Greece: assessing health systems capacity to manage large influx of refugees and migrants in an evolving context

Report of the joint Ministry of Health and WHO assessment implemented in Greece from 27 November to 4 December 2019
The Migration and Health programme

The Migration and Health programme, the first fully fledged programme on migration and health within WHO, was established at the WHO Regional Office for Europe in 2011 to support Member States to strengthen the health sector's capacity to provide evidence-informed responses to the public health challenges of refugee and migrant health. The programme operates under the umbrella of the European health policy framework Health 2020 and provides support to Member States under four pillars: technical assistance; health information, research and training; policy development; and advocacy and communication. The programme promotes a collaborative intercountry approach to migrant health by facilitating policy dialogue and encouraging coherent health interventions along migration routes to promote the health of refugees and migrants and protect public health in host communities.
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Abstract

Further to the increased numbers of refugees and migrants arriving at Greece's land and sea borders, the Greek Government and WHO conducted a joint assessment of the health systems capacity to manage large influx of refugees and migrants in an evolving context in December 2019. The assessment team visited first reception centres, referral health centres and hospitals and conducted interviews and focus group discussions with all key stakeholders. Based on the findings, the main recommendations included improving living conditions in migrant centres, strengthening the Greek national health strategy and the health contingency plan, and strengthening the health infrastructure and primary health-care services in the islands.

Keywords

HEALTH SERVICE ACCESSIBILITY, DELIVERY OF HEALTH CARE, MIGRANTS, REFUGEES, ASYLUM SEEKERS, MIGRANT HEALTH POLICIES, GREECE
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Acknowledgments

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The assessment team would also like to thank the country offices of the International Organization for Migration and the United Nations High Commissioner for Refugees, the United Nations Children's Fund and nongovernmental organizations for their assistance during the assessment.
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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>EKKA</td>
<td>National Centre for Social Solidarity</td>
</tr>
<tr>
<td>EODY</td>
<td>Hellenic National Organization for Public Health</td>
</tr>
<tr>
<td>EOPYY</td>
<td>National Organization for the Provision of Health Services</td>
</tr>
<tr>
<td>ESTIA</td>
<td>Emergency Support to Integration and Accommodation</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>HELIOS</td>
<td>Hellenic Integration Support for Beneficiaries of International Protection</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>PHILOS</td>
<td>Emergency Health Response to Refugee Crisis (programme)</td>
</tr>
<tr>
<td>PTSD</td>
<td>post-traumatic stress disorder</td>
</tr>
<tr>
<td>RIC</td>
<td>reception and identification centre</td>
</tr>
<tr>
<td>TOMY</td>
<td>Topikes Monades Ygias (local multidisciplinary health units)</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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Executive summary

Since 2016, migration dynamics in Greece have substantially changed mainly through the implementation of the European Union (EU)–Turkey Agreement and the progressive blockade of the so-called Balkan route in 2017. In addition, the number of arrivals during 2019 was significantly higher than in 2018, which created overcrowding on the eastern Aegean islands. In November 2019, the Greek Government established a new migration policy based on four pillars: effective border guarding, speeding up of asylum request examinations, increased migrant returns and closed pre-removal centres (i.e. without free movement in and out).

The increased influx of refugees and migrants not only added burden to an already weakened health system but also revealed accumulated distortions affecting the resident population. Key challenges preventing the elimination of barriers included a reduced health workforce, lack of planning and distribution of available health professionals, underdeveloped primary health care (PHC) with proper referral and care pathways, fragmentation of funding sources and outdated governance models.

The living conditions in reception and identification centres (RICs), especially in Moria on Lesvos and Vathi on Samos, are dramatically below any international standards. Overcrowding coupled with a shortage of staff are the major issues hampering the delivery of services. PHC is provided by the Emergency Health Response to Refugee Crisis (PHILOS I and II) programme with the support of the Hellenic Army and a number of national and international nongovernmental organizations (NGOs). However, the capacity to properly deliver health services is severely challenged.

The protection of unaccompanied minors is of particular concern. Weak protection measures and frequent episodes of sexual harassment and gender-based violence, incidents of violence and unrest as well as mental health issues, especially in children, have been frequently reported.

Reduction of congestion of the RICs in the eastern Aegean islands and improvement in the living conditions of people hosted in the existing RICs should be accelerated before the conditions in those centres further affect the physical and mental health of refugees and migrants and start posing serious public health consequences in terms of outbreaks of communicable diseases.

Newly planned reception facilities should be adequate in size, capacity and services before they are populated, and protection measures for unaccompanied minors requiring fast relocation from RICs to protected centres should be strengthened. The establishment of closed RICs in the eastern Aegean Islands should be carefully considered because of the potential negative impact on the mental health status of the refugees and migrants.

It is recommended that the first medical examination in RICs should be done within 24 hours from initial reception and that medical records should be systematically collected in a comparable manner and regularly transmitted to competent health authorities.

Post-traumatic stress disorder (PTSD) is the only mental health disorder that has a substantial and consistent increased prevalence among refugees and migrants compared with host populations. Therefore, PTSD should be re-introduced as part of the vulnerability criteria for refugees and migrants hosted in RICs.
The leadership and advocacy role for migrant health-related issues within the Ministry of Health should be enhanced by promoting interministerial coordination, ensuring compliance with international human rights standards and policies, and implementing a framework for equitable access to health services for refugees and migrants, aligned with the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. Intercountry agreements should also be promoted to harmonize the protection of the rights of refugees and migrants to health care, which includes the right to health information. Contingency planning on the islands and the mainland and a shift from an emergency to a structured long-term strategic approach are needed immediately to respond to the possibility of a continuing or increased influx; this will require central and local planning and coordination structures and is an area where WHO could provide support.

Health infrastructure, particularly PHC services on the islands with large number of refugees and migrants, should be strengthened in line with ongoing PHC reform across the country, especially in areas close to refugee and migrant settings.

A set of national core competencies on migrant health for health workers dealing with refugees and migrants, as well as a coordinated continuing education programme on migrant health for health professionals, should be developed and implemented.
Introduction

Setting the scene

Greece represents a gateway into the EU for thousands of refugees and migrants, and pressures are accordingly high at its borders, especially the Turkish border. The external frontier of the EU between Turkey and Greece is made up of a 203 km land border in the Evros region in the north and a sea border in the Aegean in the south. The influxes of refugees and migrants to Greece can be described as a series of medium- to large-scale events that happen repeatedly, often simultaneously, and increase significantly in frequency during the summer months. Large numbers of individuals enter the country either by sea (usually the Aegean) or across the land border with Turkey. The groups of refugees and migrants entering the country vary in numbers from tens to several hundreds.

