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**MSF IN
GREECE**
**Report on
Activities
2018**



THE CONTEXT

Médecins Sans Frontières /Doctors Without Borders (MSF) has been providing medical humanitarian assistance to asylum seekers, refugees and migrants in Greece since 1996. In 2014, MSF expanded its activities in Greece to meet the needs of asylum seekers arriving on the Greek islands and mainland. Since 2016, MSF medical teams in Greece have offered a range of services including primary healthcare, treatment for non-communicable diseases, sexual and reproductive healthcare, physiotherapy, individual and group/family clinical psychological care, psychiatric care and a comprehensive social support package. In 2018, MSF provided services in Athens, Evros, and the Aegean islands of Lesbos, Chios and Samos.

Throughout 2018, MSF continued to witness the consequences of the European Union's (EU) deterrence and containment policies on people's health and wellbeing in Greece. The closure of the Balkan migration route and the implementation of the EU-Turkey Deal in March 2016 left many people trapped on the Aegean islands and the mainland. In 2018, 60 percent of people arriving on the Greek shores were women and children.

In 2018, sea arrivals reached almost 32,500, slightly higher than the 29,718 arrivals seen in the previous year. What is remarkable is the increase in the number of arrivals by land, specifically from Evros, which have tripled since 2017. In 2018, 18,014 people crossed from Evros' land border, while in 2017, it was just 6,592. The total number of arrivals in Greece in 2018 increased by 45 percent compared to the year before.

The new arrivals were mostly Syrian, Iraqi and Afghan families, who had fled besieged cities, war and violence in their home countries, and had travelled to Greece through Turkey. In September 2018, the number of asylum seekers living in and around the Moria Reception and Identification Centre (RIC) on Lesbos island reached record high numbers. At its peak, over 9,500 people were stranded on Lesbos, despite the fact that the RIC only has capacity for 3,100. The same occurred on in the island of Samos, where almost 4,000 people were staying in an RIC with the capacity for only 650.

Between October and December 2018, following pressure from several NGOs, including MSF, the Greek government temporarily accelerated transfers of vulnerable people to the mainland, somewhat decongesting the reception facilities. However, many vulnerable people are still staying on the islands indefinitely. As long as these containment policies remain in place, overcrowding on the islands, with horrendous living conditions and insufficient access to basic services including healthcare, will remain the norm. As a result, the health and mental wellbeing of vulnerable people stranded on the islands will continue to suffer.

The end of the relocation scheme in September 2017 and the drastically slowed down family reunifications offered little hope that asylum seekers would be able join their families in other European countries in the final months of 2018. This led to increased pressure on the already strained Greek public services. The MSF clinics treating migrants and asylum seekers in Athens continued to note administrative and language barriers preventing proper access to national healthcare services for many of our patients.

In addition to its medical interventions, described in more detail in this report, in 2018, MSF carried out vaccination campaigns for children living in Lesbos, Chios and Samos, in collaboration with the Ministry of Health and the Greek Centre of Disease Control and Prevention (KEELPNO).

Athens Day Care Centre

In September 2016, in order to respond to the medical and mental health needs of vulnerable people in Athens, MSF opened a day care centre (DCC) specialising in sexual and reproductive healthcare and mental healthcare activities, care for victims of sexual violence and treatment for transmittable sexual diseases. In July 2017, the centre began providing patients with a comprehensive social support package and treatment for non-communicable diseases to cover the needs of patients staying in Athens on a longer-term basis.

There is also support for referrals to the national healthcare system, with specialised cultural mediators accompanying patients to follow-up appointments at hospitals. An outreach team runs health promotion and education sessions in shelters around the city.

Key challenges

- Limited space and personnel faced with increased activity and volume of patients, leading to long waiting times for mental health patients
- Public hospitals overwhelmed leading to difficulties for our patients to access secondary healthcare
- Complex patient needs requiring a multidisciplinary social support package
- Multiple language needs requiring a full team of cultural mediators

Sexual and reproductive healthcare (SRH)

In 2018, the number of sexual and reproductive healthcare (SRH) consultations increased as a result of increased arrivals of migrants and refugees on the mainland.

