

Spain: assessing health system capacity to manage sudden large influxes of migrants



Joint report of the Ministry of Health, Social Services and Equality of Spain, the Institute of Social Development and Peace of the University of Alicante, the University of Valencia and the WHO Regional Office for Europe



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Abstract

The large numbers of migrants arriving from North Africa and the Middle East to Mediterranean countries pose new challenges to the recipient health systems, which must adapt and respond to the needs of both migrants and residents. This requires an efficient policy dialogue between the main stakeholders to share experiences and identify best practices. The WHO Regional Office for Europe provides advice and technical assistance through the Migration and Health Programme. This was established in 2012 as the Public Health Aspects of Migration in Europe project in response to the 2008 World Health Assembly resolution WHA61.17, the 2010 Global Consultation on Migrant Health and Health 2020. A joint assessment mission in Spain in 2014 involved all relevant stakeholders with the aim of strengthening the country's capacity to address public health implications of large immigration flows. The WHO toolkit was used during interviews and field visits. This report summarizes the results under the six functions of the WHO health system framework.

Keywords

DELIVERY OF HEALTH CARE – organization and administration

EMERGENCIES

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HEALTH SERVICES NEEDS AND DEMAND

REFUGEES

TRANSIENTS AND MIGRANTS

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Abbreviations

CCAES	Health Alert and Emergency Coordination Centre (Centro de Coordinación de Alertas y Emergencias Sanitarias)
CETI	temporary immigrant detention centre (Centro de Estancia Temporal de Inmigrantes)
CIE	immigrant internment centre (Centro de Internamiento de Extranjeros)
EU	European Union
EUROSUR	European Border Surveillance System
FRONTEX	European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union
INGESA	National Institute for Health Care Management (Instituto Nacional de Gestión Sanitaria)
MIG	Migration and Health Programme
NGO	nongovernmental organization
NHS	National Health System
PHAME	Public Health Aspects of Migration in Europe
SASEMAR	Maritime Safety Agency (Sociedad de Salvamento y Seguridad Marítima)

Executive summary

A joint working team – composed of staff from the Spanish Ministry of Health, Social Services and Equality (hereafter referred to as the Ministry of Health), the WHO Regional Office for Europe, the WHO Collaborating Centre on Social Inclusion and Health (Institute of Social Development and Peace at the University of Alicante) and the University of Valencia – has recently carried out an assessment mission on Spain's health system capacity to respond adequately to the health needs of a potential large influx of migrants coming from the north of Africa and the Middle East.

Areas for the initial reception of irregular migrants into Spain have been identified along the Mediterranean coast (Andalusia, Murcia and Valencia), in the Canary Islands and in two autonomous cities in the north of Morocco (Ceuta and Melilla).

The aims of the technical assessment mission were to examine the Spanish health system preparedness to respond to a sudden, massive influx of migrants, and to test the usefulness of the WHO toolkit for assessing health system capacity to manage sudden large influxes of migrants in a country previously affected by such events.

The assessment methodology comprised site visits and semistructured interviews carried out with key government officials, managers of migrant centres, health staff working in migrant centres and experts of nongovernmental organizations (NGOs). The assessment tool and consequently the interviews were based on the WHO health system framework, which outlines six key functions: leadership and governance; health care financing; health workforce; medical products, vaccines and technology; health information; and service delivery.

Assessment locations were selected because they were migrant centres with migrant health services. The fieldwork to implement the WHO toolkit for local health assessment in situations of large migration fluxes, as designated by Ministry of Health, was conducted in July of 2014 in an immigrant internment centre (Centro de Internamiento de Extranjeros; CIE) in Madrid and a temporary immigrant detention centre (Centro de Estancia Temporal de Inmigrantes; CETI) in Melilla.

The assessment used semistructured interviews with key government officials, nongovernmental partners, managers of migrant centres and health staff working in migrant centres.

Introduction

Setting the scene

World Health Assembly resolution WHA61.17 prioritized the health of migrants as an important and developing issue in public health (1). In recognition of increasing irregular migration and in the context of the World Health Assembly resolution, a Global Consultation on Migrant Health was held in Madrid in March 2010, organized by WHO, the International Organization for Migration and the Spanish Ministry of Health (2). The consultation resulted in recognition of the need for a long-term programme to address migration and health in all countries. The Madrid consultation was followed in April 2011 by a high-level meeting in Rome of the WHO Regional Office for Europe concerning the increasing movement of displaced populations in the Mediterranean countries of the European Union (EU) (3). As a result of the high-level meeting, the WHO Regional Office for Europe launched the Public Health Aspects of Migration in Europe (PHAME) project in 2012, which later evolved into the Migration and Health Programme (MIG), in order to collaborate with countries in addressing the public health aspects of migration in the Region using a rights-based approach. The WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase (4) was developed by the MIG to collaborate with countries in optimizing their response to arrivals of large groups of migrants.

Spain is in the direct path of migrants coming from the north of Africa and the Middle East, and its long coastline and territories within and near Africa make it a natural gateway to Europe by both land and sea. Spain has a long history of receiving migrants by boat across the Mediterranean Sea and overland to the autonomous cities of Ceuta and Melilla from their neighbouring African countries. Political instability and conflict in the Middle East and North Africa, as well as severe poverty, have led both to an increase in the numbers of irregular migrants to Europe and to changes in the demographic profiles, modes of arrival and health risks of those migrating.