Because of the increasing number of refugees and migrants entering Greece by land and sea, the Greek Government invited the WHO Regional Office for Europe to conduct a joint mission to assess the capacity of the health system to manage these large influxes in 2014 (1).

Since then, the migration dynamic has substantially changed, mainly through the implementation of the EU–Turkey Agreement in 2016 and the progressive blockade of the so-called Balkan route in 2017. In addition, the number of arrivals during 2019 has been significantly higher compared with 2018, creating an overcrowded situation in the eastern Aegean islands. As of 16 December 2019, more than 40 000 refugees and migrants were residing on the Aegean islands in facilities with capacity for less than 10 000. Delivery of health services has become difficult for such numbers. PHC is provided by PHILOS with the support of the Hellenic Army and NGOs. PHILOS is a programme of the Greek Ministry of Health funded by the National Programme of Asylum, Migration and Integration Fund and implemented by the Hellenic National Organization for Public Health (EODY). The newly appointed Greek Government announced at a press conference on 20 November 2019 the establishment of a new migration policy based on four pillars: effective border guarding, speeding up of asylum request examinations, increased migrant return and closed pre-removal centres (2).

Scope of the joint assessment mission

In the light of these developments, a new joint WHO/Ministry of Health of Greece assessment was organized to collect updated information about the health system management of the ongoing refugee and migrant influx, provide health policy-oriented recommendations and identify areas for further strengthening the collaboration between the Greek Ministry of Health and WHO.

Methodology

The assessment took place within the framework of World Health Assembly resolution 61.17 on the health of migrants (3), which requested the WHO Director-General to analyse the major challenges to health associated with migration and to explore policy options and approaches for improving the health of refugees and migrants. Within this framework, the WHO Regional Office for Europe developed the Strategy and Action Plan for Refugee and Migrant Health in the WHO
European Region (4) to help to guide progress on the health aspects of population movement. It outlined nine strategic areas and five indicators to support development and monitoring of national health policies and refugee and migrant health-related priority areas.

Assessment team

The assessment was a country-led joint effort by the WHO Regional Office for Europe, the WHO Country Office in Greece, representatives nominated by the Ministry of Health of Greece and representatives from EODY.

Assessment structure

The WHO Toolkit for assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants (5) was used to carry out the assessment, which guided the semi-structured interviews, data collection and site visits. The Toolkit is based on the WHO health systems framework, which addresses six key functions: leadership and governance; health-care financing; health workforce; medical products, vaccines and technology; health information; and service delivery. A desk review was conducted prior to the assessment to gather and analyse information about recent population movement trends and the migration policy designed and implemented by the newly appointed Greek Government. Stakeholder meetings (Fig. 1) were organized in Athens at the beginning of the assessment with the aim of sharing information and obtaining feedback about the health impact of the new policy on migrants adopted by the Greek Government and the priority health needs identified by the various health actors working with refugees and migrants in the country (Annex 1). Site visits took place in the Moria RIC and Kara Tepe, an open hospitality centre run by the municipality, in the island of Lesvos; the Vathi RIC in the island of Samos; the Diavata and Lagadikia temporary accommodation centres and a host house (hostel) for unaccompanied minors in the Thessaloniki area; and the Eleonas and Skaramagas temporary accommodation centres in the Attica region (Annex 2).

Fig. 1. Stakeholder meeting at the Ministry of Health, Athens

Site visits and semi-structured interviews with managers of health institutions, hospitals and health centres and representatives of NGOs in two western Aegean islands and the mainland took place over the following days.
Meetings were also held with representatives of the International Organization for Migration (IOM), the United Nations Children’s Fund, the United Nations High Commissioner for Refugees (UNHCR), major NGOs working on refugee health matters, and high-level representatives from the regional health authorities, military corps, police and local authorities. In addition, focus group discussions with refugee and migrant representatives were organized in refugee and migrant centres (Fig. 2).

Fig. 2. Stakeholder meeting at the WHO Country Office with United Nations agencies and NGOs

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On the last day of the assessment, an interministerial debriefing session chaired by the Secretary General for Public Health was organized in the Ministry of Health, Athens, to present and discuss the assessment's preliminary findings.
Findings from the mission

The evolving context

The Greek economy entered a structural and multifaceted crisis in 2009, the main features of which were a large fiscal deficit and public debt. In 2010, the First Economic Adjustment Programme for Greece was signed, commonly known as the first memorandum or first bailout package. The crisis deeply affected the Greek health-care system, which was not resilient enough to cope with the emerging challenges and proved to be unable to meet the increasing needs of the population. The economic crisis led to approximately 25% of the country’s population losing their Social Health Insurance rights and thus facing significant barriers to accessing essential health-care services. Furthermore, out-of-pocket payments were always a large proportion of total health expenditure, both because of underfunding in the public health sector and because of increases in user charges and co-payments during the crisis. Even though some positive steps have been made, including legislation providing free access to care for uninsured Greeks and migrant groups, the establishment of new PHC units and the abolition of some kinds of cost sharing, some barriers to access still remained. The increased influx of refugees and migrants not only added burden to an already weakened health system but also revealed accumulated distortions that had already been affecting the resident population. Among key factors that hampered the elimination of barriers to access health care were a reduced health workforce, insufficient planning and distribution of available health professionals, an underdeveloped PHC system with a proper referral system and care pathways, fragmentation of funding sources and outdated governance models.

As of 16 December 2019, more than 40 000 refugees and migrants resided on the Aegean islands in facilities with capacity for 9890 (including the Kara Tepe camp in Lesvos, which is not included in the figures in Tables 1 and 2).