Total number of SRH consultations in 2018	7891
Total number of gynaecological consultations (Family planning consultations)	2,343 (1422)
Total number of antenatal care consultations (First antenatal care consultations)	3230 743
Postnatal care	353
Total number of requests for termination of pregnancy	163
Total number of sexual violence consultations	169 (Four coming within 72 hours of an assault)

Gynaecological consultations focused on the treatment of genital infections, menstrual disorders, constipation, haemorrhoids, sexual-transmitted diseases and urinary tract infections.

proportion of male victims kept away by the social stigma and the difficulty in ensuring that victims of sexual violence seek care less than 72 hours after they are attacked.

In early 2017, MSF invested in the DCC to reinforce and consolidate its focus on sexual violence through increased promotion of the relevant services, establishment of a standardised path for patients who have suffered sexual violence through the DCC services, and implementation of a sexual violence screening at all first SRH consultations. Two remaining challenges for the DCC are the low

Mental healthcare

Within our mental health services, demand for psychological care among our target population remained constant during 2018, and while the demand for psychiatric care increased. This coincides with the reduction of activities of other NGOs providing



mental health services in Athens. Depression, anxiety and symptoms related to past traumas are the main diagnoses. People using this service are aged between 20 and 49 years, and are split evenly, on average, between men and women. They come mainly from Afghanistan, Iran and Iraq. In the last months of 2018 there was an increase of people from Democratic Republic of Congo and Cameroon.

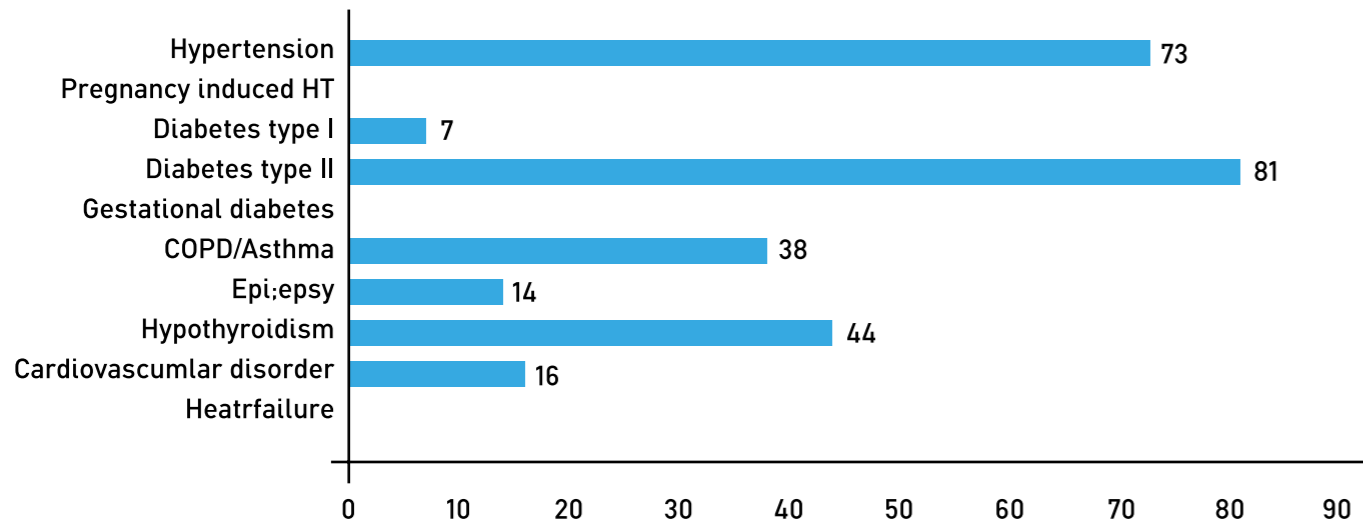
Non-communicable diseases (NCD)

The non-communicable diseases (NCD) activities in the DCC ran throughout 2018. The five most common NCDs treated were diabetes, hypertension, hypothyroidism, asthma and epilepsy. In 2018, 2,005 consultations were conducted, almost 90 percent of which were follow-up consultations.

