

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



Joint report on a mission of the Ministry of Health of Cyprus, the International Centre for Migration, Health and Development and the WHO Regional Office for Europe





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## Abstract

A joint assessment mission was conducted in December 2014 by the Ministry of Health of Cyprus, the International Centre for Migration, Health and Development and the WHO Regional Office for Europe. The aim of the mission was to assess the capacity of the health system of Cyprus to manage the acute phase of public health needs related to a potential sudden large influx of migrants and identify possible ways forward. Cyprus led a massive evacuation of foreign citizens from Lebanon in 2006, but no major influxes of migrants have entered the country in recent years. However, the crisis in the Syrian Arab Republic has led to arrivals of migrants, albeit in small numbers, by sea. Thus a sudden large arrival of migrants is a potential scenario that needs to be taken into account from the public health perspective. The assessment mission was conducted within the project Public Health Aspects of Migration in Europe (PHAME) of the WHO Regional Office for Europe, which operates under the European policy framework Health 2020.

## Keywords

DELIVERY OF HEALTH CARE – organization and administration

EMERGENCIES

EMIGRATION AND IMMIGRATION

HEALTH SERVICES NEEDS AND DEMAND

REFUGEES

TRANSIENTS AND MIGRANTS

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ISBN 978 92 890 5127 9

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Edited by: Teresa Lander

Publication designed and printed by: Copyfantasy

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## Acknowledgments

The WHO Regional Office for Europe would like to express its sincere appreciation to the Ministry of Health of Cyprus, and in particular to the Minister of Health, Professor Philippos C. Patsalis, for the support and commitment shown during the assessment mission to improve the capacity of the country's health system to respond adequately to the needs of large influxes of migrants. Special mention goes to Dr Olga Kalakouta, Dr Pambos Charilaou, Dr Dimitis Efthymiou and Dr Tasos Ioannou of the Ministry of Health for their work throughout the mission. Because of the intersectoral nature of these missions, thanks are also due to the variety of Government and non-State actors that were involved in the assessment, including: staff from Limassol General Hospital and Nicosia General Hospital, medical and public health services, nursing services, mental health services, the International Health Regulations Unit, the Coordination in Crisis Management Unit, the International Relations Unit and the Health Monitoring Unit under the Cyprus Ministry of Health; the Ministry of the Interior, its migration department, civil defence department and police; the Ministry of Defence and the Cyprus Joint Rescue Coordination Center; the social welfare services under the Ministry of Labour, Welfare and Social Insurance; the Ministry of Education and Culture; the Ministry of Finance; the Ministry of Foreign Affairs; and the nongovernmental organization Hope for Children. Finally, special appreciation goes to the international assessor on the assessment team, Dr Giuseppe Annunziata from the International Centre for Migration, Health and Development, a WHO Collaborating Centre in Geneva, Switzerland.

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## Abbreviations

BNP	Basic National Plan
PHAME	Public Health Aspects of Migration in Europe
SNP	Specific National Plan
UNHCR	Office of the United Nations High Commissioner for Refugees
UNFICYP	United Nations Peacekeeping Force in Cyprus



## Executive summary

The WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase was developed by the WHO European Office for Investment for Health and Development of WHO Regional Office for Europe, for use in the Public Health Aspects of Migration in Europe (PHAME) project. The toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase was produced in collaboration with the International Centre for Migration, Health and Development, a WHO collaborating centre based in Geneva, Switzerland, through a consultative process involving experts from various European countries in the first half of 2013. Cyprus was the fifth country to be assessed using the toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase, after Italy (Sicily), Malta, Portugal and Spain.

With the exception of the massive evacuation of foreign citizens from Lebanon in 2006, Cyprus has not recently been affected by sudden large influxes of migrants. However, irregular migrants constantly cross the Buffer Zone, administered by the United Nations Peacekeeping Force in Cyprus (UNFICYP), from the northern part of the island.<sup>1</sup> More recently, as the humanitarian situation in the Syrian Arab Republic has become increasingly serious, migrants have started to arrive by sea, albeit in small numbers. Consequently, a sudden large influx of asylum-seekers arriving mostly by sea has become a potential scenario.

In Cyprus, the Council of Ministers defines the national strategy for preparedness for and response to emergencies. An interministerial committee is responsible for initiating the national strategy, which defines an overarching operational plan called “Zenon” or the Basic National Plan (BNP). Within the framework of “Zenon”, each Ministry, including the Ministry of Health, is responsible for drafting and implementing sectoral plans called Specific National Plans (SNPs). However, the operational complexity of a response to sudden, multiple, large arrivals of migrants by sea and/or land, coupled with the existing shortage of health workers, poses serious challenges to the capacity of the health system to respond to such events.

Within its Health 2020 policy framework, the WHO Regional Office for Europe can play a technical advisory role in addressing the challenges identified during this assessment, with specific regard to revision of the health contingency plan in the event of large influxes of migrants, taking into account the public health implications of actors within and beyond the health sector in the acute phase. Furthermore, the Regional Office can be instrumental in facilitating links and exchange of experiences among Mediterranean countries dealing with similar emergencies and can support the Ministry of Health of Cyprus in defining curricula for cultural mediators and operational research agendas.

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<sup>1</sup> In general, the Government of the Republic of Cyprus has no access to information concerning the northern part of the island. Consequently, unless otherwise stated, all figures and discussions in this report refer to those areas of the Republic of Cyprus in which the Government of the Republic of Cyprus exercises effective control.



## Introduction

Cyprus is an independent island country located in the eastern Mediterranean Sea, 97 km west of the Syrian Arab Republic and 64 km south of Turkey. The island measures 225 km from east to west and 97 km from north to south, with a coastline of 648 km. According to 2014 estimates, the total population of the whole island is 1 172 458. A total of 37% of the island is not under effective control of the Government of the Republic of Cyprus. Cyprus is consequently divided into areas in which the Government of the Republic of Cyprus exercises effective control and areas in which it does not, separated by the so-called “Green Line”, under United Nations peacekeeping supervision, with military garrisons from several countries. Cyprus joined the European Union on 1 May 2004. However, the application of the Community acquis – the body of common rights and obligations of European Union Member States – is suspended in those areas of Cyprus in which the Government of the Republic of Cyprus does not exercise effective control.