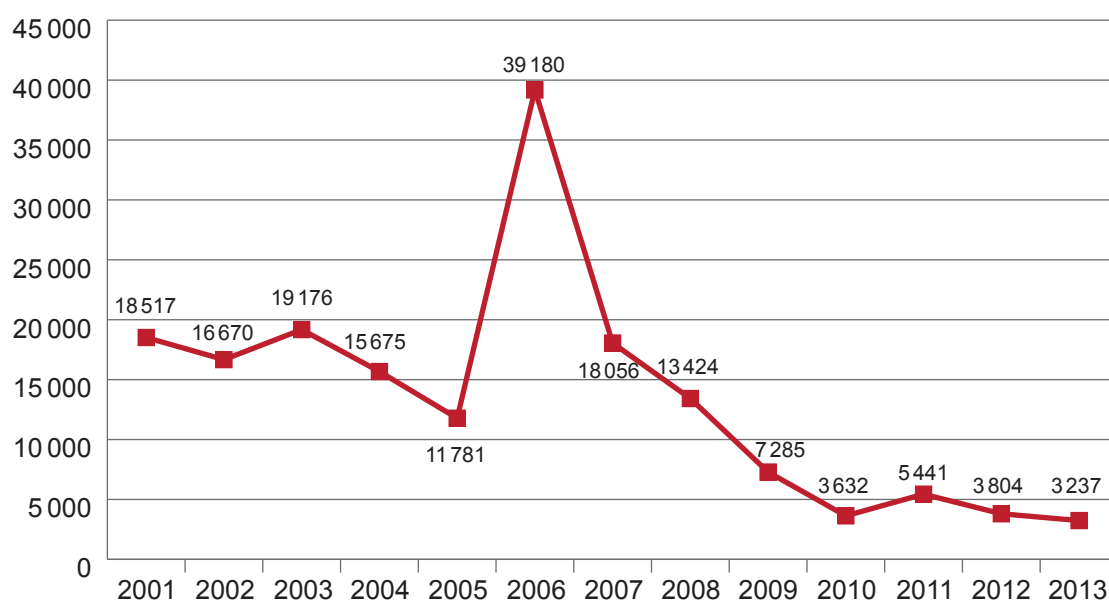
During 2011, Spain reported the arrival of 457 649 regular and irregular migrants. The large number of people migrating in a relatively short period of time has made migration one of the country's most significant sociodemographic phenomena (5). While there have been relatively few instances of large groups arriving in a short period of time, 1712 people arrived overland during August 2014 (6). WHO can use its wide experience of different countries and these kinds of project to encourage the inclusion of optimization of health system responses in the political agenda.

Although the financial crisis has led to a decrease in the total number of migrants coming to Spain, influxes of irregular migrants continue to arrive. Unofficial and official estimates of people arriving by boat range from 2861–3804 in 2012, to 3237–4354 in 2013 and 7485 in 2014 (Fig. 1) (7,8). However, there have been relatively few instances of large groups arriving in a short period of time.

MIG is aligned with Health 2020, the WHO European health policy framework endorsed by the 53 Member States of the WHO European Region in 2012 (9), and places particular focus on reducing health inequalities and strengthening health systems using a people-centred approach (10). The WHO toolkit was developed to support assessment of health system capacity to manage large influxes of migrants in the acute phase (4). It includes a guide for assessors on how to conduct an assessment, from preparation to post-assessment activities, and interview

guides for semistructured interviews with stakeholders. Since June 2013, the WHO Regional Office for Europe has conducted a number of assessment missions with ministries of health, and Bulgaria, Cyprus, Greece, Italy, Malta, Portugal and Spain have piloted the toolkit. The toolkit is based on one used to assess the capacity of health systems for crisis management (11) and was adapted to the complex, resource-intensive, politically sensitive context of sudden large migration flows. The medium-term objective of these missions was to identify any gaps and needs in the provision of technical assistance and to improve the countries' public health responses to migration, addressing the health needs of these vulnerable groups and contributing to reducing health inequalities (12).

Fig. 1. Irregular migrants arriving by boat on the Spanish coast, 2001–2013



Source: Spanish Ministry of the Interior, 2013 (8).

This report describes the findings from the assessment of the Spanish health system's capacity to manage large influxes of migrants. For the purpose of the assessment, a large influx is defined as one that overwhelms the system's capacity to respond effectively. The assessment was jointly conducted by the Office for Investment for Health and Development of the WHO Regional Office for Europe (Venice, Italy), the Ministry of Health of Spain, the Department of Preventive Medicine and Public Health of the University of Valencia, and the Institute of Social Development and Peace at the University of Alicante (WHO Collaborating Centre on Social Inclusion and Health). The assessment used a multisectoral and whole-of-government approach and included collaboration with the Ministry of the Interior, Ministry of Foreign Affairs and Cooperation, Ministry of Employment and Social Security (henceforth referred to as Ministry of Labour), and Ministry of Education, Culture and Sport (henceforth referred to as Ministry of Education); the Health Alert and Emergency Coordination Centre (Centro de Coordinación de Alertas y Emergencias Sanitarias; CCAES) (13); the Red Cross (14); and the International Organization for Migration.

Aims of the mission

The aims of the assessment mission were:

- to assess the Spanish health system capacity to respond to a large influx of migrants; and

- to test the WHO toolkit in a country which has experienced the arrival of large influxes of migrants, and which has the potential for such events.

Methodology

Assessment team

The assessment team comprised 12 experts, including five from the WHO Regional Office for Europe, three from the Ministry of Health of Spain, two from the University of Alicante Institute of Social Development and Peace, and two from the University of Valencia Department of Preventive Medicine and Public Health.

Assessment structure

After a desk review of migration trends and the legal, logistical, political and health aspects of migration in Spain, the WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase (4) was adapted to the Spanish context. The assessment team met in Alicante one week before the assessment. The purpose of the meeting was to brief the team on the main findings of the desk review and to adapt the toolkit questions to the Spanish context. During the meeting, interview techniques and other methods of data collection were discussed, and the assessment design was agreed. Additional questions were developed to explore the 2006 Cayuco crisis in the Canary Islands, which had been identified during the desk review. Site selection and personnel to be interviewed were identified in collaboration with the Spanish Ministry of Health. Semistructured interviews were carried out with stakeholders in Madrid and during the two site visits to migrant centres, one in Madrid and one in Melilla. Participants included key central government officials in the Ministry of Health, Ministry of Interior, Ministry of Labour and Ministry of Education, managers of migrant centres, health staff working in migrant centres and experts of NGOs and United Nations agencies (Annex 1). The assessment was divided into six blocks according to the six key functions proposed in the WHO health system framework (15), as outlined in the toolkit (Table 1 and Box 1). Each stakeholder was interviewed following the toolkit questionnaire, but specific blocks were addressed depending on their roles. This prior identification made it easier to conduct the interviews and made them more fluid.

Table 1. The WHO health system framework

Building blocks	Overall goals
Leadership and governance	Improved health (level and equity)
Health workforce	Responsiveness
Medical products, vaccines and technology	Social and financial risk protection
Health information	Improved efficiency
Health financing	
Service delivery	

Source: World Health Organization, 2010 (15).

Box 1. The six building blocks of the WHO health system framework

Leadership and governance (also called stewardship) are arguably the most complex functions of any health system; they are also the most critical. Successful leadership and governance require strategic policy frameworks that are combined with oversight, coalition-building, accountability and appropriate regulations and incentives. In relation to crisis management, this means ensuring that national policies provide for a health sector crisis-management programme. Effective coordination structures, partnerships and advocacy are also needed, as well as relevant, up-to-date information for decision-making, public-information strategies and monitoring and evaluation.