Table 1. National situation regarding the islands in the eastern Aegean Sea (data from 15 December 2019)

<table>
<thead>
<tr>
<th>Place/location</th>
<th>Lesvos</th>
<th>Chios</th>
<th>Samos</th>
<th>Leros</th>
<th>Kos</th>
<th>Other islands</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OC</td>
<td>CAP</td>
<td>OC</td>
<td>CAP</td>
<td>OC</td>
<td>CAP</td>
<td>OC</td>
</tr>
<tr>
<td>RIC</td>
<td>18 213</td>
<td>2 840</td>
<td>5 769</td>
<td>1 014</td>
<td>7 438</td>
<td>648</td>
<td>3 205</td>
</tr>
<tr>
<td>Other facilities</td>
<td>1 267</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>135</td>
<td>120</td>
</tr>
<tr>
<td>Predeparture detention centres</td>
<td>87</td>
<td>210</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>189</td>
</tr>
<tr>
<td>Detention facilities</td>
<td>2</td>
<td>–</td>
<td>3</td>
<td>–</td>
<td>9</td>
<td>–</td>
<td>4</td>
</tr>
<tr>
<td>UNHCR</td>
<td>640</td>
<td>751</td>
<td>266</td>
<td>288</td>
<td>279</td>
<td>282</td>
<td>105</td>
</tr>
<tr>
<td>EKKA</td>
<td>131</td>
<td>147</td>
<td>14</td>
<td>18</td>
<td>10</td>
<td>18</td>
<td>–</td>
</tr>
<tr>
<td>Other NGOs</td>
<td>58</td>
<td>100</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Makeshift camps</td>
<td>0</td>
<td>–</td>
<td>0</td>
<td>–</td>
<td>0</td>
<td>–</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes: CAP capacity; EKKA: National Centre for Social Solidarity; OC: occupancy.
Source: Ministry of Citizen Protection, Hellenic Republic (Annex 4, (1)).
Table 2. Migrant movement at the islands (data from 15 December 2019)

<table>
<thead>
<tr>
<th>Migrant movements</th>
<th>Lesvos</th>
<th>Chios</th>
<th>Samos</th>
<th>Leros</th>
<th>Kos</th>
<th>Other islands</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present on the island</td>
<td>20,398</td>
<td>6,052</td>
<td>7,736</td>
<td>2,549</td>
<td>4,149</td>
<td>181</td>
<td>41,065</td>
</tr>
<tr>
<td>Arrivals</td>
<td>106</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>142</td>
</tr>
<tr>
<td>Transported to mainland</td>
<td>21</td>
<td>10</td>
<td>256</td>
<td>28</td>
<td>17</td>
<td>0</td>
<td>332</td>
</tr>
<tr>
<td>Departures (EU–Turkey Statement)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Departures (IOM)</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total departures</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Ministry of Citizen Protection, Hellenic Republic (Annex 4, (1)).

According to UNHCR (6), the majority of refugees and migrants residing in the Aegean islands between 25 November and 1 December were from Afghanistan (43%), the Syrian Arab Republic (21%) and the Democratic Republic of Congo (6%). Women accounted for 21% of the population and children for 35%, of whom more than 60% were younger than 12 years of age. Approximately 16% of the children were unaccompanied or separated; these came mainly from Afghanistan. Some 39% of these migrants were men between 18 and 39 years of age. According to UNHCR and the Hellenic Police, the number of arrivals of refugees and migrants was significantly higher in October and November 2019 compared with the same months of the previous year (7).

The Government’s migration policy (four pillars: effective border guarding, speeding up of asylum request examinations, increased migrant returns and closed pre-removal centres) (2) plan would be implemented in two stages. The first stage would involve the transfer of 20,000 people from the Aegean islands to the mainland at the beginning of 2020. The second midterm stage would include the establishment of closed RICs/detention camps on the islands with maximum capacity of 5000; strengthened control over the activities of NGOs; the appointment of a National Coordinator for the implementation of a new programme called No Child Alone aimed at protecting unaccompanied refugee and migrant children from exploitation and criminal actions; and the creation of a single border surveillance body to secure migratory routes, with recruitment of 400 border guards for Evros and 800 for the islands.

A new ministerial decision based on a law passed by Parliament in November 2019 regarding health care for applicants for international protection should enter into force at the beginning of 2020, regulating the issuance of a Temporary Number for Social Security and Health Care for applicants for international protection. The number is automatically deactivated if an asylum claim is rejected.

**The Greek reception system**

**Overview**

The Reception and Identification Service and the Directorate for the Protection of Asylum Seekers within the General Secretariat of Migration Policy, Reception and Asylum of the Ministry of Citizen Protection are the responsible authorities for the reception of asylum seekers. In addition,
the Ministry of National Defence is providing managerial and operational support with military personnel in RICs and in search and rescue operations at sea (Annex 3).

The Greek Parliament appointed a senior officer to act as a national coordinator to supervise all aspects of the refugee and migrant situation in December 2019. According to the legislation, the National Coordinator will be the head of a new autonomous body with both political and operational authority. The Deputy Minister of Defence has now been appointed to that position.

The responsibilities of the National Coordinator include coordination and supervision of the relevant departments of the ministries; coordination and supervision of the work of international organizations, European agencies, NGOs and other bodies; management of the Border Surveillance Body; approval of the sites for the establishment of all reception, detention and accommodation structures, including structures for unaccompanied minor refugees; supervision of the transfer of refugees and migrants to the mainland; and supervision of all administrative and operational functions and services in the migrant centres, including for PHC. In addition, the Ministry of Migration and Asylum (formerly the Ministry of Migration Policy) was re-established on 15 January 2020.

Refugees, migrants and asylum seekers are accommodated in a variety of settings including RICs, pre-removal detention centres, temporary accommodation centres, hotels, apartments and NGO-run facilities. Refugees and migrants are accommodated on the basis of date of arrival, legal status and special needs.

RICs (so-called hotspots) were set up at the EU's external borders in Greece and Italy for the initial reception, identification and registration of asylum seekers and other migrants coming to the EU. RICs have been established in the islands of Chios, Kos, Leros, Lesvos and Samos (Annex 4) and in Evros on the land border with Turkey (Figs 3 and 4). The RICs were originally intended to be closed detention facilities. As the number of arrivals grew, however, they quickly became open reception centres because of the challenge of managing closed facilities with a large and changing refugee and migrant population.

Fig. 3. RIC, Samos
The primary purpose of the RICs is to act as reception areas for the identification, registration and fingerprinting of newly arrived refugees and migrants. RICs should also address their health needs and provide information about rights and related administrative procedures under the Greek legal framework. There are two types of procedure for an asylum claim: a fast-track border procedure connected to the implementation of the EU–Turkey Statement and Law 4375/2016 (8) and a regular procedure. The fast-track border procedure, which supports a shortened asylum procedure and can be applied when third-country nationals or stateless people arrive in large numbers and apply for international protection, is not applied to vulnerable groups or people falling within the family provisions of the Dublin III Regulation (9).

