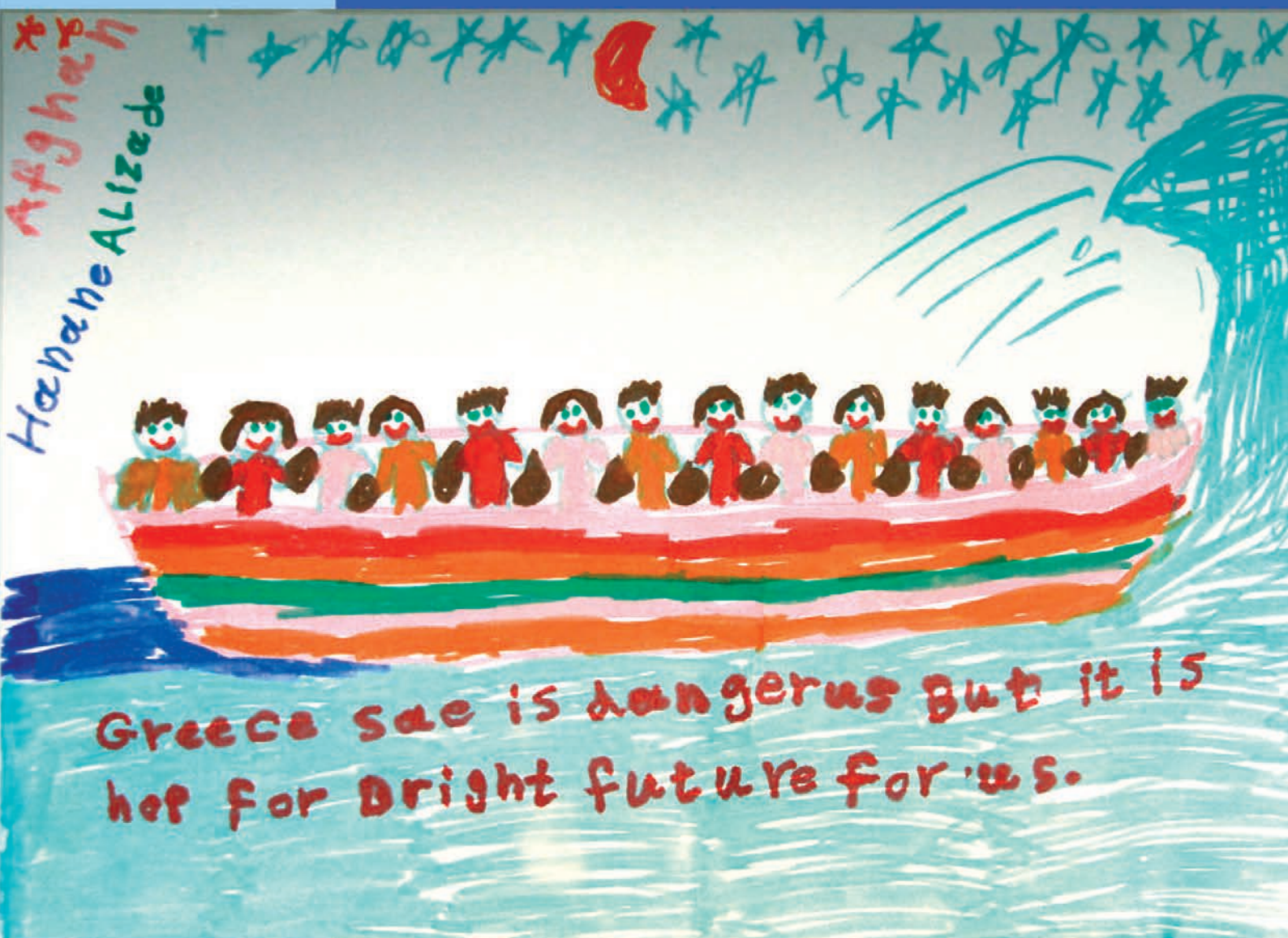


Greece: assessing health-system capacity to manage large influxes of migrants



REPUBLIC OF GREECE

Joint report on a mission
of the Ministry of Health of Greece,
Hellenic Center for Disease Control
and Prevention and WHO
Regional Office for Europe



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

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Hellenic Center for Disease Control and Prevention
and WHO Regional Office for Europe



Abstract

Further to the arrival of large influxes of migrants at Greece's land and sea borders, the Greek Government invited the WHO Regional Office for Europe to organize a joint mission between 15 and 19 December 2014 to assess health system capacity to manage large influxes of migrants. The mission aims were threefold: to assess the ongoing preparedness and response activities of the local health system; to plan ad hoc technical assistance if required; and to pilot the draft WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase. The members of the assessment team undertook site visits at first reception centres and pre-departure facilities, and conducted interviews with all key stakeholders. From their findings, their main recommendations include improvements in living conditions in migrant centres, the preparation of a national multisectoral contingency plan, a harmonized health data collection system and a strengthened migrant immunization policy.

Keywords

DELIVERY OF HEALTHCARE – organization and administration
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Abbreviations

FRC	first reception centre
FRONTEX	European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union
KEELPNO	Hellenic Center for Disease Control and Prevention
NAHOC	National Health Operations Center
OECD	Organisation for Economic Co-operation and Development
PHAME	Public Health Aspects of Migration in Europe
RABIT	Rapid Border Intervention Teams
UNHCR	Office of the United Nations High Commissioner for Refugees

Executive summary

In view of the increasing number of 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 current capacity of the health system to manage large influxes of migrants.

