EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

EuroHealthNet Country Exchange Visit

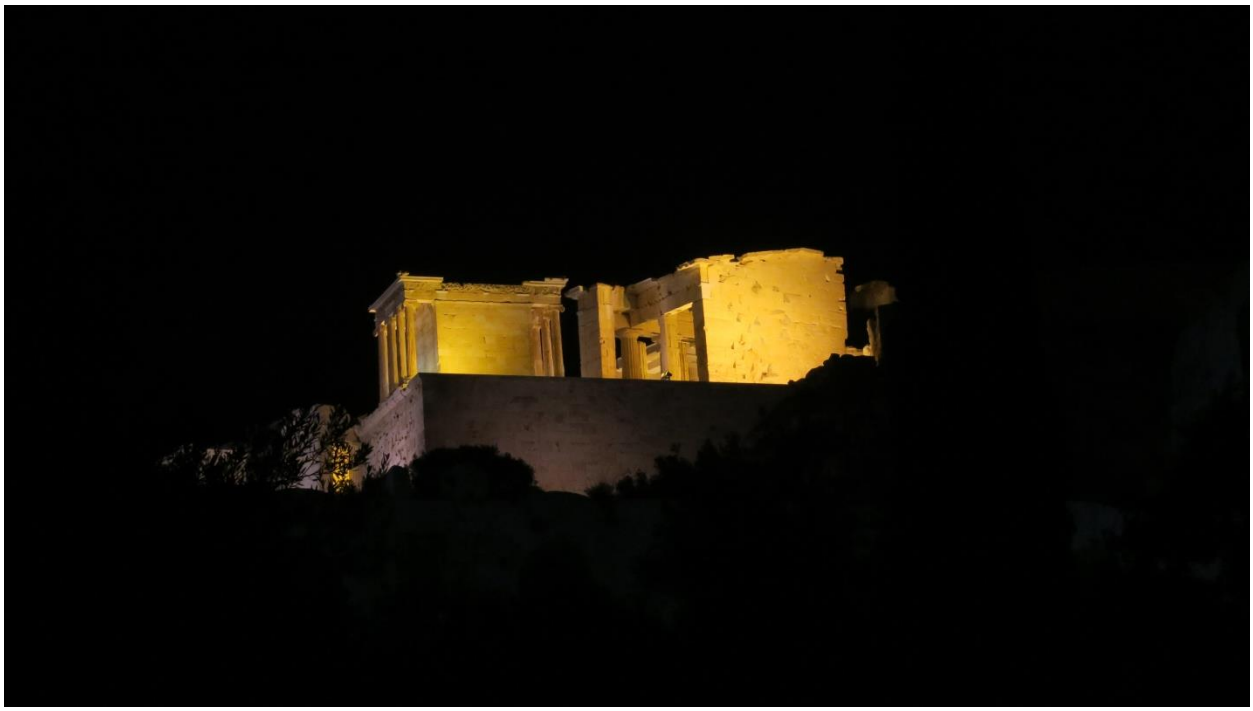
Migrant and Refugee Health

Host: Institute of Preventive Medicine Environmental and Occupational Health (PROLEPSIS)

PARTNERS IN PROLEPSIS

Institute of Preventive Medicine Environmental and Occupational Health

Athens, 12-13 December 2017



Contents

Introduction

EuroHealthNet, in partnership with its member PROLEPSIS, organised a Country Exchange Visit focusing on migrant and refugee health. The visit took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion under the EU Programme for Employment and Social Innovation (EaSI).

Quick overview of migrants' situation in Greece:

- 50,000 migrants live in camps on the mainland; 18,000 in shelters on islands.
- Main refugee flows into Greece are from Syria, Afghanistan, Iran, Iraq, Somalia, Sudan
- Migrant flows into Greece originate from Albania, Pakistan, Bangladesh, Nigeria, Ivory Coast, Tunisia, Yemen, DRC, and Lebanon.
- The profile of migrants has changed, from mainly young and healthy men before 2016 to more vulnerable people (older people, people with disabilities, women and children, etc.) since 2016.
- For the majority of migrants, Greece is not the end destination, but a transit country.
- A new law of 2016 entitles migrants to have free access to primary healthcare.
- On 18 March 2016, EU Heads of State or Government and Turkey agreed to end the irregular migration from Turkey to the EU and replace it with legal channels of resettlement of refugees to the EU. It aimed at saving lives at sea and granting protection to those in need through resettlement; tackling the root causes of irregular migration and helping the most vulnerable with funding and direct support on the ground, ensuring that the EU's external borders are protected and that irregular migration can be stemmed, and that those not in need of protection are returned in full respect of international and human rights.[1]
- "Vulnerable migrants" (who present additional vulnerable factors other than just being a migrant) are prioritised in the process of asylum granting.

