium Agreement

WHEREAS:

The Parties, having considerable experience in the field concerned, have submitted a proposal for 2015 CALL FOR PROPOSALS FOR PROJECTS: "Responding to health related challenges in Member States under particular migratory pressure" This proposal was favourably evaluated and the consortium was invited to prepare a Grant Agreement. The Parties wish to specify or supplement binding commitments among themselves in addition to the provisions of the specific Grant Agreement NUMBER — 717275 — SH-CAPAC, hereinafter "Grant Agreement" or "EC Grant Agreement"). The Parties are aware that this Consortium Agreement is based upon the DESCA model consortium agreement.

NOW, THEREFORE, IT IS HEREBY AGREED AS FOLLOWS:

Section 1: Definitions

"Consortium Plan".

Consortium Plan means the description of the work and the related agreed Consortium Budget, including the payment schedule.

"Consortium Budget".

Consortium Budget means the allocation of all the resources in cash or in kind for the activities foreseen.

"Defaulting Party".

Defaulting Party means a Party which the Steering Committee (SC) has identified to be in breach of this Consortium Agreement and/or the Grant agreement as specified in Article 4.2 of this Consortium Agreement.

Section 2: Purpose

The purpose of this Consortium Agreement is to specify with respect to the project the relationship among the parties, in particular concerning the organisation of the work between the parties, the management of the project and the rights and obligations of the parties concerning inter alia liability, exploitation of results and dispute resolution.

Section 3: Entry into force, duration and termination**3.1 Entry into force**

An entity becomes a party to this Consortium Agreement upon signature of this Consortium Agreement by a duly authorised representative.

This Consortium Agreement shall have effect from the effective date identified

SH-CAPAC Consortium Agreement

at the beginning of this Consortium Agreement.

3.2 Duration and termination

This Consortium Agreement shall continue in full force and effect until complete fulfilment of all obligations undertaken by the parties under the EC Grant agreement and under this Consortium Agreement.

However, this Consortium Agreement or the participation of one or more parties to it may be terminated in accordance with the terms of this Consortium Agreement and the grant agreement (articles 1.9 of the special conditions).

3.3 Survival of rights and obligations

The provisions relating to confidentiality, for the time period mentioned therein, as well as for liability, exploitation of results, applicable law and settlement of disputes shall survive the expiration or termination of this Consortium Agreement.

Termination shall not affect any rights or obligations of a party leaving the Consortium incurred prior to the date of termination, unless otherwise agreed between the Steering Committee and the leaving party. This includes the obligation to provide all input, deliverables and documents for the period of its participation.

Section 4: Responsibilities of Parties

4.1 General principles

Each party undertakes to take part in the efficient implementation of the project, and to cooperate, perform and fulfill, promptly and on time, all of its obligations under the EC Grant agreement and this Consortium Agreement as may be reasonably required from it and in a manner of good faith as prescribed by Belgian law. The Parties do not undertake that any research will lead to any particular results, nor do the Parties guarantee a successful outcome of the Project.

Each party undertakes to notify promptly, in accordance with the governance structure of the project, any significant information, fact, problem or delay likely to affect the project.

Each party shall promptly provide all information reasonably required by a consortium body or by the coordinator to carry out its tasks.

Each party shall take reasonable measures to ensure the accuracy of any information or materials it supplies to the other parties.

4.2 Detailed tasks to be undertaken by each party

The detailed tasks to be undertaken by each party are included in annex I of the Grant Agreement

4.3 Breach

In the event a responsible consortium body identifies a breach by a party of its

SH-CAPAC Consortium Agreement

obligations under this Consortium Agreement or the EC Grant agreement (e.g.: a member producing poor quality work), the coordinator or the party appointed by the SC if the Coordinator is in breach of its obligations under this Consortium Agreement or the EC Grant agreement will give written notice to such party requiring that such breach be remedied within 30 calendar days.

If such breach is substantial and is not remedied within that period or is not capable of remedy, the SC may decide to declare the party to be a defaulting party and to decide on the consequences thereof which may include termination of its participation.

4.4 Involvement of third parties

A party that enters into a subcontract or otherwise involves third parties (including but not limited to affiliated entities) in the project remains solely responsible for carrying out its relevant part of the project and for such third party's compliance with the provisions of this Consortium Agreement and of the EC Grant agreement. It has to ensure that the involvement of third parties does not affect the rights and obligations of the other parties under this Consortium Agreement and the EC-Grant agreement.

Section 5: Liability towards each other

5.1 No warranties

In respect of any information or materials supplied by one party to another under the project, no warranty or representation of any kind is made, given or implied as to the sufficiency or fitness for purpose nor as to the absence of any infringement of any proprietary rights of third parties.

Therefore, the recipient party shall in all cases be entirely and solely liable for the use to which it puts such information and materials.

5.2 Limitations of contractual liability

No party shall be responsible to any other party for any indirect or consequential loss or similar damage such as, but not limited to, loss of profit, loss of revenue or loss of contracts, provided such damage was not caused by a wilful act or by a breach of confidentiality.

A party's aggregate liability towards the other parties collectively shall be limited the party's share of the total costs of the project as identified in the General Conditions for Grant agreements provided such damage was not caused by a wilful act or gross negligence.

The terms of this Consortium Agreement shall not be construed to amend or limit any party's statutory liability.

5.3 Damage caused to third parties

Each party shall be solely liable for any loss, damage or injury to third parties

SH-CAPAC Consortium Agreement

resulting from the performance of the said party's obligations by it or on its behalf under this Consortium Agreement.

5.4 Force Majeure

Definition, causes, procedures and responsibility for events involving *force majeure* will be regulated by the terms contained in Article II.11 of the General Conditions for Grant agreements).

Section 6: Governance structure

6.1 General structure

The organisational structure of the consortium comprises a Steering Committee (SC), which will be set up to assist the coordinator and the entire project. It will be led by the EASP and constituted of:

- The EASP professional designated to act as the project's director, or the person so delegated by that director.
- One person to be designated by each one of the consortium members.

The functions of the SC are detailed in the manual of rules and procedures (annex II of this consortium agreement).

The Coordinator is the legal entity acting as the intermediary between the parties and the Commission. The Coordinator shall, in addition to its responsibilities as a party, perform the tasks assigned to it as described in the EC Grant agreement and this Consortium Agreement.

6.2 General operational procedures for the Steering Committee

6.2.1 Representation in meetings

Any consortium member should be present or represented at any meeting of the SC, may appoint a substitute or a proxy to attend and vote at any meeting and shall participate in a cooperative manner in the meetings.