Total number of clinical psychological care consultations	1,971
Total number of first psychological assessments	565
Total number of psychiatric care consultations	1,406

Total number of NCD consultations	2,005
Total number of new patients	206

By the end of 2018, 217 patients were receiving treatment for NCDs. More than 68 percent of patients were aged 18 to 49, with around 31 percent over 50 years old. An overview of the patients' underlying conditions can be seen in the graph below:



In 2018, 2,005 consultations were conducted, of which 217 (10.83 percent) were first time consultations and 1,787 (89.17 percent) were follow-up consultations. The majority of our patients had type II diabetes or hypertension.

- During 2018, the number of insulin-dependent patients increased significantly. This trend caused a lot of difficulties; as those patients have more frequent side-effects, they are more difficult to manage, require more frequent external referrals and more expensive treatment .
- Health promotion sessions for diabetic patients were organised by health promoters and NCD nurses
- Proactive tracking of patients who missed their appointments started in October. Most patients were unreachable by phone, but some were willing to schedule another appointment.

Social and legal services

Total number of social worker and legal aid consultations	3,340 (including 227 legal Sessions)
Escorted to Hospital and other Aid Structures	1,070

The DCC's social services consist of a receptionist, a social service manager and two social workers. The role of the social workers quickly expanded from booking medical appointments at the request of the SRH service to helping undocumented mothers and pregnant women find their way through the Greek public healthcare system, during and after delivery. The social workers also helped migrants and asylum seekers to gain social security numbers, and support for undocumented HIV-positive patients to be treated and receive their medication.

The legal officer is a service-oriented post that provides legal support to DCC patients. This can include preparation for asylum interviews or assisting them to overcome issues with accessing health services when the case has a legal aspect. Additionally, the legal officer raises awareness among MSF staff on legal issues that patients face and actively participates in MSF Greece's advocacy efforts.

Travel medicine service

In October 2017, MSF launched a travel medicine service automatically provided to SRH and NCD patients upon disclosure of their plan to move. MSF aims to ensure their healthcare continuity through health and prevention advice, vaccinations, medication for one to three months, information about medical facilities available on their routes, and referrals to MSF services elsewhere.



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Total number of people benefited from travel medicine service in 2018	658
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Most recipients of the travel medicine service were aged 19 to 45 years and were from Middle Eastern countries. All were provided with their medical file or a health card with a summary of their medical situation, to ensure healthcare continuity at their destination. They were provided with first-aid kits, hygiene kits and baby kits, according to their needs. Their immunisation status was checked and missing vaccinations were provided, with children referred to other health providers. In 2018, MSF also began to

provide outreach travel medicine group consultations for migrants and refugees on the move.

Health promotion activities

MSF runs health promotion (HP) activities through six health promoters and a supervisor in shelters and urban settings throughout Athens. In 2018, 9,441 people benefited from HP sessions.

Total number of people that benefited from HP sessions	9,441
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Athens Clinic for victims of torture (VoT)

MSF in partnership with Babel and Greek Council for Refugees, has run a clinic for victims of torture (VoT) in Athens since October 2014. This clinic provides comprehensive care to survivors of torture and other forms of violence and ill-treatment. The team has developed a multidisciplinary approach to help survivors cope with the medical and mental health consequences of the systematic violence they have been subjected to.

Survivors are offered social support and integration services, as well as legal aid to facilitate their access to the asylum system.

Key challenges

- Poor access to care, rehabilitation and protection due to a lack of identification among people who stay on Lesbos, Chios and Samos islands

- The lack of available accommodation in Athens, which is a barrier to patients' therapeutic progress
- The lack of appropriate asylum processes for VoTs

Medical activities

The VoT clinic is staffed by a team of 38 MSF personnel, including medical doctors, referral nurses, physiotherapists, psychologists, social workers and cultural mediators. In total, 452 patients were referred to MSF VoT services in 2018, which shows that demand for VoT rehabilitation services among asylum seekers and migrants is very high, to the point where it exceeds this project's capacity.