Health workforce (human resources for health) includes all health workers engaged in actions to protect and improve the health of a population. "A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances" (16). This necessitates the fair distribution of a sufficient number and mix of competent, responsive and productive staff. A preparedness programme aims to ensure that such staff represents an integral part of the health workforce by conducting assessments of training needs, developing curricula and training material, and organizing training courses.

Medical products, vaccines, and technologies within a well-functioning health system should be of assured quality, safety and efficacy. There should be equitable access to these essential products and cost-effective use. This area also includes medical equipment and supplies for pre-hospital activities, hospitals, temporary health facilities and public health pharmaceutical services, plus laboratory services and reserve blood services for crises.

A **health information** system that is well functioning ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. A health information system also covers the collection, analysis and reporting of data, including data gathered through risk and needs assessments (hazard, vulnerability and capacity) and early-warning systems and the overall management of information.

Health finance involves a system that ensures the availability of adequate funds for the health system and its financial protection in a crisis. In addition to providing funds for essential health sector crisis-management programmes, a health financing system ensures that crisis victims have access to essential services and that health facilities and equipment are adequately insured for damage or loss.

Service delivery is the process of delivering safe and effective health interventions of high quality, both equitably and with a minimum waste of resources, to individuals or communities in need of them. The crisis-preparedness process provided by the WHO health system framework makes it possible to review the organization and management of services, ensure the resilience of e-health care facilities and safeguard the quality, safety and continuity of care across health facilities during a crisis.

Source: World Health Organization, 2010 (15).

Two site visits were carried out in July of 2014 in Madrid and Melilla to regional and local health authorities, refuge and migrant centres and referral hospitals. During these visits, facilities and infrastructure were evaluated; and stakeholders were interviewed. The evaluation of Melilla CETI consisted of seven structured interviews conducted with representatives of the Regional Health Authority of Melilla and the General Directorate of Health and Consumption of the Ministry of the Presidency and Public Health of Melilla; with the medical director of specialized care and the emergency doctor at the Melilla hospital; and the staff at CETI in Melilla (including the medical doctor).

The assessment team explored how response is organized at the national, regional and local levels in Spain and used these observations together with the interviews to identify what was needed to respond effectively to massive migration fluxes.

First, a desk review was performed to provide reliable information about governance, resources available, general logistics and stakeholders involved in the reception and assistance for migrants upon arrival. Information was gathered from various sources, including legal documents, grey literature, academic literature, reports of international institutions, epidemiological surveillance data and media reports. Multiple institutions were involved, including the Ministry of the Interior, the National Health System (NHS), the Ministry of Labour, the Ministry of Defence, civil protection authorities, bilateral organizations and NGOs. In addition, main stakeholders working with large influxes of migrants and guiding decisions on the sites were identified and included in the assessment, and this encompassed a broad range of institutions across all levels, from local health units in migration centres to the CCAES. A stakeholder meeting was organized in Madrid on Day 1 and was followed by a series of site visits over the following days. The assessment team leader, guided by the questions in the toolkit, led semistructured, in-depth interviews with key informants during the site visits.

Site selection

The majority of the interviews were conducted in Madrid, where the main offices of ministries and other organizations working with migration and health are based. There are eight CIEs in Spain, one each in Algeciras, Barcelona, Madrid, Murcia and Valencia, and three in the Canary Islands. CIEs are managed by the Ministry of Interior and guarded by the National Police Corps. Additionally, there are two CETIs in Ceuta and Melilla, which are managed by the Ministry of Labour.

According to time constraints for the assessment team, two site visits were prioritized: the CIE in Madrid and the CETI in Melilla. Melilla is a Spanish autonomous city located in Africa and it was selected because it is considered a so-called hot spot for migration through its proximity to Morocco. The fieldwork took place from 21 to 25 July 2014.

Constraints

Apart from the time constraints mentioned above, the main limitation of the assessment is that it covered only the national level, one autonomous city and one region. Autonomous community governments are an important part of the response to the arrival of migrants, and policies differ between them. Broader assessment of response mechanisms in place in autonomous communities would have provided a more complete understanding of preparedness and capacity to manage large influxes of migrants to Spain. Furthermore, migrants were not included in the assessment because of time constraints, leaving a lack of important insight into the health risks and experiences during irregular migration to Spain. Finally, it was not possible to visit Ceuta, which is the other autonomous Spanish city in neighbouring Morocco and a transit location for migrants (along with Melilla).

Overall findings

Type of emergency

The European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (FRONTEX) identifies the western Mediterranean (the southern coast of Spain plus the land borders of Ceuta and Melilla) as a major route of

migration to Europe. In 2012 and 2013, respectively, there were a total of 6397 and 6838 illegal border crossings in the region, by both land and sea (17). Andalusia, the Canary Islands, Ceuta and Melilla are the main arrival sites for large groups. In 2013, nearly two thirds of the detections were reported at the land border in Ceuta and Melilla. These numbers increased in the first half of 2014, when an estimated 3500 people arrived. Over a period of two days in March 2014, 900 migrants jumped the fence at the borders (11,18,19). Additionally, Syrian migrants have been identified using forged Moroccan passports to cross at official entry points. The majority of migrants originate from countries experiencing political, social and economic crises, and, consequently, increasing numbers of families and children are arriving. The number of Syrian children in an irregular situation in Spanish territory was over 400 in 2014 (20,21).

The Spanish Ministry of Health has a well-developed emergency response system managed by CCAES, which includes a general assessment of potential epidemiological threats. CCAES is currently developing a plan to identify and address the health risks during large displacements of people. In addition, NGOs collaborate in the emergency response. The Red Cross has capacity to deliver health care in conditions of biosecurity threats such as Ebola, and action protocols for these are under development. CCAES works with regional authorities in Melilla to integrate WHO alerts and information on migrant population movements from the European Border Surveillance System (EUROSUR) and FRONTEX (22); it has also carried out risk assessments regarding population movements stemming from the violent conflict and coup in Mali (2012–2013) and health risks related to the polio outbreak in the Syrian Arab Republic.

Public health risk assessment

A health risk assessment in 2013 by Médecins sans Frontières on people waiting to cross the border at Melilla (23) found that 82% of hopeful migrants were adult men, and more than 10% of the women were pregnant. These figures were consistent with findings at the Melilla migrant centre (Table 2).