6.2.2 Preparation and organisation of meetings

6.2.2.1 Convening meetings

The project's director shall convene the meetings of the SC.

The SC will meet every two (2) months (in person or using video conference techniques).

6.2.2.2 Notice of a meeting

The Technical Secretariat –TS– (set up to provide technical and administrative support) shall give notice in writing of a meeting to each member as soon as possible and no later than 15 days preceding the meeting.

6.2.2.3 Sending the agenda:

The TS shall prepare and send each member a written agenda no later than 7

SH-CAPAC Consortium Agreement

days preceding the meeting.

6.2.2.4 Any decision may also be taken without a meeting if the coordinator circulates to all members of the SC a written document which is then signed by the defined majority (see Article 6.2.3.) of all members of the SC.

6.2.2.5 Meetings of the SC may also be held by teleconference or other telecommunication means.

6.2.2.6 Decisions will only be binding once the relevant part of the minutes has been accepted according to Article 6.2.4.

6.2.3 Voting rules and quorum

6.2.3.1 Each consortium body shall not deliberate and decide validly unless two-thirds (2/3) of its members are present or represented (quorum).

6.2.3.2 Each member of the SC present or represented in the meeting shall have one vote. Although decisions at the meetings will be made by consensus, should there be a division of opinion regarding decisions affecting the project's development and contractual obligations, the project director will cast the deciding vote.

6.2.4 Minutes of meetings

6.2.4.1 The TS shall produce written minutes of each meeting which shall be the formal record of all decisions taken. He shall send the draft minutes to all Members within 10 calendar days of the meeting.

6.2.4.2 The minutes shall be considered as accepted if, within 15 calendar days from sending, no member has objected in writing to the chairperson with respect to the accuracy of the draft of the minutes.

6.2.4.3 The TS shall send the accepted minutes to all the members of the SC and to the coordinator, who shall safeguard them.

6.3 Specific operational procedures for the Steering Committee

The specific operational procedures for the SC are stated in the manual on rules and procedures.

Section 7: Financial provisions

7.1 General Principles

7.1.1 Distribution of Financial Contribution

The financial contribution of the Funding Authority to the Project shall be distributed by the Coordinator according to:

- the Consortium Plan.
- the approval of reports by the Funding Authority, and
- the provisions of payment in Section 7.3.

SH-CAPAC Consortium Agreement

A Party shall be funded only for its tasks carried out in accordance with the Consortium Plan.

7.1.2 Justifying Costs

In accordance with its own usual accounting and management principles and practices, each Party shall be solely responsible for justifying its costs with respect to the Project towards the Funding Authority. Neither the Coordinator nor any of the other Parties shall be in any way liable or responsible for such justification of costs towards the Funding Authority.

7.1.3 Funding Principles

A Party which spends less than its allocated share of the budget as set out in the Consortium Plan or – in case of reimbursement via unit costs - implements less units than foreseen in the Consortium Plan will be funded in accordance with its actual duly justified eligible costs only.

A Party that spends more than its allocated share of the budget as set out in the Consortium Plan will be funded only in respect of duly justified eligible costs up to an amount not exceeding that share.

7.1.4 Financial Consequences of the termination of the participation of a Party

A Party leaving the consortium shall refund all payments it has received except the amount of contribution accepted by the Funding Authority or another contributor. Furthermore a Defaulting Party shall, within the limits specified in Section 5.2 of this Consortium Agreement, bear any reasonable and justifiable additional costs occurring to the other Parties in order to perform its and their tasks.

7.2 Budgeting

The budget set out in the Consortium Plan shall be valued in accordance with the usual accounting and management principles and practices of the respective Parties.

7.3 Payments

7.3.1 Payments to Parties are the exclusive tasks of the Coordinator

In particular, the Coordinator shall:

- Notify the Party concerned promptly of the date and composition of the amount transferred to its bank account, giving the relevant references.
- Perform diligently its tasks in the proper administration of any funds and in maintaining financial accounts.
- Undertake to keep the Community financial contribution to the Project separated from its normal business accounts, its own assets and property, except if the Coordinator is a Public Body or is not entitled to do so due to statutory legislation.
- With reference to Articles 21.2 and 21.3.2 of the Grant Agreement, no Party shall before the end of the Project receive more than its allocated share of

the maximum grant amount from which the amounts retained by the Funding Authority for the Guarantee Fund and for the final payment have been deducted.

7.3.2 Payment schedule

The payment schedule, which contains the transfer of pre-financing and final payments to Parties, will be handled according to the following:

Funding of costs included in the Consortium Plan will be paid to Parties after receipt from the Funding Authority without undue delay (with a maximum of thirty (30) calendar days following receipt from the Funding Authority) and in conformity with the provisions of the Grant Agreement. Costs accepted by the Funding Authority will be paid to the Party concerned.

The Coordinator is entitled to withhold any payments due to a Party identified by a responsible Consortium Body to be in breach of its obligations under this Consortium Agreement or the Grant Agreement or to a Beneficiary which has not yet signed this Consortium Agreement.

The Coordinator is entitled to recover any payments already paid to a Defaulting Party. The Coordinator is equally entitled to withhold payments to a Party when this is suggested by or agreed with the Funding Authority.

If a Party generates receipts as defined in Art. 5.3.3 of the Grant Agreement, these receipts will be deducted from its allocated share of the budget as set out in the Consortium Plan.

Section 8: Results

8.1 Ownership Background

Each Party will remain the owner and will retain control of its Background.

8.2 Ownership of Results

Results are owned by the Party that generates them. Results are owned by the Party that generates them. Where several Parties have jointly carried out work generating Results and where their respective share of the work cannot be ascertained, they shall have joint ownership of such Results. These Parties shall negotiate and agree on a joint ownership agreement regarding the allocation and terms of exercising that joint ownership of such joint Results, within six (6) months as of the creation of such joint Results.

8.3 Joint ownership

Unless otherwise agreed:

each of the joint owners shall be entitled to use their jointly owned Results for non-commercial research activities (i.e. research activities without the objective of commercial or industrial exploitation) or educational purposes on a royalty-free basis, and without requiring the prior consent of the other joint owner(s), and each of the joint owners shall be entitled to otherwise Exploit the jointly owned Results and to grant non-exclusive licenses to third parties (without any right to sub-license), if the other joint owners are given:

SH-CAPAC Consortium Agreement

- (a) At least 45 calendar days advance notice; and
- (b) Fair and Reasonable compensation.
- (c) The proposed publication includes Confidential Information of the objecting Party.