Migration inflows to Cyprus began long before the country’s accession to the European Union. Currently, around 25% of the population is composed of migrants – constituting approximately 180 000 migrants, of whom 67 000 are third-country nationals from outside the European Union. These migrants are mainly women from the Philippines and Sri Lanka, recruited in their home country by agencies that organize the whole migration process (1).

Lebanese and Palestinians were the first asylum-seekers in Cyprus during the war in Lebanon (1975–1991). An increased inflow of migrants followed from other Middle Eastern countries, and to a lesser extent from Africa. In December 2014, 5126 refugees and 2467 asylum-seekers were residing in Cyprus (2). The asylum recognition rate in Cyprus is very low, around 2%, because it is defined as the rate of subsidiary protection granted (3). The asylum process, and particularly the judicial review, can take several years.

In 2008, the Ministry of the Interior estimated that there were approximately 40 000 undocumented third-country nationals in Cyprus. However, at that time the economy was stronger and many jobs were available. Nowadays, estimations place the number of those groups at less than 20 000 (3). The main countries of origin of undocumented migrants in Cyprus are Georgia, Iraq, the Islamic Republic of Iran, Jordan, Pakistan, the Syrian Arab Republic and Turkey. The majority of undocumented migrants are either people who have overstayed their visa or work permit, or rejected asylum-seekers.

A large proportion of migrants who become asylum-seekers or undocumented migrants arrive unauthorized in the north of Cyprus and then cross the Green Line to reach the southern part of the island. More recently, with the further deterioration of the humanitarian situation in the Syrian Arab Republic, asylum-seekers are starting to arrive in limited numbers by sea.

The largest arrival by sea so far was in September 2014, when 345 migrants, mainly Syrian asylum-seekers, were picked up in a search-and-rescue operation conducted by the Joint Rescue Coordination Center of the Ministry of Defence. This mission was complex owing to adverse weather conditions. It is also worth mentioning that, during the hostilities in Lebanon and Israel in 2006, a massive evacuation plan was implemented to welcome and organize the departure of approximately 70 000 foreign citizens in transit from Lebanon to their own countries.

## Scope of the mission

The mission aims were:

- to assess the ongoing preparedness and response activities of the local health system and its capacity to respond to sudden, massive influxes of migrants;
- to continue to test the WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase.

## Method

A stakeholder meeting was held on day 1 to present the mission, inform the assessment team of issues of migration and health in Cyprus through presentations by key representatives of various ministries, and conduct interviews. See Annex 1 for the programme of work of the mission.

On-site visits and semistructured interviews were conducted with managers and health staff working in migrant centres.

The interviews were based on the WHO health system framework, which is arranged according to six key functions: leadership and governance; health workforce; medical products, vaccines and technology; health information; health financing; and service delivery.

## Site selection

The choice of assessment locations was based on the sites of migrant reception centres. The following sites were visited: Unaccompanied Migrant Minors' Shelter in Nicosia; Welcome Centre for Asylum-Seekers in Kokkinotremithia; and Immigration Detention Centre in Menoyia (see Figs. 1–7 for photographs of the sites).

Fig. 1. Left: Menoyia Immigration Detention Centre. Right: Unaccompanied Migrant Minors' Shelter, Nicosia.



## Overall findings and recommendations

### *Type of emergency*

With the exception of the massive evacuation of foreign citizens from Lebanon in 2006, Cyprus has not recently been affected by sudden large influxes of migrants. However, irregular migrants have constantly crossed the Green Line from the northern part of the island. More recently, as the humanitarian situation in the Syrian Arab Republic became increasingly serious, small groups of migrants have started to arrive by sea. Consequently, a sudden large influx of migrants coming by sea has become a possible scenario for Cyprus.

The authorities are confident that they can handle an influx of 10 000 foreign nationals per day, as long as an equal number leaves the island for another destination within two days. This confidence about a large evacuation scenario stems from the experience acquired by Cyprus during the 2006 Lebanon crisis. During the crisis, thousands of people were safely evacuated by air or commercial and military vessel and then transferred to their native countries in a few days. However, a massive arrival of asylum-seekers by land from the north and/or by sea in precarious boats would pose different operational challenges, mostly related to complex search-and-rescue operations, and would require assistance on land for weeks or even months.

### *Public health risk assessment*

The health risks associated with large arrivals of migrants are dependent on the health status and conditions in the migrant's country of origin and the health conditions during the migration process and settlement, e.g. unsafe travel conditions, overcrowded arrival settlements with inadequate water and sanitation, and cultural barriers. The following situations are particularly likely.

- Vaccine-preventable diseases represent a health risk for people coming from countries where immunization coverage is low.
- Lengthy and unsafe travel in overcrowded boats exposes migrants to physical and psychological trauma, dehydration, nutritional disorders, hypothermia and infectious diseases.
- Crowded reception centres can facilitate the transmission of infectious diseases, including acute respiratory infections and diarrhoeal diseases. Crowded living conditions can also promote the transmission of HIV/AIDS, tuberculosis and skin infections such as scabies.
- Although the majority of migrants are young people who are generally in good health at the moment of departure, some migrants are affected by chronic diseases and in need of continuous care. The absence or interruption of chronic disease treatment could be life-threatening and represent a health risk for that population.
- Health risks are high in particularly vulnerable groups of migrants, such as elderly people with disabilities, pregnant women and young children.

Fig. 2. Welcome Centre for Asylum-Seekers in Kokkinotremithia



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## Leadership and governance

### Findings

Cyprus has aligned its immigration law and regulations with the European Union's Community acquis regarding entry and stay of third-country nationals for self-employment and study purposes and long-term residence.

The Ministry of the Interior supervises the Civil Registry and Migration Department, the Asylum Service and the Immigration Police Department. See Annex 2 for the structure of the police service.

