ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

World Health Organization
REGIONAL OFFICE FOR Europe

MISSION REPORT

Increased influx of migrants at the Greek–Turkish border

April 2011

www.ecdc.europa.eu

ECDC/WHO REGIONAL OFFICE FOR EUROPE

JOINT MISSION REPORT

Increased influx of migrants at the Greek–Turkish border

Greece, 04–08 April 2011

ECDC and WHO Regional Office for Europe would like to thank the Hellenic Centre for Disease Prevention and Control (HCDCP) and the Ministry for Health and Social Solidarity for their hospitality, the effective mission preparations and the openness and transparency during the visit.

Suggested citation: European Centre for Disease Prevention and Control. Joint ECDC/WHO Regional Office for Europe mission report: Increased influx of migrants at the Greek–Turkish border. Greece, 04–08 April 2011. Stockholm: ECDC; 2011.

Stockholm, May 2011

ISBN 978-92-9193-296-2

doi:10.2900/54821

Table of contents

Abbreviations

ECDC	European Centre for Disease Prevention and Control
EU	European Union
FRONTEX	European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union
HCDCP	Hellenic Centre for Disease Control and Prevention
MDR	Multidrug resistance
MMR	Measles, mumps and rubella vaccine
MSF	Médecins Sans Frontières
WHO	World Health Organization

Executive summary

Upon request from the Greek Ministry of Health and Social Solidarity, a joint ECDC/WHO Regional Office for Europe mission was undertaken to Greece to assess the situation related to the increased migration[1] at the Greek–Turkish border. The objective of the mission was to assist Greek health authorities in assessing the public health risks related to the increased migration and to communicable diseases in particular. The assessment was conducted using the 'health system crisis preparedness assessment method' as framework, a methodology which has been previously used by the WHO Regional Office for Europe for similar assessment visits to Malta and Italy. The information obtained was mainly gathered through discussions with the key stakeholders and by site visits to screening and detention centres, a public health laboratory and the main tertiary hospital.

People entering the country without proper country entry documentation are examined at entry and referred to local health service institutions if immediate medical support is necessary. The entry assessment also includes screening for tuberculosis and some other diseases when people are to be detained. The decision whether a person will be detained largely depends on the country of origin and the age reported. All unaccompanied minors, women and families are detained in dedicated units and are released within days. People stating countries of origin with civil unrest or without embassies present in Greece are also reported to be released rapidly. Others are detained for up to six months in closed centres, where the conditions are very poor. The humanitarian situation due to severe overcrowding of detention centres is the key problem and needs to be urgently addressed.

An EU funded project, 'Implementation of healthcare and psychosocial support activities for third-country nationals that may require international protection in the area of Evros-Greece', has been implemented in the beginning of March and addresses public health issues, including medical and psychosocial support and surveillance of communicable diseases. The project also targets surveillance issues and referral of patients. An early warning component to rapidly identify communicable diseases outbreaks has been set up, although this is mainly based on telephone reporting and documentation needs to be enhanced. No case definitions are currently used. Until now, no communicable disease outbreaks have been reported, possibly due to the fact that the majority of detained people are young and healthy adult males. Some cases of tuberculosis, including a few multidrug-resistant (MDR) tuberculosis cases were diagnosed.

Funding of healthcare for migrants is ensured through routine budget allocations (e.g. treatment costs in referral institutions) but mainly through the EU project, which is time-limited to a period of five months that will expire in July 2011.

1 For the purpose of this report, the definition of 'migrants' includes refugees, asylum seekers, displaced populations, irregular migrants and, in some cases, labour migrants, as defined by IOM in its Glossary on Migration [1].

1 Introduction

Following the highly volatile situation in North Africa and in view of the potentially increased migratory flows on the Greek–Turkish border, the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe were requested by the Greek Ministry of Health and Social Solidarity to assess the public health risks related to migration into Greece.

The objective of this joint ECDC/WHO Regional Office for Europe visit was to assist the Greek health authorities in assessing the public health risks related to the increased migration and to communicable diseases in particular.

The terms of reference of this mission, developed in close collaboration with the Greek authorities, included:

- assessment of the public health situation, with emphasis on communicable diseases, related to the increased influx of migrants at the Greek–Turkish border, including the current disease surveillance in place, main health conditions identified in this population, access to healthcare, etc;
- assessment of potential additional needs in case of further increased/mass cross-border migrant influx;
- identification of recommended actions, as well as options for further collaborations, to ensure the health of the migrant and local population.

The international visiting team was composed of:

- Peter Kreidl, Senior Expert, Surveillance and Response Support Unit, European Centre for Disease Prevention and Control, Sweden;
- Gerald Rockenschaub, Programme Manager, Country Emergency Preparedness, WHO Regional Office for Europe, Denmark;
- Elke Mertens, Fellow for Postgraduate Training for Applied Epidemiology (PAE), Robert Koch Institute, Germany.

2 Background

Greece has land borders with Albania, the Former Yugoslav Republic of Macedonia, Bulgaria and Turkey. The Greek–Turkish border extends for 206 km in the east of the country, along the Evros River, hence the name of this prefecture [2]. The Evros prefecture is part of the Thraki region.

Prior to 2010, approximately 3 500 migrants per year were reported to have crossed the Greek–Turkish border in the Evros prefecture. During 2010, the number of migrants increased more than tenfold to 45 000 in the same region. The European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (FRONTEX), reported 5 281 migrants without documents between 1 January and 24 March 2011 at the Greek–Turkish border [3].

In March 2011, the arrival figures were lower compared to 2010, when a peak of more than 7 000 migrants was reported in October alone [4]. Nevertheless, due to the volatile situation in North Africa, the number of people crossing the Greek–Turkish border is expected to increase as soon as the Evros River's water level decreases.

