

Minutes Regional Health Coordination Meeting Thessaloniki

15th September 2016

Chair: Dr. Laura Di Paoli, Senior Public Health Officer UNHCR

Hosted by Hellenic Red Cross

1. Vaccination Programme

Minutes from the National Health Coordination Meeting in respect of upcoming vaccination programme were shared. MSF Switzerland are planning on beginning the First Round on the 2nd week of October when with assistance from other actors including WAHA, Red Cross and SAMS the 1st round will be finalized in all camps. The vaccination campaigns success is linked to the education of migrant school children from the sites as in accordance with Greek law registering children in Greek public schools must be vaccinated. Children of pre-school age will receive education in camps but others will be transported to off-site educational facilities after the Greek curriculum school-day has finished. Evidence suggests that vast majority of parents demanding that their children receive the standard vaccine 'package' but there has been some sabotage in Oreocastro for example.

A Chickenpox Vaccination Working Group about to start in Athens. Close collaboration between Ministries of Health and Education. Agencies should begin collecting data on number of children to be vaccinated per camp. Real numbers of children in camps in Attica has been lower than anticipated. Discussion just started on Tuesday of last week UNICEF will purchase MMR, pneumococcal and BCG. 50,000 vaccination cards purchased by WHO. A letter shared on part of NGOs – supporting Governments plans to carry out vaccinations sent to KELPNO (Greek CDC). Transcript Below.

Routine vaccination activities in the Refugee camps

As the vaccination campaign is being finalized (by end October), with the last camp-sites in the North going to be covered during the last two weeks of October. The need to follow up with routine vaccinations has been brought up by various health actors involved in the Refugees' health care services. As well as being the natural development of the campaign in a population that might be present for an unknown number of months and increasing with the new arrivals in the islands. The implementation of routine vaccination will solve challenges that came out during the vaccination campaign, for instance, due to the mobility of the Refugee population the predicted number of children to be vaccinated at times falls dramatically below that prediction at the time of implementation. The retracing of these children who missed the vaccination campaign will be possible with an ongoing vaccination activity at the camp-sites. Also doctors in charge of primary health care in the camps are often asked by parents of newborn children why their children cannot be vaccinated in a routine manner. With this appeal the medical NGOs involved in the primary health care services of the camps wish to offer their availability and support to the Greek Health Authorities in the implementation of routine vaccination activities.

Athens 13/09/2016

2. Medicines

ECHO are in principle agreeable to procurement of secondary level medicines but UNHCR is awaiting e-mail confirmation. This would mean Valium, antipsychotic drugs etc. anti-depressants being on the list. Patients are continually seeking expensive medicines and there is a lack of drugs in country at

large. UNHCR willing to discuss with MoH for ECHO to donate money to GoG to purchase and import drugs. Lack of medicines in-country is leading to a paucity of drugs for NGO's. The Greek Army have sent a list of drugs they are willing to donate which are two months to expiry date. NGOs to give Laura list of drugs they require and she will pass it on. If NGOs are experiencing a shortage of drugs inform Laura and she will try and advocate for purchase. It was mentioned that it appears that the further North the you go the more difficult to access drugs.

3. National Insurance Number for Migrants

Migrants with International Protection Card can get a National Insurance Number which they can use to get free medicines through Greek Health System. It appears however that neither migrants nor doctors are well informed. Protection Officers from UNHCR have been tasked with to pass this information in sites. Laura working out the process on how migrants can more easily obtain this number. PoCs need to be informed about this and UNHCR Field Officers to spread the information.

4. Transport / Bus Tickets

There are still some challenges with the Marine Travel transportation service who requests we order transport from at least 48 hours to one week in advance which is not feasible. UNHCR need to know if there are challenges as they are paying a lot for service and their logistics team can take this up with the company. Bus tickets seem to be working well. Note it is now legal to use private cars to transport PoCs. With International Protection card NGOs can transport patients.

5. Translators

The lack of sufficient translators is still an issue. UNHCR don't have translators. Translators in three hospitals. Cultural Liaison Officers.

6. PSS Working Group

Angeliki (IRC) reported on the recent PSS Working Group Meeting where we discussed the development of a ToR, SoPs for PSS actors, share IASC guidelines, mapping of all PSS actors and the sharing and translation and implementation of specific protocols such as suicidal patients protocols. Inter-Agency Guidelines are being shared through a drop box that the group has access to. The Working Group also decided to advocate for a PSS Code of Conduct basic training and to offer training of police and army who have a tendency to treat unaccompanied minors roughly. 1,000 new workers have been activated by the government to assist in sites including PSS social workers so we need to decide how they can be integrated into existing programmes. Concern was expressed by the participants on how we can coordinate with these resources bearing in mind that they have 8 months contracts there has been no pre-checks of workers, there is a lack of translations which is a big issue and since they are on a minimum salary they are not so motivated. PSS Working Group Meetings are held every second Tuesday at 10am PSS Meeting at UNHCR with the next meeting on 20th September.

IMC finalizing proposals North PSS implementation in camps where there are gaps. UNHCR likely to be supportive.

AOB

Malaria cases have been reported through Greek CDC and Malaria Rapid Testing Kits have been distributed to two sites – including Diavata one camp and Vagiochori.

Serres: question on whether NGOs will take over health in Serres.

MSF have Clinics in 5 camps and planning to open a polyclinic in a premises close to Thessaloniki Train Station. Local staff one international. It should be open by mid-October and will be open to local Greek residents, migrants in urban settings and from the camps. It will offer a range of services including clinic / medical and PSS/ mental health,