Minutes Regional Health Coordination Meeting Northern Greece

29th September 2016

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

Hosted by Hellenic Red Cross

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1. CWC Communicating with Communities

The emphasis is on integrating feedback from communities with services provided with communities. A plan was presented to have focus group discussions in all sectors starting with health and then will continue with WASH.

It appears that the medical passport concept is not being rolled-out systematically in camps. The passport issue has been endorsed by MoH supported by IOM. Unclear why we would want to do something specifically for the North. Clearly the project has not yet reached the North so needs to be coordinated with Athens. One medical passport has been produced by KEELPNO and one by MoH supported by IOM. Red Cross has also distributed Medical Passports in absence of other versions. Ideally they should be standardized and better coordinated. A Medical Passport is a clinical management tool which assists the patient and provides for continuity of care. It is useful not only for NGOs but also for doctors in public and private hospitals. Ministry of Migration (MoM) in negotiations to produce electronic version which will include medical data but obstacles have arisen in regards to information management and data collection. Cash programme has similar dynamic. One magnetic card is the ultimate solution as passports can be lost and or stolen. Currently a legal issue as a uniform document is required. Action point for Athens level. NGOs cannot operate own electronic medical records database.

Medical lexicons were distributed to participating agencies with Red Cross to share the remainder with the Ministry of Health.

2. Vaccination

MSF Switzerland preparing to initiate first round with mainland and islands also to be in round. There is a need to estimate the number of children in urban areas. The date to begin is set for second week in October. Some reported resistance from host communities focusing on vaccination status. Some vaccines e.g. BCG was to be purchased by Government but unfortunately manufacturers have fixed the number of countries and could not add another country. UNICEF have been asked if they can assist by procuring some vaccines. Greek MoH and MDM to carry out vaccinations in Diavata next week in coordination with KEELPNO.

Flu vaccine not yet discussed at National Health Coordinating Meeting level but has not been recommended as seasonal vaccine in Greece. Only for at risk groups – migrants not regarded as being in this classification. Needs to be a declaration coming directly from government. Funding would also be an issue.

UNHCR has advocated for EPI with MSF and to MoH which has been well received. Issues being raised with Government.

3. **Medicines (DFID Donation and ECHO)**

With the DFiD medicines that were initially for donation (from Ebola Operation) we can now only have the medical consumables and not the actual medicines. Laura to send the list to participants again. WAHA to send secondary medical drugs list to Laura along with an e-mail from ECHO confirming the medicines now permitted on expanded list. The UNHCR participants explained that within the European Community certain mechanisms can support another country. The GoG has invoked all of them and on that basis EU rendered support to Greece bringing ECHO on board. This is not usual as normally ECHO only has a mandate to work outside of EC. European Community countries cannot loan or donate medicines from another EU country. This is why the DFID donation won't work. This legislation is not going to change. In some metropolitan areas there are medical shortages. We must not create parallel systems and by-pass certain mechanisms. We must operate within the national system.

4. **National Insurance Number (AMKA) for PoCs**

In order for the PoCs to have access to secondary health care medicines we need to provide them with the above number (AMKA). This AMKA can be obtained at the KEP office; there are several KEP offices in every Municipality. With the AMKA number the doctor in the hospital that has examined the patient can release an "electronic prescription" with which the patient can be issued medicines for free from the hospital pharmacy. The PoCs, holding the International Protection Card or other identity document, should be accompanied to the KEP office by a Greek speaking person: social worker or protection officer, from the camp site. In Kilkis and Kavala there have been legal pretexts for not signing the documents. The main issue is that many migrants may not want to integrate into Greek society. Mechanism in the KEP Offices varies – some are issuing numbers whilst some are clearly showing more reluctance. Ministry of Migration to meet with Ministry of Interior to finalize the issue. It requires negotiations and written instruction by relevant Minister to relevant office in regions to implement it. It may be quicker to form productive working relations with the stakeholders in individual KEP offices in order to move the process along.

5. **KEELPNO (Greek CDC) Weekly Epidemiological Reports**

The "Weekly Report on epidemiological surveillance in points of care for refugees/migrants" is published every Wednesday in Greek and English, and includes data for the preceding week. It is available on the Hellenic Centre for Disease Control and Prevention website (www.keelpno.gr), where reports of previous weeks are also available.

6. **C Section indications and female interpreters in the labour room**

High % of C section in Greece – 60% to 65%. This is upsetting mothers who want natural birth. Feeling that C-sections are done to 'save' time in preventing migrants doing second trip to hospital. Suggestions that culturally migrants don't want child born on 8th month. These issues will be brought up at National Health Working Group. Lack of cultural mediators in hospitals. Anti-Natal Care Services in camps – how successful are they? There is a need to establish dialogue with key staff in hospitals to discover why C-sections are so common. Infant formula is very common in Greek hospitals. Save the Children are looking at reasons and can report back.