The Asylum Service was established in 2004, under the Refugee Law of 2000, in order to align the laws and regulations of Cyprus with international conventions and the Community acquis. The Asylum Service is responsible for examining asylum applications. The United Nations and other international organizations have expressed concerns regarding the length of the asylum procedure and the low rates of acceptance.

Until 2014, Cypriot immigration authorities routinely detained hundreds of migrants and asylum-seekers for long periods. Several reports denounced these detention practices, which exploited European Union laws (4–6). According to such reports, an example of this practice includes the automatic detention of migrants and asylum-seekers without the required safeguards, which emphasize detention as a last resort. Those detained included Syrian refugees and women separated from their young children.



Fig. 3. Paintings at the Unaccompanied Migrant Minors' Shelter in Nicosia



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The Asylum Service administers the European Refugee Fund, cofinanced by the Republic of Cyprus. The Fund finances approved projects to improve and develop reception conditions for asylum applicants and to integrate the approved refugees within the Republic of Cyprus. The Council of Ministers – formed by four Ministers: Foreign Affairs, Defence, Interior, and Justice and Public Order – defines the national strategy for preparedness and response to emergencies. An interministerial committee is responsible for initiating the national strategy, which defines an overarching operational plan called “Zenon” or the Basic National Plan (BNP). “Zenon” sets the basic structure, homogenizing concepts and terminologies which must be in place in all types of emergencies. “Zenon” identifies competent and co-competent ministries for each foreseen emergency, based on risk assessments. Ultimately, each Ministry is responsible for drafting and implementing sectoral plans called Specific National Plans (SNP).

Twenty-two SNPs have been developed. Each plan responds to different types of crisis, including earthquakes, sea pollution and massive evacuation from third countries. Furthermore, “Zenon” allows the ministries to prepare an SNP not already foreseen in the BNP if there is a need to respond to a new type of crisis.

The Ministry of the Interior has developed the “Navkratis” plan within the framework of the BNP, specifying the responsibilities and procedures which must be followed by all the different actors involved in accepting, supporting and offering humanitarian aid to large numbers of people in need who arrive in Cyprus from other countries.

Within “Navkratis”, the Ministry of Health is responsible for the provision of health-care services, public health protection, implementation of the International Health Regulations (2005) and coordination with Ministry of Health departments, using scenario planning, risk assessment, mathematical modelling and economic input. See Annex 2 for the structure of the Ministry.

The Ministry of Foreign Affairs developed an SNP called “ESTIA” during the Lebanese crisis in 2006. All coordination took place in the Crisis Coordination Centre of the Ministry of Foreign Affairs, a fully equipped room with all the necessary means of communication for effective crisis management. During that crisis, a web platform for consular cooperation was set up to facilitate the repatriation of thousands of foreign nationals.

The Cyprus Joint Rescue Coordination Center was established in 1995. In 2002, it took full responsibility for investigating, organizing, coordinating and executing every search-and-

rescue operation in the Republic of Cyprus Search and Rescue Region. In 2010, it became an independent agency under the Ministry of Defence, in which the Minister is responsible for its operational aspects. The Ministry of Communications and Works is responsible for giving logistical and technical support to the Ministry of Defence in case of search-and-rescue operations. The Command and Control room is based in Larnaca and operates 24 hours a day, seven days a week. See Annex 2 for the structure of the Center.

The Cyprus Civil Defence Force (see Annex 2) is an organized service under the Ministry of the Interior. It consists of the General Administration of Civil Defence, based in Nicosia, and five district administrations; one in each district. The Cyprus Civil Defence Force has five departments: First Aid; Search and Rescue; Welfare; Neighbourhood Watch; and Communication. Although it is not an immediate response force (as are the police and fire services), it is prepared to coordinate and assist other services in the event of a major disaster. Nevertheless, the Civil Defence Rescue Department is organized to respond promptly if other competent Government services require assistance. The Civil Defence Administrative Operations Control Centre is based in Nicosia and operates with a permanent staff 24 hours a day, seven days a week.

The Cyprus Red Cross Society is a member of the International Federation of Red Cross and Red Crescent Societies and the Platform for European Red Cross Cooperation on Refugees, Asylum-Seekers and Migrants. Within this framework, the Society has provided humanitarian support, distributing food and clothes to migrants. In the last two years, it has helped approximately 5000 migrants who faced humanitarian problems (7).

Fig. 4. Kitchen at the Welcome Centre for Asylum-Seekers in Kokkinotremithia



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## Health workforce, medical products, vaccines and technology

### Findings

The number of practising physicians amounted to 2444 in 2011, of whom 70% (1704) are employed by the private sector. In 2011, the total number of practising physicians per 100 000 inhabitants was 298 (8). This number is below the 2011 European Union average of 345 (9). There are approximately 1.6 nurses for every physician in Cyprus. This nurse-to-physician ratio is



among the lowest in Europe. Although the private sector employs the majority of physicians, the public sector employs the majority of nursing staff (8).

The Cyprus Civil Defence Force has approximately 35 permanent personnel to cover the entire part of the island over which the Government of Cyprus exercises effective control. Permanent staff have a general managerial and supervisory role, while the operational part is ensured by 600 volunteers. The Defence Force rescue teams consist of approximately 150 volunteers from various specialties who are trained according to international specifications. The Defence Force first-aid department provides first aid in the event of a disaster, until medical assistance becomes available.

The staff of the Joint Rescue Coordination Center are members of the National Guard and operate 24 hours a day, seven days a week. Health staff are available for search-and-rescue vessels, although in limited numbers. These are either rescuers who have been given paramedic training, or registered nurses who have been trained as rescuers; the latter scenario is more common.

Cultural mediators are not systematically present in search-and-rescue operations or during migrants' arrival at the port, nor are they systematically present in migrant centres. If available, migrants with a knowledge of Greek or English provide interpretation services for other migrants.

Pharmacies are the exclusive distributors of all medical products. There are eight public hospital pharmacies, 43 public community pharmacies and 435 private pharmacies.