Out of the 452 referrals, 239 patients were screened and 214 (90%) of them were accepted to



the VoT clinic. In 2018, MSF facilitated 342 external referrals to public and private healthcare facilities for laboratory investigations and specialist medical consultations.

The main countries of origin of our patients were the Democratic Republic of Congo (34%), Syria (11%), Cameroon (10%), Iran (8%), Iraq (6%),

Afghanistan (4%) and 25 other nationalities mainly from Africa. Eighty-nine percent of patients were male and 11% female. At the time of the intake 76% were asylum seekers, 16% recognised refugees and 8% undocumented migrants.

Total number of consultations in 2018	
Total number of medical consultations	840
Total number of physiotherapy consultations	926
Total number of mental health consultations	1,101
Total number of social worker consultations	939

Musculoskeletal complications were the most common physical consequence of torture among new patients, while the mental health complications refer mostly to post-traumatic stress disorder, extreme anxiety and depressive symptoms.

Other health conditions treated by the MSF team were skin (17%), neurological (14%), urogenital (10%), ENT 9%) and gastrointestinal (8%) conditions.

Aegean Islands Lesvos

MSF has been working on the island of Lesvos since July 2008, adapting its activities according to the needs of the migrants and asylum seekers that arrive there. After originally working in the Reception and Identification Centre in the Moria camp, MSF suspended its medical and mental health activities there in response to the EU Turkey Deal in March 2016.

In October 2016, MSF opened a clinic in the town of Mytilene for asylum seekers and migrants. The clinic provided primary healthcare, care for chronic diseases, sexual and reproductive healthcare, and mental healthcare. Since August 2017, the services of this clinic started to be focused on the medical and mental health needs of victims of violence, survivors of torture and sexual violence, and patients with severe mental health conditions.

In late November 2017, MSF also set up a clinic close to Moria camp to improve the access to medical care for the asylum seekers and migrants who stay there over the winter months. The clinic has since been offering primary healthcare for children, including vaccinations, as well as antenatal and post-natal care, and family planning for women and mental health support to children.

MSF refers patients to the local hospital for emergency cases, and specialized care including high-risk pregnancies. In January 2018, group psychosocial and psycho-education activities started for children and unaccompanied minors with traumatic symptoms. In the group therapy psychologists and cultural mediators used storytelling to help children work through their past and present traumas.

Key challenges

- Living conditions in Moria exacerbating the medical and mental health conditions of patients
- The lack of services, particularly psychological, psychiatric and legal, for the population of Moria
- Barriers and long delays to the transfer of vulnerable mental health and VoT patients to the mainland to access care
- Victims of sexual violence in Greece, and lack of protection for these victims.

Mental healthcare

Total consultations in 2018	
Clinical psychological support (Individual, family and group sessions for minors in Moria)	313
Clinical psychological support (Mytilene)	2358
Psychiatric and Medical care (Mytilene)	2,570

In 2018, 206 patients were treated in our Mytilene clinic. Twenty-four percent of them came from Cameroon, 19 percent from Democratic Republic of Congo and 10 percent from Afghanistan. More than a third of them were women. Also, 77 percent of the patients reported to our staff that they had experienced torture or sexual violence, and a third of these had experienced both.

Medical doctor activity

Total Consultations in 2018	
Paediatric clinic in Moria	12,116

In 2018, MSF medical teams carried out 12,116 paediatric consultations. Almost 60 percent of the consultations concerned children under the age of five. Most of the conditions treated were likely linked to the poor hygiene conditions in the camp, including upper and lower respiratory tract infection (43 percent), watery diarrhoea (10 percent) and skin diseases, such as scabies and lice (14 percent).

Sexual and reproductive healthcare

In 2018, MSF offered antenatal and post-natal care, family planning, care for survivors of sexual violence and we facilitate referrals to a local health facility for high risk pregnancies, advanced methods of contraception and termination of pregnancy.