People residing in the RICs are subject to a geographical restriction as they are under an obligation not to leave until their legal status is defined or they are considered vulnerable. The vulnerability assessment, which is an integral part of the asylum procedure, is implemented by PHILOS teams providing medical screening and psychosocial assessments. Those satisfying the vulnerability criteria include people with a disability or who suffer from a serious illness; the elderly; women in pregnancy or who have recently given birth; single parents with minor children; victims of torture or rape; and unaccompanied minors. PTSD has not been considered as a vulnerability criterion since July 2019. A new law revising the current asylum process has been issued (Law 4636/2019 (10)) and became operative at the beginning of 2020. It is expected that vulnerability will no longer be a criterion for lifting geographical restrictions.
**Pre-removal detention centres** host people after their asylum claim has been rejected or declared inadmissible and after they have lost an appeal against this decision. Others are detained because they agree to so-called voluntary return to their country of origin with the IOM and are awaiting deportation. A problematic criterion by which to detain asylum seekers is classification as a danger to national security or public order. There are nine pre-removal detention centres across Greece: Amygdaleza, Corinth, Fylakio (Evros), Kos, Moria (Lesvos; Fig. 5), Paranesti (Drama), Samos, Tavros (Athens) and Xanthi.

![Fig. 5. Moria RIC, Lesvos](image)

**Temporary accommodation centres** have been created as camps to increase the accommodation capacity for refugees and migrants who remained stranded on the mainland after implementation of border restrictions along the western Balkan route in 2016. There are 30 temporary accommodation centres in the mainland accommodating 23,037 residents with a capacity of 25,021 (EODY data at 20 December 2019).

**Hotels, apartments and NGO-run facilities** are mostly managed within the framework of the Hellenic Integration Support for Beneficiaries of International Protection (HELIOS) and Emergency Support to Integration and Accommodation (ESTIA) projects.

The HELIOS project works to promote the integration of beneficiaries of international protection currently residing in temporary accommodation schemes into Greek society. The project period is June 2019 to November 2020. It is funded by the Directorate-General for Migration and Home Affairs of the European Commission and is implemented by the IOM in close collaboration with national authorities and partners. Among other activities, HELIOS is supporting beneficiaries towards achieving independent accommodation in apartments rented in their name, including providing contributions towards rental and move-in costs and networking with apartment owners.
As of November 2019, 5224 refugees were enrolled in the HELIOS project, while 329 received rental subsidies upon finding independent housing; 44% of the total enrolled population comes from the Syrian Arab Republic (11).

The ESTIA programme is an UNHCR initiative funded by the Asylum, Migration and Integration Fund of the EU and with the aim of providing urban accommodation and cash assistance to refugees and asylum seekers in Greece (12). ESTIA is the biggest EU aid operation in the country. In 2018, it created more than 23 000 urban accommodation places and set up a cash assistance scheme serving more than 41 000 refugees and asylum seekers.

**Unaccompanied minors**

The number of unaccompanied children in Greece has increased. According to the National Centre for Social Solidarity (EKKA), while there were approximately 2500 unaccompanied children in 2017, this number was estimated to be more than 5000 in 2019, of whom the majority were boys (93.1%), above the age of 14 (92.3%) and from Afghanistan (43%). Unaccompanied minors are defined as children aged 2–17 years. Around 30% of these children were orphans and 70% had families in Europe and needed to be reunited. Only a third of these children live in proper facilities. Guardianship in Greece was taken over by EKKA in July 2018; EKKA accepts and handles applications for the accommodation of unaccompanied and separated children.

**Findings from site visits**

Living conditions in the Moria and Vathi RICs are dramatically below international standards. Overcrowding coupled with a shortage of staff are the major issues hampering the proper delivery of services. For the RIC in Moria, the Greek Government (through PHILOS II) has planned and advertised to recruit 61 people including nine medical doctors, 10 nurses, four midwives, 10 psychologists, 10 cultural mediators, five social workers, one coordinator and two paramedics. On 20 December 2019, 38 positions were filled including three medical doctors and 10 nurses (data from EODY). According to data from the Ministry of Citizen Protection, Moria was hosting more than 18 213 refugees and migrants on 16 December 2019, which is almost four times its capacity of 2840 (Table 1). However, the exact number of people living in Moria could be even larger because of the number of daily arrivals and the length of the registration process. Overcrowding has forced refugees, migrants and asylum seekers to erect self-made shelters using wooden pallets and plastic sheeting even outside Moria’s fenced boundaries, with very limited, if any, access to water and sanitation facilities (Fig. 6). A similar situation has been observed in Samos, where the Vathi centre is hosting 7438 refugees and migrants despite a capacity of 648 (Fig. 7). Overcrowded situations are also reported in the facilities of Chios, Kos and Leros, although they were not visited during the assessment.

PHC in RICs is provided by PHILOS with the support of the Hellenic Army and by a variety of national and international NGOs; however, it is severely challenging to properly deliver health services in such large and overcrowded RICs. Indeed, long waiting lines to access health services were reported and directly observed by the assessment team in Moria. The assessment team was informed by personnel working in the centre that sometimes refugees and migrants may wait several weeks or even months before receiving the first medical examination unless it is a clear health emergency.
Long queues of several hours for receiving food have been reported. Spontaneous food markets self-managed mostly by refugees and migrants are present in the centres and lack any food safety controls.

In all areas, the assessment team observed women and girls, including those travelling alone, living alongside unrelated men and boys. Weak protection measures and frequent episodes of
sexual harassment and gender-based violence, incidents of violence and unrest as well as mental health issues, particularly among children, have been frequently reported and confirmed by the focus group discussions with refugees, migrants and asylum seekers in both centres.

The protection of unaccompanied minors is of particular concern. In Moria, for example, 1300 unaccompanied minors have been so far identified; however, only 66 (30 males and 36 females) were accommodated in a so-called safe zone. Moreover, the age-assessment procedures, which legally should have a holistic approach, are limited by the shortage of qualified staff and the limited time available for a multiaspect investigation. Consequently, left wrist and hand radiography seems to be more frequently implemented than it should be (13).

**Kara Tepe** is a container site (all containers described here fulfil International Organisation for Standardization requirements for use as housing) a few kilometres from Moria managed by the Municipality of Mytilene (the capital of Lesvos) and providing temporary housing to asylum seekers waiting for their asylum claim to be processed (Fig. 8). It hosts mostly families, vulnerable women and children referred from Moria. According to the Kara Tepe manager, the number of people hosted never exceeds its total capacity of 1300. The centre appeared to match international standards for this kind of setting in terms of water and sanitation systems, health, protection and education services. However, the day after the visit, there was a fire accident in one container and a Syrian mother died.

