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Leaving no one out? Public health aspects of migration: Health risks, responses and accessibility by asylum seekers, refugees and migrants in Greece

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Abstract

The article addresses aspects of public health of migrant and refugee populations in Greece. Migrants, asylum seekers and refugees have often been seen as "unwanted individuals" or as "a threat", and particularly as a "health time-bomb" due to their poor health before, during and their unhealthy living and working conditions after their arrival in Greece. The article explores how the migration process has impacted public health by taking into account recent epidemiological data, migrant health inequalities and social determinants of health. Changes in the migration phenomenon include different epidemiological and public health repercussions for the reception country and the migrant, the asylum seeker and refugee populations. Populations on the move face health risks and are exposed to hazards resulting in public health implications for them but also for the reception society. The article focuses on risks, surveillance and responses to ensure access of asylum seekers, refugees and migrants to healthcare, as well as on the social discourse regarding migrant health.

Keywords: public health; migration; asylum seekers; refugees; migrants; healthcare.

1. Introduction

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Greek society received massive flows of migrants from neighbouring Balkan countries, the Republics of the former Soviet Union in the early 90s, as well as significant numbers of migrants from Africa, the Middle East and Asia in early 2010, while between 2015-2017 mainly refugees from Syria, and since 2018 mixed migration flows (migrants, asylum seekers and refugees). Greece – due to its geographical position between three continents and because of its extensive coastline comprising a significant part of the external sea borders and part of the land borders of the European Union (EU) and the Schengen area – is the main entry and transit point to the European territory for incoming third-country nationals (TCNs), i.e. asylum seekers, refugees and migrants, who cross the Greek-Turkish land borders in the area of Evros and the sea borders in the Aegean Sea. Since 2015, Greece has faced the largest asylum seeker, refugee and migrant flows of recent years, as a dramatic increase was noted. The country has been the main entry point in Europe for almost a million refugees and migrants seeking safety for themselves and their families. The unprecedented asylum seeker, refugee and migrant flows of 2015 coupled with the movement of the migratory route that comes to Greece from Turkey has tested Greece's already overburdened asylum system and has highlighted the weaknesses and difficulties of handling the dramatic rise of migrants and refugees and meeting their humanitarian needs. The shocking photo of the drowned Syrian refugee child washed-up on the shores of Turkey in September 2015 [1], as well as of the hundreds of lives lost at sea in the Mediterranean as a result of capsized boats overloaded with refugees, have brought the migration and refugee crisis to the world's attention [2]. Alarmingly, migrants, asylum seekers and refugees are overwhelmingly opting for treacherous overseas routes, the Greek-Turkish borderline being the most popular. On the one hand, social discourse regarding solidarity, support and humanitarianism have been widespread in European countries, including Greece, but on the other hand, migrants, asylum seekers and refugees have often been seen as "unwanted individuals or as a threat", as "criminal and dangerous", as "terrorists", as individuals who "alter the homogeneity of the host country", as "uneducated, uncultured and shunning education", as individuals who "take the jobs of native-born workers", as those who are "responsible for the downgrading of various urban areas", and are described as "smelly and dirty" and particularly as a "health time-bomb" due to their poor health before, during and their unhealthy living and working conditions after their arrival in Greece.

By September 2018, the total number of asylum seekers living in structures under the supervision of the Greek state had reached 70.000 [3]. From January to August 6, 2018, which marked the end of the program "PHILOS – Emergency health response to refugee crisis" [4] in the reception and hospitality centres for refugees and migrants, a total of 11.043 vaccines were administered and in total in the country. Apart from the 6 Reception and Identification Centres for refugees and migrants in the 5 Greek islands (Leros, Kos, Chios, Samos, Lesvos) and Evros, there are 28 other structures for temporary residence and inland hospitality [3]. In the Reception and Identification Centres of the five Eastern Aegean islands, at the