Total consultations in 2018	
Antenatal care	1,246
Post-natal care	56
Family planning	351
Sexual violence	178
Requests for termination of pregnancy	120

There were 45 sexual violence incidents seen in our SRH activity, including 24 which took place in Greece. MSF only took cases within 5 days of the incident. In 2018, 14 cases presented in < 72 hours in our clinic.

This may indicate good sensitisation on early presentation following the SV incident. 9 of the total SV cases were male and the rest female. Sexual violence is suspected to be more common, particularly in Moria camp, where protection is poor and the women frequently report fear and harassment.

External referrals

In 2018, the MSF team on Lesvos made 834 referrals to local health services, of which 72 percent where to the local hospital, two percent to the local clinic (IKA) and 26 percent to private practitioners due to long waiting times for the public services. The referrals were done for medical, sexual and reproductive care specialists and the psychiatrist.

Social work

In 2018, 294 cases were referred to MSF social workers. The main needs identified by social workers on their first assessments included legal aid (64 percent) and accommodation assistance (63 percent).

Health promotion

In 2018, the MSF health promotion team on Lesvos conducted more than 5,300 health promotion education sessions. Health promotion sessions for parents and women on key topics, including hygiene, antibiotic resistance and other paediatrics issues, are an important complement to the Moria clinic activities. In total, more than 11,380 patients and caretakers received health promotion messages.

Aegean Islands Chios

MSF started working on the island of Chios in December 2017, supporting the local hospital with cultural mediation services to help them better address their patients' healthcare needs. In January 2018, MSF worked with a local volunteer network to distribute 500 blankets to people living in tents around the Vial camp. An additional 750 blankets from MSF were distributed, in cooperation with the Reception and Identification Service.

In March 2018, MSF mobile units began daily visits to Vial camp offering primary healthcare, sexual and reproductive healthcare (ante/post-natal care,

gynaecology and family planning), and mental healthcare (individual clinical psychological care sessions). An MSF social worker complements the support package offered to patients at both the local hospital and the camp, linking patients to legal aid organisations locally and in Athens. In July 2018, MSF set up a permanent clinic outside Vial camp (1.4 km away) to provide the above-mentioned services.

Patients in need of psychiatric treatment are referred to a local NGO as the waiting time at the local hospital can be up to three months.



An outreach team in the camp provides health advice, promotes MSF activities and referring patients to the MSF mobile clinic. Also, together with the Greek Council of Refugees, we are giving legal support to refugees in need.

In March and November 2018, MSF ran measles vaccination campaigns for the migrants and refugees living in Vial camp. A total of 276 children were vaccinated in March and 192 in November, in collaboration with the Hellenic Center for Disease Control and Prevention (KEELPNO).

Key challenges

- One of the main challenges is the transport of patients from the camp to the clinic
- Number of patients is heavily weather dependent
- The Vial camp population speak a wide variety of languages and there is a lack of interpreters to cover these
- The local hospital is overwhelmed and there is concerning lack of interpreters
- The local hospital lacks specialised doctors