![Fig. 8. Clinic in Kara Tepe accommodation site, Lesvos (Doctors of the World/Médecins du Monde)](image)

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**Diavata** and the **Lagadikia** centres in Thessaloniki and **Eleonas** and **Skaramagas** in the Attica region host asylum seekers waiting for the completion of legal procedures that began on the islands (such as receiving international protection status or family reunification under the Dublin Regulation), to be registered after their recent arrival from the land borders or because they
are stranded on the mainland after the blockade of the Balkan route. Residents live in the box containers with electricity, running water and bathrooms. None of these centres is overcrowded; only in Diavata did the assessment team observe several small tents accommodating newly arrived asylum seekers. PHC, social and education services are available in each of the locations visited; however, shortage or lack of cultural mediators has been reported in all locations (Fig. 9).

Fig. 9. Meeting with Diavata camp management and other stakeholders

Skaramagas is the biggest temporary accommodation centre on the mainland. Established in 2016, it is managed by the Greek Navy. The main NGO active in the centre is the Danish Refugee Council, which operates as an umbrella organization for other national and international NGOs. At the time of the visit, the centre housed 2200 refugees of 20–25 different nationalities in 460 box containers. Camp health services are provided by EODY (see Fig. 4). Health staff includes general practitioners, paediatricians, nurses, a dentist, social workers and psychologists; the average number of consultations per day is 50. One Navy doctor/nurse is available after hours and in 2019 there were 1980 consultations carried out by Navy doctors. Basic medicines are available and are supplied by the Navy in coordination with EODY. The available medicines cover PHC and emergency needs with only a very limited stock available for chronic diseases. Medications are available at pharmacies free of charge for refugees presenting a prescription from EODY doctors, who also maintain the medical records. The Danish Refugee Council supports with interpretation services, mostly via radio.

The Thessaloniki host house for unaccompanied minors visited by the assessment team was organized in semi-independent living apartments with a capacity of 200. The centre is run by IOM under the programme FILOXENIA (Temporary Shelter and Protection for the Most Vulnerable Migrants in Greece) (14). This particular facility was for Farsi speakers only to optimize the use of the available cultural mediators. The centre provides extracurricular activities, sports, music, language classes and so on. PHC services are provided on a weekly basis by one physician and one nurse. Social workers help to book appointments for national health services; psychosocial
services (not therapeutic) are provided. The centre has a staff of 25, including caregivers, social workers, psychologists and interpreters. Supervision 24/7 is provided by the caregivers.

Recommendations

- **Accelerate the decongestion of the RICs in the eastern Aegean islands and improve the living conditions of people hosted in the existing RICs.** The overcrowded, unsafe and unhygienic situation in these centres has a negative impact on the physical and mental health of refugees and migrants and can be considered as a violation of basic human rights. Moreover, the existing situation may have serious public health consequences in terms of outbreaks of communicable diseases among refugee and resident populations.

- **Ensure that any newly planned reception facility is adequate in size, capacity and services before moving people in.** In principle, the bigger the capacity, the harder its management. The past experiences in Greece indicate that it would be difficult to manage centres with a capacity of more than 2000.

- **Strengthen protection measures for unaccompanied minors.** This requires rapid relocation from RICs to protected centres and the implementation of proper, holistic age-assessment procedures according to existing laws.

- **Ensure that the first medical examination in RICs is completed within 24 hours of reception.**

- **Ensure that medical records are systematically collected in a comparable manner.** All health clinics working with refugees and migrants should collect data and regularly transmit the information to the competent health authorities.

- **Reintroduce PTSD as part of the vulnerability criteria for refugees and migrants hosted in RICs.** Even though there is no clear and consistent evidence of higher prevalence of psychotic, mood or anxiety disorders in refugees and migrants at arrival compared with host populations, PTSD is the one disorder for which substantial and consistent differences in comparative prevalence have been reported for refugee groups (9–36% in refugees compared with 1–2% in host populations) (15). The new regulation established in July 2019 removed PTSD from the list of vulnerability criteria.

- **Assess the newly created closed RICs to ensure that health needs, including mental health, are being met.** Detention centres for refugees and migrants may have adverse effects on mental health (16); consequently, the establishment of closed RICs in the eastern Aegean islands should be carefully considered because of the potential negative impact on the mental health status of the refugees and migrants. Health services, including psychosocial support services, should be ensured in those centres at an earlier stage.

**Leadership and governance**

**Findings**

Migration is a cross-sectoral topic by default. Among others, the ministries in charge of health, education, labour, defence and citizen protection are all involved in some way in defining migrant-related policies. However, the security aspect overrides all other components, including health, in Greece and the current interministerial coordination mechanism is still weak, with no systematic consultation on migration policy issues other than security concerns.

Technical and managerial expertise exists at all level within the Ministry of Health, as well as
in the organizations that operate under its supervision. Refugee and migrant health in Greece is still largely addressed within an emergency outlook despite the fact that this crisis has been ongoing since 2015. A series of parallel health services, implemented by a variety of national and international NGOs, are still operative in the islands complementing PHILOS and national health services. The Ministry of National Defence also supports health activities with military doctors and nurses. In principle, parallel health services may be needed at the beginning of a large-scale emergency event when the national health system may be overwhelmed or unprepared to cope with the increased demand; however, the focus should quickly move to strengthening the existing national health services, making health intervention sustainable and less dependent on ad hoc emergency programmes. Ultimately, large population movements should be considered as part of a global dynamic that needs structural, medium- to long-term adaptation strategies within the national health systems of hosting countries to properly address health needs and rights of refugees and migrants.

The Hellenic Navy and Air Force participate in search and rescue operations and refugee transportation from the eastern Aegean islands to the mainland. The assessment team had the opportunity to be on board a Greek Coastguard vessel patrolling the Lesvos coast during the night of 30 November 2019 (Fig. 10). No arrivals were detected but another vessel detected almost 200 refugees and migrants on the same night. In such cases, refugees and migrants are either moved to Moria immediately or are temporarily accommodated in a first reception camp and then moved to Moria the following day. The patrol boat that hosted the assessment team was new and well equipped and the crew had extensive experience in managing search and rescue operations even under difficult circumstances such as rough seas or shipwrecks. Members of the crew had been trained for health emergencies and first aid; however, this training had happened some time ago and so refreshment courses may be needed. The crew expressed concerns over possible occupational health risks connected with their work.

Fig. 10. Greek Coastguard vessel

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Recommendations

- **Enhance further the leadership and advocacy role for migrant health-related issues within the Ministry of Health.** This would include promoting coordination between ministries and organizations working in the country to ensure compliance with international human rights standards and policies.
- **Promote intercountry agreements to harmonize the protection of the rights of refugees and migrants to health care and health information.**
- **Strengthen the Greek national health strategy to ensure that a framework for equitable access to health services for refugees and migrants is included.** This should be aligned with the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (4).
- **Revise health contingency planning in the islands and on the mainland.**
- **Include a module on refugee and migrant health in the occupational health courses for operators of search and rescue operations.**

*Health financing and health service delivery*

**Findings**

Financial support for managing migration and borders is provided by the EU (Asylum, Migration and Integration Fund, Internal Security Fund and Emergency Support Instrument) and the State budget, with the former covering most of the operational expenses. In particular, the EU has provided emergency assistance to the Greek authorities and to international organizations or United Nations bodies (17).