Figure 1: Map of Greece and Evros prefecture

Source: Department of field support, cartographic section, United Nations

Migrants enter Greek territory mainly by crossing the Evros River at the Greek–Turkish border. The river's highest water level is five metres in the winter, decreasing to two metres in the summer. In some places, water levels are so shallow that people can walk through the river. When water levels are high, migrants either swim or are ferried over in small boats by traffickers. Several people were reported to have died due to cold weather when crossing the river [5].

Figure 2: River Evros, April 2011

Source: Assessment team

In the 1990s most migrants to Greece were Albanian and Bulgarian citizens who entered Greece by crossing the land border by foot or arriving in boats via the Ionian Sea. Since 2000, many migrants are reported to originate from African and Asian countries. Migrants themselves report to come from very different countries of origin, with a high proportion from Northern and Sub-Saharan Africa, the Middle East and Asia. In March 2011, FRONTEX reported that the largest groups of migrants who crossed the Greek border were from Afghanistan (24%), Pakistan (14%) and Bangladesh (12%) [3]. For the period from August to December 2010, the Hellenic Centre for Disease Control and Prevention (HCDCP) reported 31 countries of origin, with Afghanistan (33%) and the Occupied Palestinian Territory (28%) being the most common countries of origin, followed by Somalia (7%), Morocco (6%), Iraq and Algeria (4% each).

Health information, including data on age and gender, are available for 1 229 migrants who were apprehended at the Evros River outposts between 8 August 2010 and 12 December 2010. Most of them (1 017, 83%) were male. Adolescents and young adults aged 12 to 40 years accounted for 91% (Table 1).

Table 1: Age distribution of apprehended people entering Greece between 8 August and 12 December 2010

Age groups	Number of people	%
under 12	50	4
12 to 18	324	26
19 to 25	454	37
26 to 40	342	28
≥ 40	57	5
Total	**1227**	

The increasing influx of migrants without documents since 2010 lead to massive overcrowding of the detention centres in the Evros prefecture and worsened the migrants' living conditions. This fact has been repeatedly criticised since 2005 by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) [6-8]. In March 2011, the CPT [9] and Amnesty International [10] issued public statements in which Greece's persistent failure to improve the situation according to the Committee's recommendations is deplored.

3 Context of the screening and detention centres

3.1 The situation of detention centres

There are seven centres for migrants in the Thraki region, of which six are in the Evros prefecture. One is exclusively a screening centre for entry assessment (Poros Ferron) and one for imprisoned traffickers only; the latter was not visited. Closed detention centres are in Vena (Rodopi prefecture), Feres, Fylakio, Soufli and Tychero (Evros prefecture). The detention centre Fylakio Kyprinou is also used as entry screening centre. The police authorities are responsible for maintaining these centres, which are often located within the local police stations.

Figure 3: Detention centre in Soufli, April 2011

Source: Assessment team

Detention centres have one to six cells, depending on the size of the centre, and a maximum of two toilets and showers per cell. In Soufli, there is only one cell with one toilet for 79 people at the time of the visit. Food is provided two to three times per day by a catering service. Access to telephone is available in most centres upon payment. In most centres there are severely limited possibilities for outdoor access.

All centres accommodate male detainees and two have separate cells for women and families. Unaccompanied minors (if age is stated less than 16 years) are sent to specific detention centres for minors, which are outside the Evros region. These centres were not visited during this mission. In all detention centres visited, at least one doctor and one nurse were present and a room where medical examinations can be performed was available.

3.2 The strategy of detention and release

Most migrants were reported to arrive without documents. Personal data and nationality are obtained verbally by police authorities and verified by FRONTEX with the embassies of the stated countries of origin. Until the identification is validated, migrants are confined in closed detention centres in the Evros prefecture for a period of maximum six months.

Migrants are reported to be immediately released when they come from countries with violent conflict or civil unrest (e.g. Afghanistan, Somalia and Iraq), if they are pregnant women or when no agreements with the related embassies are established (e.g. eight migrants from India and two from Pakistan were immediately released after completion of the entry examination during this mission's visit of the screening centre in Poros). Families are reported to be released within days. Early release is also sometimes done when centres cannot cope with the number of new arrivals. People from countries that have embassies in Greece are released when their personal data are verified with the embassy of the country of origin. If no tracing of personal data can be done, the migrant is released after the end of the maximum detention period. All released people receive a document that allows them to stay in Greece for maximum one month, an equivalent to a temporary four-week residence permit.

The Greek authorities reported that migrants are urged by traffickers to report a different country than the one they are originating from, as this may increase the chances not to be detained for the maximum period of six months. In addition, it was mentioned by the Greek authorities that many released people destroy the temporary

residence permission when expired (after one month). The number of asylum seekers in Greece was reported to be very low. The favourite destinations of a convenience sample of interviewed detainees during the visit were France, Germany and the Scandinavian countries.

The maximum period of detention of six months was reported to be under revision by the Greek authorities and shortening it to three months is being discussed. People from the Maghreb region might be considered to be released also after a shorter detention period.

Figure 4: Released people at Poros screening centre, April 2011

Source: Assessment team

4 Methodology of the assessment

The five detention centres in Vena, Feres, Fylakio, Soufli and Tychero and the screening centre in Poros were visited (Figure 5). Information was obtained from representatives of different organisations, including the Hellenic Centre for Disease Prevention and Control (HCDCP), Ministry of Health and Social Solidarity, Public Health Laboratory in Alexandroupolis, University Hospital of Alexandroupolis, District Hospital of Didymoteicho, District Hospital of Komotini, as well as physicians, nurses, psychologists, social workers and police officers at the detention and screening centres. In addition, detained and released persons in all detention and screening centres were interviewed.

Figure 5: Distribution of detention and screening centres in Thraki region

Source: www.greektourism.com

Semi-structured interviews were held with officials from the Ministry of Health and Social Solidarity, the project manager and other experts from the HCDCP who are involved in the coordination of the ongoing support efforts to provide essential medical services to migrants.