Day one

Mr. Andreas Gkougkoulis, representing the Ministry of Migration Policy, explained the general situation of third-country nationals in Greece and their access to health. Most populations left their countries to escape violent situations; they were often young people, families. The provision of care is a basic right and a humanitarian obligation, and the right to fair treatment regardless of age and other factors must remain a primary concern. Therefore, the goal of the Ministry is to ensure that healthcare is universally accessible. The Ministry works together with organisations on the ground to provide this access.

The General Secretariat for Reception provides the administrative services; reception itself is performed by the Reception and Identification Centers (RICs). The reception services include medical services (incl. examination and medical screening), briefing, referral of vulnerable people, and coverage of basic needs (e.g. food, shelter). Access to healthcare is provided through partners. For each person, the reception services create a medical file, based on the individual's memory and screening. Funding for the assistance at borders has been provided from the EC for 2017.

[1] https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/background-information/eu_turkey_statement_17032017_en.pdf

Primary healthcare is provided at the refugee camps. Each professional team includes a physician, a nurse, a psychologist, as well as a social worker and a cultural mediator. The medical and psycho-social teams also identify vulnerable persons (e.g. disabled, older people, victims of trafficking, etc.), who are entitled to priority treatment of their asylum or refugee request in the reception process. Another group is unaccompanied minors: the RICs staff provides them with psycho-social care until the minors are referred to a special structure.

In addition, basic vaccination is provided to every child arriving to the country, based on health assessment, on parents' knowledge of which vaccine(s) the child already has, and on the fact that children in war zones have not been vaccinated. When no documentation is available, they do all the vaccines.

The primary healthcare teams also screen for mental disorders and refer them to specialists, who are also available at psychiatric services in Athens.

The challenge the Ministry faces are mainly the limited number of interpreters and the difficulty to recruit medical doctors on some camps on the islands.

Further information:

- Vulnerable groups are often transferred from the islands to the mainland after 2-3 days, in any case they don't stay longer than 2 months on an island. UNHCR also provides some accommodation schemes on the islands for the extremely vulnerable.
- During the day, UNHCR doesn't offer activities, but some NGOs do, mainly for unaccompanied children; not much is foreseen for male migrants.
- The Mig-Healthcare project considered that all migrants are vulnerable, and developed their programme accordingly.
- There are some volunteers on the islands (from international programmes)

Elena Riza, University of Athens, explained that the austerity measures imposed on Greece had had a very negative impact on healthcare, resulting in 800,000 people who had no health insurance, unemployment benefits, nor any form of health coverage. Other consequences included an increased staff workload in hospitals, longer waiting lists, increased out-of-pocket payments, as well as unobtainable medicines because of delays in reimbursement for pharmacies. Rural areas faced particular difficulties with shortages of medicines and medical equipment.

Between January 2015 and March 2016, over a million migrants passed through Greece, overwhelming state authorities. After the EU-Turkey deal of 18 March 2016, approximately 60,000 people got trapped in Greece, awaiting completion of migration procedures.

It was difficult to present the health status of migrants, as there are differences between locations, between population groups, between refugee and migrant status, as well as differences with the seasons. They noticed a dramatic increase in skin diseases, scabies and lice, as well as the presence of other conditions such as chronic diseases, injuries, trauma, mental health problems, substance abuse, pregnancy-related and other gynaecological problems between the Islands and the Piraeus Port in Athens. Most conditions were linked to travel and living conditions, e.g. respiratory and gastrointestinal viral or bacterial infections, skin diseases and mental health problems aggravated by prior exposure to traumatic events and a failure to protect the most vulnerable. However no significant public health threat was detected.

