Author’s response to reviews

Title: Assessing refugee healthcare needs in Europe and implementing educational interventions in primary care: a focus on methods

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Author’s response to reviews:

Point by point response
Reviewer reports:

Michaela Hynie (Reviewer 1):

This paper describes an important and far-reaching initiative addressing the primary health care needs of newcomers to Europe. While the project described is of great interest, the manuscript in the current form is difficult to follow. It is not clear what is planned, what has been done, and who is being engaged in the process. The paper would benefit from a clearer description of activities and timelines by site, a clearer structure, the addition of definitions of key constructs and a thorough edit for errors.

Response: Many thanks for you kind comments and efforts to improve this paper. We decided to orient this paper as a methodological one. Towards this direction we have attempted to manage all your valuable comments and suggestions.

It is not entirely clear who the intended recipients of the services will be. The authors sometimes refer to refugees and sometimes to asylum seekers. These are different migration categories that may have different needs and access to different resources and supports. The current migration flows into Europe are actually mixed migration flows. As the authors note, there are many different source countries and people are fleeing very different circumstances. For whom are these services intended? All migrants, only those who arrive and claim asylum, or only those who are awarded refugee status?

Response: We thank the reviewer for that comment. In the revised manuscript, we have made clearer that this European project addresses both refugees and migrants who were arriving in the European continent. Certainly the period where the project has been implemented the large majority of the new arrivals in Europe were refugees and to that reason the text is making a frequent reference to refugees. It is clearly stated in the revised manuscript (page 5, paragraph 1, lines 123-129).

It seems that data are being collected only in points of entry for asylum seekers, so that suggests that only asylum seekers might be the focus of this initiative. If this is correct then a related question is how the diversity of these migration flows is being addressed by this initiative. Given the incredible diversity of the asylum seekers who have come to Europe, how does this model respond to and reflect that diversity?

Response: As we have explained above this project asylum seekers were not on the focus of this initiative and the CHAFEA call was addressing all people that have reached Europe in the period of the project (page 5, paragraph 1, lines 129-132).
It would also be useful to indicate how they intend to conduct, or have conducted, the PLA assessments of migrant (refugee?) needs and preferences. (At some points it seemed that these have not yet been conducted but in other places it seemed that these were completed.) If the project is intended to respond to the needs of the many new migrants arriving as asylum seekers or through irregular pathways, how have they dealt with the multiple languages and cultural backgrounds of their respondents?

Response: Thank you very much for this comment. The PLA sessions have been designed and implemented under the coordination of the University, Medical Centre Nijmegen St Radboud, the Netherlands. Cultural mediators or interpreters were involved in order to deal with multiple languages and cultural backgrounds barriers. It is clear in the revised manuscript (page 8, paragraph 1, lines 200-204).

Given the laudable emphasis the project is giving to the voiced needs and preferences of the users of the public health initiative they are describing, some clarity around how they managed this very difficult aspect of the project would be very valuable.

Response: In order the refugee voices to be heard meetings with stakeholders and healthcare providers were held. For instance in Greece in March a meeting with local stakeholders took place in order to inform them about the key results of the project as well as the needs, wishes and preferences of these vulnerable population.

The program is complex and multifaceted. A figure or table that lists the elements of the initiative would be helpful in order to follow what is being implemented and how. A timeline would also have been helpful; it seems that some of the elements being described in the paper did not occur in the order in which they are listed in the paper, making it difficult to follow how the project is unfolding.

Response: Many thanks for the very important comment. A major revision of the main text has been made and a paragraph where the design of this project is now depicted in the revised manuscript (page 6, paragraph 1, lines 169-176). Figure 1 (page 25, paragraph 1, line 576) gives also a graphical representation of the structure of the European project, while Figure 2 (page 26, paragraph 1, line 594) presents the operational flow of Primary Health Care for refugees and other migrants.

