Health services’ response to the migratory crisis in Europe

From theory to practice: the role of non-governmental organizations

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Refugee & Migrant flows in Europe (2014-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Arrivals</th>
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<td>2014</td>
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Closure of Western Balkan route, EU-Turkey deal
2015-17 refugee crisis: Arrivals vs. Dead & Missing

- Opening of eastern Mediterranean route
- Closure of eastern Mediterranean route (Mar 2016)

Arrivals vs. Dead & Missing:
- 2014: Arrivals 219,000, Dead & Missing 1,6%
- 2015: Arrivals 1,008,616, Dead & Missing 0,4%
- 2016: Arrivals 362,753, Dead & Missing 1,4%
- 2017 (Jan-Aug): Arrivals 123,950, Dead & Missing 1,9%

Graph showing the changes in arrivals and dead/missing over the years with events noted.
Setting up the stage

• Unprecedented influx of people
• Multiple countries of origin - languages - cultures
• People on the move (2015-March 2016) / stranded (March 2016 – present)
• Political/policy “crisis”
• Volatile - unpredictable – fast changing context
  • Political (movement of people, closure of borders, registration, facilitation or hindrance of agencies/NGOs/volunteer groups)
  • Legal (legislation, asylum procedures)
  • Humanitarian needs
• High media coverage and consequent international attention, esp. after the death of Aylan Kurdi (02/09/2015)
Setting up the stage - 2

- Greece in economical and social crisis since 2008
- Right-wing governments, nationalistic approach
- Securitization of crisis (border control/police, fences) – violence by authorities
People’s needs

In transit countries (hours – 1 month)
- Safe passage - Transportation
- Shelter
- Food & Water and Non-food items (NFIs)
- Hygiene & Sanitation
- Protection (incl. SGBV)
- Information provision
- Physical & Mental health - access
- Legal aid (asylum, rights)
- Language/translation support

In destination countries/stranded people (months - >1 year)
- Shelter
- Food & Water & Non-food items
- Hygiene & Sanitation
- Protection
- Information
- Legal aid (asylum, rights)
- Language/translation support
- Physical & mental health (incl. victims of violence) + access
- Education (language, vocational)
- Livelihoods (work, cash)
Response

• Massive mobilization of actors
  • National & local governments
  • European agencies (ECHO, ECDC, DG SANTE, HOME, JRC, JUST, RTD, FRA, EMN, Chafea)
  • United Nations (UNHCR, UNICEF)
  • IFRC, Red Cross, national and international NGOs
  • Volunteer groups, individual citizens
  • Working groups, scientific bodies, universities, social institutions

• NGOs and volunteer groups supported national and local authorities to cover the increasing humanitarian needs, BUT:
  • Substitution of governments in many cases
  • Slow & insufficient response
EU budget response to the refugee crisis, 2015-16

**Funding inside the EU**

- AMIF and ISF*:
  - Emergency funding: €3.70 bn
  - Long-term measures: €3.365 bn
- Additional support to agencies and their operations: €170 m
- Distribution of dairy products to the refugees: €30 m
- **TOTAL**: €3.9 bn

* AMIF: Asylum, Migration and Integration Fund
  ISF: Internal Security Fund

Financing

• Institutional funding for majority of NGOs, directly or through UNHCR: media driven, too late, too short

• By July 2017, withdrawal of many NGOs from Greece, mainly due to lack of institutional funding or reallocation of funding to the government

• Administrative & political constraints
  • Disbursement of funds in EU member states territories
  • Procurement and importation of medicines

• Specific country funding (2015-present)
  • For Greece: ~ €803m
  • For Serbia: ~ €44.5m
  • For FYROM: ~ €38m

• 70% of money spent were wasted!!!!
Massive NGO response to the crisis in Europe

December 2015:

- At least **386 non-governmental groups** (NGO & volunteer)
  - 95 in Greece
  - 54 in Hungary
  - 53 in Serbia
  - 52 in Slovenia

- Of which, at least **161 volunteer groups**

Source: [http://simonbjohnson.github.io/europe-refugees-16-3w/](http://simonbjohnson.github.io/europe-refugees-16-3w/)
Role of NGOs in the crisis

• Adaptability & flexibility to changing environment
• Support to national/local governments
• Broad coverage of needs
• Provision of vital services
Services provided by NGOs
Search & Rescue (Mediterranean – Aegean Sea)

- 40% of rescues/transfers by NGO boats
- Accusations
- “Code of Conduct” document by Italian Government – 5 of 10 NGOs signed
Transportation