Health-care services for refugees and migrants are provided by the Greek national health system (Box 1) including both PHC/ambulatory care and secondary/tertiary care services, as well as access to pharmaceuticals, diagnostics, vaccines and other preventive, treatment and rehabilitative services, and to the PHILOS programme operated by EODY and by national and international NGOs. PHILOS was established to provide PHC including psychosocial support services within refugee camps in the mainland; at RICs in Evros, on the border between Greece and Turkey; and in the eastern Aegean islands of Chios, Kos, Leros, Lesbos and Samos. At its launch in 2016, PHILOS had a fund of €24 million, with a further €53 million provided in June 2019 for PHILOS II (18).

**Box 1. Organization of delivery of health-care services in Greece**

The Greek health care system comprises elements from both the public and the private sectors. Public health-care service delivery is provided within the framework of the national health system (known as ESY) and seven decentralized regional health authorities. The private sector includes hospitals, diagnostic centres and independent practices and is financed from out-of-pocket payments or reimbursed by the National Organization for the Provision of Health Services (EOPYY) or private insurance. Primary and ambulatory care services are supervised by regional health authorities and distributed within territorial and operational units called PHC sectors (19). Currently there are 304 PHC sectors and each sector consists of two levels of community-based care.
Box 1 contd

Primary and ambulatory care within each sector is provided at two levels. The first level of care is provided by family doctors at five different settings: rural health centres; satellite rural practices, which are usually solo practices in remote areas; urban health centres; local multidisciplinary health units known as Topikes Monades Ygias (TOMY) units, currently mostly in urban and semi-urban areas (20); and private family physicians contracted with the EOPYY. People can register with any family practice or family physician within the sector of their residence. This level of care aims to tackle the most common chronic and acute diseases, reduce avoidable hospitalizations, provide patients with care as close to their homes as possible and address public health issues at their roots by targeting behaviour and risk factors. Patients can be referred from the first level of care to the second level of care, which is provided at four different settings: the rural health centres, which have been established as family practices and provide also ambulatory care; the urban health centres, which were established as ambulatory polyclinics and are orientated towards specialist care; the outpatient clinics of the hospitals; and private specialized physicians contracted with EOPYY. There is at least one health centre either rural or urban in each sector that is the referral centre for the PHC network. More specifically, health centres function as specialist ambulatory care units in addition to being family practices for specific occasions and areas, with responsibility for coordination of the primary and ambulatory care network in their sector; specialized ambulatory care for all patients referred by the first level of care in their sector; diagnostic and laboratory tests; regulation of referrals to hospitals; community mental health; tele-support and outreach backup of the TOMYs; and coordination of 24-hour access to out-of-hours care (21).

Secondary and tertiary health care units support more than one PHC sector as referral centres and are responsible for round-the-clock response to emergencies, specialized outpatient and inpatient care for patients referred by the health centres or any service of the PHC network in these sectors. Rural or semi-urban areas have mainly general hospitals whereas specialized and tertiary hospitals are mainly in urban areas. Citizens and patients can seek care in hospitals by presenting themselves to emergency departments or by arranging an appointment with the outpatient department. Some hospitals operate additional afternoon outpatient departments on a fee-for-service basis and request for care without referral. Ongoing reforms during the last decade are aiming at establishing a comprehensive referral system and introduce evidence-informed patient pathways with the wide use of the Electronic Health Record (22).

The assessment team visited the General Hospital and the Health Centre in Samos; the General Hospital and the Health Centre in Mytilene; the Kitrinoi NGO clinic at Moria Centre; and the Diavata Health Centre, the Hospital "Ippokrateio", the Zagliveri Health Centre and the University Hospital AHEPA in Thessaloniki. Greece faces serious geographical inequities regarding the distribution of health workers, with a high density of doctors working in urban areas and a low density in rural areas and in the islands; yet some islands particularly face increased demand for health care because of their refugee and migrant populations. Gatekeeping mechanisms to manage referrals remain weak, and secondary care is overwhelmed. From July 2019, newly arrived refugees and migrants have not been granted a social security number; consequently, at the time of the mission, newly arrived refugees and migrants had access only to a limited package of health-care services. This package included acute and emergency care, basic immunization services and PHC provided by EODY and NGO health-care professionals in the camps. A social security mechanism was established by law in early November 2019 and was entered into force
in late January 2020. This allowed the expansion of the service package, including prescriptions for pharmaceuticals, vaccines and diagnostics and consultations with specialists at the outpatient departments of the NHS hospitals and health centres and with EOPYY-contracted physicians free of charge.

**Recommendation**

- **Strengthen PHC services and health infrastructure with priority given to the islands hosting large numbers of refugees and migrants.** This should occur in line with the ongoing PHC reform over the country.

**Health information**

**Findings**

A five-step procedure is in place for the first reception of refugees and migrants, which should be completed within 25 days of arrival. The procedure includes registration by the European Border and Coast Guard Agency, the Police and the Asylum Service; collection of demographic data (e.g. name, gender and nationality); and collection of health data by EODY (i.e. medical history, clinical examination and vulnerability assessment). However, usually only the vulnerability assessment is carried out during the health assessment because of the size of the workload. An epidemiological surveillance system is in place at points of care for refugees and migrants, including collection of epidemiological data for 14 syndromes or health conditions. Most NGOs also use and report to the EODY on a daily basis (e.g. Médecins Sans Frontières and Médecins du Monde) using the EODY reporting form (23). However, because of the large number of NGOs, many operating outside the RICs, it is not clear how complete or accurate the numbers are that come from NGOs. The reporting form with 14 syndromes (syndromic surveillance) or health conditions serves as an early warning system and reports are published weekly on the EODY website in Greek and English.

**Recommendations**

- Ensure that collection of epidemiological data is timely and data are systematically transmitted to EODY.
- Establish a coordination mechanism and standardized method to gather data collected by NGOs operating inside and outside the RICs to ensure that only accurate and complete data are transmitted to EODY.