8.4 Transfer of Results

8.4.1 Each Party may transfer ownership of its own Results following the procedures of the Grant Agreement Article 30.

8.4.2 It may identify specific third parties it intends to transfer the ownership of its Results to in Attachment (3) to this Consortium Agreement. The other Parties hereby waive their right to prior notice and their right to object to a transfer to listed third parties according to the Grant Agreement Article 30.1.

8.4.3 The transferring Party shall, however, at the time of the transfer, inform the other Parties of such transfer and shall ensure that the rights of the other Parties will not be affected by such transfer.

Any addition to Attachment (3) after signature of this Agreement requires a decision of the General Assembly.

8.4.4 The Parties recognize that in the framework of a merger or an acquisition of an important part of its assets, it may be impossible under applicable EU and national laws on mergers and acquisitions for a Party to give the full 45 calendar days prior notice for the transfer as foreseen in the Grant Agreement.

8.4.5 The obligations above apply only for as long as other Parties still have - or still may request - Access Rights to the Results.

8.5 Dissemination**8.5.1 Dissemination of own Results**

8.5.1.1 During the Project and for a period of 1 year after the end of the Project, the dissemination of own Results by one or several Parties including but not restricted to publications and presentations, shall be governed by the procedure of Article 29.1 of the Grant Agreement subject to the following provisions.

Prior notice of any planned publication shall be given to the other Parties at least 20 calendar days before the publication. Any objection to the planned publication shall be made in accordance with the Grant Agreement in writing to the Coordinator and to the Party or Parties proposing the dissemination within 15 calendar days after receipt of the notice. If no objection is made within the time limit stated above, the publication is permitted.

8.5.1.2 An objection is justified if

- (a) the protection of the objecting Party's Results or Background would be adversely affected

SH-CAPAC Consortium Agreement

(b) the objecting Party's legitimate academic or commercial interests in relation to the Results or Background would be significantly harmed.

The objection has to include a precise request for necessary modifications.

8.5.1.3 If an objection has been raised the involved Parties shall discuss how to overcome the justified grounds for the objection on a timely basis (for example by amendment to the planned publication and/or by protecting information before publication) and the objecting Party shall not unreasonably continue the opposition if appropriate measures are taken following the discussion.

The objecting Party can request a publication delay of not more than 90 calendar days from the time it raises such an objection. After 90 calendar days the publication is permitted, provided that Confidential Information of the objecting Party has been removed from the Publication as indicated by the objecting Party.

8.5.2 Dissemination of another Party's unpublished Results or Background

A Party shall not include in any dissemination activity another Party's Results or Background without obtaining the owning Party's prior written approval, unless they are already published.

8.5.3 Cooperation obligations

The Parties undertake to cooperate to allow the timely submission, examination, publication and defence of any dissertation or thesis for a degree which includes their Results or Background subject to the confidentiality and publication provisions agreed in this Consortium Agreement.

8.5.4 Use of names, logos or trademarks

Nothing in this Consortium Agreement shall be construed as conferring rights to use in advertising, publicity or otherwise the name of the Parties or any of their logos or trademarks without their prior written approval.

Section 9: Non-disclosure of information

9.1 All information in whatever form or mode of communication, which is disclosed by a Party (the "Disclosing Party") to any other Party (the "Recipient") in connection with the Project during its implementation and which has been explicitly marked as "confidential" at the time of disclosure, or when disclosed orally has been identified as confidential at the time of disclosure and has been confirmed and designated in writing within 15 calendar days from oral disclosure at the latest as confidential information by the Disclosing Party, is "Confidential Information".

9.2 The Recipients hereby undertake in addition and without prejudice to any commitment of non-disclosure under the Grant Agreement, for a period of 4 years after the end of the Project:

- not to use Confidential Information otherwise than for the purpose for which it was disclosed; not to disclose Confidential Information to any third party without the prior written consent by the Disclosing Party;
- to ensure that internal distribution of Confidential Information by a Recipient shall take

SH-CAPAC Consortium Agreement

place on a strict need-to-know basis; and

- to return to the Disclosing Party on demand all Confidential Information which has been supplied to or acquired by the Recipients including all copies thereof and to delete all information stored in a machine readable form. The Recipients may keep a copy to the extent it is required to keep, archive or store such Confidential Information because of compliance with applicable laws and regulations or for the proof of on-going obligations.

9.3 The Recipients shall be responsible for the fulfilment of the above obligations on the part of their employees, students (if applicable) or third parties involved in the Project and shall ensure that they remain so obliged, as far as legally possible, during and after the end of the Project and/or after the termination of the contractual relationship with the employee or third party.

9.4 The confidentiality obligations under this Consortium Agreement and the General Conditions of the Grant Agreement, shall not prevent the communication of confidential information to the Commission.

Section 10: Miscellaneous

10.1 Attachments, inconsistencies and severability

This Consortium Agreement consists of this core text and Annexes

I – GRANT AGREEMENT NUMBER — 717275 — SH-CAPAC already accepted by each partner (without annexes)

II – Manual of rules and procedures.

III – Partners' contact details

In case the terms of this Consortium Agreement are in conflict with the terms of the Grant Agreement, the terms of the latter shall prevail. In case of conflicts between the attachments and the core text of this Consortium Agreement, the latter shall prevail.

Should any provision of this Consortium Agreement become invalid, illegal or unenforceable, it shall not affect the validity of the remaining provisions of this Consortium Agreement. In such a case, the Parties concerned shall be entitled to request that a valid and practicable provision be negotiated which fulfils the purpose of the original provision.

10.2 No representation, partnership or agency

Except as otherwise provided in Section 6.4.4, no Party shall be entitled to act or to make legally binding declarations on behalf of any other Party or of the consortium. Nothing in this Consortium Agreement shall be deemed to constitute a joint venture, agency, partnership, interest grouping or any other kind of formal business grouping or entity between the Parties.

10.3 Notices and other communication

Any notice to be given under this Consortium Agreement shall be in writing to the addresses and recipients as listed in the most current address list kept by the Coordinator.

Formal notices:

If it is required in this Consortium Agreement (Sections 4.2, 9.7.2.1.1, and 10.4) that a formal notice, consent or approval shall be given, such notice shall be signed by an authorised representative of a Party and shall either be served personally or sent by mail with recorded delivery or telefax with receipt acknowledgement.

Other communication:

Other communication between the Parties may also be effected by other means such as e-mail with acknowledgement of receipt, which fulfils the conditions of written form.

Any change of persons or contact details shall be notified immediately by the respective Party to the Coordinator. The address list shall be accessible to all concerned.

10.4 Assignment and amendments

Except as set out in Section 8.2, no rights or obligations of the Parties arising from this Consortium Agreement may be assigned or transferred, in whole or in part, to any third party without the other Parties' prior formal approval.