end of 2018 there were 11.683 people, from 18.107 in September 2018 [5]. This significant decrease was achieved through transport from the islands to the hinterland of 29.090 people, mainly belonging to vulnerable population groups [5]. At the same time, the flows of refugees and migrants to our country continued throughout the year 2018 when 47.929 people entered the territory: 32.115 from the Aegean islands and 15.814 from the river Evros [5]. The corresponding total for 2017 was 34.707 - 29.130 from the islands and 5.577from Evros [5]. These figures show an increase of about 10% for the islands and 280% for Evros [5]. On the other hand, 10,746 people left the country, 322 returned based on the EU-Turkey Joint Declaration, 4.968 returned to their countries of origin, taking advantage of the voluntary return program managed by the International Organization for Migration (IOM) and 5.456 reunited with their families in other countries of the European Union [5]. In relation to asylum applications, 66.970 applications were registered in 2018 compared to 58.642 in 2017, an increase of 14.2% (see Tables 1 and 2), ranking Greece as the first among EU Member States in asylum applications per capita and fourth in absolute numbers [6]. In addition, the number of irregular foreigners arrested by police and port authorities for illegal entry and irregular stay were 42.416in the first half of 2018 [7]. Until 31/12/2018, the estimated number of unaccompanied minors (UAMs) in the country was 3.741 [8]. Also, regarding common nationalities of sea arrivals (since 1 January 2019), they are from Afghanistan, Iraq, Syrian Arab Rep., State of Palestine (see Table 3).

Table 1: Asylum applications (2013-2018)

	2013	**Difference % (2013-2014)**	**2014**	**Difference % (2014-2015)**	**2015**	**Difference % (2015-2016)**	**2016**	**Difference % (2016-2017)**	**2017**	**Difference % (2017-2018)**	**2018**	**Total**
Total	**4814**		**9.431**		**13.187**		**51.053**		**58.642**		**66.970**	**204.097**
Monthly average	688	14,3%	786	39,8%	1.099	287,1%	4.254	14,9%	4.887	14,2%	5.581	3.046

Source: Asylum Service/Ministry for Migration Policy (2018) [6].

Concerning health, all refugees and migrants in Greece have access to health services at a satisfactory level, and all school-age children have the opportunity to join the educational process [5]. According to the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO), there has been no serious public health issue in the hospitals and first reception and identification centres of migrants and refugees [5]. However, changes in the migration phenomenon have brought about different epidemiological and public health repercussions for both the reception country and the migrant, asylum seeker and refugee populations. Populations on the move face health risks as they are exposed to hazards and affect the health of the migrant, the asylum seeker and refugee populations and also the reception society. The article focuses on risks,

surveillance and responses to ensure access of asylum seekers, refugees and migrants to healthcare, as well as on the social discourse regarding migrant health.

Table 2: Asylum applications - countries of origin by year and current month (March 2019)

	2013	2014	2015	2016	2017	2018	2019
Syria	252	773	3.490	26.677	16.398	13.390	1.536
Afghanistan	803	1.709	1.720	4.362	7.566	11.925	4.491
Pakistan	610	1.618	1.822	4.692	8.922	7.743	1.718
Iraq	107	174	661	4.810	7.920	9.731	1.751
Albania	419	569	1.003	1.420	2.450	3.319	715
Turkey	17	41	42	189	1.826	4.834	1.168
Bangladesh	230	633	738	1.215	1.383	1.552	468
Iran	131	361	241	1.096	1.316	1.763	598
Georgia	342	350	386	687	1.107	1.460	352
Palestine	17	74	60	850	1.304	1.519	839
Other Countries	1.886	3.129	3.024	5.055	8.450	9.732	2.843
Total	4.814	9.431	13.187	51.053	58.642	66.968	16.479

Source: Asylum Service/Ministry for Migration Policy (2018) [6]

Table 3: Most common nationalities of sea arrivals (since 1 January 2019)

Country of origin	Data date	Percentage	Population
Afghanistan	31-Mar-2019	47.1%	**2,467**
Iraq	31-Mar-2019	14.2%	**742**
Syrian Arab Rep.	31-Mar-2019	11.6%	**606**
State of Palestine	31-Mar-2019	10.3%	**540**
Others	31-Mar-2019	8.1%	**424**
Dem. Rep. of the Congo	31-Mar-2019	5.9%	**308**
Iran (Islamic Rep. of)	31-Mar-2019	1.8%	**93**
Stateless	31-Mar-2019	0.8%	**43**
Algeria	31-Mar-2019	0.2%	**9**
Pakistan	31-Mar-2019	0.1%	**6**
Kuwait	31-Mar-2019	0.1%	**3**