Interviews with police and health officials were conducted in a semi-structured way, and information was collected on the number of people detained and released at the day of the site visit and the day before, maximum number of persons in each cell, number of toilets and showers available, sexual harassment of women and riots observed or reported, main health problems observed, number and type of vaccines administered, number of tuberculosis cases identified and main health problems observed.

Small convenience samples of detained people were obtained with the objective to get an overview of some key parameters to better assess the situation, such as the time spent in detention centres, access to food, water, sleeping conditions, shelter, blankets, soap and the main problems occurring.

Further background information was collected through on-site briefings with representatives from Médecins Sans Frontières (MSF), through a public health laboratory visit and during a meeting held at the University Hospital in Alexandroupolis, the main tertiary care referral hospital, where experts from the two district hospitals were also present.

Relevant background documents were readily available, such as the structure of the patient data medical record, including the entry assessment and a recent descriptive analysis of immigrant data.

The ‘health system crisis preparedness assessment method’, a tool available from WHO, was used as an orienting framework in the course of the three-day field visit. This tool has been used by WHO Europe (Annex 2) as the conceptual basis for describing and analysing the key elements of health crisis management systems in several European Member States, most recently in assessment visits to Lampedusa (Italy) and Malta. Structuring the assessment along the key components of the six functions allowed a structured approach to summarise the key findings, as outlined in the following chapter.

5 Main findings

5.1 Description of the current situation

Approximately 750 people were detained in all five detention centres for migrants at the time of the visit (Annex 3). In total, more than 200 people were reported to have been released during the day prior to our visit and more than 200 people were reported to have newly arrived in the screening or one of the detention centres during the two days of the visits (Annex 3).

All detention centres were overcrowded despite the fact that a substantial number of detainees were reported to have been released prior to the visit. The current number of detained people exceeded the capacity estimated by MSF by two to threefold in four of the five detention centres (Annex 5) and in none of the centres the minimum standard of 3.5m² [11,12] of space was available for each person. The hygienic conditions were very poor (toilets, showers) and the emergency standard of one toilet per 20 persons [11,12] was exceeded by almost four times, e.g. 79 people with access to one toilet (Annex 5). In none of the cells more than two showers and toilets were present. Inmates had very limited or no access to outdoor activities. In some of the detention centres, people were reported to sleep outside; in others, up to four people needed to share one bed, and a substantial number of them needed to sleep on the floor without mattresses. Food and water were reported to have been provided in sufficient quantities. The hygienic conditions were substandard despite the long duration of the increased influx and repeated strong recommendations from different organisations (e.g. MSF, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment) [9-10] to improve the conditions of detention.

Among 27 interviewed detainees, the median period of detention was 30 days (range five to 210 days).

Figure 6: Detained people in Vena detention centre, April 2011

Source: Assessment team

5.2 Leadership and governance

5.2.1 EU funded project 'Implementation of healthcare and psychosocial support activities for third country nationals that may require international protection in the area of Evros, Greece'

Since March 2011, an EU-funded project has been implemented in the Evros prefecture with the objective to provide medical and psychosocial support to detained people who potentially need protection. The project is under the responsibility and coordinated by HCDCP. The project is funded for five months and ends in July 2011. Sustained healthcare provision to detainees beyond the completion of the project is pending. Prior to March, healthcare was mainly provided by medical doctors of the responsible authorities of the fourth health region, non-governmental organisations (NGOs), like the Greek MSF, and the HCDCP.

Under the EU project, the following actions have been initiated and are currently being implemented:

- entry medical examination and assessment of all migrants, as well as psychological screening;
- psychosocial and medical support upon request; and
- disease surveillance.

5.2.2 National multisector emergency management legal framework

The key elements of the governance and stewardship building block to cope with the consequences of a continuous massive influx of irregular migrants and displaced populations are effectively addressed and are reflected in the multisector coordination – mainly involving the Hellenic Ministry of Citizen Protection, Ministry of Health and Social Solidarity and the HCDCP. The legal framework and institutional arrangements foresee the primary responsibility for migrants for the Hellenic Ministry of Citizen Protection and the police forces. The public health challenges triggered by the continuous massive migrant influx or any other potential public health hazard are the responsibility of the Ministry of Health and Social Solidarity and the HCDCP. There is a legal framework for the multisector crisis management arrangements and the public health law and regulations provide the framework for effective management of potential public health emergencies.

The institutional framework foresees a multisector emergency management structure. Efforts to provide essential services to detained people are coordinated jointly by the line ministries involved, including the Hellenic Ministry of Citizen Protection, under which the police operates, the Ministry of Health and Social Solidarity, the HCDCP, and NGOs (primarily MSF), who until recently have been providing health and social support to the detainees. As the detention centres are operated as closed centres – with severe overcrowding and prolonged detention periods of up to six months being the rule rather than the exception – there is a high demand for psychosocial support services.

Within the health sector, various stakeholders – namely primary care services (health centres), the main referral hospital (University Hospital Alexandroupolis, the tertiary care referral facility) and two district hospitals – have established a well functioning referral system to address all potential health needs of the migrant population.

5.3 Health workforce

There is sufficient capacity within the health workforce to address the health challenges associated with migrants. The health system has sufficient surge capacity to cope with the extra patient load for an extended period of time. Primary care services to migrants are provided by general practitioners (GPs) and nurses and all detention centres have dedicated medical teams, which also include experts to provide psychosocial services. There is a well-established referral system with medical specialists for more complex medical conditions. Detainees in need of hospital care are transferred to district hospitals or to the University Hospital in Alexandroupolis.

5.4 Medical products, vaccines and technology

Provisions are made for extra medical supplies. The University Hospital has sufficient stocks that can be quickly mobilised to replenish medical supplies in an evolving crisis situation, and the health clinics in detention centres are well stocked with basic medical supplies and essential drugs.

Laboratory and diagnostic capacity to diagnose infectious diseases are available in the hospital clinical laboratories. Laboratory confirmation of rare diseases can be arranged with reference laboratories in Thessaloniki and Athens.