Greece represents a gateway into the European Union for thousands of migrants, and pressures are accordingly high at its borders, especially the border with Turkey. The external frontier of the European Union 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.

Migration pressures decreased throughout 2012 and 2013: however, the Arab Spring and the conflict in the Syrian Arab Republic have had a tremendous effect on migrants' movement patterns and led to an increase in the number of migrants crossing into Greece in 2014.

The construction in 2012 of a 12.5 km razor wire fence in the area of Evros, along the border with Turkey, resulted in a rise of over 220% in apprehensions at the sea borders in the eastern Aegean Sea and Dodecanese islands in 2014. The pressure of migration flows became so great in the Aegean Sea that the Office of the United Nations High Commissioner for Refugees (UNHCR) referred to the situation in Greece as one taking on the characteristics of a humanitarian crisis.

The influxes of 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 migrants entering the country vary in numbers from tens to several hundreds. The large geographical area affected by the events and the multiplicity of entry points pose particular challenges of emergency management. These range from the need to coordinate different actors, including various institutional bodies belonging to different ministries, to the logistical complexity of the search-and-rescue and settlement processes.

Recommendations

1. Establish and maintain minimum living conditions in all types of existing migrant centres, in accordance with the right to life with dignity.
2. Define and implement a national multisectoral contingency plan in case of influxes of migrants, including a clear chain of command and control.
3. Define and implement a clear migrant immunization policy.
4. Harmonize health data collection systems.
5. Develop a national curriculum for cultural mediators.
6. Promote study tours and twinning projects for public sector managers dealing with migration.

Introduction

Context

See Fig. 1 for the geographical situation of Greece.

Fig. 1. Map of Greece

Source: United Nations Geospatial Information Section.

In the early 1990s, the vast majority of immigrants entering Greece originated from Albania. However, by 2001, census data indicated that a significant percentage (approximately 20%) of European immigrants in Greece originated from countries of central and eastern Europe and the former Soviet Union (1). The latest census, conducted in 2011, notes a more ethnically diverse population of undocumented migrants, and the 2012 Organisation for Economic Co-operation and Development (OECD) report on international migration trends estimated the total of all foreigners among the Greek population at 7.1% (2).

During the period 2007–2009, most migrant arrivals occurred at the Greek-Turkish sea border (via the Aegean Sea islands), with 16 781 arrivals in 2007, 30 149 in 2008 and 27 685 in 2009 (3). Additionally, an estimated 3500 migrants were detected every year between 2007 and 2009 at the Greek–Turkish land border in the Evros area (4). In 2010, the Greek authorities reported 47 706 detections at the Greek–Turkish land border, which represented an increase of 45% over 2009 and one of the largest numbers of migrant arrivals in Europe (5).

A series of collaborations ensued between the Greek Government and the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (FRONTEX) in an effort to decrease arrivals of undocumented migrants in the country. Joint Operation RABIT (Rapid Border Intervention Teams) was initiated in November 2010: as well as strengthening border control at the points of entry, it aimed to help Greece to conduct a comprehensive reform of its asylum system (6). The RABIT deployment ended after four months, when Joint Operations Poseidon Land and Poseidon Sea were launched in order to maintain an increased level of border surveillance and checks (7). Those operations led to a significant decline in apprehensions of migrants at the sea border between Greece and Turkey between 2009 and 2011 (8).

Migration pressures continued to drop off in 2012 and 2013: however, the Arab Spring and the conflict in the Syrian Arab Republic have had an effect on migrants' movement patterns and led to an increase in the number of migrants crossing into Greece in 2014.

Additionally, the construction of a 12.5 km razor wire fence in the area of Evros, along the border with Turkey in 2012, resulted in a rise of over 220% in apprehensions at the sea borders in the eastern Aegean Sea and Dodecanese islands in 2014 (9). The pressure of migration flows became so great in the Aegean Sea that UNHCR referred to the situation in Greece as one taking on the characteristics of a humanitarian crisis. UNHCR presented figures showing that 22 089 refugees had entered Greece via its sea borders during the first eight months of 2014 while, during the same period in 2013, the number of refugees was 6834 (9). In the space of a single month, September 2014, apprehensions in the Aegean amounted to 7500 migrants, half of whom arrived in the Dodecanese. In the same month, the number of people who crossed the land border with Turkey and the wire fence along the Evros river was 1133 (9).

More recently, on 26 November 2014, the Greek Navy, mounting its biggest and riskiest sea rescue in years, towed a disabled freighter carrying 700 migrants towards the Aegean island of Crete, fighting strong winds and high seas. This episode represented the second massive influx of migrants in 2014, the first having occurred on 31 March, also near to Crete and involving a rescue mission by the Hellenic Coast Guard of a boat carrying over 300 migrants (10).

Further to the sudden escalation of migration at the land and sea borders with Turkey, the Greek Government invited the WHO Regional Office for Europe to organize a joint mission between 15 and 19 December 2014 to assess the capacity of the health system to manage large influxes of migrants.