• From landing sites to registration facilities (e.g. Lesvos-Greece)
• Cross-border for disabled and vulnerable people (e.g. Greece-FYROM)
• Facilitation for movement with trains and buses cross-country (e.g. FYROM –Serbia)
Shelter – Camp Management

- Tents (individual/group)
- Electricity, charging points
- Heating/cooling systems
- Internet (WIFI)
Shelter, hotels & private accommodation
Water, Sanitation & Hygiene

- Water taps – water distribution
- Toilets (chemical)
- Showers
- Sewage system
- Cleaning/Garbage collection
Water, Sanitation & Hygiene
Food & Non-Food Items (NFIs)

Distribution of

• Food (mostly cold-sandwiches, dry food) - water
• Clothes - shoes (raincoats, shocks, hats, gloves, etc.)
• Personal hygiene items (soap, shampoo, sanitary pads, etc.)
• Blankets, sleeping bags
Protection

Definition (ICRC): 4 spheres of action
• political
• military or security
• legal (including judicial)
• humanitarian

Including
• Information on rights and obligations, asylum procedures
• Legal counselling and representation of asylum seekers
• Identification and referrals of people with specific needs to relevant actors
Protection: Identification & referrals of vulnerable groups

- Pregnant women
- Single parents with minor children
- Disabled people
- Children <5 years
- Unaccompanied minors
- Elderly people (>65 years)
- Chronic physical or mental illness
Other services

• Information provision
• Legal aid
• Education (informal classes: language, math, etc.)
• Recreational activities (children, women) !! MEN !!
• Cash assistance programs
• Innovative communication tools for contact with/between refugees, stay in contact with relatives (applications, websites, etc.)
Health care provision

- National Health Systems
  - Overwhelmed
  - Understaffed, under-budgeted
  - Not culturally competent (lack of translators)
  - Difficult access (legal, administrative, geographical)

- National/international NGOs, voluntary groups
  - At least 27 (December 2015)
  - IFRC, Red Cross, Médecins Sans Frontières, Médecins Du Monde, SAMS, WAHA, PRAKSIS, Rowing together, Kitrinos Healthcare, Boat Refugee Foundation, Health Point Foundation, etc.
Health care services by NGOs

• First reception – health screening – vulnerability screening
• Basic/Primary health care
  • Trauma, sexual & reproductive health
• Chronic diseases
• Provision of free medicines
• Vaccinations
• Health promotion
• Mental health/ psychiatric support
• Psychosocial activities
• Referrals, transportation to hospitals
• Translation support to hospitals
Healthcare-related resources

• When: up to 24h/7d
• How: Mobile, fixed clinics, street medicine, boats
• Where: Vans, tents, isoboxes, open air, boats, buildings
• Who: Doctors (mostly GPs), nurses, psychologists, midwives, translators, health promoters
Problematic & challenges to the response
Problematic to the response (1)

• Weak, inexperienced or reluctant national governments & local authorities – fear for creating “pull factors”

• Inexperienced local NGOs, volunteer groups

• Slow response to the needs
  • Reluctance to engage in highly political environment
  • Delays in program implementation

• Insufficient response – gaps in services - quality

• Services mostly in major border crossings/reception centres, lacking in less travelled routes
Problematic to the response - 2

• No collective “whole of the route” vision – lack of continuity/trans-border coordination along the route

• Lack of proper collaboration & coordination among NGOs, governments/local authorities, voluntary groups – chaotic situation
  • Overlaps or gaps in provision of assistance, especially NFIs/protection/shelter

• Inappropriate & delayed feedback to funding agencies about operational strategies/gaps for political leverage

• Over-reliance in digital media for provision of info to refugees
  • assumption about people’s literacy & access to smartphones/SIM cards/ internet

• “Developing world mentality”, inadequate for European context
Challenges

• Magnitude of influx
• Increased mobility before March 2016
• Highly political context
  • reluctance of national governments to invest/support in fear of “pull factor”
  • reluctance of UN agencies to push their main donor (EU)
• High turn-over of staff / inexperience / burn out
• Multiple languages, not enough cultural mediators
• Limited time spent by refugees in border points where services were provided
Challenges in health care provision – people on the move

- Difficult working conditions (inappropriate settings, climate)
- Language barriers – need of translators: not enough (patients, national health system) – cultural issues
- Continuity of care
  - People on the move
  - Lack of personal medical records/vaccination cards
  - Refusal of referrals
  - Chronic diseases, mental health, SGBV, torture
- Importation of medicines
- Violence to medical staff: indirect (tear gas) / direct
Challenges in health care provision – stranded population