Provisions exist for migrants to receive medications and medical supplies as required. Only detained people or asylum seekers basically have the same entitlements to receive treatment and pharmaceuticals as the Greek citizens. There were limited quantities of vaccines available in the centres and a stockpile in the public health laboratory of the region. All were kept in appropriate conditions (cold chain). It was reported that at national level the stockpiles are sufficient and the local stockpiles will be replenished when needed.

5.5 Health information

5.5.1 Early warning and surveillance

Since the start of the EU-funded project, surveillance of migrants, including an early warning component, has been set up. This surveillance network composed of the medical staff in the centres, doctors from the hospital and the project manager and the HCDCP. The early warning system focuses on inmates of detention centres and is mainly based upon telephone reporting. Systematic documentation of health conditions is done after release and there is a delay of approximately one week after release for data entry. Alert notification was reported to be done by the medical staff in the detention centres via telephone to the project manager when needed. The project manager reported to be in contact with all centres at least once a day by telephone. Additionally, the project manager reported to receive daily written updates of information on the number of new admissions, number of all vaccinations administered on that day, number of Mantoux tests read, number of positive Mantoux tests, number of examined persons, number of stool samples sent, number of psychosocial support requests, number of people admitted to hospital, number and type of emergencies reported and other comments. No information on the

number of syndromes observed in the detention centres, such as the number of upper respiratory infections, number of cases with diarrhoea, number of persons with fever, etc., is systematically documented.

Data on people suffering from communicable diseases who are transferred to hospital is reported through the Greek routine communicable disease surveillance system, which has the objective to describe trends over time rather than to detect outbreaks. Surveillance reports are made public on an annual basis. A dedicated variable for migrants exists in the Greek surveillance system.

5.5.2 Health information leaflets

Basic health information material has been prepared to provide basic hygiene and health education to migrant populations in their native languages.

5.6 Health financing

Funding is available to financially support necessary health measures, primarily through a recent EU-funded time-limited project. The financial envelope of the project is EUR 980 100, of which 80% are sponsored by the European Union and 20% by the Greek national authorities. Through the funding, all primary healthcare at the screening and detention services, including the psychological and social support, are covered.

Hospitals have to cover treatment costs of migrants within the existing budget allocations.

The costs of emergency services provided to migrants are also covered by the respective authorities in the prefecture where they are admitted.

5.7 Service delivery

Primary care services are readily available at all six detention centres since the beginning of March 2011. The primary care teams are available for eight hours on working days and upon request on weekends. They consist of seven physicians and eight nurses, complemented by five psychologists, three social workers and translation services.

The main local referral institution, Alexandroupolis University Hospital, provides tertiary care referral services and functions as teaching hospital for the Medical School of the University. The 670-bed facility is equipped with latest medical technology and well positioned to handle any type of health emergency, including mass casualty incidents. Additionally, local service in the northern and western part of the Evros prefecture is provided by two district hospitals with 217 and 150 beds, respectively. All three referral hospitals are well equipped to meet the health needs of migrants.

5.7.1 Entry assessment

In all the six visited detention centres, of which one is for entry assessment only, at least one doctor and one nurse are regularly present.

After apprehension, all migrants will undergo a health check that consists of a medical history and a clinical examination. For migrants who are to be detained, tuberculosis screening is carried out as well as blood screening for hepatitis B, Crimean-Congo haemorrhagic fever and syphilis. Unaccompanied minors are additionally screened for HIV and for hepatitis C, as this is required by the detention centres dedicated for these people. The entry assessment information, and eventually subsequent visits, is documented in a medical record that is entered into a central database as soon as the person is released from screening or detention centres.

Between 5 November 2010 and 28 February 2011, among 2 830 people who presented at Fylakio Kyprinou, 67% were males, 11% were women and 22% were children under 17 years of age. During March 2011, the proportion of males increased to 81% among 159 people who were assessed at Poros screening centre (8% females, 11% children).

Figure 7: Screening health station, Poros, April 2011

Source: Assessment team

5.7.2 Access to healthcare

Only healthcare in case of emergency is granted to migrants despite the one-month residence permit, irrespective of their country of origin. People who can prove to be asylum seekers and detained people have full access to health services similar to Greek nationals.

Initial emergency healthcare is ensured to all people illegally entering Greece by the screening services provided at the screening centre (see below) in Poros and Fylakio and at all the detention centres. Detainees with acute or chronic medical problems are treated either by the doctors at the centres or transferred to one of the hospitals and treated there.

5.7.3 Psychosocial support

In addition to physical healthcare, psychological and social support is ensured by four psychologists and three social workers who are assisted by cultural mediators. They rotate between the centres. A particular focus is on supporting children and adolescents, especially if they are unattended. All newly arrived migrants are screened by the psychosocial staff and it is explicitly explained to all migrants that the staff is available during their detention.

Furthermore, psychologists provide counselling in single and group sessions and are responsible for psychiatric referrals. Social workers record the needs of migrants daily by visiting the cells. They support detainees in handling administrative matters, conduct recreational group sessions, and escort the migrants during referrals.

5.7.4 Tuberculosis

The current strategy of tuberculosis entry screening targets only detainees because adequate follow-up cannot be ensured for released migrants. Routine Mantoux screening test of detained people is done at entry, and in case of positive results follow-up examinations by X-ray, sputum examination and antimicrobial testing are conducted.

All confirmed tuberculosis patients are admitted to the University Hospital of Alexandroupolis and treated there. Treatment follows the national tuberculosis guidelines. In March 2011, two cases of MDR tuberculosis from Georgia were admitted and treated in this hospital.

5.7.5 Vaccinations

Stocks of vaccines for routine childhood and adult vaccinations are available: quadrivalent DTP-IPV (Tetravac™), MMR (MMR Vac Pro™), hepatitis A (Havrix™), hepatitis B (Engerix B™). Additionally, booster doses for diphtheria and Tetanus (Imovax DT™) and Polio (IPV) are in place.