Scope of the mission

The mission's aims were to:

- assess the ongoing preparedness and response activities of the local health system;
- plan ad hoc technical assistance if required;
- pilot the draft toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase.¹

Method

The methodology of the assessment was based on the toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase, which has been developed by the WHO Office for Investment for Health and Development, of the WHO Regional Office for Europe, within the framework of the WHO project Public Health Aspects of Migration in Europe (PHAME) (11). The toolkit was produced in collaboration with the International Centre for Migration, Health and Development, a WHO collaborating centre based in Geneva, throughout a consultative process involving experts from various European countries during the first half of 2013. Since then, the toolkit has been piloted in Cyprus, Italy, Malta, Portugal and Spain.

A number of pre-assessment discussions and meetings took place with the Greek Ministry of Health and the Hellenic Center for Disease Control and Prevention (KEELPNO) to discuss the

¹ This WHO toolkit has been developed for assessing the capacity of local health systems to prepare for and respond to emergencies caused by large influxes of migrants. It comprises assessment forms, with instructions for completion, to evaluate preparedness and response. It includes a glossary of the key terms used in the document; procedures for and recommendations on using the toolkit; and a list of possible sources of information required for the assessment. The assessment forms are divided up according to the six functions of the WHO health system framework.

objectives, scope and methodology of the assessment (Fig. 2).¹ The mission team also conducted a pre-assessment desktop review to collect background information in preparation for the joint mission to Greece.

Fig. 2. Stakeholders' meeting at the Ministry of Health

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The members of the assessment team undertook site visits at first reception migrant centres and pre-departure facilities. They visited the first reception centre (FRC) and the pre-departure facility in Fylakio, Evros; the Screening Centre (operating as an FRC) in Moria, Lesbos; the Screening Centre (operating as an FRC) in Vathi, Samos and the Amygdaleza pre-departure facility in Athens (see Fig. 3 and Fig. 8 below).

Semistructured interviews were carried out with key Government officials, staff of subnational and local health authorities, managers of migrant centres, health staff working in migrant centres and representatives of nongovernmental organizations. The draft assessment toolkit – and consequently the interviews – were based on the WHO health system framework, which defines six key functions (Table 1).

Table 1. The WHO health system framework

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

Source: WHO Regional Office for Europe (11).

¹ KEELPNO is a private-law entity supervised and funded directly by the Ministry of Health. Its main purpose is to protect and promote public health and formulate the national strategy for the prevention of disease transmission. In this context, it conducts epidemiological surveillance, supports research programmes, provides scientific guidelines, coordinates public health emergencies in collaboration with the National Health Operations Center, supports vulnerable populations and ensures a safe and healthy environment. KEELPNO cooperates closely with ministries, local government, universities, laboratories and public health stakeholders in Greece and abroad, including the WHO, the United Nations, the European Centre for Disease Prevention and Control, the United States Centers for Disease Control and Prevention, etc.

WHO defines health systems as comprising all the resources, organizations and institutions that are devoted to taking interdependent action aimed principally at improving, maintaining or restoring health. In order to fulfil their purpose, health systems need to perform all six key functions of the WHO health system framework in full (Box 1) (12).

Box 1. Six key functions of the WHO health system framework

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

Health workforce (human resources for health) includes all health workers engaged in action to protect and improve the health of a population. “A well-performing health workforce is one which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances” (12). This necessitates the fair distribution of a sufficient number and mix of competent, responsive and productive staff. A preparedness programme aims to ensure that such staff are an integral part of the health workforce by conducting training needs assessments, developing curricula and training materials and organizing training courses.

A well functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. Medical equipment and supplies for pre-hospital activities, hospitals, temporary health facilities, public health pharmaceutical services, laboratory services and reserve blood services needed in case of a crisis also come into this category. A well-functioning **health information** system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. A health information system also covers the collection, analysis and reporting of data. This includes data gathered through risk and needs assessments (hazard, vulnerability and capacity) and those relating to early-warning systems and the overall management of information.

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

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

Source: World Health Organization (12).

Constraints

The scope of the mission was restricted owing to the geographical nature of the area around the sea border of Greece. Many small islands scattered around the Aegean Sea are sites of migrant influxes. The mission team was able to visit only a small number of these islands; accordingly, the findings in this report do not necessarily apply to the many other islands that receive migrant arrivals.

Overall findings

The influxes of 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 migrants entering the country vary in numbers from tens to several hundreds. The geographical particularities of the area along the sea border with Turkey – that is, the large number of islands scattered all over the Aegean – provide multiple entry points and pose additional challenges to the management of large influxes of migrants and emergency responses. These include the coordination of a large number of actors, including various ministries, national authorities, organizations and other institutional bodies that are involved in the reception, settlement and pre-departure processes.

Public health risk assessment

Public health risks arise both from health issues in the migrants' native countries and from the health conditions during the journey and settlement. They mostly relate to unsafe travelling conditions, overcrowded arrival settlements with inadequate water and sanitation, and language and cultural barriers which limit the effectiveness of interactions with health-care services. Vaccine-preventable diseases represent an important health risk for people coming from countries where immunization coverage is low. Lengthy and unsafe journeys in overcrowded boats expose migrants to physical and psychological trauma, dehydration, nutritional disorders, hypothermia and infectious diseases. Additionally, the existing FRCs are too small to host the increasing numbers of migrants, and this poses a significant risk of transmission of infectious respiratory, diarrhoeal and skin diseases (e.g. scabies).