There are about 65 wholesalers of medicinal products for human use in Cyprus. Authorized wholesalers in Cyprus must have an adequate supply of medicinal products and must be able to deliver them in a short period of time to meet the requirements of the geographical area specified in their wholesale distribution authorization.

The body responsible for the National Immunization Programme is the Ministry of Health, more specifically the medical and public health services. However, there is no national body with the responsibility for monitoring and administering immunization to migrants.

The Ministry of Health defines the immunization programme, based on WHO recommendations. The immunization schedule is updated periodically according to epidemiological data and international scientific literature. The last update was in 2012. Vaccines for the use of the public sector are purchased centrally by the marketing authorization holders of pharmaceutical companies in Cyprus. No major shortage of vaccines has been reported so far.

The Ministry of Health estimates that paediatricians in the private sector perform 58% of immunizations. The immunization coverage for diphtheria, tetanus and pertussis, oral poliovirus/inactivated poliovirus and hepatitis B vaccines is almost 100%, and the country is getting close to eradication of neonatal tetanus, diphtheria and poliomyelitis. Vaccination coverage for measles, mumps and rubella is 87%, and cases of measles and rubella appear very rarely (8).

Migrants with uncertain immunization status are vaccinated according to the Cyprus national immunization schedule and receive a personal immunization card. However, staff from the centre for unaccompanied migrant minors in Nicosia expressed concerns regarding the lack of information received about the immunization status of the minors transferred to the centre. Immunization promotion materials are available in Greek and English.

There are three public clinical laboratories with the capacity to perform 150 tests per shift per day. In case of a major influx, more staff with specific expertise would be needed. The private sector was mentioned as an additional resource to increase the capacity in such cases. During the recent influx of 345 Syrian nationals, basic laboratory tests were performed for the majority of migrants within 24 hours.

There is a voluntary system for reporting the isolation of microorganisms or positive serological results. Reports are mainly prepared by 61 microbiology laboratories in the public and private sectors, in all regions of Cyprus (10).

## Health information

### Findings

The Department of Statistics and Research of the Ministry of Finance is the official public agency responsible for collecting, processing, analysing and disseminating health data.

The Unit for Surveillance and Control of Communicable Diseases, a special unit of the Department of Medical and Public Health Services, is responsible for the surveillance of communicable diseases.

The surveillance of communicable diseases depends on one mandatory and three voluntary systems: a) the mandatory notified communicable diseases system; b) the sentinel network, reporting 11 diseases/syndromes based on clinical diagnosis; and c) the laboratory network, reporting isolation of microorganisms/positive serological results by microbiology laboratories in the private and public sectors; d) the sexually transmitted diseases network, reporting a number of sexually transmitted infections through gynaecologists and dermatologists.

Inadequate data have been reported for many health-system issues, such as the nonofficial and/or nonsystematic method of recording private-sector data, the fact that data on migrants are not disaggregated and the nonsystematic use of the early warning and response system during emergencies.

The Ministry of the Interior has a communications officer who is responsible for public communication related to asylum-seekers. The Ministry of Health also has a communications officer. As for the Ministry of Defence, nobody involved in search-and-rescue operations is allowed to speak to the press or public. They must communicate solely through the Ministry of Defence, where a press officer deals with the media. The Ministry of Defence stated that each of their plans has a specific chapter on media management in crises, in which social media are also considered.

## Health financing

### Findings

There is one specific budget in each Ministry, including the Ministry of Health, for emergencies. The European Coordination Section of the Ministry of Health has received funds from the European Union for the care of asylum-seekers. In 2013, the funds were used for medical

equipment, care provision (tests, medicines, vaccines, etc.), and to help people asking for international protection. The project, which ended in August 2014, received funding of €7 million over seven years. Cyprus has applied for a new budget from the European Union for the same purpose.

Fig. 5. Representatives of the Ministry of Health and Ministry of the Interior and the WHO Regional Office for Europe outside the Immigration Detention Centre in Menoyia



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In addition, a one-year proposal amounting to €975 757 to address needs related to sudden large arrivals of third-country nationals was approved by the Asylum, Migration and Integration Fund of the European Commission in 2014. This may cover migrants in need of international protection, initial screening services, provision for basic daily needs, and health care, interpretation and psychosocial support.

The overall financial responsibility for operation of the migrant centres lies with the Asylum Service of the Ministry of the Interior.

## Service delivery

### Findings

The health system consists of two parallel delivery systems: public and private. Health services in the public system are provided by six hospitals (five district hospitals and one paediatric/gynaecological hospital), four specialist centres, three small rural hospitals and 38 health centres, as well as several subcentres for primary services. The private sector includes for-profit hospitals, polyclinics, clinics, diagnostic centres and independent practices. All public hospitals have mass casualty plans. There are no health-care services specifically targeting migrants.

Asylum-seekers and refugees are entitled to free access to and use of the public health system if living in a reception centre or; receiving welfare benefits or; able to demonstrate a lack of sufficient resources or; belonging to a vulnerable group.

However, there are reasons to believe that serious barriers to access exist for some groups, such as migrants, which may lead to a limited utilization of services, and ultimately to adverse health outcomes (8). For instance, 18.9% of immigrants reported unmet medical needs due to access barriers, mainly for preventive services (particularly laboratory and screening tests) and dental care (8).

During the influx of 345 migrants in September 2014, the Ministry of Defence/Joint Rescue Coordination Center carried out search-and-rescue operations. A preliminary medical triage was conducted on board to identify urgent cases in need of immediate referral. The Ministry of Defence coordinated the operation until the arrival of the vessel at the port. From there, the Ministry of the Interior took over the activities and implemented the “Navkratis” plan. Within “Navkratis”, a basic medical triage was carried out at the landing site by one paramedic, one nurse and two physicians mobilized by the Ministry of Health. Two ambulance cars were on the spot, and referral hospitals were alerted.

Once the migrants had been moved to the Kokkinotremithia tent camp, they underwent a complete medical examination by a medical team of the Ministry of Health composed of two doctors, two nurses and four paramedics. All migrants were screened within two days. Screening included laboratory tests for HIV, hepatitis B and C and syphilis plus the Mantoux tuberculin skin test. Almost all migrants were vaccinated against poliomyelitis using inactivated poliovirus. No other vaccination was offered.