Evangelos Tsilis, UNHCR Greece, explained that there had been a change in the migrant population arriving in Greece. Whereas in 2015, migrants were mainly healthy young men, now they most often included persons with disabilities or other vulnerabilities. Even though unaccompanied minors used to come before, they had never seen a boat loaded only with children, whereas now they did. Children mainly came from Syria. Related to this is the question of age assessment. He acknowledged that although age assessment protocols existed it was difficult to assess the age of children. To do it, they carried out medical and psycho-social assessment and in case of doubt, the migrants were considered minors.

The arrival of migrants also had as a consequence that Greece had to respond to special needs. For example, vaccination centres were created across the country. Training also started for healthcare staff and hostel staff, who had no knowledge of the (clinical) management of rape. They had to find and train cultural mediators. This created an additional problem in camps, as the interpreters got more power within the camp. Even when they were sent to other camps the problems persisted.

UNHCR works with various organisations (public and NGOs). For example KEELPNO (the Greek CDC) works on medical assessment through their programme PHILOS. They also try to provide primary healthcare, but have a reduced staff. However, many NGOs phased out their activities due to the cutting of funds, or in some cases because they decided to focus on more specific issues. MSF, for example, focuses on victims of torture.

It was also considered important to ensure that parallel health systems were not created. The health migrant effect shows that, in general, migrants are from healthy population and only get diseases due to travel. Another difficulty was the issue of language and culture, as Afghans, for example, are very different than many other migrant populations.

Facilitated discussion

The systems of reception are designed to take all control away from migrants: they have no control on their everyday life (e.g. food needs, blankets), which has an impact on their resilience. To improve the reception of migrants at the EU level, the EU should think in terms of the migrants' contribution to the population, which is ageing across Europe.

In Greece, some topics are not discussed. For example, it is not clear what should be done about dead migrants. Similarly, what is to be done for people on the islands staying in shelters and being cold? Although migrants can go out of the camps, they are like prisoners as they cannot leave the islands (as a consequence of the EU-Turkey agreement of 2016).

Theoretically, the law foresees the provision of healthcare for every migrant. However, in practical terms, migrants have limited access to healthcare facilities, to cultural mediators who can accompany them to the facilities, and to drugs as many are not available in pharmacies. In addition, they face the issue of housing, which has been exacerbated by the EU agreement: they did not have access to housing before, whereas some housing is now available for migrants who arrived more recently, creating an antagonism between long-waiting migrants and newcomers. A positive note is that the UNHCR was able to fund some apartments.

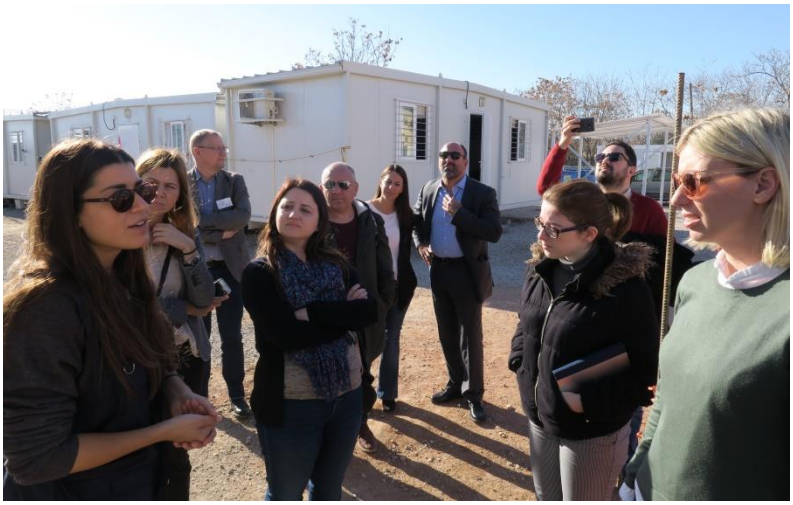
The situation on the islands and with the local communities has been complicated. The local communities complained about the migrants' presence, but on the other hand, they also gained from the situation, from expats and NGOs being present and also needing housing and food.