Table 2. Distribution of total CETI stays by gender and age in 2012 and 2013

Year	Men	Women	Minors	Total
2012	2173 (77.5%)	376 (13.5%)	247 (8.5%)	2796
2013	2656 (81%)	323 (10%)	309 (9%)	3288

Source: data from an internal CETI report.

The health risks for migrants arriving in Spanish territory, as in most countries, are related to the health and living conditions in migrants' home countries, the length and conditions of the journey and the conditions in migrant accommodation centres in Spain. Unsafe journeys, often using several modes of transport and lasting up to several years, overcrowded living conditions throughout the journey, and cultural and linguistic barriers expose migrants to a variety of psychological and physical health risks as well as abuse. Some migrants to Spain are at high risk for injuries related to crossing border fences with passive security measures. Limited access to health care in their countries of origin also puts people at risk for vaccine-preventable diseases, particularly in migrants coming from and travelling through countries with low immunization coverage. Vaccinations required by newly arrived migrants are provided in Spain. Apart from immunizations according to vaccine calendar and age, hepatitis A vaccination is provided to

children in all migrant centres in Spain. Limited access to health care prior to arrival in Spain poses a serious health risk to migrants with chronic diseases; however, most people who initiate migratory journeys are young and healthy. Furthermore, long stays in immigration centres may adversely affect the mental health of migrants, particularly those who have experienced traumatic events prior to their journey and during travel. Pregnant women, children and the elderly are vulnerable groups with particular health risks.

The National Institute for Health Care Management (Instituto Nacional de Gestión Sanitaria; INGESA) deals with health care in the territorial area of the cities of Ceuta and Melilla and other activities, when needed, for the normal functioning of its services. INGESA is responsible for migrant health care, including the vaccination of children or people who need it. Health care is provided to all minors, pregnant women and adults. They receive primary health care at the CETI and, when required, are referred to specialists in INGESA. Overcrowding was a problem at the time that the assessment was carried out in Melilla.

Leadership and governance

Spanish legislation on migrant rights and entitlements is based on the Constitution and has been developed through national, regional and local laws and ordinances (24,25).

The Spanish Constitution of 1978, the General Health Act 14/1986 and Act 16/2003 on Cohesion and Quality of the National Health System (the 2003 Cohesion Act) (26) state that all people, including foreign citizens, are entitled to general health care regardless of their economic, social and cultural conditions. The NHS is defined as "universal and general and, with particular regard to the economic and social conditions of the citizens who use it, [it] shall tend to be free of charge" (27). Spain is a signatory to the World Health Assembly resolution WHA61.17 on the health of migrants (1), the United Nations Geneva Convention Relating to the Status of Refugees of 1951 (28) and the EU Charter of Fundamental Rights of the European Union (2000/C 364/01) (29).

Spain is committed to the European health policy framework Health 2020. As a member of the EU, it is also obligated to adapt European legal instruments to comply with the provisions and requirements of European law. In 2013, EU Decision 1082/2013/EU on serious cross-border threats to health came into effect (30). The Decision aims to improve preparedness and strengthen the capacity of Member States to respond to health emergencies. The existing Spanish legal framework for multisectoral crisis management and public health law and regulations allow for extraordinary measures as necessary to effectively manage a public health emergency. The Public Health Act of 2011 gives a detailed description of coordination of health services among the national, regional and local levels (31); most health services are managed by regional governments.

Provisions and requirements of relevant international and European laws to which Spain is a party, including the International Health Regulations, have largely been incorporated into Spanish legislation. The situation in 2014 when the assessment was carried out was as follows.

- All registered foreign nationals have the same universal access to the NHS as national citizens, which has been the situation since 2000 (Article 12 of Act 4/2000 on the Rights and liberties of foreigners in Spain and their social integration) (32).
- The Spanish Government guarantees migrant children (under 18 years) and pregnant women

the right to health and full access to health care regardless of their legal situation. This implies facilitating universal access to health in all domains: promotion, prevention and health care (33).

- Adults have the right to access emergency medical care up to discharge from hospital (33).
- Public health services are guaranteed for all people in Spain. This is an agreement of the National Health System Interterritorial Council and includes access to diagnosis, care and treatment and also for long-term diseases such as HIV or hepatitis (33).
- Irregular migrants receive health care according to Article 3 of the 2003 Cohesion Act (26) and other needs through the social and public health programmes of the autonomous communities.
- The Government continues to work on formalize the health care provision for irregular migrants in other services as in primary health care.

Governance on preparedness for migrant influxes is managed by the Spanish Ministry of the Interior in coordination with the 17 semi-autonomous regional authorities and the two autonomous cities of Ceuta and Melilla (26). A number of other ministries are involved, including the Ministries of Health, Labour, Foreign Affairs and Cooperation, Defence, and Public Works and Transport (which includes the Maritime Safety Agency (Sociedad de Salvamento y Seguridad Marítima; SASEMAR)). Additionally, the local police, emergency response services, civil protection services and NGOs provide coordinated support. A formal collaboration in 2002 between the Red Cross and the Ministry of Health has led to Red Cross assistance in response to migrant arrivals. This was expanded in 2003 in an agreement with the Government Regional Delegate's Office for Border Control Issues under the Ministry of Interior (34). The Red Cross has developed an immediate emergency response plan that can be adapted for response to large influxes of migrants. At the time of the assessment, the latest revision of the NHS contingency planning was operating, which was generated after the 2006 boat crisis in the Canary Islands.

Bilateral cooperation related to civil protection is maintained with France, Israel, Italy, Mali, Morocco, Portugal and Senegal (35), and there are bilateral and multilateral memoranda of understanding with several African countries. Additionally, Spain participates in EUROSUR and the EU SEAHORSE project. EUROSUR is a European border surveillance system that facilitates sharing of operational information between Member States and FRONTEX. The purpose is to reduce the loss of lives at sea, to reduce undetected irregular migration to the EU and to improve internal security through the prevention of cross-border crime (36). The EU SEAHORSE project is the result of collaboration between several countries in northern and western Africa and Europe to control irregular immigration by sea and foster cooperation between countries of origin, transit and destination.

In 2006, an agreement by the Council of Ministers resulted in the creation of the Regional Coordination Centre of the Canary Islands. This institution is the competent agent for coordinating and monitoring activities related to illegal immigration in the Canary Islands (37). In addition, in 2014, the Ministries of Foreign Affairs and Cooperation, Labour, Health and Interior and the Attorney General started working on a protocol to identify the needs of unaccompanied migrant minors.