Until now only a small number of detainees have been vaccinated. MMR vaccinations have not yet been administered to children less than 15 years of age. Vaccinations are planned to be administered according to the national guidelines, which foresee that MMR vaccination given only if Mantoux test is negative and tuberculosis is excluded. A guidance document for the administration of vaccinations was reported to be under development and expected to be distributed soon.

6 Conclusions

- The implementation of the EU project has contributed to better access to healthcare including psychological and social support of detained people. Entry screening and referral services for people with health problems are being addressed. A surveillance system taking into consideration an early warning component has been set up but needs to be further developed through integration of standardised case definitions and proper documentation. Additional staff has been recruited to ensure the implementation of all planned activities of the project. However, the project is time-limited for a period of five months, ending in July 2011, and it is currently unclear how the health response will be organised thereafter.
- The main problem is the increased risk for communicable diseases in the detention centres, mainly linked to severe overcrowding, lack of hygiene, lack of basic supplies (e.g. blankets, shoes, soap, etc.), lack of the possibility for outdoor activities and the long duration of detention. The conditions in the centres are below the internationally accepted minimum standards [11-12] in all visited detention centres. It is well documented that overcrowding increases the risk for communicable diseases spread, such as tuberculosis, diarrhoea, upper respiratory infections, etc [13].
- The lack of space and access to outdoor activities and the long period of detention of up to six months in the detention centres pose a significant risk for the psychological status of the detainees.
- No outbreaks of communicable diseases have been reported during the visit. Most migrants were reported to be healthy individuals. Nevertheless, the conditions of detainment significantly increase the risk for communicable disease outbreaks.
- Guidelines regarding the administration of vaccinations are currently under development. Verbal reports of previous vaccinations is currently considered sufficient not to administer additional doses or to start ex-novo vaccination in minors or provide a booster in adults or MMR vaccination in children below 15 years of age. This situation may represent a risk for outbreaks of vaccine-preventable diseases, mainly measles. Also, the review of the vaccination records of health staff and police officers should be considered.
- Tuberculosis screening is limited to detainees for whom follow-up of diagnosis and treatment can be ensured for six months. For MDR cases, the follow-up treatment of 24 months can also be ensured.
- The current early warning system is mainly based on personal verbal communication between the health posts staff at the detention centres and the project manager of the HCDCP; this could be strengthened using an approach based on syndromic case definitions. All communicable disease-related data of migrants admitted to hospital are included in the national surveillance system.

Other conclusions not directly related to public health

- In the coming summer an increased influx of migrants is likely, as the water levels of the Evros River will decrease and, therefore, crossing the border will be easier. The current volatile situation in Northern Africa is likely to affect also the Greek borders, both the islands (e.g. Crete) and the land-crossings at the Greek–Turkish border. It was reported during the visit that a substantial number of people were at the Turkish side of the border waiting to enter the EU.
- It should be considered that the impact of the planned reduction of the maximum detention time from six months to three months is not likely to result in a substantial decrease of overcrowding because of the likely increase of incoming migrants.
- The different procedures for detention currently in place, depending on the country of origin, seem to result in false declaration of the country of origin. When migrants state as a country of origin a country with no arrangements between the embassies and the Greek government, this might decrease the duration of their detention. On the other hand, the duration of detention may increase if such an arrangement is in place and false declarations are made, leading to the fact that the people cannot be identified with the purported embassies.

7 Recommendations

- The main recommendation is to urgently improve the very poor humanitarian conditions, primarily related to the massive overcrowding and the poor hygiene in the detention centres. These conditions significantly influence the risk for communicable disease outbreaks.
- Considering the mental health trauma the people have gone through, the psychosocial support services need to be sustained and sufficient (increased) resources are essential.
- In order to limit the risk for outbreaks of vaccine-preventable diseases, it is important to finalise the guidelines for vaccination as soon as possible and distribute it to the health staff; these also need to take into consideration the healthcare workers and other workers in the centres.
- To ensure that the current early warning component of the surveillance of communicable diseases of migrants is strengthened, standardised reporting of selected clinical syndromes using case definitions should be considered, such as fever, upper respiratory infection, diarrhoea, etc. Through appropriate data collection methods, the surveillance system must capture at least the following categories of health-related parameters: mortality, morbidity, population figures and trends (demographic data), nutrition, basic needs and programme activities (including vaccination).
- It is recommended to anticipate the sustainability of the current activities related to public health (primary healthcare provision, entry assessment, immunisation activities, surveillance, etc.) once the EU-funded project is finished at the end of July 2011.
- Exchange of experiences of affected Member States and sharing of good practices of public health interventions could facilitate the development of a harmonised European approach to migrant health. This exchange could include technical aspects, such as initial health status assessment at entry, early warning and vaccinations. The ECDC (EPIET) project on a protocol for the initial health assessment of migrants is contributing to this.
- In order to mitigate the public health impact of the movement of migrant populations to the European Region, Member States may benefit of similar assessment visits conducted jointly or individually by ECDC and WHO Regional Office for Europe.

References

[1] IOM. Glossary on Migration 2004. Available from: http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/serial_publications/Glossary_eng.pdf.

[2] CIA. The world factbook, Greece. [cited 12 April 2011]. Available from: https://www.cia.gov/library/publications/the-world-factbook/geos/gr.html.

[3] FRONTEX. Update to Joint Operation Poseidon 2011. Available from: http://www.frontex.europa.eu/newsroom/news_releases/art104.html.

[4] FRONTEX. RABIT Operation – Situational update, 12 January 2011. Available from: http://www.frontex.europa.eu/download/Z2Z4L2Zyb250ZXgvZW4vZGVmYXVsdF9tdWx0aWxpc3RhX3BsaWtvdy8xMzU/12_january_2011.doc.