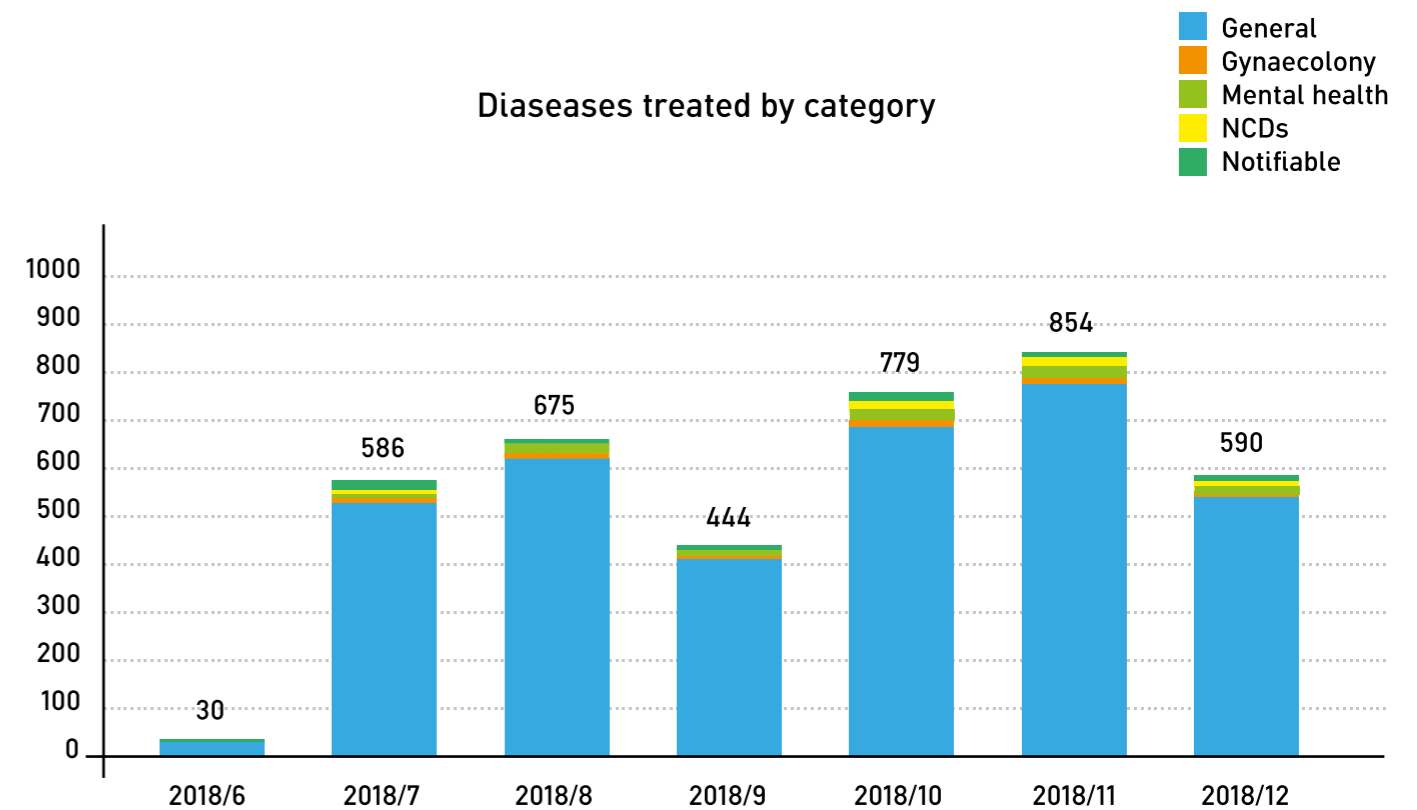
Primary Healthcare

The MSF clinic near Vial camp in Chios provides primary healthcare services. The team consists of one medical doctor and one cultural mediator. Asylum seekers and refugees in the camp suffer from a consistent lack of heating facilities, low-quality food, a lack of access to showers and difficult access to healthcare. Women cannot visit toilets in the evening because of a lack of security. Poor quality toilets and sanitation are a serious problem. Many living spaces are infested with cockroaches and bugs. The major health concerns are urinary tract infection, skin infections and musculoskeletal problems. The MSF clinic mostly treats adults, 43.7 percent of whom are women.

Total number of primary healthcare consultations	3,026
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Referrals made by MSF staff directly to the Chios hospital increases by time. Patients are mainly referred for specialized medical care (obstetrics, dentist and others).

Diseases treated by category



Sexual and reproductive healthcare

On 20th March, sexual and reproductive healthcare (SRH) activities started in a mobile clinic outside Vial camp. These have since moved to the current clinic together with other services.

The team consists of one midwife and one cultural mediator. The main services provided to asylum seekers and refugees are antenatal and post-natal care, gynaecology and family planning.

Consultations in 2018	
Total number of SRH consultations	1,575
Total number of gynaecological consultations (family planning)	598 (175)
Total number of antenatal care consultations (first antenatal care consultations)	688
Post-natal care	41
Total number requests for ToP	8
Total number of sexual violence consultations (Sexual violence cases)	65 New

Mental healthcare

Mental healthcare services were firstly provided by the MSF mobile unit in Vial camp. These were then moved to the current clinic outside Vial camp together with other services.