Within the Ministry of Labour, the General Secretary of Immigration and Emigration implements national policy on migration, and the Directorate General of Migration develops and manages the system for receiving and integrating immigrants, asylum seekers, refugees, stateless people and persons eligible for temporary protection (38). As part of a national immigration strategy, these institutions are responsible for providing temporary shelter and standard documentation for the immigrant population.

At the local level, the National Police Corps is responsible for coordinating preparedness for, and response to, large arrivals in Spanish territory, together with SASEMAR and border control branches of the Civil Guard (39). The initial reception in border and coastal areas is managed through migrant centres, which provide health services, shelter and basic social orientation, along with legal aid and general information.

The regulation on the application of Law 4/2000 on the rights, liberties and social integration of foreigners in Spain (Articles 23 and 58) establishes that migrants attempting to enter through unofficial channels should be taken to a police station, where they should be identified and provided with interpretation and legal services, along with the opportunity to request asylum (25,32). Once irregular migrants have been recognized, they are brought to one of several different types of centre for accommodation and further legal procedures. The migrant centres are run by the Ministry of Labour and the Ministry of Interior.

There are eight CIEs in Spain (see site selection). Some of these have been closed because of smaller numbers of arrivals but they remain available in case of need. Although CIE occupants are not permitted to leave, these facilities are non-penal; holding migrants in the centres is carried out in order to efficiently repatriate or expel foreign citizens without a legal residence permit (40). The CIEs are charged with preserving all rights of migrants except that of free movement. This includes the right to adequate medical care, including hospital care as needed, and access to social services. When identified, unaccompanied minors are accommodated in specialized centres for unaccompanied minors.

Additionally, there are two CETIs in Ceuta and Melilla which provide similar services to the CIEs. The CETIs are open centres, where migrants are free to come and go.

Total combined capacity in all CETIs and CIEs is for 2572 people (2346 men and 226 women). The maximum time period that irregular migrants are meant to be held before their case is resolved is 60 days. Once their status is defined, a period that may last from days to months, they are transferred to CIEs or other reception centres on the Iberian Peninsula. There are also holding rooms in airports for people without permission to enter Spain. They may be held here for short periods before expulsion.

In the event of overwhelming the capacity of the CETIs, the Army provides temporary accommodation facilities, including tents and other facilities adapted to the purpose, such as sports pavilions, which can increase sleeping capacity for brief periods. Tents were used in the Canary Islands in 2006 and in Tarifa in August 2014 in order to respond to the sudden influx of refugees and migrants.

Other areas for initial reception have been identified in Ceuta and Melilla, on the Andalusian coast and in the Canary Islands. In addition, a contingency plan has been developed and adapted to the evolving situation in northern Africa by the Red Cross (41).

Human resources for health

The Spanish health system is composed of primary health care centres that provide outpatient care, referring to the hospital system for specialized services when necessary. Primary health care centres are made up of multidisciplinary teams of family doctors, nurses, social workers,

midwives and paediatricians, and they are linked to hospitals and other specialized centres. Most also offer specialized community-based services, which coordinate closely with primary health care facilities but are not part of them. These include units for mental health, reproductive health and addiction medicines.

A total of 228 917 physicians and 265 569 nurses were registered with the General Council of the Official Associations of Medical Doctors of Spain in 2014 (42), of which 58% of doctors and 62% of nurses worked in the Spanish NHS. Data on the number of cultural mediators in the health system are not available.

The Red Cross is the main NGO involved in social and health care during search and rescue operations and in migrant centres in Melilla and Ceuta. Its staff are all trained in migrant health, and they provide emergency health care, first response and transport to referral centres. The Red Cross has developed a surge mechanism to increase the number of workers and volunteers serving the CETIs, and they have the capacity to provide care in conditions of biosecurity threats. Clínica Madrid and EULEN are private companies that provide primary health care to migrants housed in the Madrid CIE.

There is a regional hospital and four health centres in Melilla, a city with an approximate total population of 84 500. The 24-hour emergency unit of the hospital is staffed by 14 doctors, 20 nurses and 10 patient transport technicians. There are no neonatology services in Ceuta and Melilla; all newborns (both national citizens and migrants) who require these services are transferred by plane to neonatology units in Cadiz and Malaga, respectively. In Melilla, there was one hospital-based paediatrician at the time of the assessment mission. Similarly, out of 13 posts for paediatricians in primary care in the Melilla Health System, only two are filled by paediatric specialists; the rest are covered by family doctors or other physicians.

The Melilla CETI has a direct health care service staffed by one full-time physician, four nurses, one psychologist, three social workers, one translator and one recreation instructor. Fluency in Spanish, English and French is required, and most consultations take place in French. An assessment of the facility showed it to be capable of expanding capacity to meet emergency needs. Its management is closely linked to the Regional Health Authority and it is coordinated with the Public Health Service in Melilla.

Melilla is also served by Red Cross mobile health care units, which provide a range of services from simple medical transport to units offering more advanced emergency care services (including a nurse, an emergency medical technician, a rescue worker and an interpreter). Teams are usually made up of two to four professionals.

Medical products, vaccines and technology

The Ministry of Health leads the Public Health Coordination Plan, which ensures that a large influx of migrants is met with enough vaccines and medicines to meet demand, that the cold chain is maintained and that stocks are replenished within 48 hours. The Regional Health Department in Madrid and INGESA in Melilla are responsible for providing vaccinations to newly arrived migrants. They work according to international protocols, which are adapted to age, previous vaccination and other recommendations for good clinical practice (43).

At the time of the visit to the CIE in Madrid and the CETI in Melilla, there were stocks of vaccines and medicines available. In case of shortages or unexpected surges in demand, health care workers in the centres could request further provisions from the public health branches of Melilla or Madrid. The national contingency plan for preservation of the cold chain includes provision of generators that can work for up to seven days in a power failure. This had been implemented successfully in the first half of 2014. Essential medicines are provided free of charge to residents upon medical prescription. In Melilla, emergency supply chains for pharmaceuticals have been identified. Patients needing non-essential medicines for chronic diseases are referred to specialized services of the Melilla hospital.

In the Melilla CETI, vaccinations are registered into an electronic medical record, and migrants are provided with a certificate of vaccination upon departure. Children are given the first dose of immunizations according to the vaccine calendar and age (44).