The vast majority of migrants are young people who are in generally good health at the time of departure, but some may be affected by chronic diseases that require continuous care. The absence or interruption of treatment for chronic diseases may be life-threatening and pose significant health risks. These are particularly high in vulnerable groups, including pregnant women and very young children.

Frequent population movements and vaccination gaps in some countries increase the risk of the international spread of wild poliovirus: as long as the virus is circulating in the world and vaccination coverage is suboptimal, poliomyelitis poses a potential threat to the WHO European Region. In response to a recent outbreak, the Syrian Arab Republic launched large-scale supplementary immunization activities to vaccinate more than 1.3 million children against poliomyelitis (as well as measles, mumps and rubella) in both Government-controlled and contested areas (13). Further campaigns were needed to interrupt transmission in infected areas over the following six months. Neighbouring countries began planning and implementing supplementary immunization campaigns as part of a multicountry response to prevent the international spread of poliomyelitis.

Fig. 3. A view from inside the grounds of one of the migrant centres

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WHO recommends that “all travellers to and from polio-infected areas be fully vaccinated against polio. Countries receiving travellers from polio-infected areas or accommodating people displaced by the Syrian Arab Republic’s conflict should identify anyone who is un- or under-immunized, or with unknown immunization status, and provide him/her with missing doses of polio vaccine according to the national schedule of the country of origin. High immunization coverage against polio across age groups and high-quality surveillance ... are essential factors for early alert and all-population protection against polio.” (13).

Leadership and governance

The legal framework

Greece is a signatory to the main international legal frameworks on the protection of human rights of migrants. Greece has also ratified the Convention for the Protection of Human Rights and Fundamental Freedoms and the European Social Charter (Council of Europe) and the Charter of Fundamental Rights of the European Union, along with other relevant European Union directives, and has aligned its legislation with the European Union Community acquis on migration and asylum. International treaties ratified by Greece are an integral part of domestic Greek law as described in article 28(1) of the Constitution (14) and guarantees full protection of “life, honour and liberty, irrespective of nationality, race or language and of religious or political beliefs” for all persons living on Greek territory (article 5(2)) as well as inviolability of personal liberty (article 5(3)). It is further stated that “no person shall be arrested or imprisoned without a reasoned judicial warrant which must be served at the moment of arrest or detention pending trial, except when caught in the act of committing a crime” (article 6(1)) and that “torture, any bodily maltreatment, impairment of health or the use of psychological violence, as well as any other offence against human dignity, are prohibited and punished as provided by law” (article 7(2)).

In line with the European Union Regulation known as the Dublin Regulation (15), Greece bears the responsibility of securing the rights and providing for the needs of asylum-seekers in the country. The Dublin Regulation explains that people in need of protection should request it in the first Member State they physically enter or in the state responsible for their entry into the ter-

ritory of the European Union, Iceland, Liechtenstein, Norway or Switzerland. However, as mixed migration flows to the European Union through Greece increased dramatically, several European Union Member States suspended the return of asylum-seekers back to Greece for the processing of their application under the Dublin Regulation, because of the poor living conditions in the country. The Court of Justice of the European Union ruled regarding the situation in Greece that a Member State may not transfer asylum-seekers in the face of “substantial grounds” for believing there is a serious risk to their fundamental rights due to the particularly poor detention and living conditions, as well as deficiencies in the asylum procedure that do not ensure conformity with Dublin Convention standards, and that it must either find another responsible state or process the asylum application itself (16).

The Dublin Regulation is part of the Common European Asylum System, which has added a layer of enforceable European Union law to Greece’s international obligations towards asylum-seekers and refugees. Law No. 3907/2011 of 26 January 2011 provided for the creation of an independent Asylum Service and Appeals Authority and the establishment of the First Reception Service, aligning Greek legislation with the provisions of European Union Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals (17).

In April 2014, Greece adopted a new immigration law (No. 4251/2014), the Code for Immigration and Social Integration and Other Provisions (18), which incorporates all relevant legislation, including pertinent European Union directives previously transposed into national legislation. The new law came into effect on 1 June 2014. Moreover, the Law provides for the establishment of a High-Level Coordination Committee, allocating the Ministry of Health the responsibility for the management of issues relevant to health of migrants. Further to the Common European Asylum System, Greece also submitted a National Action Plan for Migration Management to the European Commission in 2010, followed by a revised Action Plan in January 2013, with more specific engagement in issues of international protection, effective border management, returns and the role and functioning of the new asylum law.

Ministries’ roles and responsibilities

A number of ministries share responsibilities on immigration issues, including the Ministry of Foreign Affairs and diplomatic missions abroad (in particular the consular authorities), Ministry of the Interior, Ministry of Citizen Protection, Ministry of Health, Ministry of Education and Religion and Ministry of Labour and Social Insurance (19). The Ministry of the Interior has overall responsibility for immigration issues and, while Law No. 3907/2011 gave jurisdiction for setting up and operating the new integrated asylum and migration management system to the Ministry of Citizen Protection (in line with the revised Action Plan for Migration Management, ratified in 2013), following the elections of February 2015 the new Prime Minister decided to transfer jurisdiction to the Ministry of the Interior in April 2015, in Ministerial Decision No. 24990/366.