Amendments and modifications to the text of this Consortium Agreement not explicitly mentioned require a separate written agreement to be signed between all Parties.

10.5 Mandatory national law

Nothing in this Consortium Agreement shall be deemed to require a Party to breach any mandatory statutory law under which the Party is operating.

10.6 Language

This Consortium Agreement is drawn up in English, which language shall govern all documents, notices, meetings, arbitral proceedings and processes relative thereto.

10.7 Applicable law

This Consortium Agreement shall be construed in accordance with and governed by the laws of Belgium excluding its conflict of law provisions.

10.8 Settlement of disputes

The Parties shall try to solve amicably any dispute, controversy or claim arising under, out of or relating to this Consortium Agreement and any subsequent amendments thereof, including, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims.

Should a dispute arise between the Parties concerning the validity, the interpretation and/or the implementation of this Consortium Agreement, they will try to solve it through mediation.

Any dispute between the parties arising from the interpretation or application of the provisions of this contract which can not be settled amicably or through mediation, shall be brought before the court of Belgium

Section 11: Signatures**AS WITNESS:**

The Parties have caused this Consortium Agreement to be duly signed by the undersigned authorised representatives in separate signature pages the day and year first above written.

ESCUELA ANDALUZA DE SALUD PUBLICA SA (EASP)

Signature(s) Name(s) Title(s)

Date

AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE).

Signature(s) Name(s) Title(s)

Date

TRNAVSKA UNIVERZITA V TRNAVE (TU)

Signature(s) Name(s) Title(s)

Date

UNIVERSITEIT GENT (Ugent)

Signature(s) Name(s): Title(s) For the rector

Date

UNIwersytet Jagiellonski (JUMC)

Signature(s) Name(s) Title(s)

Date

KOBENHAVNS UNIVERSITET (UCPH)

Signature(s) Name(s) Title(s)

Date

Acad misch Medisch Centrum bij de Universiteit van Amsterdam (AMC)

Signature(s) Name(s) Title(s)

Date

Annexes



EUROPEAN COMMISSION

Consumers, Health, Agriculture and Food Executive Agency
Director

GRANT AGREEMENT

NUMBER — 717275 — SH-CAPAC

This **Agreement** ('the Agreement') is **between** the following parties:

on the one part,

the **Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)** ('the Agency'), under the power delegated by the European Commission ('the Commission'),

represented for the purposes of signature of this Agreement by Mr Luc BRIOL, Director, or his duly authorised representative,

and

on the other part,

1. 'the coordinator':

ESCUELA ANDALUZA DE SALUD PUBLICA SA (EASP) SA, 2033, established in CUESTA DEL OBSERVATORIO CAMPUS UNIVERSITARIO DE CARTUJA 4, GRANADA 18011, Spain, ESA18049635 represented for the purposes of signing the Agreement by Director, JOAN CARLES MARCH CERDÀ

and the following other beneficiaries, if they sign their 'Accession Form' (see Annex 3 and Article 40):

2. **AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE)**, CF01598570354, established in VIA AMENDOLA 2, REGGIO EMILIA 42100, Italy, IT01598570354

3. **TRNAVSKA UNIVERZITA V TRNAVE (TU)**, 31825249, established in HORNOPOTOCNA 23, TRNAVA 918 43, Slovakia, SK2021177202

4. **UNIVERSITEIT GENT (UGent)**, 248015142, established in SINT PIETERSNIEUWSTRAAT 25, GENT 9000, Belgium, BE0248015142

5. **UNIWERSYTET JAGIELLONSKI (JUMC)**, 000001270, established in Ul. Golebia 24, KRAKOW 31007, Poland, PL6750002236

6. **KOBENHAVNS UNIVERSITET (UCPH)**, 29979812, established in NORREGADE 10, KOBENHAVN 1165, Denmark, DK29979812

7. **Academisch Medisch Centrum bij de Universiteit van Amsterdam (AMC)**, None, established in MEIBERGDREEF 9, AMSTERDAM 1105AZ, Netherlands, NL004627672B01

Unless otherwise specified, references to 'beneficiary' or 'beneficiaries' include the coordinator.

The parties referred to above have agreed to enter into the Agreement under the terms and conditions below.

By signing the Agreement or the Accession Form, the beneficiaries accept the grant and agree to implement the action under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out.

The Agreement is composed of:

Terms and Conditions

- | | |
|---------|---|
| Annex 1 | Description of the action |
| Annex 2 | Estimated budget for the action |
| Annex 3 | Accession Forms |
| Annex 4 | Model for the financial statements |
| Annex 5 | Model for the certificate on the financial statements |



Co-funded by
the Health Programme
of the European Union



**"SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING,
ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER
STATES UNDER PARTICULAR MIGRATORY PRESSURE - SH-CAPAC"**

**GRANT AGREEMENT
NUMBER — 717275 — SH-CAPAC - HP-HA-2015**

Project financed by the Consumers, Health, Agriculture and Food
Executive Agency (CHAFEA)

MANUAL ON RULES AND PROCEDURES



Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia



UNIVERSITEIT
GENT



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE

KØBENHAVNS
UNIVERSITET



amC

1.- INTRODUCTION

The project, "***Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) — SH-CAPAC***" is being developed under Grant Agreement Number — 717275 — SH-CAPAC - HP-HA-2015, which was signed between the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA), under the power delegated by the European Commission, and the Andalusian School of Public Health (hereinafter, EASP, "the coordinator") and the following other beneficiaries: AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE, Italy), TRNAVSKA UNIVERZITA V TRNAVE (TU, Slovakia), ICRH (International Centre of Reproductive Health) – UNIVERSITEIT GENT (UGent, Belgium), UNIWERSYTET JAGIELLONSKI (JUMC, Poland), KOBENHAVNS UNIVERSITET (UCPH, Denmark) and Academisch Medisch Centrum bij de Universiteit van Amsterdam (AMC, Netherlands).

The total costs of the project is 671.305,43 € and the maximum grant amount is 537.044,34 €, which must cover all expenses derived from the projects laid out in the description of the action, Annex 1 of the grant agreement. The project's start-up date is January 1, 2015, and it will last 12 months.

This manual on rules and procedures consists of this core text and Annex 1 (communication plan).

Overall Goal

The general objective of the project is to support Member States under particular migratory pressure in their response to health related challenges.

Specific Objectives

The specific objectives of the project are to:

1. Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure,
2. Support Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments of the health care response and public health**

interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population,

3. Support Member States in developing action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrants influx,

4. Support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a **resource package** to reorient local strategies and plans.