In the Madrid CIE, both durable and disposable emergency medical supplies are available, and the staff has the appropriate training to use them; a nurse is in charge of requesting help from Madrid's regional emergency services if needed.

In the Melilla CETI, first aid materials are available, and the staff has adequate training; serious emergencies require patient transfer to the city hospital and protocols are in place to guide this process.

Health information

The Ministry of Health is in charge of coordinating health information systems. Different information systems are used by primary health centres, hospitals and Red Cross clinics, and these also vary between regions and the national level. At present, health care upon transfer to a hospital, and for follow-up care after discharge from migrant centres, is heavily reliant on medical reports provided to the migrants and/or transport personnel. The Ministry of Health is implementing a system of interoperability, but in practice, patients and their doctors cannot yet access the records from other health departments or regions. In Melilla, there is not a formal coordination protocol but there are frequent meetings between health professionals at the CETI and the regional hospital. With regards to public health and migration in Melilla, the main challenge at present is in the disease-screening process during arrivals of large groups, which is prone to poor record keeping.

Refugees and asylum seekers are eligible to receive temporary health cards from regional health authorities, which are usually valid for three to six months. However, since the cards are issued by regional health systems, administrative practices and delays vary across regions, and these can result in delays and limited access to health care for refugees and asylum seekers. In addition, measures introduced in 2010 as part of austerity adjustments altered the right to access regular health care services (Royal Decree-Law 16/2012) and led to revocation of health cards that directly recognized the right to health care in all EU Member States among migrants without residence permits (25,33).

Data on communicable and noncommunicable diseases are codified and entered in the national disease registry system. Data can be disaggregated by country of origin but not according to the migrant's administrative status. Analyses of migrant health data collected upon admission to internment centres are made available to public health authorities.

There are brochures available at migrant centres in different languages explaining important aspects of hygiene and conduct; however, these do not provide information about common communicable diseases or advice on disease prevention. A well-defined health risk public communication strategy is not in place, and the need to develop communication messages targeting workers at the migration centres and the resident population was acknowledged by the local stakeholders in Melilla.

While syndromic surveillance is carried out by health staff during individual medical assessments of migrants, communication with the public health authorities needs to be ensured. During the assessment, a need was identified to develop a specific protocol to assess health risks of large displacements of populations, similar to an early warning and response network. National surveillance networks have the capacity to assess issues specifically related to a migrant event, including disease outbreaks, in coordination with regional and national authorities and the Border Health Agency.

Health financing

Total expenditure for health was 8.9% of Spain's gross domestic product in 2013 (45,46). Direct state funding through general taxation is the main source of health care financing in Spain. Contingency funds are not built into the general health budget. CCAES, the multisectoral centre for preparedness and management of emergencies, does not specify what contingency fund procurement mechanisms exist. Spain has never used international financial assistance to deal with previous health emergencies.

In addition to the Ministry of Health, other ministries contribute to financing of immigrant health programmes. The Ministry of Labour funds the work of the CETIs, the centres for the reception of refugees (Centros de Acogida a Refugiados), the programme for unaccompanied minors and the projects implemented by the Red Cross and the United Nations Office of the High Commissioner for Refugees at CETIs. Health care and medical products in the CIE are funded directly by the Ministry of Interior on a monthly basis, for which the budgets are flexible according to need.

According to the European Migration Network Report for the European Commission on the organization of reception facilities for asylum seekers in different Member States (47,48), Spanish capacity for receiving migrants is directly linked to budgetary availability, and the current context of austerity (since 2010) is restricting the flexibility of the system (49). Likewise, flexibility mechanisms in the budget are limited for compensating for shortages or surpluses in reception facilities.

Service delivery

Both Madrid and Melilla are well equipped in terms of health services for the local population. In Melilla, there are four primary care centres and a regional hospital with 172 beds, four operating theatres, two delivery rooms, rehabilitation facilities and an intensive care unit, as well as radiology, basic laboratory and microbiology services. Special testing is referred to Malaga and Barcelona. The emergency department is well equipped, with three or four doctors and four nurses per shift trained in tropical medicine. There is no neonatology unit and approximately 300 women with high-risk pregnancies and deliveries are taken by chartered transport to the peninsular Malaga Hospital annually.

Rescue boats are staffed by Civil Guard and/or SASEMAR personnel. The Civil Guard patrols the sea up to 12 km from the coast. The boats carry first aid supplies and a satellite connection to the military hospital in Madrid, and personnel are trained in basic first aid. Sometimes a doctor and nurse are on board. At arrival in port, preliminary medical triage is conducted on board to identify individuals in need of assistance and those requiring emergency evacuation upon arrival. The Coast Guard mobilizes helicopters for direct hospital transfer for urgent cases. If a public health risk is perceived during triage, the ill individuals are met directly by doctors from the Border Health Agency for care and public health evaluation. Medical teams from the Red Cross or other NGOs perform a second triage upon disembarkation. For migrants arriving in Melilla, after the second triage at the port, they are sent to the Spanish Police headquarters for identification and then transferred to the CETI. CIEs are well equipped to provide basic primary care and medicine, as well as isolation for those with suspected or confirmed infectious disease. First aid, emergency medical care, food, clothes, shelter and hygiene supplies are provided to migrants, as well as referral and transport to NHS emergency care or specialist services if needed.

In the reception centres, there is good collaboration between the Red Cross and the Police in terms of identifying victims of human trafficking and exploitation. All migrants placed in accommodation receive a medical examination on arrival to the centre and before departure. However, individuals housed in tents may wait for lengthy periods before receiving health care. At some centres, clinic hours are limited and only emergency services are available. There is a referral system in place for patients who require further testing beyond the capacity of the clinics. At present there is no evaluation system in place to monitor quality of care.

With the assistance of a number of NGOs, migrant centres provide psychological, legal and social assistance, as well as some workshops to improve social skills, language and employment opportunities. Both CIEs and CETIs have cultural and linguistic mediation services, which assist in the care of foreign-born patients (50). Cultural mediators collaborate with health services in communication with foreign patients, informing patients of the access points for care, the operation of the public health system and giving them advice on their rights and duties. Cultural mediators also provide training for emergency health care professionals through seminars on multiculturalism and health care for immigrants, and collaborate in educational programmes and health promotion activities organized by primary care.