[5] MSF. Greece: Immediate action needed to improve unbearable living conditions. 2011. Available from: http://www.msf.org.uk/Evros_living_conditions_20110126.news.

[6] CPT. Report to the Government of Greece on the visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) 2005. Available from: http://www.cpt.coe.int/documents/grc/2006-41-inf-eng.htm.

[7] CPT. Report to the Government of Greece on the visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) 2007. Available from: http://www.cpt.coe.int/documents/grc/2008-03-inf-eng.htm.

[8] CPT. Report to the Government of Greece on the visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) 2009. Available from: http://www.cpt.coe.int/documents/grc/2010-33-inf-eng.htm.

[9] CPT. Public statement concerning Greece. Available from: http://www.cpt.coe.int/documents/grc/2011-10-inf-eng.htm.

[10] Amnesty International. Greece must urgently remedy deplorable detention conditions. 2011. Available from: http://www.amnesty.org/en/library/info/EUR25/006/2011/en.

[11] MSF. Rapid health assessment of refugee or displaced populations. 2006 [cited 2011 26 April]. Available from: http://www.refbooks.msf.org/msf_docs/en/Rapid_Health/Rapid_Health_en.pdf.

[12] WHO. Communicable disease control in emergencies. 2005 [cited 2011 26 April]. Available from: http://www.who.int/infectious-disease-news/IDdocs/whocds200527/ISBN_9241546166.pdf.

[13] ECDC. Risk assessment: Situation in northern Africa/Libyan Arab Jamahiriya and the influx of migrants to Europe. 2011. Available from: http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=667.

Annex 1: Mission agenda

Monday 4/4

- Briefing by A Economopoulou, HCDCP

Tuesday 5/4

- Visit to the regional Public Health Laboratory of Alexandroupolis
- Visits to Vena (prefecture of Rodopi), Feres and Poros detention centres

Wednesday 6/4

- Visits to Fylakio, Soufli and Tychero detention centres east of Alexandroupolis

Thursday 7/4

- Visit to the University Hospital of Alexandroupolis and meeting with key persons from the General Hospital of Didymoteicho (district hospital)
- Debriefing and preliminary conclusions

Friday 8/4

- Departure of experts

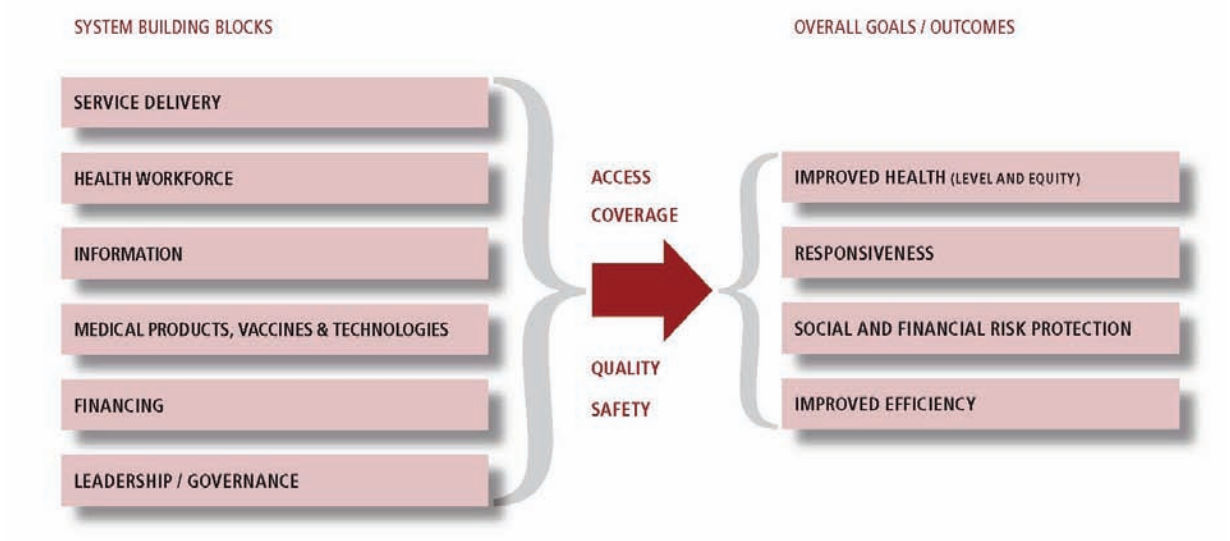
Annex 2: Structure of the 'Health system crisis preparedness assessment method'

Health systems are defined by WHO as comprising all the resources, organisations 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 the following six key functions that make up the WHO health systems' framework:

- leadership and governance;
- health workforce;
- medical products, vaccines and technology;
- health information;
- health financing and
- service delivery.

Figure 8: The WHO health system framework



Source: Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization, 2007.

Leadership and governance of health systems, also called stewardship, is arguably the most complex but critical building block of any health system. Stewardship of the health system is achieved through careful and responsible management that results in influencing all sectors with regards to policy on and action for population health. In connection with preparedness planning, this means ensuring the existence of a national policy to prepare the health system for any kind of crises. It also means having effective coordination structures and partnerships in place and involves advocacy, risk assessment, information management and monitoring and evaluation.

Health workforce refers to the health workers, who are the cornerstone of the healthcare delivery system, influencing access, quality and costs of healthcare and effective delivery of interventions for improved health outcomes.

Key components of a well-functioning health system are equitable access to medical products, vaccines and technologies of assured quality, efficacy and cost-effectiveness. Medical equipment and supplies for pre-hospital activities, hospital, temporary health facilities and public health, pharmaceutical services, laboratory services and blood services (as a reserve) in case of a crisis are also included under medical products, vaccines and technologies.

Production, analysis, dissemination and use of reliable and timely information on health status, health determinants and health system performance are key issues of a well-functioning health information system. The health information system also includes data collection, analysis and reporting, including hazard and vulnerability assessments, disease early warning systems and the overall information management issues.