5. **Build national capacity through training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

2.- ORGANIZATION AND COORDINATION

The project will be coordinated by the Andalusian School of Public Health (EASP). The EASP will be responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained.

The partners that constitute the consortium for the implementation of the project SH-CAPAC will function as a collective entity for:

- a) Developing the necessary instruments and tools through a division of labour among the members of the consortium.
- b) Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries.
- c) Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project.
- d) Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population.
- e) Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU.

- f) Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

The EASP, once the contract is signed, will convene the meetings it considers convenient in order to both, establish the work plan and carry out the adequate monitoring of the relevant activities foreseen in the framework of the project. Meetings with IOM, WHO, UNHCR, OCHA and EU will be also convened by EASP in order to identify possible synergies with their activities and other projects approved under the call for proposals.

The project contains the following 6 WP:

WP1: Health Sector Coherence and Coordination

Objectives: Support of Member States, in close collaboration with WHO, IOM, OCHA, UNHCR and ECDC to establish national and international health sector coordination mechanisms (similar to the architecture of the humanitarian health cluster), for implementing a coherent and consolidated national and international response to the health needs of the refugee, asylum seeker and other migrant's population in Member States.

WP2: Health Situation and Health Care Assessments

Objectives: Have reliable information for decision making on health needs and access to health services of the refugee, asylum seekers and other migrants population in target countries.

WP3: Planning the Implementation of a public health Response

Objectives: Support Member States' public health response to the challenges posed by the refugees, asylum seekers and other migrants influx, and reinforce and strengthen their health systems.

WP4: Improving Access to Health Care

Objectives:

- Identify available evidence on effective measures and tools.
- Develop a resource package to address access barriers to health care for refugees, asylum seekers and other migrants.
- Improve information and communication in critical settings.
- Improve competence of interdisciplinary teams from national/regional level.
- Support the exchange and validation of country experiences.

WP5: Activities in support to Member States' efforts to develop migrant sensitive health services by training trainers in target countries to implement training activities for health workers that develop the workers' intercultural competences and provide them with a clear understanding of a migrant sensitive health care delivery model.

Objectives:

- Develop a framework to facilitate implementation of the training strategy.
- Adapt the materials developed through EU funded projects to the needs of Health managers and professionals to be trained in a refugee/migrant-sensitive health care delivery model, respecting human rights and dignity.
- Promote coordination with other organisations already training health professionals in order to reach a wider target group of trainees, as well as national and regional health authorities.
- Disseminate and implement training for health professionals to improve access and quality of health services for migrants, with special focus on refugees.

WP6: Coordination of the Project

Objectives: Ensure the correct implementation, monitoring, evaluation and reporting of the project.

Each partner will take the lead on developing one instrument as stipulated in the WPs (see annex 1).

2.1. Steering Committee

The Steering Committee (SC) will be set up to assist the coordinator and the entire project. It will be led by the EASP and constituted of:

- The EASP professional designated to act as the project's director, or the person so delegated by that director.
- One person to be designated by each one of the consortium members.

Functions

The SC will count on joint support from the technical and administrative units of each partner of the Consortium and will be responsible for the following:

- ❖ Undertake planning for consortium activities.
- ❖ Participate in monitoring the effective and efficient implementation of the project.
- ❖ Ensure the quality of the project's expected products and results.
- ❖ Support the coordinator on financial and management control.
- ❖ Manage overall legal issues.
- ❖ Ensure the appropriate and timely reporting by the respective consortium members.
- ❖ Support the coordinator in preparing meetings with the European Commission and in preparing related data and deliverables.
- ❖ Coordinate knowledge management activities (protection, transfer, dissemination, exploitation, etc. of knowledge).
- ❖ Prepare the content and timing of press releases and joint publications by the Consortium or proposed by the European Commission, if necessary.

Meetings

The SC will meet every two months. The meetings will be via teleconference. The first meeting will be in person.

The place and time of SC meetings will be announced by the project's director, as will the virtual meetings using alternative communications technologies.

The SC will have the necessary technical and administrative support resources to adequately fulfil the project's ends and these supports will be provided by the EASP.

The SC's decisions will be based on consensus. Should a tie occur on decisions affecting the project's development and contractual obligations, the project director will cast the deciding vote.

The SC will regularly review the intermediate results; a content management tool will be installed to continuously assist the quality assurance.

2.2.- PROJECT DIRECTOR

Functions

- ❖ Manage the consortium and its planning, assuring the good execution of the Project in accordance with the Grant Agreement.
 - Undertake constant monitoring and communication.
 - Continually assess and resolve any problems within the project.
 - Monitor the compliance by consortium members.
 - Monitor and supervise the payments to the consortium partners respecting all (national and / or EC as appropriate) procedures.
 - Represent the project in all official acts as necessary, and in all external aspects.
- ❖ Manage the relationship with the EC to ensure the fulfilment of contractual obligations.
 - Provide the detailed data requested by the EC for the purposes of the proper management of the project.
 - Assure appropriate and timely reporting.
 - Ensure that project products respond to specifications in the Grant Agreement.
- ❖ Act as link between the SC, the Technical Secretariat and the consortium partners.
 - Be part of the decision-making body of the project.
 - Chair and organise the SC meetings and prepare the agenda and minutes.
 - Coordinate and supervise the communication plan.

The project director will be provided with the technical and administrative resources necessary to support the functions assumed by the Technical Secretariat.

2.3.- TECHNICAL SECRETARIAT

The Technical Secretariat (TS) is formed by the project director and EASP staff who will provide technical and administrative support. The TS will provide support to the project's director as well as to the SC in the following specific tasks:

- ❖ Prepare reports as required by the financing agency.
- ❖ Announce the SC meetings and prepare their corresponding minutes.
- ❖ Handle logistics related to the organization of scheduled seminars, workshops or courses.
- ❖ Content management of the WWW to facilitate intranet-restricted communication among the consortium partners and open communication with interested scientific and civil parties.

Each member will use its institution's own resources to provide administrative support to the project and will be responsible for:

- ❖ Providing support to the work teams by organizing all aspects related to the project's administrative issues.
- ❖ Setting up a file system for the project's outgoing and incoming correspondence, as well as for controlling other key documents related to its activities.
- ❖ Providing support in organizing events, workshops, or seminars as needed.
- ❖ Assisting in maintaining and updating a content management system which will be developed as part of the project.

2.4.- REPRESENTATIVES OF EACH CONSORTIUM MEMBER

Functions

- ❖ Organize and supervise all activities related to the development of the project within their organization and ensure, in accordance with the contract, the successful implementation of the project.
 - Participate in the preparation of the project operation plan and budget.
 - Participate in regular meetings with other members of the consortium to coordinate and monitor the activities, and especially those related to the SC.
 - Assist in the development and implementation of the communication plan.
- ❖ Be responsible for the coordination and execution of its work package with the support of the other members of the consortium involved. Specific functions include:

- Review technical aspects of the tasks in their respective work packages.
- Propose and implement actions and technical solutions to be taken.
- Exchange information with partners.

