

Ceremonial “Vasilopita” was cut. The coin was found by “Kitrinos Healthcare”.

For the meeting with EKEPY on Tuesday, 31 January 2017, 17:00, room 202, participants please submit your names (with passport/ID numbers if not previously submitted), by Sunday evening, otherwise you will be stopped at the gate. You may do so to [kosmatoa@unhcr.org](mailto:kosmatoa@unhcr.org).

#### **Urban population health needs.**

*Actors are already coordinating so as to provide more adequate services to the urban population, while avoiding overlaps and duplications. Actors who have not yet considered actions for the urban population are encouraged to do so in coordination with the rest.*

*In an effort to streamline services and make them more uniform, actors were encouraged to use the medical passport template, already approved by EKEPY, which would be readily recognisable by Greek State venues, such as hospitals, schools etc.*

#### **Movement of PoCs from camps.**

*An SOP is under development to streamline the departure of PoCs from camps. It includes clear instructions of the time-line and focal points to be notified prior to departure (or following it in case of emergency), in order to give medical actors among others adequate notice to prepare the PoC’s medical file, give them their chronic medication, cancel or modify appointments etc. Once finalised it will be shared with all actors.*

*A version could be developed, to be shared with volunteer and other groups who are currently undertaking unauthorised moves in an unorganised manner. It would include the steps necessary, in order for a move to be legal and not subject to prosecution for people-smuggling and trafficking,. The need was identified to improve on existing SOPs for identification of vulnerable cases, so that they would include red flags for people with specific needs. E.g. a patient on dialysis needing to be close to a dialysis unit, psychiatric patients in need for*

**Action point:** Actors who are already using their own templates will copy them to UNHCR, Angeliki Kosmatopoulou, [kosmatop@unhcr.org](mailto:kosmatop@unhcr.org) for comparison and will continue using them until their current supply runs out, provided they are essentially the same as the approved version. The approved version to be shared with all.

**Action point:** UNHCR to share SOPs once finalised. Posters for PoCs to be placed in all camps.

frequent follow up not to be moved to remote sites etc.

*Red Cross shared a poster developed by UNHCR for Softex, which outlines for the PoCs their responsibilities prior to any move from the camp, be it on their own initiative or by an actor. Similar posters could be used in all sites.*

### **Abortions.**

*The legal framework in Greece was outlined (article 304 of the penal code). Namely abortions are legal with the pregnant woman's consent up to 12 weeks of gestation. They are also legal up to 24 weeks of gestation in cases of serious foetal pathology or abnormalities, which would result in an abnormal/pathologic newborn and up to 19 weeks of gestation in cases of rape, incest, molestation of underage woman or resulting from sexual intercourse with a woman who is incapable of resisting or giving consent. They have to be performed by an Ob-Gyn specialist in an organised health unit, where an anaesthesiologist is available.*

*The costs are covered by the Greek State in cases when the woman is not insured, which would apply to the refugees, also. Referral should be made to a hospital which has a family planning unit, so that the woman can receive full counselling pre- and post-abortion.*

Actors identified that Ippokratio hospital was not accepting women for abortions and that Papageorgiou was only performing them up to 9 weeks of gestation. MSF has cultural mediators in both hospitals, who could ensure appropriate interpretation for Arabic, but not always for Kurdish and not at all for Farsi.

### **Vaccinations**

*Influenza vaccination is underway. Actors who have surplus vaccines can share them with those who have extra needs. Regional health authority crews are immunising in camps where there are actors other than MdM and Red Cross.*

### **Referrals**

*Cases with suspected tuberculosis should continue being referred locally, not to Athens as stated in an email, which was erroneously circulated in the North.*

**Action point:** UNHCR will participate in upcoming meeting of MdM with Ippokratio hospital's Family Planning Unit, to identify obstacles in providing abortion to refugees and similarly will explore in collaboration with EKEPY the reasons that Papageorgiou hospital limits those services to 9 weeks of gestation.

**Action point:** All actors to ensure that adequate interpretation is available for the counseling pre- and post-abortion.

**Action point:** Red Cross to share surplus influenza vaccines with other actors as deemed necessary.

*Dental referrals:* For procedures which can not be performed on site, patients should be referred to hospitals which have a Dental department, however there are long waiting periods for appointments. An alternative, also with long waiting periods would be to refer to the Aristotle University School of Dentistry, where however the patient has to cover the cost of the materials. It was suggested by MoMP that an ECHO proposal could be submitted for funding for such materials, since this is a definite gap in care.

#### **Grevena coverage**

*PRAKSISs* is exploring the possibility of covering overnight hotel and meals costs for their crew, otherwise they can not cover due to long driving distance.

*WAHA* may be able to cover, but only after 15 February, provided they can be given space in a municipal building in one of the villages, so that PoCs can be brought to that space by hotel minivan. *MSF* will undertake a field assessment to identify needs and gaps, with the intent to cover psychological/psychiatric care.

*Nurture point international* is interested in providing support for pregnant and lactating women, as well as for children under 2 years of age, if such needs are identified.

#### **Other**

- Non-urgent medical transportation. There is going to be an anticipated gap in 1-2 weeks, as UNHCR's current contract with Marine Tours is expiring. It is anticipated that in 2017, transportation coverage by UNHCR is most likely going to be based on vulnerability and urgency criteria, as a one off service. Medical actors were once more asked to make provisions in their budgets for transportation costs and explore alternatives, in view of the anticipated gap.
- MSF reported the presence of unregistered psychiatric patients living behind SOFTEX, who are not registered as camp residents and are not eligible for food or NFI distributions. MoMP clarified that such individuals should be registered within the camp's capacity, provided they have a police note or asylum card. In the absence of either, every effort

**Action point:** Healthpoint Foundation International to explore the possibility of submitting a proposal for ECHO funding.

**Action point:** Either or both PRAKSIS and WAHA to keep EKEPY and UNHCR informed of their final decisions.

**Action point:** All actors to make own plans for non-urgent medical transportation and to share with EKEPY and UNHCR.

<p>should be made to encourage them to register with the police.</p> <ul style="list-style-type: none"><li>• PRAKSIS reported cases of psychiatric patients being discharged from the Psychiatric Hospital of Thessaloniki with a prescription for psychiatric medication, but no special one- or two-red-line prescription, thus burdening the NGO's physicians with these prescriptions and all the legal implications of prescribing restricted substances.</li></ul>	<p><b>Action point:</b> Both PRAKSIS and MSF, who had previously reported psychiatric patients not being given their medication while in police custody, to please gather specific information and share with MoMP, to investigate validity of these reports.</p>
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