**Health workforce and access to essential medicines and vaccines**

**Findings**

Historically, the Greek health-care system has been strongly centred on hospitals, with a pronounced geographical concentration (60% of all beds) in the regions of Attica (which includes the capital city of Athens) and central Macedonia (where Greece’s second largest city, Thessaloniki, is located). The doctor–patient ratio is the highest in the EU: the number of practising physicians reached 607 per 100 000 population in 2017 (compared with the EU average of 350). The vast majority of physicians are specialists rather than general practitioners. In addition, there are
imbalances between specialties and shortages of both doctors working in public hospitals and general practitioners working in rural areas. In contrast, the nurse–patient ratio is the lowest in the EU (331 per 100 000 population in 2017 compared with an EU average of 864). The undersupply of nurses is particularly pressing in Greek public hospitals. At the end of 2017, the Greek Ministry of Health initiated the establishment of the new TOMY units as key elements to provide a first point of contact in a newly designed PHC system.

In addition to the low density of general practitioners and nurses in general and refugee and migrant settings, there is a lack of cultural mediators in almost all settings; this represents a critical gap in the provision of services to non-Greek populations. Health knowledge, attitudes and clinical practice regarding refugee and migrant health need to be further reinforced, particularly among general practitioners, specialists and nurses working with these groups.

Immunization campaigns and routine services have been conducted and implemented according to the national schedule by Ministry of Health teams, strongly supported by Médecins Sans Frontières teams. For example, Médecins Sans Frontières conducted a multi-antigen vaccination campaign for all refugee and migrant children younger than 16 years of age on Lesvos from 21 to 23 November 2018 in collaboration with the Ministry of Health, the Hellenic Centre for Disease Control and Prevention and Médecins du Monde. Over 2000 refugee children were vaccinated in Moria during that campaign; no epidemics of vaccine-preventable diseases have been so far reported.

**Recommendations**

- **Develop a set of national core competencies on refugee and migrant health for health workers dealing with these groups.**
- **Develop and implement a coordinated continuing education programme on migrant health for health professionals.** Such professionals should include all those working within health-care provision, such as cultural mediators, and not just doctors and nurses.
- **Identify career and financial incentives for health personnel working in refugee and migrant settings and include accommodation structures for refugees and migrants as a choice within the mandatory service options for newly qualified doctors.** Before acquiring full medical specialization status, doctors are obliged to carry out a mandatory one-year rural service, delivering health-care services in rural practices and health centres. Extending the posts eligible for this mandatory service to include refugee and migrant accommodation structures could fill the gap in medical support for refugee and migrant health-care service provision. Moreover, financial incentives provided by the regional health authorities to health-care professionals such as newly qualified doctors will make these posts more attractive.
**Conclusions**

Increasing numbers of refugees and migrants arriving in Greece during the second half of 2019 resulted in an additional burden on the existing health services, particularly in the islands with the large influx of refugees and migrants. Although this influx was not as large as that in 2015, it may continue or even further increase over the course of 2020, mainly because of possible political developments around the EU–Turkey Agreement. Even though the national health system has acquired considerable experience in managing massive influxes of refugees and migrants in recent years, recent changes in migration policies may need to be taken into consideration in planning the response to a possible new influx. The migration dynamic in Greece has evolved from an acute emergency event related to massive influxes of people to a chronic long-lasting phenomenon in need of a structural adaptation of the national health system to properly address health needs and rights of both the migrant and the resident population. However, as in many other countries of the WHO European Region, migration is perceived as a security concern in the first instance, which orients interventions towards restricting movements, strengthening border controls and increasing repatriation. Moreover, the increased rate of new arrivals in the Aegean islands observed in 2019 occurred while the islands were already facing major difficulties in properly accommodating refugees who had been trapped in camps for months and even years because of international agreements and major delays in case processing. The unacceptable living conditions in the overcrowded migrant centres of the Aegean islands represent a dramatic risk to the health of the thousands of people accommodated in these sites and call for immediate action to decongest those locations and relocate people to more adequate places. On the one hand, urgent interventions are required to reduce health risks and give dignity to the people living in the first RICs of the Aegean islands. On the other hand, it is equally important to plan for medium- to long-term interventions that will strengthen the Greek national health strategy and ensure equitable access to health services for refugees and migrants. Such actions within the national health system include enhancing migrant health clinical and managerial competence among health professionals and strengthening the national health information system to collect data from all the health actors providing health services for refugees and migrants.

**Areas of possible collaboration between WHO and the Greek Ministry of Health**

WHO is ready to support the efforts of the Ministry of Health in providing expertise and technical advice, facilitating intercountry exchange of experiences and providing educational opportunities. Areas of potential collaboration include to:

- strengthen the ongoing collaboration on PHC reform;
- strengthen the national health strategy;
- develop a national continuing education programme on migrant health for health professionals, including courses for doctors and nurses, study tours for health policy-makers, international high-level meetings, seminars and summer schools; and
- revise health preparedness plans on the islands and on the mainland.
Summary of recommendations

The reception system

- Accelerate the decongestion of the RICs in the eastern Aegean islands and improve the living conditions of people hosted in the existing RICs.
- Ensure that any newly planned reception facility is adequate in size, capacity and services before moving people in.
- Strengthen protection measures for unaccompanied minors.
- Ensure that the first medical examination in RICs is completed within 24 hours of arrival.
- Ensure that medical records are systematically collected in a comparable manner.
- Reintroduce PTSD as part of the vulnerability criteria for refugees and migrants hosted in RICs.
- Assess the newly created closed RICs to ensure that health needs, including mental health, are being met.

Leadership and governance

- Enhance further the leadership and advocacy role for migrant health-related issues within the Ministry of Health.
- Promote intercountry agreements to harmonize the protection of the right of refugees and migrants to health care and health information.
- Strengthen the Greek national health strategy to ensure that a framework for equitable access to health services for refugees and migrants is included.
- Revise health contingency planning in the islands and on the mainland.
- Include a module on refugee and migrant health in the occupational health courses for operators of search and rescue operations.

Health financing and health service delivery

- Strengthen PHC services and health infrastructure with priority given to the islands hosting large numbers of refugees and migrant.

Health information

- Ensure that collection of epidemiological data is timely and data are systematically transmitted to EODY.
- Establish a coordination mechanism and standardized method to gather data collected by NGOs operating inside and outside the RICs to ensure that only accurate and complete data are transmitted to EODY.

Health workforce and access to essential medicines and vaccines

- Develop a set of national core competencies on refugee and migrant health for health workers dealing with these groups.
- Develop and implement a coordinated continuing education programme on migrant health for health professionals.
- Identify career and financial incentives for health personnel working in refugee and migrant settings and include accommodation structures for refugees and migrants as a choice within the mandatory service options for newly qualified doctors.
Since this assessment was conducted in December 2019, Greece, along with the rest of the world, has been confronting the COVID-19 pandemic. Greece confirmed its first case of COVID-19 on 26 February 2020, while cases in refugees and migrants have been reported in the mainland and more recently in Lesvos (May 2020).