❖ Assist in the development of other WPs according to the distribution agreed.

2.5.- SPECIFIC WORK GROUPS

Specific work groups with functional status will be created to ensure the correct execution of the project's WPs. They shall consist of the collaborating stakeholders mentioned in annex 1, as well as any other expert who might be proposed by any consortium member. These experts will play the role of an "external scientific advisory committee" and have an advocacy function as well – transferring the project's results to relevant international fora.

3.- VISIBILITY

The communication plan is presented in annex 1. Furthermore, the "use of the EU Emblem in the context of EU Programmes – Guidelines for beneficiaries and other third parties" can be consulted and accessed on the project's website <http://www.easp.es/sh-capac/>.

In brief, as specified under the Grant Agreement, article 22, "Promoting the action – visibility of funding", "the beneficiaries must promote the action and its results". Furthermore, "any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via social media, etc.) and any infrastructure, equipment or major results funded by the grant must:

- (a) display the EU emblem and
- (b) include the following text:

"This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020)."

Finally, "any communication activity related to the action must indicate the following disclaimer:

"The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

ANNEX 1

Communication plan



Co-funded by
the Health Programme
of the European Union



**"SUPPORTING HEALTH COORDINATION, ASSESSMENTS,
PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN
MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE —
SH-CAPAC"**

**GRANT AGREEMENT
NUMBER — 717275 — SH-CAPAC - HP-HA-2015**

Action financed by the Consumers, Health, Agriculture and Food
Executive Agency (CHAFEA)

COMMUNICATION PLAN



Introduction

The SH-CAPAC project's mission is to support Member States under particular migratory pressure in their response to health related challenges. It is financed by the European Commission's Executive Agency on Consumers, Health and Food (CHAFEA) and is being developed by a multi-institutional consortium composed of seven members.

Goal

The goal of this communication plan is to ensure that all of the project's internal and external activities are taken into account and conducted in accordance with a series of actions and instruments outlined in this document.

Specific Goals

1. That the persons and institutions involved in implementing these activities understand the project's communication strategies and how to contribute to them.
2. Provide information about the project's "corporate" identity.
3. Guarantee the financing entity's visibility and ensure compliance with its requirements.
4. To disseminate the aims of the project and the actions to be developed.

Overall Strategy

Includes the following:

- Prioritized targets.
- Project values.
- Key concepts in the communication process.
- Actions, instruments and tools.
 - Internal communication.
 - External communication and the dissemination of results.
- "Corporate" identity and project's visibility.

Prioritized Targets

1.- Consortium Members

- Escuela Andaluza de Salud Pública (Spain).
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy).
- Trnava University (Slovakia).
- ICRH (International Centre of Reproductive Health) – Universiteit Gent (Belgium)
- Jagiellonian University Medical College (Poland).
- University of Copenhagen (Denmark).
- Academic Medical Centre / University of Amsterdam (Netherlands).

2.- EU Member States and relevant national and regional health authorities.

3.- Decision-making bodies in CHAFEA and DG SANCO.

4.- NGO's, UN agencies, other bodies or institutions of interest.

Project's Values

- Respect for individual and collective rights.
- Focus on intercultural issues and respect for diversity.
- Seek continuous improvements in the way health care is provided to refugee asylum seekers and other migrants population.
- Improve national and international health sector coordination mechanisms.
- Improve training programs through training of trainers in affected countries.
- Recognize the need to encourage consensus and participation among all involved to meet health needs that the massive refugee, asylum seekers and other migrants flow poses.
- Pursue the principles of appropriation and sustainability of results.

Key Concepts in the Communication Process

- Health as a basic human right.
- Refugees, asylum seekers, migration, health and health care.
- Intercultural competence.
- Professional training as an opportunity to improve refugee asylum seekers and other migrants' access to quality health care.
- Institutional, interinstitutional and international coordination.

Actions, Instruments and Tools

To address the specific needs of a diverse number of target groups, the actions to be undertaken have been grouped along the following lines:

1.- Internal Communication: Among consortium members and between consortium members and the financing entity (ongoing communication through the EASP's Project Director and its Technical Secretariat). Most internal communication and document-sharing will take place on the following intranet: <http://www.easp.es/sh-capac/>.

2.- External Communication: External communication includes dissemination and communication to direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red

Crescent facilities) as well as to involved international key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society). The main tool for external communication will be the following website: <http://www.easp.es/sh-capac/>.

The strategy comprises the following action lines and dissemination tools:

1. Internal Communication

The internal communication strategy's goal is to systematize and structure information in ways that will guarantee efficient and transparent management of the different Work Packages (WP), while also ensuring fluid and efficient communication among all the partners involved and the financing authority. This will be achieved through the use of the following tools:

- Ongoing communication among partners and the financing authority (phone, email, web conferences, teleconferences, etc.).
- Periodic meetings among partners (Steering Committee), as established in the Manual on Rules and Procedures, and with CHAFEA, as required.
- Intranet (<http://www.easp.es/sh-capac/>).

The Technical Secretariat has created the **SH-CAPAC project website** (<http://www.easp.es/sh-capac/>) allowing intranet-restricted communication among partners. It will be maintained by the lead institution in close collaboration with all partners. The objectives are:

1. To systematize and structure information in ways that will guarantee efficient and transparent management of the different work packages.
2. To ensure fluid and efficient communication among partners.
3. To disseminate the Project's information, milestones and deliverables.

Its structure includes:

- Access to site contents:
 - ❖ Description of the action.
 - ❖ Documents related to the project's planning and management.
 - ❖ Work plan.
 - ❖ Project contract.
 - ❖ Templates.
 - ❖ Communication plan.
 - ❖ Forum.
 - ❖ Specific sites for working groups dealing with WPs (including forums and a document repository to support WP development).

2. External Communication and the Dissemination of Results

Public access to the project's website will be focused on:

- Direct beneficiaries (national and regional health authorities of health systems of EU Member States; the health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities).
- International key stakeholders (ECDC, IOM, WHO, UNHCR, OCHA, UNICEF and UNFPA) and other indirect target groups (other institutions, media and society).

Access is given to following contents:

- Information about partners and the Project (ABOUT US) and the option to submit a query.
- Project's milestones (CALENDAR).
- Relevant information such as final products, events, references/recommended readings links to other EU-related projects (DELIVERABLES).