• Difficult/insufficient access to
  • health services (geography, legislation)
  • specialized services (chronic diseases, reproductive health, mental health, drug users)
  • free medicines (luck of social security number, administrative issues)

• Not culturally competent national health systems

• Problematic housing of psychiatric & other vulnerable patients

• Inappropriate diet for patients with chronic diseases

• Lack of structures/experienced staff for support to victims of violence (SGBV/torture)
Gaps in the response

• Strong **advocacy** to EU politicians/policy makers (esp. protection, safe passage)
• **No regional approach** for trans-border coordination
• Limited - no joint **needs assessments**: lack of, duplication, waste of time & resources
• **Protection** mechanisms for people, identification of vulnerable groups (UAM, SGBV, torture, violence/ill-treatment, trafficking, disappearances)
• Provision of **information & legal aid**
• **Insufficient specialized medical, mental and dental care**
• Inappropriate **shelter** (winter & summer) - buildings, winterization, high summer temperatures
• **Distribution** of non-food items, drinking water
• **Education** for children
• Activities for **single-men**
Winter 2017 - Greece
Refugees’ perspectives

Grateful for being hosted – feeling safe, BUT:

- Delays in asylum interviews, stranded, insecurity for future
- Insufficient protection mechanisms, legal aid/counselling
- Overlaps in provision of assistance
- Lack of/confusing/conflicting information
- Gaps in services
  - Shelter & living conditions (food, WASH, etc.)
  - Access to education & work
  - Cash programs (started late, too little (in Greece: €90-150/person/month))
- Basic instead of primary health care (“doctors are giving us paracetamol only”) – difficult access
- Insufficient specialized medical services (SRH, dentist, victims of violence/torture)
Role of MSF (2015-17)

- Search & Rescue
- Primary health care (PHC) – Chronic diseases – SRH - Vaccinations
- Referrals - Health promotion
- Mental health care (individual & group)
- Victims of torture
- Food & Non-Food Items (NFIs)
- Transportation, Shelter, Water & Sanitation
- Vulnerable groups: identification & referral
- Advocacy and communication
- Support of volunteer groups
MSF response in numbers (2015-17)

• Search & Rescue
  • Aegean sea, Greece, 2015-16: 18,000 people assisted
  • Central Mediterranean: 2015-17: 67,898 people assisted in 555 operations

• Primary health care consultations, Greece & Serbia, 2015-16: 168,357
  • 2015, Greece & Serbia:
    • Chronic diseases: 4564 (6%)
    • Referrals to hospitals: 681 (1%), refusal of referral: 77 (11%)

• Mental health:
  • Individual consultations, Greece & Serbia, 2015-16: 3410
  • Group sessions: Greece, May 2015-March 2016: 2,777 sessions/28,129 participants, 10 languages
Health status by country, Greece & Serbia, 2015 (N=81,868)

- 93%: symptom onset during the migration trip
Mental health symptoms – people on the move (Greece/Serbia, 2015, 830; 79%) vs. stranded population (Greece, Apr 2016- Mar 17, 815; 94%)

Iro Evlampidou, MSF, Refugee crisis in Europe: health status, life experiences, and mental health problems of transiting and stranded refugees and migrants on the Balkan route in 2015-2017
Victims of torture and violence

- Projects in Athens, Rome, Cairo (explosion of cases in Athens)
- Multiple needs (physical/mental/social)
- Holistic approach of needs
  - Specialized doctors (neurologists, neurosurgeons, orthopaedic surgeons, psychiatrists, internists, etc.)
  - Physiotherapists
  - Psychologists
  - Social workers, cultural mediators, etc.
- Collaboration with other organizations (UNHCR, NGOs) and network of volunteers (lawyers, dentists, etc.)
Conclusions

• Massive mobilization of UN, national and international NGOs and volunteer groups
  • Support/substitution of national governments and local authorities to cover increasing humanitarian needs

• Slow and insufficient response - lack of proper collaboration and coordination among involved organizations

• Increased and unnecessary human suffering of transiting and stranded refugees in EU countries
Recommendations

• Governments need to assume their humanitarian & legal responsibility
• Early – appropriate vulnerability screening
• Better coordination – collaboration between actors
• Continuous needs assessments – better program adaptation to needs
• Strong advocacy to influence EU policies
• Free, easy access - specialized medical, mental and dental care provision
• Stronger/more protection and legal aid services
• Better accommodation facilities and living conditions
• Better and culturally adapted information provision to refugees
Thank you

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References

• Médecins Sans Frontières (www.msf.org)