Outputs from the Implementation of 'PHILOS' Programme: Emergency Health Response to Refugee Crisis, Greece, 2017

Authors: K. Mellou, G. Anastopoulos, T. Zakinthinos, C. Botsi, A. Terzidis

Abstract: 'PHILOS - Emergency health response to refugee crisis' is a programme of the Greek Ministry of Health, implemented by the Hellenic Center for Disease Control and Prevention (HCDCP). The programme is funded by the Asylum, Migration and Integration Fund (AMIF) of EU's DG Migration and Home Affairs. With the EU Member States accepting, the last period, accelerating migration flows, Greece inevitably occupies a prominent position in the migratory map due to this geographical location. The main objectives of the programme are a) reinforcement of the capacity of the public health system and enhancement of the epidemiological surveillance in order to cover refugees/migrant population, b) provision of on-site primary health care and psychological support services, and c) strengthening of national health care system task-force. The basic methods for achieving the aforementioned goals are: a) implementation of syndromic surveillance system at camps and enhancement of public health response with the use of mobile medical units (Sub-action A), b) enhancement of health care services inside the camps via increasing human resources and implementing standard operating procedures (Sub-action B), and c) reinforcement of the national health care system (primary healthcare units, hospitals, and emergency care spots) of affected regions with personnel (Sub-action C). As a result, 58 health professionals were recruited under sub-action 2 and 10 mobile unit teams (one or two at each health region) were formed. The main actions taken so far by the mobile units are the evaluation, of syndromic surveillance, of living conditions at camps and medical services. Also, vaccination coverage of children population was assessed, and more than 600 catch-up vaccinations were performed by the end of June 2017. Mobile units supported transportation of refugees/migrants from camps to medical services reducing the load of the National Center for Emergency Care (more than 350 transportations performed). The total number of health professionals (MD, nurses, etc.) placed at camps was 104. Common practices were implemented in the recording and collection of psychological and medical history forms at the camps. Protocols regarding maternity care, gender based violence and handling of violent incidents were produced and distributed at personnel working at camps. Finally, 290 health care professionals were placed at primary healthcare units, public hospitals and the National Center for Emergency Care at affected regions. The program has, also, supported training activities inside the camps and resulted to better coordination of offered services on site.

Keywords: migrants, refugees, public health, syndromic surveillance, national health care system, primary care, emergency health response

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