Particular relevant is external communication with other national and international key stakeholders operating in the organization and implementation of the health response to refugees, asylum seekers and other migrants in the target EU countries, or with the other projects funded by the EC under this initiative. The following activities will be undertaken under this action line:

- Information exchange with all relevant international stakeholders in order to build synergies with the project activities.
- Dialogue efforts for building coordination with the mentioned relevant international stakeholders.
- Organizing a meeting in Granada, early in January 2016, with the presence of all the key international stakeholders mentioned and, if at all possible, with the other grantees of the EC being funded through this initiative to take stock of their tools and lines of action and build complementarities and synergies.
- Establishing coordination platforms with all key national and international stakeholders.
- Participation of consortium members in the coordination meetings convened by the EC (CHAFEA and DG SANTE) to ensure timely exchange of information and coordination with other related projects and initiatives.

It is strongly recommended to document all these actions and send relevant material (photos, videos, etc) to the EASP.

Dissemination and communication activities will also be conducted among other targets to the project (other institutions, similar associations and organizations, experts in health, refugees, asylum seekers and other migrants, non-governmental organizations, civil society, etc.). Following is a list of lines of actions and specific tools to be used for dissemination:

- Corporate image
 - Project logo.
- Leaflet (see annex 1).
- Web and information technologies
 - A specific website (<http://www.easp.es/sh-capac/>).
 - The use of partners' social networks. The Twitter hashtag is #SHCAPAC.
- Work with the communications media:
 - Press releases.
- Disseminate information on the project by participating in activities that address the same or similar topics, whether organized by partner institutions involved in the SH-CAPAC project, or by CHAFAE/DG SANTE or outside entities.
- Publications and scientific articles
 - Scientific publications that could emerge once the project's planned products have been developed.
 - Scientific articles whose dissemination could be considered of general interest; formats to be determined.

Corporate Identity and Project Visibility

A very clear and simple logo has been designed, which represents the project's essence (refugees, asylum seekers and other migrants, Europe...):



The project's logo, as well as the EU emblem, should be included in the cover pages of all reports - as well as in all written and electronic communication (in the upper section; the EU emblem must have appropriate prominence and shall be placed well apart from any other

logos). The following statement should also appear alongside the EU emblem: "Co-funded by the Health Programme of the European Union", as illustrated in the following example:



Co-funded by
the Health Programme
of the European Union



Furthermore, the following text has to be included in any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, etc.) and any infrastructure, equipment or major results funded by the grant: *"This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020)."*

As specified under the Grant Agreement Contract, article 22, the following disclaimer shall be added in the inner pages of all reports:

"The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

For further information regarding the use of the EU Emblem, please refer to the document "use of the EU Emblem in the context of EU Programmes – Guidelines for beneficiaries and other third parties", which can be consulted and accessed on the project's website <http://www.easp.es/sh-capac/>.

The logos of all partners should be included in the bottom section on the cover pages for all reports. The visual weight of each logo should be equal and balanced and the logos should be distributed in accordance with the following format:



All reports shall be written in Tahoma 10 characters with 2 cm margins and 1,25 line spacing.

In relation to communication activities by CHAFEA, article 22.2 of the Grant Agreement shall apply.

Finally, annex 2 and 3 include templates for elaboration of PowerPoint presentations and reports.

Annex 1

Leaflet



Co-funded by
the Health Programme
of the European Union

This project is being carried out by the following institutions: Andalusian School of Public Health – EASP (Spain, coordinator), Azienda Unità Sanitaria Locale di Reggio Emilia (Italy), Trnava University in Trnava (Slovakia), Jagiellonian University Medical College (Poland), International Centre for Reproductive Health / University of Ghent (Belgium), Academic Medical Centre/University of Amsterdam (The Netherlands) and University of Copenhagen (Denmark).

This leaflet is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this leaflet represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

The images have been loaned by Pablo Simón, @psimoneasp, collaborating professor of EASP and volunteer of Doctors of the World providing aid for refugees in Lesbos Island (Greece). December 2015

© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFAE) under conditions.

For more information

Dr. José Ignacio Oleaga Usategui

Dr. Daniel López Acuña

Escuela Andaluza de Salud Pública

E-mail: info@sh-capac.org

Web EASP: www.easp.es

Web project: <http://www.easp.es/sh-capac/>

SUPPORTING HEALTH COORDINATION,
ASSESSMENTS, PLANNING, ACCESS TO
HEALTH CARE AND CAPACITY
BUILDING IN MEMBER STATES UNDER
PARTICULAR MIGRATORY PRESSURE

SH-CAPAC



Health needs of the refugees, asylum seekers and other migrants

The health needs of a vulnerable population of at least 1,000,000 people who have entered the EU in 2015 is an issue of public health importance. This population may amount to two million refugees, asylum seekers and other migrants at the end of 2016.

The health needs we are observing are a compounded effect of acute critical health needs that warrant humanitarian interventions as well as health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.

The deteriorated purchasing power of these population groups, among others things, leads to rising malnutrition rates. Their access to care other than emergency care is limited.

Gaps exist in the national health information and disease surveillance systems. These, in turn, increase the risk of vaccine preventable diseases and epidemic outbreaks. Hundreds of thousands of children should keep on track with their vaccination schedule.

The profile of the displaced population indicates an increased need for sexual, reproductive and child health services, as well as geriatric care. Sexual violence is also a specific reason for claiming asylum and a priority health concern, which requires specific interventions.

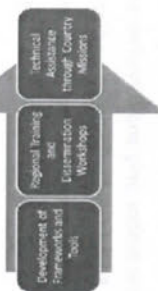
Many of these migrants are survivors of violence and have serious medical conditions. Some are amputees needing prostheses, victims of trauma needing specialized treatment or cancer patients.

Responding to these needs requires an enormous coordinated effort of EU Governments, Red Cross societies, NGOs, the European Union, the UN agencies (especially UNHCR, WHO and UNICEF) and the International Organization of Migration (IOM).

The Project

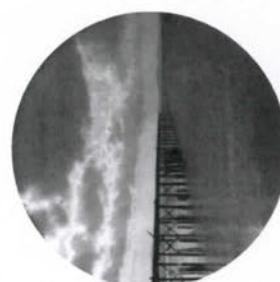
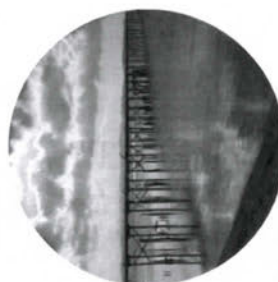
SH-CAPAC is a project launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers' competencies for the delivery of migrant/refugee sensitive health services.