Source: United Nations High Commissioner for Refugees (2019) [30]

2. The right of asylum seekers, refugees and migrants to access healthcare services

According to the World Health Organization (WHO), the concept of equity [9] in health implies that ideally everyone should have a fair opportunity to realize their potential for health to the maximum extent and more realistically, to be possible to avoid one's state of weakness to achieve the above objective [10]. Additionally, equity in healthcare is defined as: (i) equal access to available care for equal need, (ii) equal utilization for equal need, and (iii) equal quality of care for all [11]. Adopting this definition, Townsend et al. (1992) [12] argue that access to health services is divided into three types: economic, geographic and cultural. In

particular, *economic access* is associated with the equal provision of goods regardless of the economic capacity of the individual and by offering social goods based on needs and not on the cost of the institution and economic return/contribution of the individual [12]. Based on this logic, issues of unequal service provision emerge in the health sector, when health services offered to patients from disadvantaged groups cost more than average as they tend to suffer from chronic diseases for long periods of their lives [12]. Moreover, for these groups a lengthier period of recovery is required due to poor nutrition, bad living conditions and lack of social/welfare support [12]. Also, financially disadvantaged regions tend to have higher rates of diseases in relation to the more prosperous [12]. Therefore, a contract calculated at average costs of a particular treatment or average per capita cost, may fail to cover the real costs of these patients' treatment [12]. On the other hand, geographic access is usually associated with the equitable distribution of services in different areas (e.g., of a country), and particularly with the mobility of the patient (e.g., local difficulties with transport) through the recourse of appropriate services [12]. Finally, cultural access is associated with the relationship between patients and health professionals or employees of agencies and the extent to which differences in education, gender, culture, religion or nationality create barriers in communication and the effective use of social/welfare services [12].

In the past in Greece, due to the fact that third-country nationals were mostly undocumented and therefore uninsured, they were excluded from healthcare while the cost of their health care was higher than that of insured individuals, making migrants less able to afford the cost of the care they need. Irregular resident foreigners lacked national health insurance and social security rights and did not have free access to health services other than in emergencies [29]. Hospitalization of irregular third country nationals was feasible only for emergencies and until the stabilization of their health (Article 84, paragraph 1, Law 3386/2005) [13]. This distinction between emergency and non-emergency incidents was greatly criticized since an apparent non-emergency could develop into a life threatening one if not properly and timely addressed [14]. The stabilization rather than the restoration of the patient's health comprised a typical wording of the law thus further limiting the extent of the care provided [29]. The only case where the distinction between emergency and non-emergency did not apply and where healthcare was provided was when it came to minors [29]. Moreover, exemption from health services to irregular residents did not apply when the patient, regardless of nationality and residence status, was HIV positive or carried other infectious diseases. In this case free hospital and medical care was provided, if the individual was in need of treatment which could not be effectively provided in the country of origin [29]. For the period that the effective treatment lasted, third country nationals were entitled to temporary residence and work permits [29]. In addition, free medical and hospital care was provided to victims of trafficking, since they were deprived of national health insurance and were financially weak, for as long as the protection and assistance measures lasted,

provided they held a certificate which had been issued by the Police Directorate in charge of their case [29].

As highlighted in the program "Local Alliance for Integration"[15], according to the European Union Agency for Fundamental Rights (FRA) [16] all refugees and migrants must have access to emergency healthcare services on an equal basis with nationals of the receiving state and they must also participate or be exempted from the relevant health costs, based on the same rules. The Greek State with Law 4368/2016 [17], the Joint Ministerial Decision (JMD) A3(c)GP.ec.25132/4-4-2016 [18] "Provisions to ensure access for uninsured persons to the Public Health System" and the Circular A3c/GP.ec.39364/31.05.2016 [19] provide all refugees and migrants with the right to free access to all public health institutions for the provision of nursing and health care [20]. The Hellenic Government's interventions were from the outset in support of treating refugee populations like all citizens, without any discrimination, as the only way to protect public health. Law 4368/2016 provides the most vulnerable groups of migrants and refugees living in Greece with direct access to the National Health System, irrespective of their legal status [23]. Those who are uninsured (including pregnant women, minors, patients with chronic illnesses, etc.) who do not have a National Insurance Number (Greek accr. AMKA) or cannot acquire one, must necessarily own a Foreigner's Health Care Card (Greek accr. KYPA) [15]. Third-country nationals can apply and be issued a National Insurance Number and Number of Health Care of Foreigner (Greek accr. AIPA) at any Citizens' Service Centre (KEP) while they can acquire a Foreigner's Health Care Card (Greek accr. KYPA) from Health Protection Offices of Rights of Health Care Receivers or from the Social Services of their local hospital [15].