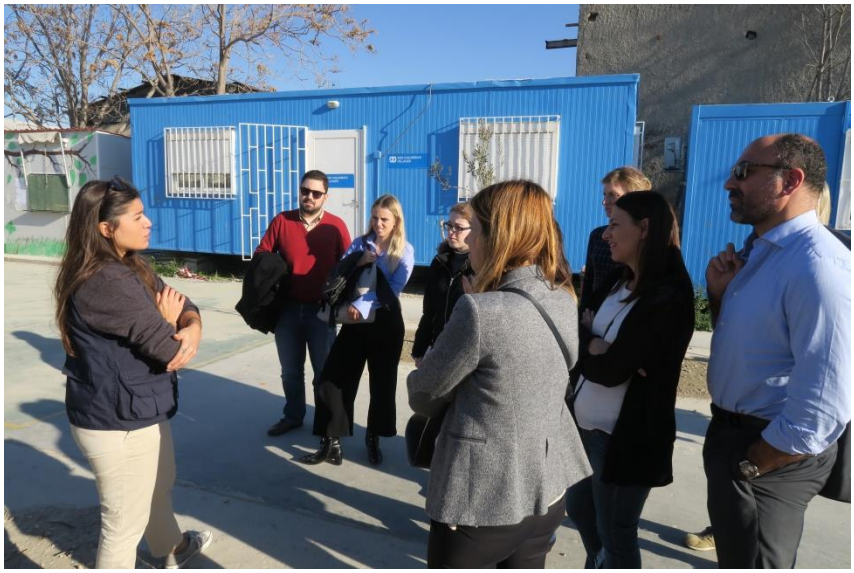
Differences were noted within Greece compared to other countries:
In **Greece**, many migrants consider that the country is not their final destination, although the situation may be different in Athens
In **Slovenia**, the vast majority of migrants had only transited through the country.
In **the Netherlands**, organisations try to provide activities of different kinds to integrate migrants, e.g. through lessons, cooking, volunteering work
In **Sweden**, communities have integrated migrants in rural areas, however they are now facing new challenges as the Ministry of Migration has unilaterally decided to shift the migrants to new (and cheaper) places.
It was remarked that in **the Netherlands and Sweden**, migrants usually considered it was their final destination.

Site visits

Eleonas Refugee camp

The Site visit to the Eleonas Refugee camp provided a good insight into the lives of migrants and refugees living in the camp, although the camp was later referred to as a rather comfortable camp compared to others, and particularly compared to the shelters on the islands. People would live there approximately 6 to 8 months, in container houses which have heating and air conditioning, toilets and a small kitchen. They have access to healthcare facilities, social care, dental care, as well as to washing facilities, sports grounds, language lessons, etc. Children are sent to neighbouring Greek schools outside the camp.





Doctors Without Borders (MSF), Urban Day Care Centre

Although many organisations left Greece because funding was cut, MSF, who is usually present in conflict situations, decided to stay in Greece where the situation and conditions of migrants in the camps, particularly on the islands, are very similar. MSF has two centres in Athens; the one that was visited provides care for mental health, sexual reproductive health, and other chronic diseases issues. Their other centre offers support to victims of torture.

Giorgos Karagiannis, Social Worker Coordinator of the Urban Day Care Center, and his colleague referred to the medical impact of living conditions in shelters and in refugee centres which is unacceptable. The group agreed that more advocacy is needed at national and particularly at EU level to provide a better welcome to migrants at reception centres and to provide better tools for their stay and better policies for their integration.

Day Two - Situation in Participants' countries

Slovenia

Slovenia had 2 waves of migrants, the first in September 2015, which saw the arrival of 3,500 migrants, the second between October 2016 and March 2017, which saw 480,000 migrants transiting through the country.

Similarly to Greece, reception centres and accommodation centres were provided, where migrants could wait for trains to get to the border with Austria. People were transiting through Slovenia, they didn't want to stay in the country. The profile of migrants included more women than men, mainly from Syria, Afghanistan, Pakistan, Iran, Iraq, and very few from Africa. There were some unaccompanied minors

At the Austrian border (Maribor), a centre was established for people who were waiting to cross the border. The police, civil forces, Red Cross, and all other possible organisations were involved in managing the centre, including some from other countries.

At reception, migrants were registered and also had a medical screening with the help of local doctors and MSF. They received warm meals and the necessary aid, which was paid by the Ministry of Health. In the reception centres, medical tents were working 24h/7d.