The Kokkinotremithia tent camp was set up by the Civil Defence Force in the space of eight hours, in a former military camp owned by the Government. It has a capacity of 350 people. There were about 215 migrants living there on 9 December 2014. The Ministry of Health provides health services in a medically equipped container. There are three daily shifts of nurses in permanent rotation. Several hospital nurses have volunteered to work shifts at the Kokkinotremithia camp. There are no permanent doctors; if needed, the migrants are referred to the hospital of Nicosia, 10 minutes away. Language interpretation services are available.

The Civil Defence Force have distributed 3000 blankets to migrants, and an additional 10 000 are in stock, plus an additional 800 tents, for a total capacity of 4000 people. In total, there are 35 permanent staff at the centre (plus volunteers).

UNHCR supports a local nongovernmental organization in providing psychosocial and mental health services. A team of five professionals (three clinical psychologists and two social workers) has worked in the camp since the first day. Regarding the permanent presence of unaccompanied minors in the camp, the psychologists recognize that they would be in a better situation if accommodated in the dedicated centre for unaccompanied minors. However, they say the minors do not want to go to the unaccompanied minors’ centre because they need to apply for asylum in order to go there, and they do not want to do so in Cyprus. Family reunification is usually their goal.

A group of unaccompanied minors is accommodated in an unaccompanied minors’ centre in Nicosia. The centre opened in July 2014 and is under the responsibility of the Ministry of Labour

and Social Welfare; it is run by the local nongovernmental organization Hope for Children. During the assessment team visit, 24 children were living in the centre. Its capacity could be slightly increased; but in the event of large arrivals of migrants, alternative solutions would have to be identified. There is an outpatient clinic close to the centre and, if needed, children are referred to a nearby hospital. A clinical psychologist and a counselling psychologist are available. Even though children have free access to medical care, the centre personnel lacked information about the vaccination status of the children at the time of the interview. The Red Cross manages food and other supplies.

Fig. 6. Welcome Centre for Asylum-Seekers in Kokkinotremithia



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The Menoyia Detention Centre is the only detention facility dedicated to undocumented migrants in Cyprus. The building opened in February 2013 and hosts migrants waiting to be repatriated because their asylum application has been rejected or because they have committed a crime. It has the capacity for 256 people and, on 9 December 2014, 48 people (32 men and 16 women) were detained there. A physician attends the centre every day during working hours. Emergency cases are referred to the nearest hospital.

## Testing the assessment tool

### Findings

As in previous assessment missions, the tool was not used as a questionnaire asking for yes/no answers; instead, it was used as a standard structure to follow during the interviews. The tool addressed all major issues related to preparedness and response to influxes of migrants, though some questions were redundant. The six key functions of the WHO health system framework represent an effective method of assessing preparedness and response to influxes of migrants. However, the format should be adapted to the different levels of the health system and should have some chronological sequence related to the migration process.



Fig. 7. Medical clinic at the Menoyia Detention Centre



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## Conclusions

The Government of Cyprus has dedicated considerable resources to defining an effective legal framework for multisectoral crisis management. The key elements of leadership and governance have been addressed, and the Basic National Plan for emergencies represents a clear step forward in order to rationalize knowledge and practices for emergency response in the country. However, sudden large-scale arrivals of migrants by sea and/or land have not yet been fully considered as a possible emergency scenario. Likewise, the operational complexity required to respond to these situations has not been addressed. If this scenario materializes, there is a risk of a fragmented response owing to the diversity of actors potentially involved in the event.

In Cyprus, many doctors and members of the medical staff have been trained abroad, often in renowned medical schools. Civil Defence Force and search-and-rescue operations staff showed a high degree of professionalism during past emergencies and are exposed to systematic refresher training and exercises. The limited number of physicians and the shortage of nurses may lead to a lack of surge capacity, which would be particularly critical in case of protracted emergencies due to continuous large influxes of migrants. In addition, the absence of professional cultural mediators poses serious barriers in properly addressing migrants' health needs.

An adequate stock of medical supplies is in place, as well as arrangements for rapid delivery and replenishment. There are sufficient stocks of essential vaccines, but a clear immunization policy in the event of large influxes of migrants is lacking. In addition, it is worth mentioning that immunization coverage of migrants is not separately monitored.

The Unit for the Surveillance and Control of Communicable Diseases seems to provide an effective routine system. However, mechanisms to shift from regular disease reporting to an emergency early warning and response system are not clearly defined.

Emergency funds are identified in the budget of all relevant Ministries, but assistance for migrants, including during emergencies, relies heavily on European Union funds and is therefore subject to European Union approval.

The health services are generally well prepared, even though the shortage of health workers and the absence of professional cultural mediators may limit proper functioning in the event of a dramatic increase in patient numbers.

### Recommendations

- Review and revise the existing “Zenon” BNP and the Ministry of Health contingency plan to include large influxes of migrants in the possible scenarios.
- Review and revise the disease surveillance early warning and response system.
- Define a migrant immunization policy.
- Define curricula for cultural mediators.
- Organize study tours and workshops that enable exchanges of knowledge and best practices with other Mediterranean countries dealing with the response to large influxes of migrants.

### Possible WHO collaboration

The Country Cooperation Strategy signed by the WHO Regional Office for Europe and the Ministry of Health of Cyprus in September 2014 provides a medium-term strategic framework for joint work in 2015–2020. The Strategy covers four strategic priorities for collaboration: promoting the Health 2020 policy framework; exchanging information and expertise in endorsing a life-course approach to healthy ageing; strengthening cooperation in ensuring the sustainability of national health systems; and promoting cross-border collaboration in health.

Within the Health 2020 policy framework, the WHO Regional Office for Europe can play a technical advisory role in addressing the challenges identified during the assessment, with specific reference to the revision of the health contingency plan in case of large influxes of migrants. Furthermore, WHO can be instrumental in facilitating links and exchanges of experience among Mediterranean countries dealing with similar emergencies, and can support the Ministry of Health in defining curricula for cultural mediators and operational research agendas.