In Article 33 of Law 4368/2016 [17] a new provision is established regarding the right of free access to the services of the Greek Public Health System by all refugees, asylum-seekers and beneficiaries of international protection, as well as those residing in Greece on humanitarian grounds or for exceptional health reasons. The new law aims to ensure free access to health services by members of vulnerable groups in general, such as minors, pregnant women and individuals with disabilities. It reads: "Health coverage of uninsured and vulnerable social groups". 1. Uninsured and vulnerable social groups as defined in paragraph 2 hereof have the right to free access to Public Health Structures and are entitled to nursing and health care. Nursing care is provided through the Hospitals of the Legislative Decree 2592/1953 (A΄ 254), of supervised and subsidized by the Ministry of Health nursing institutions, of those supervised and subsidized by the Ministry of Health Legal Entities of Private Law (Greek accr. NPID) of the Mental Health Units L. 2716/1999 (A΄ 96), of Primary Health Care Units of the National Health System, those supervised and subsidized by the Ministry of Education, Research and Religious Affairs Hospitals, Municipal Hospitals, as well as through the supervised by the Ministry of Labour, Social Security and Social Solidarity rehabilitation and social care institutions. Pharmaceutical care is provided by private pharmacies affiliated with the National Organization for Health Care

Provision (Greek accr. EOPYY). High cost medicines, which fall within the scope of paragraph 2 of Article 12 of the Law 3816/2010 (A΄ 6), are provided exclusively by Hospital pharmacies and the National Organization for Health Care Provision (Greek accr. EOPYY). 2. Beneficiaries of the rights referred to in paragraph 1 hereof are the following: a) non-directly or indirectly insured Greek citizens or Greeks of Greek origin, citizens of EU Member States and other third countries who have legalization documents in Greece, and family members (spouse and minor or protected children) of all the aforementioned, b) (the spouse and minor or protected children) who have lost their insurance cover due to debts and are not entitled to health benefits; (c) the persons of the following categories, irrespective of their legal status and the possession of legitimate residence documents in the country: i) minors under 18 years of age, ii) women in pregnancy, iii) persons with disabilities housed in structures of Social Welfare Centres or in Residences or Residences for Individuals with Disabilities or other Legal Entities of Public Law (Greek accr. NPDD) or Legal Entities of Private Law (Greek accr. NPID) of Non-profit character, iv) persons accommodated in Mental Health Units of Law 2716/1999 (A΄ 96), v) persons accommodated in all the treatment institutes approved by Law.4139/2013 (A΄ 74) or monitored in the same structures as outpatients, vi) incarcerated individuals, guests in juvenile care institutions, and children's shelters of minors (NPDD) and those under administrative detention, vii) those who provide welfare work as a sentence or as a reformatory measure, viii) people with a disability of 67% and above and people who require hospitalization or need continuous medical care or rehabilitation due to illness either chronic or incurable or rare diseases and people with other chronic diseases which have been attested by medical diagnoses by Physicians of Public Healthcare Facilities or University Hospitals, ix) beneficiaries of international protection (recognized refugees and beneficiaries of subsidiary protection) and stateless persons and members of their families (spouse and minor or protected children) are either holders of a valid residence permit or a decision is pending on an application for the renewal of the regime for international protection appeal or appeal against a decision rejecting a request for renewal or at the time when there is a right of appeal or appeal, x) those residing in Greece with a residence permit for humanitarian or exceptional reasons and their family members (spouse and minor or protected children), in accordance with Article 28 of the Presidential Decree 114/2010 (A΄ 195) or the Law 3386/2005 (A΄ 212) or the Law 4251/2014 (A΄ 80) whether they are in possession of a valid residence permit or a decision is pending on an application for the renewal of an international protection regime or on a civil action or an appeal against a decision rejecting a request for renewal or at the time when there is a right of redress or appeal, xi) applicants for international protection and their family members (spouse and minor or protected children) from the date of the declaration of intent to lodge an application for international protection (initial or subsequent) and until the decision on their application for international protection becomes final by decision of the relevant authority requesting the annulment of a decision of a Board of Appeal or if the time limit for filing an