Slovenia was prepared to accept 2,000 migrants within the agreement with the EU. However, only 950 asked for asylum, of which 300 are located in asylum houses, 125 have the status of asylum protection, 69 have international protection, and 5 have refugee status. 200 people are staying in one centre in Maribor, which is an ex-student house, with rooms, kitchen, football/exercise places. Children go to school. However, the challenges of finding jobs and apartments remain. An integration plan that provides language courses and assistance to find jobs is in place. Slovenia has a refugee history so people were not hostile against temporary help - though this is a bit different over the long-term.

Sweden

In 2015, Sweden receive the largest number of migrants (asylum seekers) : >160,000 people.

By law, the regions in Sweden have to make a physical check-up and provide information about the Swedish health system to asylum seekers. Migrants are spread all over the country. Not all asylum seekers get a medical check-up, though in 2016, 75% had.

The biggest challenge for asylum seekers is the waiting time for the authorities' decision to allow their stay. Some people have been waiting for a decision for five years. The waiting time for unaccompanied minors is even longer and represents an even bigger challenge: Sweden counts 38,000 unaccompanied minors, who can be sent back to their country. The fact that 1,700 of them have since gone missing (gone underground) is very worrisome.

Other challenges include making sure the different regions in Sweden, who are autonomous, provide quality services, as well as content to the health surveys that are carried out across the country. Additionally, there is a need to develop a system for data collection from the health surveys, and to support the regions to cope with the increasing number of migrants who experience mental illness.

The Netherlands

PHAROS provides advice and training to health professionals and organisations who work with asylum seekers and refugees, in order to improve the quality and effectiveness of healthcare. They provide information tools and other practical advice that can be applied in daily practice through different programmes.

One programme, for example, is '*Let's get started*', which makes sure that people in reception centres are not inactive, e.g. through volunteer work with Dutch people, which helps inclusion.

Another example is the development of a Facebook page providing information and exchanges on health and the healthcare system for Syrians and for Eritreans in their languages.

PHAROS works through municipalities (400 in the Netherlands), in collaboration with social workers who make the link between the authorities and the refugees. 75 "key persons" work across the country. All their programmes are about building bridges between authorities, the population, and the migrants.

Portugal

In 2001, Portugal issued a ministerial decree that provided universalised access to the national health system to all, including migrants. Portugal has a high commission for migration, which developed a comprehensive policy dealing with integration. A vaccination programme was also put in place. Immigration took place from 2000 to 2010, but figures receded after the economic crisis and are currently negative. Portugal counts 870 refugees who are spread across communities

Greece

Mig-HealthCare project

The project came about based on the assumption that the emergency phase had phased out and the challenge was to facilitate the transition of migrants into integration.

PROMOVAX project

The project promoted vaccination among migrant communities (2010-2013)

PHILOS Project (KEELPNO)

The Programme started in January 2017, funded by AMIF, after the recognition that Greece faced an unusual situation after the closure of the borders due to the 2016 EU-Turkey agreement and the change in migrant profiles (families, disabled, elderly people, etc.)

The three objectives of Philos include:

1. Strengthen the provision of health services inside camps;
2. Provide care at hospitals, but reducing the burden at hospitals;
3. Establish a surveillance system and know what kind of diseases are present at camps

KEELPNO also foresees response mechanisms to disease outbreaks (e.g. there were outbreaks of Hepatitis A). Vaccination was also one of the tasks, which PHILOS took over and coordinated the services accordingly.

Activities were originally limited to the mainland but were expanded to the islands. 682 people work for the programme. They cooperate with NGOs for different actions in camps, e.g. on maternity care; or activities for children. The challenges are recruiting doctors and cultural mediators.

Mobile units (including an epidemiologist, a healthcare professional, and a driver) have the responsibility of surveillance of several camps and provide vaccinations where needed. They also record living conditions and existing needs. Camps on the mainland, which provide refuge to 50,000 migrants, have heating, toilets, washing, and food provisioning. However, 18,000 are staying at camps in shelters. On the islands, the 3 main nationalities include Syrians, Afghans, Iraqis, as well as economic migrants. As in other countries, a challenge and concern is missing persons, in particular missing children that may be victims of trafficking.