The Ministry of the Interior has also taken responsibility for the organization of the high-level Committee for the Coordination of the Immigration Policy and Social Inclusion, as per Law No. 4251/2014, article 130. The Committee consists of the general secretaries of the ministries of the Interior, Foreign Affairs, Economics, Development, Education and Religion, Culture, Labour and Social Insurance, Health, Justice, Citizen Protection and Mercantile Marine, Aegean and Island Policy. The Committee works on immigration and inclusion issues, produces guidelines for the co-ordination of the various actors involved depending on the circumstances, monitors their work and proposes legal and technical action to the appropriate Minister in order to resolve all relevant matters effectively. A Ministerial Decision remains to be published with more details regarding the role and responsibilities of the Committee and how these will be implemented.

Asylum Service and Appeals Authority

The new Greek Asylum Service and Appeals Authority have been operating under the umbrella of the Ministry of Citizen Protection since 7 June 2013. Five regional asylum offices in Attica, Alexandroupolis, Orestiada (inside Fylakio FRC), Lesbos and Rhodes provide access to the asylum procedure (20). Asylum application procedures are very time-consuming, as there are many asylum-seekers applying for international protection to protect themselves against refoulement, arrest and detention. Once migrants' applications are registered, they are entitled to medical services and care.

The reception procedure

The Hellenic Coast Guard and the Hellenic Police are the main actors in the reception process, with the latter also responsible for the administrative procedure that must be followed. With regards to health services and health care (including first aid) for migrants upon arrival at Greek entry points, those responsible are the local health authorities and nongovernmental organizations (Fig. 4). In case of emergency, individuals are transferred to local hospitals to receive the required treatment. Once this process is completed, personal data are recorded (name, age) and all individuals' photos and fingerprints are taken. The roles and responsibilities of all actors providing health and social support in the FRC are formalized by a Ministerial Decision (No. 2745/2013) which defines the triage procedure and the services that should be provided (21). The same legal document clarifies the applicable age assessment procedure for determining the age of a minor. Once the medical examination is completed and clinical history recorded, a social worker discusses with each individual their social history. Finally, a psychologist is assigned to perform the psychological/vulnerability assessment.

Fig. 4. Health-care service at Fylakio FRC

Migrants are then transferred to the FRC, where health professionals can examine them further. If the FRC is full, migrants are transferred to nearby detention centre(s). By law, the maximum stay in the FRC is 25 days. During this period, migrants may apply for asylum. Once the 25-day period is over, asylum-seekers are transferred to pre-departure facilities for up to 18 months, while awaiting their asylum application decision (17).

Vulnerable groups and unaccompanied minors

There are 15 centres open to asylum-seekers and unaccompanied minors in Greece. However, because of the economic crisis and limited funding, most of them are facing financial problems, while also facing greater pressure to cover the accommodation needs of the increasing number of vulnerable and minor populations. According to the Asylum Service, the procedure required to secure a place in an open centre involves registration of all applicants: upon the request for accommodation in an open centre, the Asylum Service communicates the applicant's request to the National Centre for Social Solidarity, the competent authority that processes the application and allocates accommodation when it becomes available.

Specific categories of vulnerable asylum-seeker are defined in Presidential Decree No. 220/2007, which states that responsible authorities and local self-administration agencies shall provide for the special treatment of vulnerable asylum-seekers such as minors, unaccompanied minors, disabled and elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence (article 17); special care should be provided for minors in general and unaccompanied minors in particular; access to rehabilitation services should be provided for minors who have been victims of any form of abuse, neglect, exploitation, torture or cruel, inhuman and degrading treatment, or who have suffered from armed conflicts; and appropriate mental health care should be developed and qualified counselling provided when needed (22). By virtue of article 19(2), authorities responsible for accommodation shall also ensure that unaccompanied minors are placed with adult relatives or a foster family, in accommodation centres with special provision for minors, and are protected from trafficking or exploitation (Fig. 5).

Fig. 5. Drawing by migrant child

Provision for massive influxes of migrants

There is no comprehensive contingency plan for the management of large influxes of migrants. There are emergency operational plans that the Ministry of the Interior and Ministry of Citizen Protection keep at their disposal, based on extreme-case scenarios and to be used when necessary; however, these are kept classified and there are currently no plans to process them or develop them into formal contingency plans. KEELPNO is involved in such operational plans via the National Health Operations Center (NAHOC),¹ which bears the responsibility for all issues relevant to health (Fig. 6).

Fig. 6. Discussing emergency response and coordination during massive influxes of migrants

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Health workforce

Technical and managerial expertise exists at all levels within the Ministry of Health, as well as in the organizations that operate under its supervision, such as KEELPNO and NAHOC, which contract doctors and nurses for the pre-departure facilities. Under Ministerial Decision No. 2745/2013, FRCs are required to hire specialized general practitioners, pathologists or paediatricians, depending on the needs of the facility (21). The same Ministerial Decision also states that the other professionals included in the health-care team should be qualified nurses, psychologists and social workers with experience in the epidemiology of the migrants' countries of origin, and be familiar with the cultural differences and psychological background of the migrants, as well as the legislative framework relating to individuals who fall under international protection rules, the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) and the revised International Health Regulations (2005) of the WHO. The Ministerial Decision additionally states that the professionals

¹ NAHOC operates under the direct supervision of the Minister of Health and focuses on the coordination and operational management of public health emergencies, e.g. pandemics, natural disasters or massive influxes of migrants.

conducting the age assessment procedures must be educated and experienced in interview techniques.