Given that each site is necessarily defining the breadth of the intervention and choosing its own teams to train, some information could also be provided about what is being done in each site and the scope of the local interventions to get a sense of the overall scope of the program.
Response: All countries translated and adapted the training material. We have added a paragraph with the main outcomes of the implementation of the training courses at the six European settings (page 12, paragraph 2, lines 303-327). We have also added one paragraph about the pilot intervention made in Greece after the implementation of the training course (page 13, paragraph 2, lines 329-340).

Given the centrality of patient centered care and the needs and preferences of the migrants in developing the intervention, I was surprised to see no mention of how the intervention will assess migrants' perceptions of the effectiveness of the intervention. A clearer statement about how the local evaluations will assess how well the intervention met each of the stated goals of the initiative would be helpful. This would be facilitated if the authors described Normalization Process Theory (NPT) and how it is being taken up in their implementation. Although the authors refer to NPT as fundamental to their approach and evaluation, they do not describe the core constructs and how they are being captured.

Response: Many thanks for your important comments and questions. They have also raised by the second reviewer. The revised manuscript is containing now the requested information. Unfortunately, the evaluation of the project did not include issues relevant to the refugees’ perception and that point is mentioned in the limitations section of the revised manuscript (page 16, paragraph 3, lines 404-421).

Other minor points: Does the statement about "low healthcare standards" (line 101) mean that standards are low or that the healthcare received is inadequate, regardless of the standards the healthcare systems aspire to?

Response: Thank you very much for your comment. We mean that “the healthcare received is inadequate” due to the lack of knowledge of healthcare personnel in EU countries.

Figure 1 (line 253) appears to be missing.

Response: Thank you for the kind comment. We have added the figure. Figure 1 (page 25, paragraph 1, line 576).

The manuscript needs a thorough editing. There are numerous grammatical errors, repeated and misplaced words, and omissions.
Response: Thank you very much for the kind comment. Upon your kind request, we have made an overall linguistic editing within the text.

Esperanza Díaz (Reviewer 2):

Thank you for letting me review the manuscript "Refugee crisis in Europe: do we need more involved primary care?". Although the theme of this manuscript is highly relevant, I am struggling with the structure and even definition of the paper. I had to read the manuscript several times to try to understand the concept. To the best of my understanding, I have tried to write some comments and suggestions. If I have misunderstood parts or the whole thing, I apologise... but as a frequent reader and writer of this theme, other readers might find the same challenges. I think this is a nice study, but, in my opinion, it would need a major review before being published.

Response: Thank you very much for your comments and your efforts in order to improve the current format of our article.

To begin with, the authors write that this is a debate article. However, I cannot see that this is the case. To me this manuscript seems to be a methodological one, explaining the different parts of the EUR-HUMAN Project. I would therefore suggest that the aims in the abstract change to: "This methodological article describes a structured, cross border effort embarked upon to select, develop and assess approaches and methods within PHC deployed for refugee health care in the context of a capacity-building funded European project" (or similar)

Response: Thank you very much for the kind suggestion which we fully accept. We have changed it the abstract as well as at the main text of the revised manuscript (pages 2 and 6 paragraph 2, lines 160-167, respectively).

If this indeed is a methodological paper, however, it is not well enough structured to be completely understandable, and lacks details at several levels. Please see some examples below among other comments appearing in the order the subjects appear in the text.

Response: Thank you very much with the proposal which we fully accept your suggestion in the revised manuscript.
From a theoretical point of view, the authors include several times the term compassion (for example line 139), which is not often included in the description of the core elements of PHC. I suggest that the authors explain this better; give appropriate references for the model they ground their theoretical understanding upon.

Response: Thank you very much for that comment. The revised manuscript explains better the notion of compassion and includes a new reference (page 6, paragraph 2, lines 150-157).

The English in the manuscript should be revised. Although some parts are well written, sentences are often too long and complex. In the introduction, for example, lines 97 to 114 could be reorganised and shortened. The same applies for lines 124-135 and other places in the text.

Response: Thank you for the comment and suggestion. We have reorganized the suggested lines. In addition, attempts to improve the English language of the manuscript have been undertaken.

