

Greece Country Profile

1. Key Statistics

	2015	2016	2017
Asylum Seekers	13188	51061	58661
Relevant link	http://asylo.gov.gr/en/wp-content/uploads/2018/03/Greek_Asylum_Service_Statistical_Data_EN.pdf		

50.800 refugees and migrants are in Greece, according UNHCR estimation as of 28 February 2018, of those who arrived and remained since the 2015-2016 mass flow.¹

The situation changed regarding the sea arrivals between 2015, 2016, 2017 of refugees and migrants as follows²:

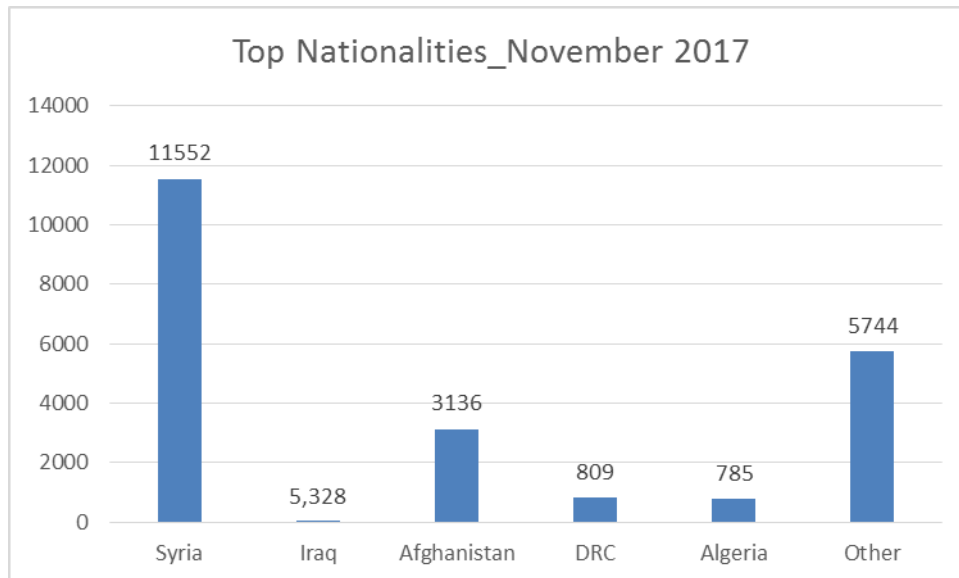
2015	2016	2017
856,723 arrivals	173,450 arrivals	29,718 arrivals

¹ UNHCR Fact Sheet, February 2018, p.1, <https://data2.unhcr.org/en/documents/download/62950> [3/4/2018]

² UNHCR, Greece Sea Arrivals Dashboard, February 2018, p.1, <https://data2.unhcr.org/en/documents/download/62547> [3/4/2018]

The most prominent nationalities among migrants/refugees in Greece are:

Top Nationalities of arrivals as of November 2017



Source: UNHCR, Greece Sea Arrivals Dashboard, November 2017, <https://data2.unhcr.org/en/documents/download/61395>

2. Priority Health Conditions

The main challenges in terms of healthcare access and/or health issues of migrants/refugees, identified are:

Mental Health & Psychosocial Needs

It is underlined that there is a very high demand for mental health services. According the 154 first assessments that MSF carried out in Lesbos between January and mid - June 2017, 79% met their criteria of severity, over a third had symptoms of Post-Traumatic Stress Disorder, a third had symptoms of depression, another third suffered from anxiety and 4% from psychotic disorders. On average close to a third of these patients had to be referred to a psychiatrist.³

Moreover, according to the “Rapid Assessment of Mental Health, Psychosocial Needs and Services for Unaccompanied Children (UAC) in Greece”, commissioned by UNICEF to the

³MSF, A Dramatic Deterioration for Asylum Seekers in Lesbos, July 2017, p.5, <https://data2.unhcr.org/en/documents/download/58588> [10/11/2017]

Institute of Child Health, was identified that UAC suffer from increased levels of depression, anxiety disorders and post-traumatic stress. Among key contributing factors to the increased distress of UAC are the uncertainty about their future, feelings of hopelessness, the loneliness due to separation from family and community, as well as the long delays in asylum procedures, the absence of an individual to advise and provide them with continuous support cohabitation in shelters, the limited opportunities to access education or vocational training and limited autonomy.⁴

Physical Diseases & Pregnancy

A systematic risk assessment carried out for Greece (Table 1) in accordance with the World Health Organization guidelines for identifying priority vaccine-preventable diseases resulted that there is evidence of vaccination of children for measles, poliomyelitis, diphtheria, b-type haemophilus influenza infection and possible indication vaccination for pneumococcus.⁵

Table 1: Risk Assessment Summary for Preventive Vaccination Diseases in Greece in view of the refugee flows in Greece, 2016

Disease	Lever of risk due to general factors	Level of risk due to factors related to the disease	Overall Conclusion
Measles	High	Medium to High	Definite indication for vaccination
Poliomyelitis	High	Medium to High	Definite indication for vaccination
Diphtheria	High	Medium to High	Definite indication for vaccination
Haemophilus influenza infection type B	High	Medium to High	Definite indication for vaccination
Pneumococcal disease	High	Medium to High	Definite indication for vaccination

Source: Report Vaccination in refugee / immigrant accommodation, February 2017

⁴ G.Nikolaïdis, A. Ntinapogias and M. Stavrou, Institute of Child Health, *Executive Summary, Rapid Assessment of Mental Health, Psychosocial Needs and Services for Unaccompanied Children in Greece*, October 2017, <https://data2.unhcr.org/fr/documents/download/60380>, [01/11/2017]