The Ministerial Decision has not been fully implemented because of the lack of human resources, including health workers and cultural mediators. The health-care staff interviewed during the assessment visit expressed concern at the overwhelming numbers of migrants arriving, especially during the summer. Additionally, extreme uncertainty was expressed about the continuation of European Union funding, which covers all human resources costs. Language barriers and difficulties in communicating with migrants were also reported, underscoring the need for cultural mediators during all stages of the first-reception process, as well as the length of the pre-departure stay. The lack of a pool of health-care professionals to provide extra staff in case of emergencies was also highlighted as a persistent issue.

Medical products, vaccines and technology

Limited supplies of medical products and basic medical equipment were reported by the staff in the FRCs and pre-departure facilities visited by the expert team. In some of the centres, medical supplies were so limited that only basic pharmaceutical products such as painkillers were available. If an individual needed medication that was not readily available, the staff informed the mission that they could request it from the nearby hospital, which provided the drug free of charge. Anti-inflammatories, painkillers, antibiotics and some chronic disease medications were the drugs most frequently required. If the requested medications were not available at the nearby hospital, the Ministry of Citizen Protection covered the cost of buying them from a pharmacy.

Migrant vaccination was not reported to be a routine service at the FRCs, despite the explicit statement in Ministerial Decision No. 2745/2013 that vaccination is essential for all individuals, including adults (21). Vaccines were unavailable at the migrant centres, and there was an acute shortage at the national level. Polio vaccine and Mantoux testing for tuberculosis have been provided by KEELPNO in the past free of charge, on an intermittent basis. Children up to the age of 12 years were given priority when vaccination availability was limited, because it was not possible for them to enter open centre facilities without proof of immunization as per the national vaccination programme (23). Additionally, there were no specific guidelines regarding vaccination, nor was there a relevant surveillance system in place to monitor immunization coverage.

The most frequent medical conditions reported among migrants were scabies and dermatological diseases, while the most common psychological problems were stress and panic attacks. It was stated that migrants usually arrived in good health, but sometimes suffered hypothermia from the long sea journey and the lack of appropriate clothing. Many individuals from the Syrian Arab Republic were reported to suffer from chronic noncommunicable diseases.

Health information

Ministerial Decision No. 2745/2013 describes the medical history-taking and clinical examination process for information collection (21). The staff of the medical and social support team are responsible for the collection of general demographic data, which are electronically recorded in a specific database at the First Reception Service. The database is confidential, and access is given only to the person who has been allocated the responsibility for its management, as per Law No. 2472/1997 (24). The Ministerial Decision also states that migrants carrying health cards should present them to the medical teams, who should then record the information in the First Reception Service database.

During the mission team's visit to FRCs and pre-departure facilities, it was observed that all contracted nongovernmental organizations offering services in the FRCs collect migrant health data (Fig. 7). In every centre, doctors and nurses recorded a set of health information for every individual, organized patient files, registered the medical services provided and reported these to the FRC authorities. Although data are recorded in an electronic database and are reported to the FRC, which collects them, there is no systematic syndromic surveillance in place. Different non-governmental organizations have different databases, which are neither interconnected nor linked to a central system. Finally, these data are neither aggregated nor analysed, and are not shared with external stakeholders. Only in emergency situations, that is if a migrant contracts a serious communicable disease, do the medical teams report this information to the regional and local health authorities, which then inform KEELPNO. On some occasions, the medical teams report the case to KEELPNO first and the organization then informs the local and/or regional health authorities.

Fig. 7 Collecting data at the FRC

a: health Information

b: language identification tool

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In the absence of a central surveillance system, health professionals at the First Reception Service provide migrants with a medical card showing all the important information regarding the individual's health status. This process facilitates subsequent examination of these individuals by medical personnel, since they have no access to the migrant's personal electronic file.

KEELPNO and NAHOC build and manage one central electronic database to collect, analyse and process migrant health information. Because of the various existing local database systems, KEELPNO, NAHOC and the First Reception Service could collaborate to link these together and produce one central data collection system. In this way, double registrations/entries will be eliminated and surveillance of diseases will be feasible.

Health financing

Funding for all health-care services in FRCs and pre-departure facilities is provided by the European Union (European Return Fund, European Refugee Fund, External Borders Fund, Asylum, Migration and Integration Fund and structural funds) and the State budget, with the former covering the majority of the operational expenses. Nevertheless, sustainability of funding to ensure the continuous availability of health personnel and medical supplies was reported to constitute one of the major problems during the first-reception and pre-departure processes.