Following lines 97 to 114, where the authors explain the many barriers that contribute to poor services for refugees, the sentences beginning with "Due to this fact,..." point only to training to health personnel and capacity as solutions. What about organization of care, policy and, not the least, economic priority? In this line, a healthy-economic package including the cost of inactivity, degradation of health and many other factors beyond the health services would be really valuable in this project. Its absence should be noted as a limitation (a section which otherwise is not clearly depicted).

Response: Thank you very much for that important comment that addresses several key issues with the impact on health care services for refugees and migrants. Unfortunately, the reorganisation of the current primary care system in the implementation settings was not included in the scope of this project, and the revised manuscript discusses some of health system and future policy issues that are not taken into account when a primary care reform would be discussed. We agree to include a limitation section and the revised manuscript has one (pages 16 and 17, lines 404–422).

After reading the introduction (and most of the text), I believe that lines 147-149 "This debate article aims to to raise key issues in regards the role of evidence-based and integrated PHC that Europe needs to discuss in responding effectively to the refugees crisis” do not describe the aims of the article. As stated above, a more descriptive aims could sound something like: "This methodological article aims to describe the EUR HUMAN project in its effort to i) describe the health needs of refugees in Europe using a refugee-centered approach, ii) describe, develop and test tools and interventions to give appropriate health care to this group within the frame of
European PHC and iii) evaluate the created material" Would this be correctly understood? If not, please correct and make more clear.

Response: Thank you very much for the comment. We fully agree and accept your suggestion.

The head "Main text" is not usual, not very clearly written and takes a lot for granted: Line 151: "In developing this project" Which project? EUR HUMAN? Why should a refugee-centred approach become a "motivational factor for the health care professionals"?

Response: Thanks for your comment and we have changed the head “Main text” in the revised manuscript (“The design of the project – a focus on the methods used”, page 6, paragraph 2, line 169) The revised manuscript does not include any statement about the refugee-centered approach as a motivational factor. To that purpose among other reasons, a refugee-centered approach seems to be essential.

A detailed and well structured methodological section for each of the three main aims is needed: number of participants, from which countries? questions asked in the groups, terms used for literature review, types of literature, basic flow charts, etc. I understand there might be several articles coming with the results for each part, but as it is now, the reader remains in the dark as for the work really conducted and how the parts are put together, which should be clarified in a methodological paper.

Response: Thank you very much for this valuable comment. We shortened the text and a new paragraph about the design of the study has been added in the revised manuscript (Page 7, paragraph 1, lines 170-176). A new Figure is now clearly representing the work packages of this European project. Figure 1 (page 25, paragraph 1, line 576).

All your suggestions have been followed in the revised manuscript.

Headings for the four parts thereafter (lines 171, 244-245,254, 304) do not clearly describe the content of the study. I suggest the authors reorganize these. For instance, the heading "The need to retrieve available information about the healthcare needs of refugees" should also include "and adequate provision of health", since this also seems to be studied through the different methods.

Response: Thanks for these valuable comment that they guide us to change the manuscript’s headings with the aim to tailor them properly with the design of the project.
If I understand this part correctly, the methods to get this information were PLA and systematic review:

1. Dialogues (PLA) with Stakeholders Health professionals Refugees. For the PLA the authors used comparative-case studies (if so, explain); in hotspots, transit centers, etc (please describe numbers, size, etc at least generally)

   Response: Thanks again and upon your guidance, we underwent a major re-structure of this section. The revised manuscript contains now the suggested information (page 7, paragraph 2, lines 181-219).

2. Systematic research of literature studying Barriers for care

   Facilitators for care Tools for use at PHC for this group?

   Which databases? Which terms?

   Response: Thanks for that comment and upon your guidance the revised manuscript contains now some new information (pages 9 and 10, lines 240-249).

Then the authors write: "how to combine and deploy them in a pilot to assess acceptability and feasibility of the overall intervention." I do not understand if this is part of the systematic review or if they are talking about conducting a pilot, is this the one later conducted in Greece???