appeal has expired, xii) victims of crimes of Articles 323, 323A, 349, 351 and 351A of the Criminal Code (in accordance with Presidential Decree 233/2003 (A΄ 233), who are uninsured and for as long as the protection and assistance measures are in force and aliens that fall under the provisions of Law 3875/2010 (A΄ 158) "Ratification and implementation of the United Nations Convention against Transnational Organized Crime" and for as long as protection and assistance measures are in place. Citizens of third countries with a written certificate of postponement of expulsion pursuant to the provisions of paragraph 4, article 24 of Law 3907/2011 (A΄ 7) [17].

Currently, every refugee and asylum seeker in Greece has the right to free access to primary, secondary and tertiary health care [21]. However, health risks and exposure to hazards, public health implications, barriers that hinder access to health case such as language of communication weaken migrant access and the quality of medical care they receive. Difficulties such as informal and discriminatory policies of health professionals and perceptions developed by migrants on health hinder and prevent the use of services by the latter. The end result is that migrants are much less likely to use preventive health services, hospital services, emergency medical services and dental care than native citizens [22].

3. Epidemiological surveillance and health responses

According to Ministry of Digital Policy, Telecommunications and Media/Secretariat for Crisis Management Communication (2018) [3] on health, during the quarter July-August-September, vaccinations were given to refugee and migrant populations in the hospitality facilities both in mainland Greece and the islands like Reception and Identification Centres (RICs, Greek accr. KYT), Refugee and Migrant Hospitality Centres (Greek accr. KFPM) and hospitality shelters, under the coordination of the General Secretariat for Public Health (Greek accr. GGDY) [3]. The vaccination was mainly carried out by the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO) and by Non-Governmental Organizations (Doctors Without Borders, Red Cross, Doctors of the World) as well as by some health services of the National Healthcare System [3]. From January 2018 to August 6, 2018 (finalization date of the program "PHILOS – Emergency health response to refugee crisis"), the following were carried out: 8.501 MMR and 346 PCV, 806 HepB, 510 HEXA, 499 TETRA, 145 Var, 153 HepA, 40 Men, 34 Hib και 9 DTaP. Total of vaccines granted: 11.043 [3]. UNICEF donated 23.000 MMR vaccines to meet the needs of refugees and migrants [3]. From June 2018 to date, with this donation the General Secretariat for Public Health (Greek accr. GGDY) has approved the administration of 8.787 doses of the MMR vaccine [3]and 1.100 doses of the IPV vaccine which had also been approved and distributed by the Pasteur Institute.[3]. It is recalled that the surveillance system refers to abdominal surveillance rather than the diagnosis of a

disease [3]. Concerning actions relating to the health coverage of refugees and in particular vulnerable groups, the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO) in collaboration with local committees focused on cases in hospitals near Refugee and Migrant Hospitality Centres (Greek accr. KFPM) and proceeded to appoint doctors responsible for administering preventive treatment for HIV and STDs (PEP), after sexual abuse [3]. Qualified personnel were designated to Reception and Identification Centres (RICs, Greek accr. KYT) in order to deal with gender-based violence, and provide links to hospitals [3]. On the assessment of vulnerability in Reception and Identification Centres (RICs, Greek accr. KYT), 377 people were registered in July and 2.021 people in August [3]. Through the program "PHILOS – Emergency health response to refugee crisis" 2.242 people approached and received healthcare in hospitals of the National Health System, at the National Primary Health Care Network (Greek accr. PEDY) and Health Centres in the country. As regards the health coverage of the needs of third-country nationals who are being held in the eight Pre-departure Detention Centres of Foreigners (Greek accr. PROKEKA) this is provided by the Health Units SA (Greek accr. AEMY) [3]. The number of these is about 2.122, and besides healthcare provided at primary level by medical staff, psychological and social support, diagnostic, advisory and supportive services as well as interpretation services are provided by specialized staff.[3]. According to data of the National Health Operations Centre (Greek accr. EKEPY) of the Ministry of Health during July, August and September, the refugees who received health services in the country's health establishments amounted to 16.641[3]. Of these, 1.385 were hospitalized. Also, with regard to the breakdown by age group, 4.991 occurrences are for people under the age of 15[3].