The health financing function ensures the collection of revenues, their subsequent pooling and, finally, the purchase of health services from providers. In terms of crisis management, a good health financing system ensures

that there are adequate funds for health system activities related to risk prevention and mitigation, preparedness and response. It also provides financial protection in case of a crisis and ensures that crisis victims have access to essential services.

Service delivery relates to a service production process that, when needed, combines the input of various providers into health interventions that are effective, safe and of high quality, and ensures their delivery to relevant individuals or communities in an equitable manner. The organisation and management of services are reviewed from a health system crisis management perspective, to ensure access, quality, safety and continuity of care across health conditions and health facilities during a crisis.

The key components of the six functions and their relevance for the crisis preparedness planning process can be shown as follows:

Table 2: Crisis preparedness planning: key elements by function

Core Function	Key Element				
Leadership and Governance	National multisectoral emergency management legal framework	Health sector emergency management legal framework	National multisectoral institutional framework for emergency management	Health sector institutional framework for emergency management	Health sector emergency management programme components
Health Workforce	Human resources for health emergency management				
Medical products, Vaccines and Technology	Medical supplies and equipment for emergency response operations				
Health Information	Information management systems for risk reduction and emergency preparedness programmes	Information management systems for emergency response and recovery	Risk communication		
Health Financing	National and subnational financing strategies for health emergency management				
Service Delivery	Response capacity and capability	Emergency medical services system and mass casualty management	Management of hospitals in mass casualty incidents	Continuity of essential health programs and services	Logistics and operational support functions in emergencies

Source: Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization, 2007.

Annex 3: Medical file for migrants

HELLENIC CENTRE FOR DISEASE CONTROL
& PREVENTION (HCDCP)

MINISTRY OF HEALTH & SOCIAL SOLIDARITY

MIGRANT FILE

«Coverage of medical and psychosocial needs of foreign nationals of third countries that might need international protection in the region of Evros»

A. PATIENT DATA

Outpost name……..

Date……

ARRIVAL DATE……..

DEPARTURE DATE……..

REGISTRATION NUMBER……
*Is given by the authorized doctor in order to follow the principle of privacy

SURNAME: ……

NAME: ……

FATHER' NAME: ……

CITIZENSHIP: ……

RELIGION: ……

YEAR OF BIRTH: …….. UNATTENDED MINNOR ☐

GENDER: MAN:☐ WOMAN:☐

FAMILY STATUS: MARRIED ☐ DIVORCED: ☐ SINGLE: ☐ WINDOWER ☐

CHILDERN (number of them): ☐ ……..

BEFORE ENTERING GREECE COUNTRIES PASSED THROUGH:

NO ☐ YES ☐ WHICH**: ……...**

MEDICAL FILE

PATIENT DATA

REGISTRATION NUMBER……

*Is given by the authorized doctor in order to follow the principle of privacy

B. MEDICAL HISTORY

CARDIOVASCULAR DISEASE NO ☐ YES ☐

If yes, treatment

……

RESPIRATORY DISEASE NO ☐ YES ☐

If yes, treatment

……

GASTROINTESTINAL DISEASE NO ☐ YES ☐

If yes, treatment

……

URINARY TRACT DISEASE NO ☐ YES ☐

If yes, treatment

……

GENETIC DISEASE NO ☐ YES ☐

If yes, treatment

……

ENDOCRINE DISEASE NO ☐ YES ☐

If yes, treatment

……

NERVOUS DISEASE NO ☐ YES ☐

If yes, treatment

……

ALLERGY NO ☐ YES ☐

If yes, treatment

……

INFECTIOUS DISEASE NO ☐ YES ☐

If yes, treatment

……

MALARIA NO ☐ YES ☐

TUBERCULOSIS NO ☐ YES ☐

SURGERIES NO ☐ YES ☐

If yes, what kind

……

USE OF PSYCHOTROPIC SUBSTANCES NO ☐ YES ☐

PREGNANT (for women) NO ☐ YES ☐

PATIENT DATA

REGISTRATION NUMBER……

*Is given by the authorized doctor in order to follow the principle of privacy

C. CLINICAL EXAMINATION

PHYSICAL EXAMINATION	NORMAL	FINDINGS
RESPIRATORY		
Auscultation:		
CARDIOVASCULAR		
Blood pressure:		
Pools:		
Auscultation:		
GASTROINTESTINAL		
Liver:		
Spleen:		
Abdominal sounds:		
MYOSCELETAL		
URINARY		
SKIN		
Skin complexion:		

Appearance:		
Scabies:		
TEMPERATURE		

PATIENT DATA

REGISTRATION NUMBER……

*Is given by the authorized doctor in order to follow the principle of privacy

D. LABORATORY TESTS

CHEST X-RAY: …… EXAMINATION DATE……

MICROBIOLOGICAL TESTS	EXAMINATION DATE			
HBV	POSITIVE		NEGATIVE	
Heamorrhagic fever	POSITIVE		NEGATIVE	
	POSITIVE		NEGATIVE	
CBC				
Urianalysis				
Stool examination for gastroenteritis*				
Direct sputum preparation (on positive MANTOUX)				
Sputum culture (on positive MANTOUX)				
MANTOUX	POSITIVE		NEGATIVE	**diameter:**
Pregnancy test	POSITIVE		NEGATIVE	

On epidemic of gastroenteritis, excrement is taken after consultation with the microbiology laboratory of the hospital for stool culture and parasitological examination.