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## Annex 1. Programme of work of the mission

*Nicosia, 8–9 December 2014*  
*Provisional Agenda 05/12/2014*  
**REPUBLIC OF CYPRUS**  
**MINISTRY OF HEALTH**  
**“Health and Migration”**

Day	Time	Meeting and venue
<b>Monday</b> <b>8/12/2014</b>	09:00–09:15	Registration. Venue: Press Conference Room ( <i>Ministry of Health building, Level -1</i> )
	09:15–09:20	Welcome/opening by Ministry of Health official
	09:20–09:50	Project Presentation: Dr Santino Severoni, Coordinator of PHAME Project
	09:50–10:00	Presentation of the toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase: Dr Giuseppe Annunziata, International Centre for Migration, Health and Development (WHO Collaborating Centre)
	10:00–10:15	Preparedness and response of the Cyprus Ministry of Health: Dr Pambos Charilaou, Ministry of Health
	10:15–10:30	Discussion
	10:30–10:45	Coffee break
	10:45–11:00	Presentation by Ministry of Foreign Affairs – National Contingency Plan “ESTIA”: Mr Hatzitofis, Ministry of Foreign Affairs
	11:00–11:15	National Contingency Plan “TEYKROS” – Mr Kaukoullis, Cyprus Joint Rescue Coordination Center, Ministry of Defence
	11:15–11:30	Discussion
	11:30–11:45	“Navkratis” National Contingency Plan – Mr Loucas Hatzimichael, Ministry of the Interior
	11:45–12:15	Discussion/closure
	12:30–14:30	<b>INTERVIEWS</b>
	<b>Tuesday</b> <b>9/12/2014</b>	08:00–09:00
09:00–09:30		Travelling to Kokkinotremithia
09:30–10:00		Visit to Kokkinotremithia Welcome Centre, Ministry of the Interior, Civil Defence
10:00–10:30		Interview
10:30–11:15		Travelling to Menoyia Detention Centre
11:15–12:00		Visit to Menoyia Detention Centre
12:00–12:30		Interviews
12:30–13:15		Travelling to Ministry of Health
13:15–14:00		Closing remarks meeting between WHO and Ministry of Health