According to Ministry of Digital Policy, Telecommunications and Media/Secretariat for Crisis Management Communication (2019) [5] on health, the epidemiological data for 14 selected health-related syndromes/conditions that are important from a public health point of view are collected and recorded on a daily basis by the Refugee and Migrant Hospitality Centres (Greek accr. KFPM) and the Reception and Identification Centres (RICs, Greek accr. KYT) [5]. The main issues that concerned the population in the hospitality centres on an epidemiological basis in the last quarter, were respiratory infections, sporadic episodes of diarrhoea and tuberculosis cases, staphylococcal infections and scabies [5]. Based on the data of the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO) it appears that there has been no serious public health issue in the hospitals and the Reception and Identification Centres (RICs, Greek accr. KYT) of migrant and refugees [5].

According to weekly Reports of epidemiological surveillance in points of care for refugees/migrants of the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO), in week 52/2018 (from 24/12/2018 to 30/12/2018) the system for epidemiological surveillance in care centres for refugees/migrants received data from 17 centres hosting refugees/migrants out of a total of 25 centres participating in the system (rate 68%) [24]. During that week,

the observed morbidity ranged within the expected limits, with the exception of the syndromes “respiratory infection with fever” and “gastroenteritis without blood in the stool”, for which an increase was observed on 30/12 [24]. Further investigation did not reveal any cluster of significant magnitude or severity in single hosting facilities. A case of the syndrome “meningitis and/or encephalitis” was reported from one hosting centre [24]. Further investigation verified that the case had a clinical picture compatible with viral meningitis [24]. Recommendations were given for taking the necessary hygiene measures [24]. No case was recorded for the following syndromes/health conditions: Malaria (with positive rapid test), Suspected diphtheria (respiratory or cutaneous), Jaundice of acute onset, Paralytic manifestations of acute onset, Haemorrhagic manifestations with fever, Sepsis or shock (septic, of unknown aetiology), Death of unknown aetiology (see Table 4) [24].

Table 4: Number of cases, proportional morbidity and statistical warning/alert signals by syndrome/health condition under surveillance, total of reporting centres hosting refugees/migrants, week 52/2018 (from 24/12/2018 to 30/12/2018)

Syndrome	No of cases	Observed proportional morbidity	Expected proportional morbidity	Z-score
i) Respiratory infection with fever	39	1,5	1,4	0,206
ii) Gastroenteritis without blood in the stool	44	1,7	1,2	0,970
iii) Bloody diarrhoea	1	0,0	0,0	-0,096
iv) Rash with fever	6	0,2	0,2	0,091
v) Suspected scabies	31	1,2	1,0	0,340
vi) Suspected pulmonary tuberculosis	3	0,1	0,2	-0,320
vii) Malaria with positive RDT	0	0,0	0,0	-0,181
viii) Suspected diphtheria, respiratory or cutaneous	0	0,0	0,0	0,000
ix) Jaundice of acute onset	0	0,0	0,0	0,000
x) Neurological manifestations of acute onset	0	0,0	0,0	-0,181
xi) Meningitis and/or encephalitis	1	0,0	0,0	2,162
xii) Haemorrhagic manifestations with fever	0	0,0	0,0	0,000
xiii) Sepsis or shock (septic, of unknown aetiology)	0	0,0	0,0	-0,161
xiv) Death of unknown aetiology	0	0,0	0,0	-0,151

Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO) (2018) [24]

The Ministry of Digital Policy, Telecommunications and Media/Secretariat for Crisis Management Communication (2019) and the Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO), in collaboration with local hospital infection committees located near Refugee and Migrant Hospitality Centres (Greek accr. KFPM), proceeded as usual to appoint doctors responsible for administering preventive treatment for HIV and STIs (PEP), after sexual abuse [5]. Respectively they also appointed to Reception and Identification Centres (RICs,