E. VACCINATION COVERAGE

NO ☐ YES ☐ IS DONE ☐ ……..……..……..
DaTP ☐

POLIO ☐
MMR ☐
DTP ☐
BCG ☐

DOCTOR/NURSE IN CHARGE

SIGNATURE

DIAGNOSIS	TREATMENT

Annex 4: Psychosocial screening file

PSYCHOSOCIAL SCREENING FILE

MIGRANTS RANKING:

- ASYLUM SEEKER ☐
- UNATTENDED MINOR ☐
- POSSIBLE VICTIM OF TRAFFICKING ☐
- VICTIM OF TORTURE ☐
- FAMILIES ☐
- WISH FOR REPATRIATION ☐
- OTHER……

FAMILY OF ORIGIN:
TOGETHER ☐
AT DESTINATION COUNTRY ☐
AT COUNTRY OF ORIGIN ☐
NO REPLY ☐

FAMILY CREATED :
TOGETHER ☐
DESTINATION COUNTRY ☐
COUNTRY OF ORIGIN ☐
NO REPLY ☐

LEVEL OF EDUCATION: ……

OCCUPATION: ……..

REASONS FOR LEAVING HIS/HER COUNTRY:

……

……

HAS HE/SHE LEFT BEFORE?: ……

……

SUPPORTIVE NETWORK INSIDE THE CENTRE: YES ☐ NO ☐

IF YES, WHO (relative, spouse, other guests of the centre, personnel)

……

……

RECENT DEATH IN THE FAMILY: YES ☐ NO ☐

IF YES: Relation with deceased:……

Causes: Natural☐ War / Attack☐ during the travel ☐

Important details (e.g. witness of atrocity, violence, previous serious trauma):

.....

.....

.

Other significant losses (home, work, belongings etc) ……

……..

INVESTIGATE THE FOLLOWING (specify at comments section):

- Worries of immediate post-travel conditions and current threats ☐
- Separation or worry for the safety of beloved persons ☐
- Mental illness /drug treatment ☐
- Feelings of guilt or shame ☐
- Thoughts of self/other destruction ☐
- Prior substance abuse ☐
- Worries relevant to the age, family status and gender ☐

Other vulnerability factors.....

.....

.....

RESILIENCE FACTORS (COPING MECHANISMS):

Positive functioning:……

……..

Personal (internal) resources:……

……..

Social resources:……

……..

Spiritual/moral resources: ……..

……..

NEED FOR REFERRAL: YES ☐ NO ☐

If yes, specify**:**

Social worker ☐

Doctor ☐

Psychiatrist ☐

Other ☐.....

NEED FOR FOLLOW UP: YES ☐ NO ☐

Next appointment: ……

PSYCHOLOGICAL STATUS

……

……

COMMENTS

……

……

……

……

Annex 5: Daily summary reports

HELLENIC CENTRE FOR DISEASE CONTROL & PREVENTION (HCDCP)

MINISTRY OF HEALTH & SOCIAL SOLIDARITY

TOTAL DAILY DATA
OF MIGRANTS THAT HAVE BEEN EXAMINED

Clinical	Number	Chamber No
New-arrivals		
Vaccinated		
Read Mantoux		
Positive Mantoux		
Preventive examinations		
Cultures		

Referrals to a) Psychologist/psychiatrist b) Hospital		
Emergencies		
Total # examined		

Comments:
……
……

Psychosocial

Number of sessions with UM* a) Adults b) Children		
Number of participants of group sessions a) Adults b) Children c) Families	#	Theme of the group 1

Number of self help groups for a) Police staff b) Mediators c) Med. & Psych. Staff	#	Theme of the group 1
Number of UM who need a) Follow up b) Referral to psychiatrist c) Referral to social worker d) Other referral (specify)		
Total number of UM screened		
Total number of UM who received psychosocial services		

*Undocumented migrant

1 Therapy/counseling, recreational activity, psychoeducation, debriefing, education, other (please specify)

Comments:

……

……

……

……

……

……

……..

Annex 6: Information about detention centres

Name of facility	Type of facility	N detained (capacity*)	N newly arrived	N released	Women	Unaccom-panied minors	Maximum number	Comments
Tychero	Detention centre	100 (35)	50	34				13 in separate chambers due to riots, one toilet only. Persons released = persons newly admitted.
Fylakio	Detention centre	360 (374)	47	?	31	70	890	Four people in one bed, no outdoor activities, bad water quality (brownish, bad taste), three people with tuberculosis, five with hepatitis B and two with HIV in March 2011.
Vena	Detention centre	136	60	100			210	Outdoor activity once every 3-4 days. Considered to be most appropriate facility.
Feres	Detention centre	75 (38)			44			Separate cells for females and for families, two people per bed. In family compound, 29 people, of which four women.
Soufli	Detention centre	79 (40)	43	34				All in one cell with one toilet only.
Poros	Screening centre		10	35				No toilet facility for new arrivals.
TOTAL		**750**	**207**	**203**	**75**	**70**		

** Estimated by MSF*

Annex 7: Key people met during assessment visit

- Ministry of Health: Mr Konstantinos Sirros and Ms Vagia Tsakatara
- Fourth Health District: Ms Andriana Daldogianni
- HCDCP: Ms Eleonora Hadjipashali (Deputy General Director), Ms Katerina Kourea (Head of Volunteerism Sector), Ms Asimoula Economopoulou (Coordinator of the Evros project)
- Didimotihos Hospital: Mr Dimitris Lazopoulos (Hospital Administrator)
- Alexandroupolis Hospital: Mr Nikos Raftopoulos (Hospital Administrator)
- Komotini Hospital: Mr Hercules Hatzinestoras (Hospital Administrator)
- University of Alexandroupolis: Dr Efstratios Maltezos (Professor of Pathology and Infectious Diseases)

Annex 8: Photos

Figure 9: International team, April 2011

From left to right: Eleonora Hadjipashali, Katerina Kourea, Asimoulla Economopoulou, Gerald Rockenschaub, Andriana Daldogianni, Elke Mertens, Peter Kreidl

Source: Assessment team

Figure 10: Confiscated truck at Fylakio, April 2011

Source: Assessment team

Figure 11: Detention centre Fylakio from outside, April 2011

Source: Assessment team

Figure 12: Detention centre at Tychero, April 2011

Source: Assessment team

Figure 13: Toilet facility in one of the detention centres, April 2011

Source: Assessment team