Response: Thanks for asking us to clarify this issues. We evaluated the educational interventions implemented in six European settings by assessing their feasibility and acceptability by using specific methodology. The revised manuscript is now more explicit.

One summarizing table with the main elements and methods might be useful to make sure that the reader is not lost in this complex study.

Response: Thanks for your comments and the Figure 1 that the revised manuscript contains is serving this purpose. Figure 1 (page 25, paragraph 1, line 576).

Otherwise, a statement on ethics is needed, and a description of the transferability of data among partners. How was information flow secured?
Response: Thanks for raising this comment and the revised manuscript has included this important information (pages 14 and 15, lines 365 - 374).

3. The third part of the study seems to be an Expert Consensus Panel (line 247). Here also, the reader lacks information about this panel: type of experts, numbers, sex, representation of refugees, etc.

Response: We have added the information requested (page 11, paragraph 1, lines 274-285).

It is not clear for me either if the "development of protocol for the rapid assessment (RA) of mental health and psychosocial needs of refugees on the basis of an appropriate support model identified through the data collection and review activities" was done before or after the Expert Consensus Panel and by whom. In fact, it seems to be not only a protocol for assessment of needs, but a protocol for assessment and decision making/provision of care, as it is described that it consists in 1) triage, 2) screening, 3) immediate assistance and 4) referral.

Response: The development of protocol for the rapid assessment (RA) of mental health and psychosocial needs of refugees” was done by the Croatian team and was conducted during and after the expert meeting and the review activities. It was as a different Work Package.

4. The main products of the study seem to be the electronic and face-to-face courses. Related to the point above, I wonder to which degree the local context was taken into account in the work of the expert panel and if they achieved consensus, as the authors later write that this protocol was greatly modified for the different context (lines 268-273). Regarding the content of the training material described, the main components were: "The training material focuses on eight different areas (modules), namely triage; mental health; communicable diseases; non-communicable diseases; vaccination; mother and child care; cultural and legal issues and health promotion." Given the holistic approach of this project I wonder if themes as cultural humility, cultural awareness, cultural competence or the impact of socioeconomic factors on health were included in the material.

Response: Thanks for asking us to clarify this issue. Some of the issues that you have mentioned are included in the different modules of the training material and especially in the module where
the cultural and legal issues. More information you can find here: http://eur-human.uoc.gr/online-courses/, this information has been added in the revised manuscript (pages 11 and 12, lines 294-301 and page 13, paragraph 1, lines 320-327). In order to adapt the training material into the context of each country we initially included experts from all participating countries (were selected by each consortium partner). Additionally, the training material was translated and adapted by members of the consortium which are familiar with these issues.

5. A pilot in Greece is named in line 301, but it is unclear if this was a pilot for the courses or for a further intervention. In the meantime, lines 274 and further, the implementation of the courses is shortly named. Was this after piloting? With how many health professionals? Was the same content given to GPs and other professionals? How where these courses evaluated? Is this the "intervention phase" that is mentioned in line 287? …Here again, the reader remains unable to make a picture of the broadness of the project.

Response: Thanks asking us this question and the revised manuscript is providing now some clear information about the educational interventions that they have been implemented in six European settings where the training material and developed tools have been tested and evaluated and one pilot implementation that has been performed only in Greece in the island of Lesvos to test how all those learned and developed are working in the real primary care settings.

6. Last, the authors explained that “The six intervention countries will evaluate selected interventions in order to provide answers to questions with regards to process, outcomes and learning of the project.” Again, a list with what is going to be evaluated where should be useful.

Response: Upon your comment, we have added the requested information in the revised manuscript, thus making this statement clearer (pages 13 and 14, lines 343-356).

In accordance with what I have understood and written above, the conclusions should be re-written.

Response: This part was improved after your valuable comments and suggestions.

All in all, I think this could be a useful paper to understand a complex and interesting study, but this is, unfortunately, not possible in the current form.

Response: Many thanks again for your valuable commentary that guided us to re-write certain parts of the first manuscript and make it more readable by the wider readership of the Journal.