Greek accr. KYT) persons responsible for the management of cases of gender violence and boosted their interconnection with hospitals [5]. With regard to the vulnerability assessment tool, which provides a structured questionnaire for assessing the vulnerability of the individual to conditions of continued instability while protecting the individual's health data according to the GDPR, it is designed for use by healthcare workers familiar with refugees and immigrants [5]. The original tool was developed in 2017 by a scientific team at Hellenic Centre for Disease Control and Prevention (HCDCP/Greek accr. KEELPNO), which was familiar with the needs and characteristics of the refugee population that are served at the Reception and Identification Centres (RICs, Greek accr. KYT) and refugee centres, medical management, mental health problems and the management of categories of vulnerability as described in Law 4375/2016[5]. The tool was designed to assess the person's vulnerability by scale, including the features for each particular area of physical or mental deficiency [5]. According to the data of the National Health Operations Centre (Greek accr. EKEPY) of the Ministry of Health during the months of October, November and December, the refugees who received health services in the country's health establishments reached to 17.601. Of this number 1.385 were admitted to hospitals [5].

4. Conclusion

When in 1983 the Greek National Health System (NHS) was founded, it was designed to provide a free, fair and comprehensive coverage of healthcare for the entire Greek population. The reforms that took place after 2010, due to the economic crisis, resulted in the introduction of measures to increase citizen participation in the cost of providing health services. The role of the private sector in the provision of healthcare is extensive and financed either by social security funds through contract agreements or by the patients themselves. The main barriers [33] for migrants and ethnic minorities in access to health and social care services are summarized in the following points: (a) cost of care, (b) lack of information on access to services such as health, social insurance and the welfare system (e.g., vaccinations and the places of available services) [27] [28]. Administrative difficulties have been observed in some cases regarding access to the health care system, which mainly concern difficulties in the acquiring a National Insurance Number (Greek accr. AMKA) and also concerns limited awareness of the population regarding the procedures for the acquisition of documents [27] [28] (c) language difficulties in communicating with health professionals and workers in social work/care [27] [28] cultural mediators, translation services which must be improved because of the great significance of communication between patient and health professionals [27] [28]. (d) prejudices and stereotypes of health professionals towards these groups, (e) fear of these groups towards the operation of public services and (e) accessibility to public health services [26] [32] (distance to the nearest health facility) and the lack of referral systems [27] [28]. The

relationship between social exclusion and the health status of asylum seekers, refugees and migrants works in a bidirectional manner. On the one hand the experience of social exclusion – as reflected in the poor living conditions, low income, difficulties in communication, institutional or actual exclusion from health and other services and phenomena of racism and xenophobia – has detrimental effects on the health of asylum seekers, refugees and immigrants. On the other hand, a possible poor health condition [25] [31], in turn, leads to social exclusion due to difficulty in finding formal employment since asylum seekers, refugees and immigrants are mostly employed in casual, informal occupations, in precarious, low-status/low-wage jobs and experience deterioration of their real income [22] [29]. Extensive international literature documents that asylum seekers, refugees and immigrants lack adequate access to healthcare and health insurance and self-evaluate their health status as very low [22] [29]. The financial crisis has also impacted the health services provided and the function of hospitals. Moreover, lack of cultural mediators worsens the situation due to the existence of cultural differences as many studies emphasize the welfare officers and healthcare professionals' informal practices towards asylum seekers, refugees and migrants which, apart from objective, also generate subjective obstacles, thus hindering their access to health services, leading to their marginalization and adoption of casual perceptions and informal practices for themselves and their health [22] [29]. The collapse of the health system in the country of origin, poor living conditions and the consumption of contaminated water before or during the migration process, increases the likelihood of many infections (bacterial, viral and parasitic), including those that could have been prevented by vaccination [34]. Since there has been increased risk of exposure of these populations to infectious diseases due to the conditions prevailing in the countries of origin, transit or destination, protection against infectious diseases (e.g. tuberculosis, HIV and hepatitis) is necessary [34]. In general, the image of health among natives and people who come from other countries does not vary greatly [34], resulting in debunks myths about the health of third country nationals [35]. In some cases, migrant populations, particularly the first generation, were found to be healthier [34].

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