CIEs are capable of hosting 300–500 people. The CETI in Melilla has housed up to 2000 people at a time. The Madrid CIE has 274 beds, and the Melilla CETI has 480 beds. The number of residents at the time of assessment in Melilla was 1300, and some migrants were housed in tents. These temporary arrangements are organized to allow separation between children and adults, and managers attempt to accommodate families and single individuals in separated wards. Meals are provided that meet dietary requirements for both medical and religious reasons. National stakeholders were confident that CIE occupancy across all centres averaged 60%.

Water supply and quality was adequate in both the Madrid CIE and the Melilla CETI. Feminine hygiene products and baby supplies are provided to migrants. Sanitation facilities are accessible to all residents, including people with disabilities; however, overcrowding has caused significant challenges. The shower facilities in Melilla at the time of the assessment were inadequate for the demand.

A health contingency plan of the Red Cross is in place in Melilla to respond to large influxes of up to 1000 people; this plan defines the responsibilities of all partners involved in migrant health (51).

In 2000, the 1000-person threshold was exceeded and the Red Cross made tents available near the CETI. In 2014, 500 people scaled the fence and 21 required wound care.

An all-hazards emergency preparedness plan is in place. The last alert was in 2003 after an earthquake in Alhucemas, Morocco, but the plan has never had to be triggered. Drills are sometimes performed; however, there have been no simulations of a potential large influx of migrants. In extreme necessity, the army is equipped to set up a temporary medical camp.

Conclusions

Spain has accumulated valuable experience regarding the management of migrant influxes, which has led to the progressive development of an infrastructure of services and resources since the late 1990s, as well as the accumulation of knowledge on crisis management. However, some of these elements are not systematic and need to be strengthened and aligned with national policy. Strengthening of information flows between the local, regional, national and European levels would facilitate this process. Because of the intersectoral nature of this area of work, the effectiveness of a health-risk assessment to manage current and future influxes of migrants (based on the rough calculation that a given crisis abroad results in influxes one year later) would benefit from a whole-of-government approach in which all sectors involved in the process pursue coherent policies. This would strengthen the capacity to respond to the public health needs from global events, such as large influxes of migrants to the country.

Spain has the financial and material resources, as well as properly qualified human resources, to address the health-related challenges of a large influx of migrants. The health system preparedness scenario in the country includes the integration of health services in the reception (CETIs) and internment (CIEs) of foreign nationals, the support of the NHS (as articulated at a regional level), the role of the Border Health Agency (managed jointly through the central Ministry of Health and Ministry of Finance and Public Administration), and the formal collaboration with non-profit-making organizations like the Red Cross.

With regard to testing the WHO toolkit in a country such as Spain that has experienced large influxes of migrants, and which has the potential for more such events, the results from the implementation of the toolkit indicate that it does provide a practical work methodology. Some aspects could be improved but others appear to be effective. WHO always tries to contribute its experience from the social and health point of view and always attempts to work in a coordinated way with state health authorities and the other responsible ministries.

Key functions of the WHO health system framework

Within the six building blocks of the WHO health system framework, the following conclusions can be drawn.

Leadership and governance

- The Spanish Government has a strong legal and policy framework to ensure the rights of migrant people.
- Spain recognizes the right to health of all the people through its Constitution and other acts:

- the General Health Act 14/1986, the 2003 Cohesion Act and the Public Health Act of 2011.
- All registered foreign nationals have had the same universal access to health care system as national citizens since 2000 (Article 12 of Act 4/2000 on the rights and liberties of foreigners in Spain and their social integration).
 - The Spanish Government guarantees migrant children (under 18 years) and pregnant women the right to health and full access to health care regardless of their legal situation. This implies facilitating universal access to health in all domains: promotion, prevention and health care.
 - All migrants have access to emergency, obstetric and paediatric care, as well as care for conditions of public health concern. Adults have the right to access to emergency medical care up to discharge from hospital. In addition, public health services are guaranteed for all the people in Spain under an agreement of the National Health System Interterritorial Council. This includes access to diagnosis, care and treatment and also for long-term diseases such as HIV or hepatitis.
 - The National Health System Interterritorial Council is the body responsible for the coordination, cooperation and liaison among the central and regional (autonomous communities) health administrations; it is formed by the Minister of Health and the regional ministries of health of the autonomous communities.
 - Irregular migrants receive health care according to Article 3 of the 2003 Cohesion Act and for various other needs through the social and public health programmes of the autonomous communities.

Human resources for health

- Many actors of different institutions and sectors are involved in the management of flows of migrants and their health protection. The response to the health aspects of large influxes of migrants in Spain is a complex multisectoral collaboration involving multiple government authorities at national, regional and local levels and also some NGOs.
- Initial reception in border and coastal areas is managed through migrant centres that provide health services, shelter and basic social orientation, along with legal aid and general information.
- In situations with a large influx of migrants, extraordinary resources are available for immediate deployment by the Civil Protection Unit and the Red Cross, and if necessary the Emergency Military Unit. Likewise, the Ministry of Health through the CCAES is also prepared to respond.

Medical products, vaccines and technology

- National surveillance networks have the capacity to assess issues specifically related to a migrant event, including outbreaks, in coordination with regional and national authorities and the Border Health Agency.
- Emergency management and epidemiological surveillance structures are in place and function well; however, capacity could be overwhelmed by a large influx.
- The Spanish Ministry of Health has a well-developed emergency response system, which includes a general assessment of potential epidemiological threats that is managed by the CCAES.
- In the Madrid CIE, both durable and disposable emergency medical supplies are available, and the staff has the appropriate training to use them; if supplies are not on hand, a nurse is in charge of requesting help from Madrid's regional emergency services.

- In the Melilla CETI, first aid materials are available, and the staff has adequate training; serious emergencies require patient transfer to the city hospital and protocols are in place to guide this process.
- Essential medicines are provided free of charge to residents upon medical prescription.
- Both Madrid and Melilla are well equipped in terms of health services for the local population.
- CIEs are well equipped to provide basic primary care and medicine, as well as isolation for those with suspected or confirmed infectious disease.
- The Regional Health Department in Madrid and INGESA in Melilla are responsible for providing vaccinations to newly arrived migrants. They do so in accord with international protocols adapted to age, previous vaccination and other recommendations for good clinical practice.

Health information

- The health services in the CIEs and CETIs would benefit from an information system that was integrated with the rest of the NHS.
- All migrants have medical certification when they leave the CETI.
- Communication between centres and care facilities concerning health status of migrants when moving them from Melilla to the mainland is difficult as they are free to move in the country and do not necessarily use the accommodation centres provided by the Government and NGOs.
- Refugees and asylum seekers are eligible to receive temporary health cards from regional health authorities, which are usually valid for 3-6 months, without getting the right to the European health insurance card from Spain.
- Since 2010, changes to the right to access regular health care services (Royal Decree-Law 16/2012) led to the revocation of health cards that directly recognized the right to health care in all EU Member States among migrants without residence permits.