⁵ Report Vaccination in refugee / immigrant accommodation, February 2017 <https://government.gov.gr/wp-content/uploads/2017/02/Ekthesi-emvoliasmos-prosfygon-2017-02.pdf> [03/01/2018]

Furthermore, a mapping exercise in 5 camps by MSF, held in August 2016, identified that the percentage of physical vulnerabilities (asthma, diabetes, kidney problems, cardiac problems, gynecological problems, neurological problems, etc.) including pregnant women of vulnerable people was as following: Softex (39,8%), Derveni-Alexil (52,4%), Sindos-Frakaport (63,2%), Kalochori (38,1%) and Kavalari (51,8%).⁶

Moreover, must be assured for all pregnant women the access to Comprehensive Emergency Obstetric and Newborn Care (CEmONC).⁷

Difficulties regarding the access to public health services

Refugees and migrants access to public health services is not without difficulties. Financial crisis has impact on the health services provided and the function of hospitals (insufficient personnel, drugs etc.). Moreover, lack of cultural mediators worsens the situation due to the existence of cultural differences. Also, translations services must be improved because of the great significance of the communication between the patient and the doctor.

Another big issue is the transfer of refugees and migrants in accordance with the accessibility to the public health services (distance to the nearest health facility) and the lack of referral systems. The Greek Ministry of Migration Policy closed many of the sites that were unsuitable for long-term human habitation, and intends to close many of the remaining ones that are also remote.⁸

Besides, the lack of proper accommodation for people with medical vulnerabilities, such as victims of violence or other form of ill-treatment, people with psychiatric disorders, people with physical disabilities, patients who require a special diet (e.g. diabetic patients or patients with hypertension), pregnant women and new-borns, can often worsen their health conditions.⁹ Furthermore, the identification of vulnerable people by the authorities is crucial and sometimes is not effective.¹⁰

Administrative difficulties have been observed in some cases regarding the access to the health care system, which mainly concern difficulties in the issuance of a Social Security Number (AMKA) or the fact that staff in hospitals or health care centers are not always

⁶ MSF, *Greece in 2016: Vulnerable People Get Left Behind*, October 2016, p.16, http://www.msf.org/sites/msf.org/files/report_vulnerable_people_201016_eng.pdf [10/12/2017]

⁷ UNHCR, *Regional Refugee and Migrant Response Plan for Europe*, op. cit., p.51

⁸ UNHCR, *Greece Factsheet*, May 2017, <https://reliefweb.int/sites/reliefweb.int/files/resources/58264.pdf> [17/12/2017]

⁹ MSF, *Greece in 2016: Vulnerable People Get Left Behind*, op.cit., p.p. 11-13

¹⁰ Ibid, p.p. 14-16

aware of the 4368/2016 law¹¹ in accordance with the limited information of the population regarding the procedures of documents issuance.¹² Also, certain challenges have been observed during a transitional period on the islands with the handover of activities to the national authorities.¹³

It is stated that the existence of different sub-systems and organizational models, combined with a lack of clear mechanisms for coordination, creates significant difficulties in the planning and implementation of national health policy.¹⁴

Another issue of great significance is the coordination among the National Health Operations Centre (EKEPY) which is part of the Ministry of Health and has a lead role in the humanitarian health response and decision making and the international and national NGOs, UN agencies and other health partners. Moreover, it is important to support the roll out and implementation of the Health Management Information System (HMIS) for surveillance purposes within sites, providing an early alert for epidemics.¹⁵

3. Legislation Description

Brief description of the legislation concerning access to health care for migrants/refugees.

According to the national legislation¹⁶:

- Everyone who is granted international protection status has access to health care.
- Asylum seekers are entitled free of charge to necessary health, pharmaceutical and hospital care, on condition that they have no health insurance and no financial means. Issuance of a Social Security Number (AMKA) is needed in order for refugees and migrants to have access to public health. According to the Article 14 PD 220/2007, such health care includes:
 - a) clinical and medical examinations in public hospitals, health centers or regional medical centers
 - b) medication provided on prescription
 - c) hospital assistance in public hospitals, hospitalization at a class C room

¹¹ Solidarity Now, *Issues in the issuance of AMKA*, 10 November 2016, <http://bit.ly/2ltg9QI> [02/01/2018]

¹² MSF, *Greece in 2016: Vulnerable People Get Left Behind*, op.cit., p.17

¹³ UNHCR, *Fact Sheet, Aegean Islands 1-30 June 2017*, <https://data2.unhcr.org/en/documents/download/58588> [21/12/2017]

¹⁴ UNHCR, *Regional Refugee and Migrant Response Plan for Europe*, op.cit., p.51

¹⁵ Ibid

¹⁶ Aida, *Asylum Information Database, Healthcare, Greece*

<http://www.asylumineurope.org/reports/country/greece/reception-conditions/health-care> [02/01/2018], Asylum Service, Frequently asked questions,

http://asylo.gov.gr/wpcontent/uploads/2016/11/final_QA_GR_06_2016fv1.pdf [02/01/2018]

- Regarding people who are not asylum seekers and they have not granted international protection, the Article 33 of Law 4368/2016 provides free access to public health services to persons without social insurance and with vulnerabilities (pregnant, children, chronically disabled, mentally ill), who are entitled to the Alien Health Care Card (KYPA). In all cases, emergency aid shall be provided to applicants free of charge.