Service delivery

Law No. 4251/2014 (Code of Immigration and Social Integration and Other Provisions) states: “Public services, legal entities of public law, local authorities, public utilities and social security organisations shall not provide their services to third-country nationals who do not have a passport or any other travel document recognised by international conventions, an entry visa or a residence permit and, generally, who cannot prove that they have entered and reside legally in Greece” (18). However, services of social security structures that operate under local authorities are exempt from this rule, as are hospitals, treatment centres and clinics in the case of emergencies, childbirth or when minors are in need of medical care. The same Law also states that, if public-sector employees violate these provisions, they are subject to disciplinary measures and will be punished under the Penal Code for breach of duty. Circular No. 45610, issued by the Ministry of Health on 2 May 2012 to clarify access of non-nationals and uninsured persons to health care, specifies that the medical cases involving undocumented migrants that can be accepted by public health-care facilities are those which are admitted as emergencies to the emergency room in life-threatening, extremely urgent situations. In practice, the emergency criterion is rarely applied by health-care professionals, who provide health care for undocumented migrants for non-life-threatening conditions as well.

On 29 October 2013, Ministerial Decision No. 2745/13 came into force, giving details of the medical procedures that need to be performed on migrants’ arrival and during their stay in the FRCs (21). The first health examination that must be conducted is the preliminary medical triage, which is conducted by doctors at the First Reception Service. The purpose of the triage is twofold: to identify urgent cases that need to be transferred to hospitals and to certify the absence of infectious diseases that would contraindicate transfer to an FRC. Migrants are divided into three groups based on the triage results, and those belonging to vulnerable groups, e.g. pregnant women, minors, old people, people with special needs, torture victims or victims of human trafficking, are given priority. The Ministerial Decision also states that individuals who are suspected of having contracted an infectious disease must be kept in a separate accommodation facility until the results of their medical tests are available.

The medical team, sociologists and psychologists working at the FRC are also required to record general demographic data for all migrants, as well as information from any health card, certificate or identification that these individuals may be carrying during their journey. Collection of such data, along with the medical tests performed upon arrival, helps medical professionals to:

- identify and better care for those who suffer from chronic noncommunicable diseases;
- maintain a record of individuals’ vaccination history;
- identify possible emotional/physical abuse;
- draw conclusions about possible abuse of drugs and/or other addictive substances.

In respect of tuberculosis in particular, migrants are required to fill in a questionnaire and, if necessary, they are transferred to the nearest hospital for further medical tests, including chest

X-ray and microbiological tests. If the individual tests positive, he/she will be kept in an isolated area to await treatment at the appropriate hospital. The individual has to stay in the hospital until the medical staff decide that it is safe for him/her to return to the FRC. Rapid testing is also available at FRC facilities for people from countries endemic for malaria.

Psychological assessment of migrants should be conducted at the FRC by qualified professionals working on the premises. The purpose of this assessment is to care properly for those who have suffered torture or violent attacks and present symptoms of significant mental health issues. In such cases, the personnel organize group activities to support these individuals psychologically and arrange referral to an appropriate health-care facility if necessary.

Age assessment is an important procedure that the FRC must address, as there are a great number of undocumented and unaccompanied minors entering the country. Ministerial Decision No. 2745/2013 laid out the relevant protocol for the first time, stating that a child's age shall be determined by a team of medical doctors by assessing macroscopic characteristics, such as physical appearance, which may constitute the first indicators of age (21). If these characteristics are not sufficient to reach a verdict on the age of the minor, a psychologist and a social worker are called in to assess his/her cognitive, behavioural and psychological development. If a decision still cannot be reached, the minor must be taken to a State medical institution for dental and left-wrist X-rays.

FRCs and pre-departure facilities

Fig. 8 shows the FRCs and pre-departure facilities visited by the mission team.

Fig. 8. FRCs and pre-departure facilities visited by the mission team

Source: Shutterstock and Eleni Antoniadou.

The FRC in Fylakio, located in the Evros area at the north-eastern Greek–Turkish land border (Fig. 8), has a capacity of 256 people and became fully operational in June 2013. Two screening

centres are also operating as FRCs, located on Lesbos and Samos (Fig. 8), with a capacity of 98 and 285 individuals, respectively. Screening and identification services are provided by seconded law-enforcement officers, while the administrative and functional needs of the centre are entrusted to civilian employees. Information regarding newcomers' rights and the asylum procedure is provided by UNHCR. Health and psychosocial care and interpretation services are provided by non-governmental organizations. The newly arrived migrants cannot stay in the FRCs for longer than 25 days. Once this period is over, non-vulnerable asylum-seekers are transferred to pre-departure centres. An additional screening centre is used as an FRC and is currently operating on the island of Chios. It has a capacity of 108 individuals, and medical services are provided by nongovernmental organizations.

The pre-departure centres, operating under the responsibility of the Hellenic Police, are specialized facilities for the detention of irregular migrants who are subject to return procedures. Under Law No. 3907/2011, the maximum period of administrative detention is 18 months, which is the period allowed for detention under the European Union Return Directive, which regulates the conditions of removal of undocumented migrants (17, 25). Six pre-departure centres are in operation: Amygdaleza (capacity: 2040 people) (Fig. 8), Corinth (capacity: 1024 people), Drama (capacity 557 people), Xanthi (capacity: 480 people), Komotini, Orestiada (capacity: 374 people) (Fig. 8) and some large police stations, such as Petrou Rali, which are used to hold migrants pre-departure. However, detention for up to 18 months in police cells intended for detention lasting a few days at the most is a particular problem, especially in conditions of overcrowding, which is often the case.