The project is directed at supporting countries' health systems and public health infrastructures in the following nineteen EU Member States:

Austria	Belgium	Bulgaria	Croatia	Denmark	France
Germany	Greece	Hungary	Italy	Malta	Netherlands
Poland	Portugal	Romania	Slovakia	Slovenia	Spain
Sweden					



General Objective

Support Member States under particular migratory pressure in their response to health related challenges

Specific Objectives

1. Support Member States to establish, in close collaboration with international stakeholders, national and international health sector coordination mechanisms for implementing a coherent and consolidated national and international response to the health needs of the refugees and asylum seekers and other migrant populations.
2. Support Member States to analyse health challenges and unmet health needs that the massive population influx poses, as well as to conduct periodic assessments of the health care response and public health interventions needed.
3. Support Member States to develop action plans for implementing a public health response and for reinforcing their health systems in order to respond to the health challenges of the refugee, asylum seekers and other migrants influx.
4. Support Member States to promote and ensure access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the reduction of access barriers.
5. Build national capacity through training of trainers in affected countries, so health workers can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

Expected results at the end of 2016

At the end of 2016, the target countries participating in the project will have:

- Implemented a coordinated approach to organise the multi-stakeholder health sector response to the refugee influx in their territory.
- Conducted comprehensive public health and health systems assessments of the impact of the migratory pressures and the response needed by the national health systems.
- Develop action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
- Developed institutional capacity and workforce competence to provide migrant sensitive health services.

Annex 2

PowerPoint presentation template



Co-funded by
the Health Programme
of the European Union

SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under conditions.



This presentation is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this presentation represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Annex 3

Report template



Co-funded by
the Health Programme
of the European Union

**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO
HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR
MIGRATORY PRESSURE — 717275/SH-CAPAC**

<Title>

Prepared by:

<Date>



© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) under conditions.

This report is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this report represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

PARTNERS' CONTACT DETAILS

BELGIUM

ICRH (International Centre for Reproductive Health)-Ghent University

De Pintelaan 185 UZP114-Ing75

9000 Gent

Belgium

+32/9.332.35.64

Ines Keygnaert ines.keygnaert@ugent.be

Birgit Kerstens birgit.kerstens@hera.eu

Lotte De Schrijver Imadschr.DeSchrijver@UGent.be

Cindy De Muynck cindy.demuynck@ugent.be

Katherine Muylaert Katherine.muylaert@ugent.be

DENMARK

Faculty of Health and Medical Sciences, University of Copenhagen

Oester Farimagsgade 5,

DK-1014 Copenhagen K

DENMARK

+45 3532 7971

Prof. Allan Krasnik - alk@sund.ku.dk

Janne Sørensen - jans@sund.ku.dk

Mette Kirstine Tørslev - mekt@sund.ku.dk

Clara Judith Sauco de Luna - clu@sund.ku.dk

ITALY

Azienda Unitá Sanitaria Locale Reggio Emilia

AUSL Reggio Emilia, 2 via Amendola

42123 Reggio Emilia

ITALY

+390522335087

Mov. +39 3283607272

Antonio Chiarenza, Head Research & Innovation - antonio.chiarenza@ausl.re.it

Ilaria Dall'Asta - ilaria.dallasta@ausl.re.it

NETHERLANDS

Academisch Medisch Centrum bij de Universiteit van Amsterdam – AMC

Meibergdreef 9

1105 AZ Amsterdam

NETHERLANDS

+31 20 5662095

Dr. Jeanine.L. Suurmond - j.suurmond@amc.uva.nl

Marie-Louise Essink-Bot - m.l.essink-bot@amc.uva.nl
Edwin Groenewegen van Wijk - e.groenewegenvanwijk@amc.uva.nl
David Ingleby - j.d.ingleby@uu.nl / J.D.Ingleby@uva.nl

SPAIN

Andalusian School of Public Health
Campus Universitario de Cartuja
Cuesta del Observatorio, 4
18011 Granada
Spain
+34 958027400

Daniel López-Acuña - daniel.lopez.acuna.ext@juntadeandalucia.es
José Ignacio Oleaga Usategui - joseignacio.oleaga.easp@juntadeandalucia.es
José Cuellar Hurtado - jose.cuellar.easp@juntadeandalucia.es
Riitta-Liisa Kolehmainen-Aitken - riittal.kolehmainen.ext@juntadeandalucia.es
Ainhua Ruiz Azarola - ainhua.ruiz.easp@juntadeandalucia.es
Olga Leralta - olga.leralta.easp@juntadeandalucia.es
Amets Suess - amets.suess.easp@juntadeandalucia.es
Ainhua Rodríguez - ainhua.rodriguez.easp@juntadeandalucia.es
Julia Bolivar - julia.bolivar.easp@juntadeandalucia.es
Noelia García - noelia.garcia.easp@juntadeandalucia.es

POLAND

Jagiellonian University - Institute of Public Health
Grzegorzeczka 20
31 531 Krakow
POLAND
+48 12 433 28 18
Anna Szetela - anna.szetela@uj.edu.pl

SLOVAKIA

Trnava University - Faculty of Health Care and Social Work
Univerzitné nám. 1
917 01 Trnava
SLOVAKIA
+421 3359 39 495
Marek Majdan, Vice-dean for Science and Research - mmajdan@truni.sk
Daniela Kallayova - Daniela.kallayova@truni.sk
Eva Nemcovska - enemcovska@gmail.com
Peter Letanovsky, peter.letanovsky@gmail.com
Andrej Kallay, andrej.kallay@truni.sk

FINANCIAL CONTACT DETAILS

Belgium

ICRH-Ghent University
Katherine Muylaert
Katherine.Muylaert@UGent.be

Denmark

University of Copenhagen
Janne Sørensen, Centre-coordinator, budget and administrative affairs
jans@sund.ku.dk
TEL +45 35327288
DIR +45 35327288

Italy

AUSL di Reggio Emilia
Ilaria D'Allasta ilaria.dallasta@ausl.re.it
Phone number: +390522335764

Poland

Jagiellonian University Medical College
financial officer: Malgorzata Jablonska - malgorzata.jablonska@uj.edu.pl
administrative support: Robert Majtyka - robert.majtyka@uj.edu.pl
Please include both e-mail addresses when inquire about financial and administrative issues

Slovakia

Daniela Naništová - Head of economy department - daniela.nanistova@truni.sk

Spain

Andalusian School of Public Health
José Cuellar Hurtado
Jose.cuellar.easp@juntadeandalucia.es
+34 958 027 400

The Netherlands

administrative contact person Marjan Vos - m.vos@amc.uva.nl