## Annex 2. Government organizational structures

Fig. A.1. Civil Defence Force

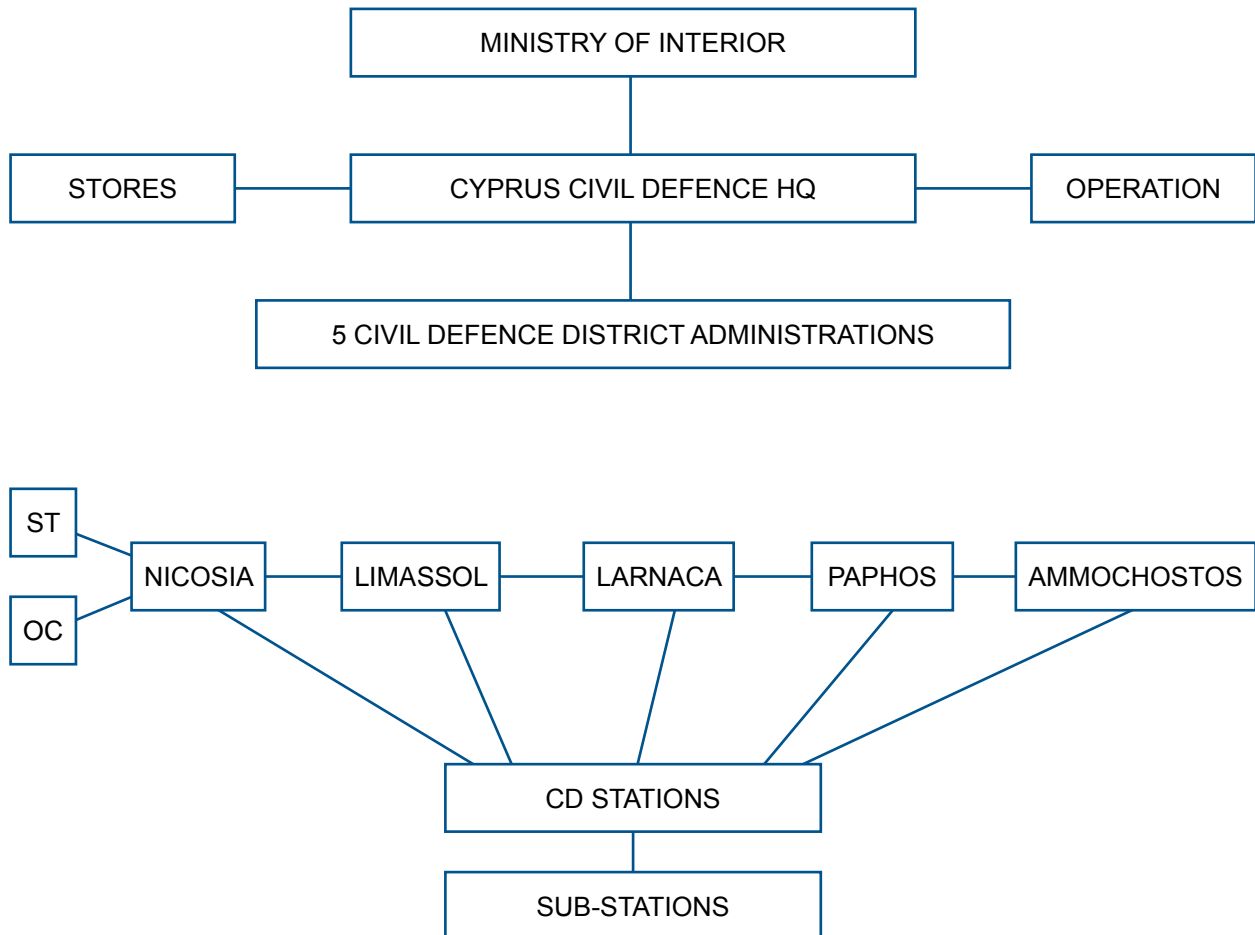


Fig. A.2. Cyprus police organizational chart

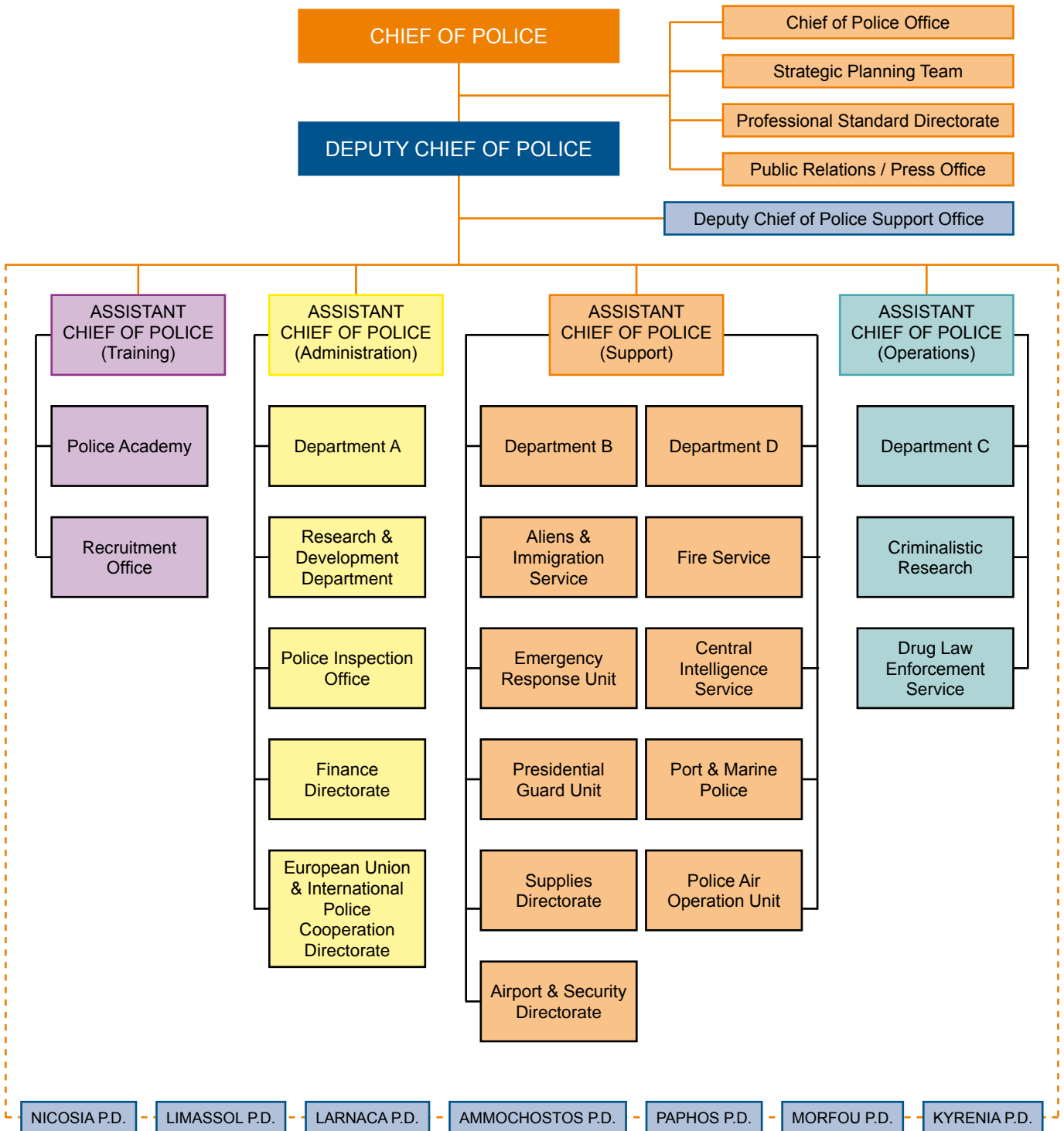
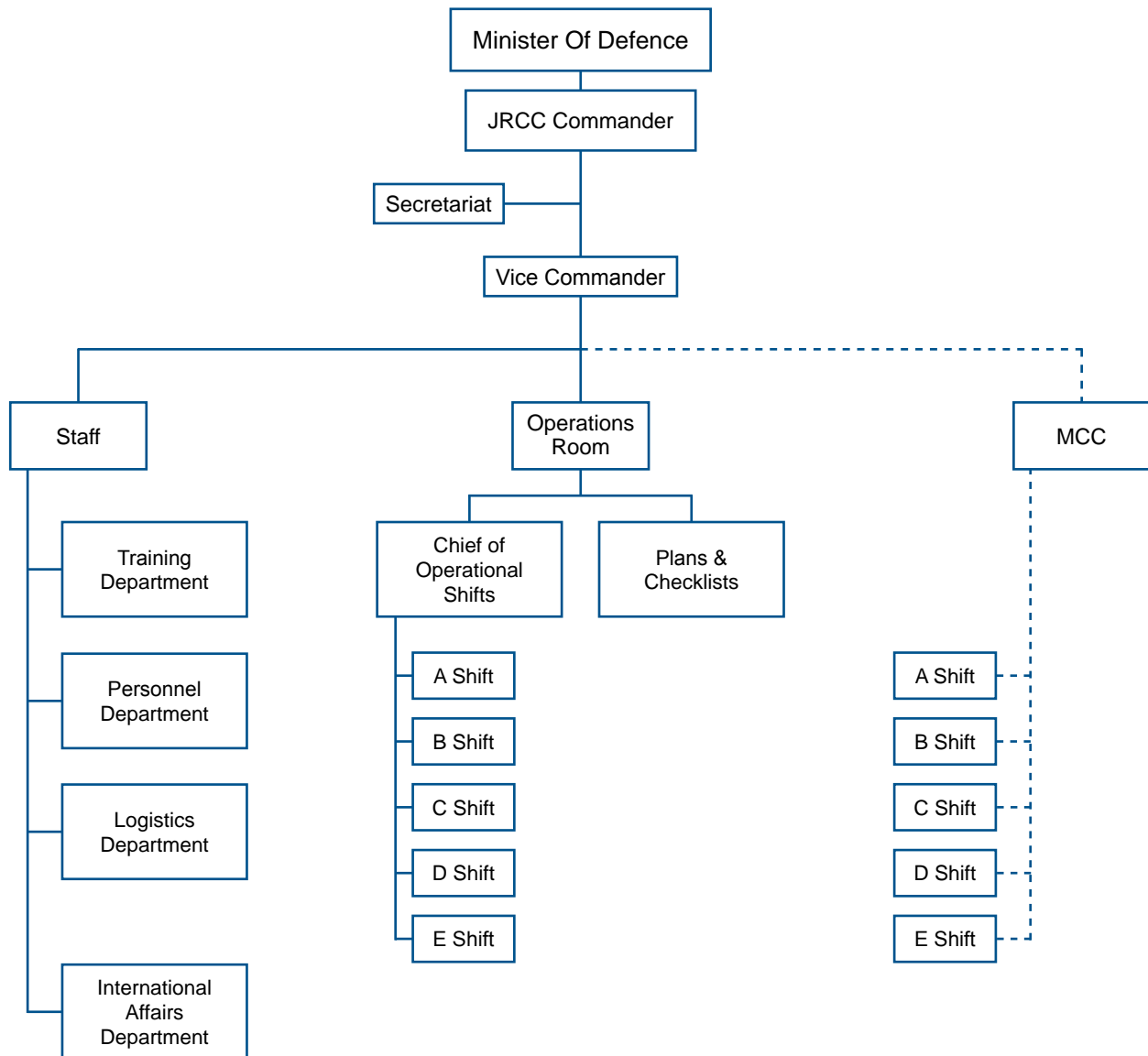
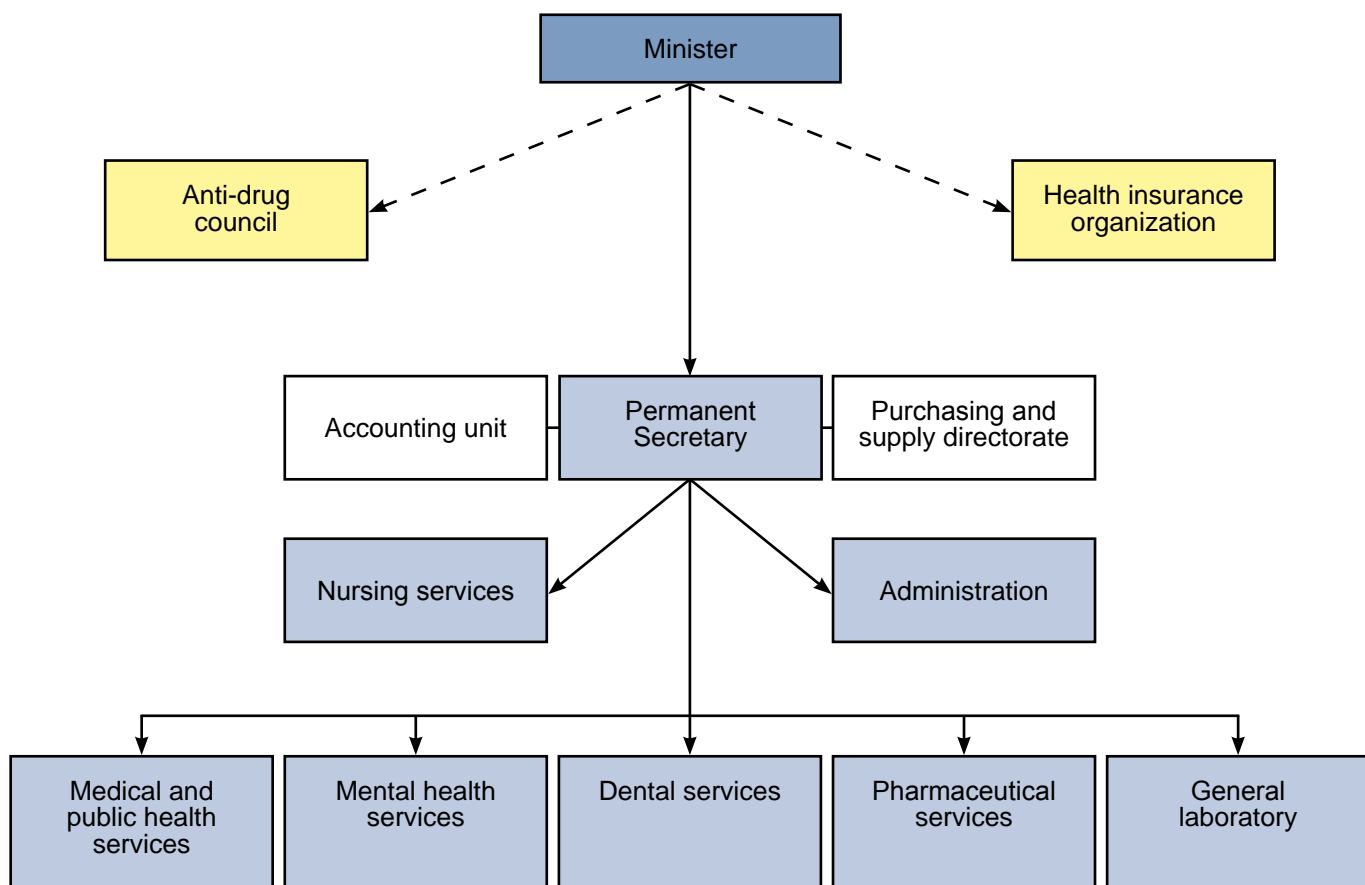


Fig. A.3. Joint Rescue Coordination Center



JRCC: Joint Rescue Coordination Center; MCC: Mission Control Centre.

Fig. A.4. Organization of the Ministry of Health



Source: Ministry of Health 2012.





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