Philos also took over the task of vulnerability assessment, so it is done in a harmonised way. They also offer training activities, which are available on PHILOS' website and facebook page (https://philosgreece.eu/el/).

Discussions followed on electronic documentation of migrants' health status. This would be a useful tool for migrants who could travel from one country to another without having to undergo a new medical check-up. The problem is that Greece doesn't have an electronic system in the first place.

CARE project – Common approach for Refugees and other migrants' health

The main components of this 12-month EU funded project included:

- Establishment of some key tools (e.g. to assess age of minors, protocol for the management of patients affected by scabies, etc.)
- The healthcare model was implemented by multidisciplinary teams (staff received appropriate training in a train-the-trainers approach).
- There was an initiative towards electronic recording of patients' health
- Communicable disease surveillance, including an online platform.
- In the Greek context, it was important to discover diseases early to identify potential threats and take further action. However, no serious public health threats were reported so far.

Consortium partners made a list to be monitored within primary healthcare clinics at refugees camps.

An online electronic platform was created but has not yet been launched at the camps. However this is a useful tool.

CARE contributed by documenting & describing good practices, with training for health professionals and cultural mediators, and by raising awareness as to the need for strategic public health plans for migration inflows in Europe.

Site Visit

Babel

Nikolaos Gkionakis shared his experience of working at the Babel Day Centre, a mental health, multi-disciplinary unit for migrants and refugees operating in Athens since 2007. Their work allowed them to make the hypothesis that

- bad living conditions at the reception centres, as well as in other hosting facilities and
- lack of positive life perspectives
- lack of support

may affect in a negative way pre-existing behavioural problems or may trigger the onset of new ones at individual, family and community levels.

Learning logs

The learning logs provided an opportunity for the participants give feedback, reflect on the lessons learnt from the visit, and to consider future actions.

From the Eleonas Refugee Camp, one of the main points to take back was that services and health needs are better addressed when medical doctors and dentists are constantly present in the camp. Participants noted the value of the Urban Day Care Centre in treating the enormous number of people in the camps with mental health problems (both minor and severe), who have been victims of rape, torture or other type of violence.

The presentation of the Greek projects (e.g. MigHealthcare, Promovax, PHILOS, and CARE - in which Slovenia also participated) was very interesting and useful for all, as the projects highlighted the benefits of collaborations between different governmental agencies, charities and other non-for-profit organisations and how this can contribute to the development and effectiveness of different projects, and establish long-term health care for refugees in partnership with civil societies.

Finally, from the Netherlands, participants also learned that creating special Facebook pages/ groups for the refugee and migrant communities was very useful for them, as they are able to:

- share their experiences
- suggest different kinds of help in terms of health insurance, social support, education, employment, or housing
- announce interesting events

Annex 1: Agenda

Tuesday, 12th December 2017	
09:00 – 09:15	**Welcome, Introduction of participants**
09:15 – 09.45	Migrants & Refugees: The situation in the EU & in Greece
09:45 – 10:15	Health Needs of Migrants & Refugees
10:15 – 10:45	Access to Health for Migrants & Refugees
10:45 – 11:00	**Break**
11:00 – 12:30	Access to Health Care Services for Migrants & Refugees Facilitated Discussion
12:30	**Lunch**
13:30	Departure for site visits
14:15 – 15:30	Eleonas Refugee Camp
16:00 – 17:30	Urban Day Care Centre

Wednesday, 13th December 2017	
09:00 – 10:30	Situation in participants' countries
10.30 – 12.15	**Relevant European Projects**
10:30 – 10:45	MigHealthCare
10:45 – 11:00	The Promovax project
11:00 – 11:15	**Break**
11:15 – 11:45	Surveillance data on migrants and refugees/ the PHILOS project
11:45 – 12:15	The CARE Project
12:15	**Lunch**
13:15	**Departure for site visit**
14:15 – 15:30	"*Babel*" - Day Centre for migrants' mental health
16:00 – 17:00	**Wrap up discussion and end of study visit**

EuroHealthNet thanked all the participants for a very interesting visit and enlightening discussions and expressed gratitude to the hosts for their generous hospitality.

All presentations are available here.

EuroHealthNet Country Exchange Visits are supported by the European Commission through the Programme for Employment and Social Innovation (EaSI 2014-2020).