Health financing

- Spain has never used international financial assistance to deal with previous health emergencies.
- The allocation of resources to migrant centres is managed through annual, fixed budgets; a flexible system that can adapt to fluctuating demand would be useful to respond adequately to the health needs of immigration flow.
- Restrictive budgetary adjustments implemented following the financial crisis starting in 2008 have also introduced new challenges. The CETI in Melilla, for example, does not currently have the capacity to hold the existing migrant population following the appropriate standards (the population is double the centre's capacity). This overcrowding is a problem in and of itself, but it also undermines emergency preparedness for a large influx of migrants. There is a need both to expedite administrative resolution of migrant status and to expand capacity for existing facilities.

Service delivery

- The Spanish health system is composed of primary health care centres, which provide outpatient care and refer to the hospital system for specialized services when necessary.
- There are different types of accommodation centre and these provide varying services.
- The CETI migrant centre in Melilla was overcrowded at the time of the assessment but the

- assessment showed that it was capable of expanding capacity to meet emergency needs.
- The Government continues working on formalizing health care provision for irregular migrants in other services as is the case for primary health care.
 - The consultation resulted in the recognition of the need for a long-term programme to address migration and health in all the countries.
 - Since the visit there have been significant improvements, such as a contingency plan in Ceuta and Melilla for communicable diseases that can be used in the case of migrant influxes. There are currently no contingency plans in place specifically addressing the health aspects of migration movements, which would be beneficial for both the migrant and the resident populations.

Main recommendations

The following main recommendations are made in relation to the building blocks of the WHO health system framework.

Leadership and governance recommendations are to:

- ensure the compliance of Acts in all the territory and try to reduce interterritorial inequities; and
- continue enhancing the health objectives of the Strategic Plan for Citizenship and Integration 2011–2014.

Human resources for health recommendations are to:

- develop a specific health workforce contingency plan, as in other countries, to respond to fluctuating demand (defined in the Spanish General Plan of civil protection and special plans); and
- further advance a more coordinated response through the work of the Interdepartmental Commission.

Medical products, vaccines and technology recommendations are to:

- create an inventory of available resources and identify clear supply chains to respond to a surge in demand;
- develop standard operating procedures on procurement of supplies for emergency situations that provide details of the responsibilities for all actors in an integrated response to a large influx of migrants (health care, epidemiology, laboratory, environmental health, food and animal health, etc.) and ensure staff across all levels have relevant training; and
- perform simulation exercises routinely to test the standard operating procedures for an emergency situation, involving all relevant sectors.

Health information recommendations are to:

- improve operability of health information systems between the national, regional and local levels;
- improve communication about health status of migrants between centres and care facilities when moving migrants from Melilla to the mainland;

- integrate health information systems in migrant centres and communicate with the health information systems of the NHS;
- harmonize processes for provision of health cards for migrants at the national, regional and local levels;
- develop a method to expedite the provision of cards in the case of a large number of applications;
- collect disaggregated data on migrant health systematically and share information with the public health authorities;
- analyse collected data for public health planning and provide feedback and guidance to migrant centres;
- develop a clear health risk public communication strategy;
- provide syndromic surveillance training to all staff working with migrants, including those belonging to other ministries involved in the management of national emergency operations; and
- conduct local risk assessments for health risks.

Health financing recommendations are to:

- conduct an analysis of the costs of responding to a large influx of migrants;
- define a flexible financing mechanism for provision of funds and resources to respond to a large influx of migrants; and
- increase the flexibility of the health budget in order to allocate additional needed resources to ensure better capacity of response to a large influx of migrants.

Service delivery recommendations are to:

- develop a contingency plan for overcrowding in migrant centres that specifies relocation of migrants to temporary accommodation, the provision or construction of adequate water and sanitation facilities and rapid access to medical assessment and needed health care;
- develop a specific migrant settlement plan for Melilla that outlines a redistribution plan for housing during periods of overcrowding or a sudden large influx of migrants, with opening of closed centres as needed and possible locations identified for additional accommodation;
- develop a national contingency plan to deal with arrivals of large groups of migrants (CCAES – Civil Protection);
- include in a national contingency plan a clear chain of command with roles, responsibilities and accountability assigned at all levels, and taking account of regional variations in governance of health services;
- include preventive care in health care provision based on routine analysis of data on the health risks and problems of migrants in the CIEs;
- carry out regular training and simulation exercises for the Civil Guard, Coast Guard and health staff involved in reception and care of migrants; and
- develop a monitoring and evaluation system to assess the quality of services and ensure that they are of the same standard as those for the general population.

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Annex 1. Interview participants

Madrid

Mr Francisco García, Health Assistance in the Migrant Centres: CETI, Ministry of Employment and Social Security

Dr Fernando Simón, Director of National Coordinating Centre of Health Alerts and Emergencies (CCAES), Ministry of Health

Ms Elena Andradas Aragonés, Subdirector General of Health Promotion and Epidemiology Unit, Ministry of Health

Meeting/interview: technical working in health promotion and epidemiology, Ministry of Health

Melilla

Meeting/interview: health authorities of Melilla, Sede de la Dirección Territorial del INGESA en Melilla

Mr Francisco Robles Ferrón, Territorial Director of INGESA in Melilla

Dr Pedro S. Villarroel Gil, Director of Health of the Melilla Health Area

Ms Natalia Martínez Ladaga, General Director of Health

Dr Daniel Castrillejo, Head of the Unit of Epidemiological Surveillance, General Directorate of Health

Dr José Ruiz Olivares, Head of Vaccination Programmes, General Directorate of Health

Meeting/interview: health professionals at Hospital Comarcal de Melilla

Dr Antonia Vázquez de la Villa, Medical Director of Specialized Care at the Melilla Hospital

Dr Isabel Giménez, Coordinator of Primary Health Care Centre Alfonso XIII

Dr Karim Ghazi El Hamouti, Doctor Specialist in Family and Community Medicine (Hospital Emergency of Melilla)

Dr Cardona Díaz, CETI IseI

Visit: CETI Melilla

Mr Carlos Montero Díaz, Director

Ms Maria Dolores Morales Patricio, Chief of Administration Service

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