A particular issue that was identified during the assessment was the number of migrants present in some small islands in the south of the Aegean Sea (e.g. Tilos), where no infrastructure to accommodate them exists. It was noted that over half of the total number of migrants arriving in Greece do so via these small islands, where, in the absence of any infrastructure, they are taken to police stations or other temporary facilities and then transferred to islands with FRCs before they are either released or taken to the Athens pre-departure facilities.

Fylakio FRC, Evros

Two nongovernmental organizations operate at the FRC: Metadrasi provides interpretation services, while Medical Intervention provides health care with a medical team consisting of one doctor and one nurse, as well as psychological support from one social worker and one psychologist (Fig. 9). UNHCR is also present, providing information on the rights and obligations of migrants. The FRC accepts on average 150 guests per month. There is a separate section for unaccompanied minors and vulnerable groups before they request accommodation in an open centre facility. All migrants are given three meals a day, through a private company that also caters for infants and those with special dietary requirements such as diabetes. Hot water, heating, telephone and air conditioning are available at the centre 24 hours a day. The centre authorities provide migrants with table games and books. The premises are disinfected twice a month, and guests are provided with basic products such as soap to maintain their personal hygiene. One important issue that needs to be addressed is the poor continuity of care. The nongovernmental organization Medical Intervention operates in these facilities on the basis of short-term contracts, leaving significant periods of time in between with no care provision, as the FRC authorities are unable to cover the associated costs continuously.

Fylakio pre-departure facility, Evros

In the pre-departure facility (Fig. 10), medical services are provided by KEELPNO and NAHOC and include one doctor, two nurses, a psychologist, a sociologist and a cultural mediator. It was reported that the health unit that operates in the facility has limited pharmaceutical

Fig. 9. Discussing the provision of health care at the FRC in Fylakio

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supplies and equipment to provide health care. However, if required pharmaceuticals are not available, the medical team may request them from the local hospital, which will also treat migrants if they need medical attention outside regular working hours. The pre-departure facility provides all guests with hot water, three meals a day (accommodating special dietary requirements), heating, telephone and air conditioning 24 hours a day. The presence of infants in the pre-departure facilities was also noted, with the authorities reporting that every effort is made to address all their needs, including the provision of appropriate food and milk.

Moria Screening Centre (operating as an FRC), Lesbos

The centre has been operating since September 2013, and comprises seven modular houses for migrants and three units for other services. UNHCR operates at the centre to inform all individuals of their rights and obligations. The nongovernmental organizations Metadrasi and Médecins du Monde provide interpretation and medical services, respectively. The screening centre needs more capacity, as it frequently sees large influxes of migrants, particularly during the summer months. In one case, a total of 256 migrants are reported to have arrived within one day. The centre provides all migrants with hot and cold water, three meals a day (even for people with special dietary requirements and for infants), heating, telephone and air conditioning. The premises are cleaned daily by private companies, while disinfestations and disinfections are regularly arranged. The local authorities also informed the mission team that clothing is issued to people who need it on arrival at the centre.

Vathi Screening Centre (operating as an FRC), Samos

The screening centre had a total of 77 migrants at the time of the team's visit. In summer, the migrant influx greatly exceeds the centre's capacity: numbers may reach 800–900, as was the case during September 2014. On one day, the influx amounted to 250 individuals arriving on the island. The medical team working at the centre is contracted by the nongovernmental organization

Medical Intervention and consists of one doctor and two nurses. The team is available during regular working hours, and in case of emergency an individual in need of medical treatment may be transferred to the local hospital. The nongovernmental organization Metadrasi provides interpretation services through one translator. All migrants staying at the centre are provided with hot and cold water, three meals a day (also for people with special dietary requirements and for infants), heating, telephone and air conditioning 24 hours a day.

Amygdaleza pre-departure facility, Athens

The facility hosts migrants who either have not requested asylum, or have had their application rejected. A total of 1520 individuals were reported at the time of our visit, mainly from Bangladesh, India, Iraq and Pakistan. The facility is divided into three sections, hosts only males and includes a section for unaccompanied minors who are waiting to be sent to open centre facilities. The waiting period varies from a few days to three months. Medical assistance is provided by KEELPNO, NAHOC and the nongovernmental organization Medical Intervention. The medical team consists of nine doctors and 15 nurses who provide health care 24 hours a day. Additionally, there are two teams of 20 people each providing psychosocial support and translation services. The centre provides all migrants with hot water, three meals a day (even for people with special dietary requirements), heating, telephone and air conditioning.

Fig. 10. Pre-departure facility at Fylakio, Evros

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Environment

The water and sanitation systems in all facilities (both FRC and pre-departure) visited by the team are connected to the public water supply and sanitation systems and operated by the relevant national authorities. The numbers of toilets and showers in the migrant centres are considered adequate by the authorities for the number of migrants staying in each facility. However, in the event of large influxes of migrants, the centres may become overcrowded, resulting in inadequate individual space and overall hygiene conditions.

Medical waste is sent to hospitals for disposal, following the formal procedure laid down in Ministerial Decision No. 2745/2013 (21).

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