WHO has called for an inclusive approach to refugee and migrant health that leaves no one behind during the COVID-19 pandemic. Refugees and migrants are particularly vulnerable to COVID-19 transmission, given that they may be living in the conditions observed and reported within this assessment. Specifically, as it relates to COVID-19, WHO is supporting government efforts in strengthening the preparedness response with other actors in Greece. Community education and inclusion of refugees and migrants in the COVID-19 response remains central to ensuring procedures and protocols being implemented will be effective.
References


## Annex 1. Participants at the stakeholder meeting with government authorities

The meeting on 28 November 2019 at the Ministry of Health was chaired by the Secretary General for Public Health Professor Panagiotis Prezerakos and attended by 24 stakeholders.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
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<tbody>
<tr>
<td>Panagiotis Prezerakos</td>
<td>Ministry of Health</td>
<td>Secretary General for Public Health</td>
</tr>
<tr>
<td>Konstantinos Gogossis</td>
<td>Ministry of Health</td>
<td>Director, Operational Preparedness for Public Health Emergencies</td>
</tr>
<tr>
<td>Angeliki Dreiozi</td>
<td>Ministry of Health</td>
<td>Advisor</td>
</tr>
<tr>
<td>Panagiota Mandi</td>
<td>Ministry of Health</td>
<td>Officer</td>
</tr>
<tr>
<td>Tilemachos Zakynthinos</td>
<td>EODY</td>
<td>Head of the Office for Moving Populations</td>
</tr>
<tr>
<td>Spyros Sapounas</td>
<td>EODY</td>
<td>Director in EODY</td>
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<td>Sotiros Koupidis</td>
<td>EODY</td>
<td>Medical Coordinator, 1st Regional Health Authority</td>
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<tr>
<td>Ioanna Bourazopoulou</td>
<td>1st Regional Health Authority</td>
<td>Head of Directorate for Planning and Development</td>
</tr>
<tr>
<td>Preiklis Alevizos</td>
<td>2nd Regional Health Authority</td>
<td>Deputy CEO</td>
</tr>
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<td>Manos Logothetis</td>
<td>Reception and Identification Service, Ministry of Citizen Protection</td>
<td>Special Secretary for First Reception</td>
</tr>
<tr>
<td>Filio Ipsalalexi</td>
<td>Reception and Identification Service, Ministry of Citizen Protection</td>
<td>Head of Department for Coordination</td>
</tr>
<tr>
<td>Stavroula Aroukatou</td>
<td>Ministry of Labour</td>
<td>Head of Department for Unaccompanied Minors</td>
</tr>
<tr>
<td>Vasileios Skoufaras</td>
<td>Ministry of National Defence</td>
<td>Deputy Head of Health Directorate</td>
</tr>
<tr>
<td>Marinos Fasianos</td>
<td>Ministry of National Defence</td>
<td>Chief Medical Officer</td>
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<tr>
<td>Dimitrios Oikonomidis</td>
<td>Ministry of Foreign Affairs</td>
<td>Officer</td>
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<tr>
<td>Dimosthenis Tremos</td>
<td>General Secretariat for Gender Equality, Ministry of Labour and Social Affairs</td>
<td>Head of Directorate to plan, create role models and monitor the implementation of policies on equality between women and men</td>
</tr>
<tr>
<td>Stavros Theododidis</td>
<td>General Secretariat for Social Solidarity, Ministry of Labour</td>
<td>Officer</td>
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<tr>
<td>Kiriaki Mandellou</td>
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<td>Marianna Trias</td>
<td>WHO</td>
<td>Representative to Greece</td>
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<td>Giuseppe Annunziata</td>
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<td>Ioannis Micropoulos</td>
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<tr>
<td>Athanasios Myloneros</td>
<td>WHO</td>
<td>National Professional Officer for Health Systems</td>
</tr>
<tr>
<td>Holly Nielsen</td>
<td>WHO</td>
<td>Communications Support</td>
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Annex 2. Temporary accommodation centres

Residents in temporary accommodation centres on 20 December 2019.

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<td>1623</td>
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<tr>
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<td>5</td>
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<td>Elefsina</td>
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<tr>
<td>7</td>
<td>Alexandria Imathias</td>
<td>614</td>
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<td><strong>25 021</strong></td>
<td><strong>23 037</strong></td>
</tr>
</tbody>
</table>

Source: data from IOM (1).
Reference

Annex 3. The contribution of the Hellenic Armed Forces to crisis management of refugee flows

The Hellenic Armed Forces in compliance with orders from the Ministry of National Defence has since August 2015 provided assistance to public authorities responsible for crisis management of the increased flows of refugees and migrants, including:

- participating in search and rescue operations and refugee transportation from eastern Aegean islands to the mainland;
- providing daily staff for the Migration Central Coordination Body;
- allowing three army camps to be used as first RICs (Kos, Leros and Lesvos);
- assisting the Ministry of Interior and Administrative Reconstruction in services for RICs;
- providing daily meals and services for refugees and migrants in RICs;
- providing technical support and personnel for the construction of RICs in Chios, Kos, Leros, Lesvos and Samos as well as refugee accommodation centres in Athens; and
- providing fuel for RIC vehicles.
Annex 4. Reception and identification centres on the islands of Lesvos, Chios, Samos, Leros and Kos

Occupancy of RICs (so-called hotspots) with geographical restriction of movement (following the EU–Turkey Statement of March 2016) on 5 December 2019.

<table>
<thead>
<tr>
<th>Hotspot</th>
<th>Start of operation</th>
<th>Capacity</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesvos (Moria)</td>
<td>October 2015</td>
<td>2 840</td>
<td>17 003</td>
</tr>
<tr>
<td>Chios</td>
<td>February 2016</td>
<td>1 014</td>
<td>5 596</td>
</tr>
<tr>
<td>Samos</td>
<td>March 2016</td>
<td>648</td>
<td>7 460</td>
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<tr>
<td>Leros</td>
<td>March 2016</td>
<td>860</td>
<td>2 279</td>
</tr>
<tr>
<td>Kos</td>
<td>June 2016</td>
<td>816</td>
<td>3 906</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6 438</strong></td>
<td><strong>36 244</strong></td>
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</tbody>
</table>

*Source:* General Secretariat for Information and Communication, 2019 (1).

Reference

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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