7. UNFPA Briefing

Felicia Jones, Sexual and Reproductive Health Specialist, UNFPA briefed on the role of UNFPA which amongst other issues focus on family planning and coordinates with the SGBV Working Groups and with WHO. Their initial studies have identified capacity building as a niche in partnerships with MoH and KEELPNO. Mobile medical clinics have been considered to assist government to make a model to "taking health to people in need". KEELPHO sexual and reproductive health assessments to begin. If any organizations want to include / pose questions in the assessment then reach out to Felicia. Working with IMC on mobile clinics and with NGO in Athens on unaccompanied minors.

Evidence suggesting SGBV is a serious problem. Challenges with family planning and accessing contraceptives. Condoms, pills and IUDs. Important to clarify the referral pathway in cases of rape. Nikos (MoM) gave an overview of the legal process. Police are by obligation notified by hospital and NGO may also be called in to assist with investigation. Police demand medical examination and verify that the patient is a victim of rape. The case still exists whether the victim wants to take the case forward. Usually due to good relations in the field a protection agency or other actor can get information from victim. Major cultural barriers to disclosure. Family planning requests very common. Condoms not well accepted. They are being distributed but it's challenging. MdM explained they had initial reluctance with using condoms but now going well.

8. Feedback from PSS Sub-Group Meeting

The PSS Sub-Group Meets every second Tuesday and actors involved in PSS are cordially welcomed to attend – next meeting is at UNHCR on Tuesday 4th October at 10am. The participants at last meeting emphasised the need for a standardization of approach in PSS starting with a PSS mapping exercise to gauge what is being done by whom and where in the sites. A quick round table discussion indicated that agencies have developed a number of activities that are being offered to residents under PSS including field trips, model gardens and youth clubs, yoga (need for careful approach as may have counter-productive dynamic), movie nights, first aid classes, child friendly spaces, women's groups, men's groups, sports events, parenting classes, community centres etc.

There was a request that Solidarity Now and Caritas needed to attend the PSS Sub-Group Meeting so they can share information on their activities and plans.

In Oreokastro there are too many psychologists and not enough protection officers causing an imbalance. In Diavata there are too many social workers and psychologists. There must be a needs based approach as there are high concentration of PSS services in some camps and others are not served at all.

Unaccompanied Minors – classification changes once they reach 18. Need to look at 18 – 20 programming as they are a particularly vulnerable group. Very fragile mentally – frustration and anger.

Law for SGBV needs to be much better understood and shared. IFRC offered to translate key documents and summary sheets on laws and protocols on SGBV and legal frameworks. There is an urgent need to decide where Sexual and Gender Based Violence (SGBV) as a cross-cutting issue fits

with PSS interventions. PSS Sub Group to reach out to SGBV WG. Managing disclosure of SGBV – training required. Site management staff and others are non-specialists but are involved in interviews with victims putting pressure on them on a personal and professional level. This training to be offered to staff who have no background and have no experience in how to cope with these disclosures. There is an important need to define the referral pathways for SGBV. Also for those who disclose suicidal thoughts.

The group will check for the existence of Protocols for Ambulances in case of psychological crises. The law makes it a police intervention including having a police escort. Participants suggested calling and coordinating with "Smile of the Child" who have a number of ambulances. The Legal Aid Group is working and open to discussions on ambulances, putting people in institutional care.

And finally Advocacy points:

- To the Ministry about the people arrived through the Ministry of Labour
- And to the police and Public prosecutor- UNHCR is going to arrange a meeting with them and representatives of actors working on GBV, PSS and CP

A last action point was that the Legal and Health WG to search protocols and guidelines around transportation of acute crisis patients with ambulances.

The following action points and responsible agencies was decided upon:

1. Mapping: UNHCR and IFRC
2. Library IRC and IFRC
3. Drop Box: UNHCR
4. Statistics / Data Collection and Analysis: MDM: cases, domestic violence, rape. Quantitative data. Agree on common model. Have agencies got a tracking / data collection system. Check with ODK.MDM
5. Capacity Building. Psychological First Aid (PFA) training going on. Needs to be circulated. To be shared with protection, legal, health groups.

Other areas to be explored include mental health for mobile populations and medicines for psychiatric care.

9. **Advocating for specific nutritional needs of diabetic PoCs.**

Quality of food is a consistent issue in camps. We can advocate for better and more appropriate food but how can we advocate and how. Laura to bring this to the Food Working Group. Community Kitchens and Cash Transfer Programmes are in pipeline and will improve the situation.

10. **Ophthalmology services for PoCs.**

MDM indicated that PoCs can get glasses and be reimbursed if they have National Insurance Number – but that process is quite complicated.

11. AOB

- Request from Laura that agencies communicate with her on challenges on transport company.
- Activity Info (4ws) training required. Skerlida UNHCR to be invited to outline process at next meeting.
- Insulin is now part of new ECHO package. Issues of cold-chain etc. should be considered.