Total number of clinical psychological care consultations	481
(including 30 external psychiatric consultations)	
Total number of first psychological assessments	188

Among people using the mental healthcare services, 56.9 percent were men, 46.8 percent were between 20 and 29 years old and 41.5 percent were between 30 and 49 years old. The most common problems recorded were anxiety, depression and trauma.

Social services

MSF provides migrants and refugees with social support through a social worker based in the MSF clinic and the Chios hospital. The social worker supports them in the process of gaining social security numbers (AMKAs), helps vulnerable people into shelters and provides legal and social advice.

Total number of social worker consultations	1,426
	(489 in the hospital and 937 in the MSF clinic)

Travel medicine service

Total number of travel medicine consultations in 2018	411
	(325 first visits)
Total number vaccinations provided by the travel medicine service	403

More attention is given to single men and women travelling alone by providing education about sexually-transmitted infections (STIs).

In 2018, 34.5 percent of the patients were women; 33 percent of patients were travelling alone and 31 percent with family; 7.8 percent are travelling with their parents or spouse (no children). Thirty-nine percent were Afghans, 37.5 percent were from the Middle East and 21.5 percent were from Africa.



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Health promotion

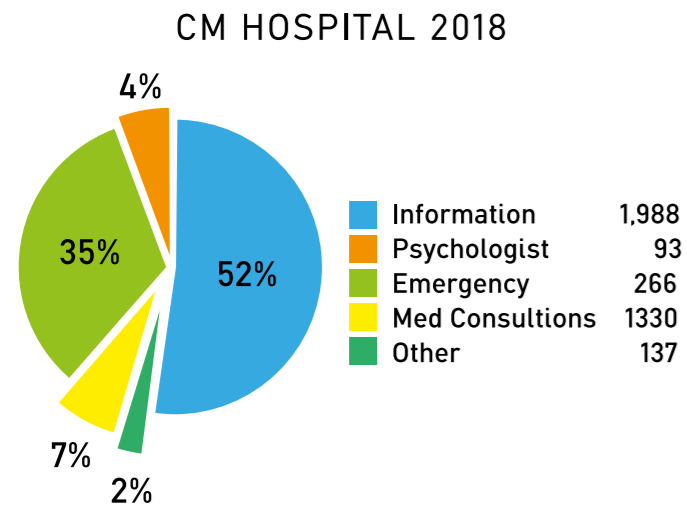
MSF staff promote MSF services to the newly arrived people, explain people about the Greek social security number (AMKA), sensitize people on hygiene and nutrition and offer hygiene and sexual education in schools and shelters.

Total number of health promotion sessions 2018	520
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Cultural mediation

Daily (8:30-16:30) support of Chios hospital and PEDY (primary health system) with cultural medtors fluent in Arabic and Farsi.

Total number of cultural mediation facilitated consultations in 2018	3,814
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Legal aid

Since August 2018 MSF has provided legal aid services in Vial camp, in the MSF clinic outside Vial camp, in the Chios hospital and in the Chios police prison for refugees who need legal advice, in collaboration with the Greek Council for Refugees.

Total number of legal aid consultations in 2018	126
	(144 individuals served)



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Aegean Islands Samos

In March 2018, MSF concluded their operations on Samos island. MSF had worked on Samos since November 2015, when it established a temporary shelter for vulnerable people that could host up to 80 people. People are identified and referred to the shelter by the MSF team and by other organisations working in the Reception and Identification Centre (RIC).

MSF has been providing shelter residents with referrals to the local hospital for specialised care, always accompanied by a cultural mediator. MSF, during the first quarter of 2018, conducted 267 clinical psychological sessions and 60 psychiatric sessions. MSF also provided information on legal matters and individual assistance with asylum claims, in partnership with the Greek Council for Refugees.

MSF has been supporting the 'Samos Volunteers' group with in-kind donations. In early January 2018, MSF contributed to a campaign to improve hygiene in the overcrowded Samos camp with a massive donation of hygiene items was distributed through the volunteers network to the population of the RIC. By the end of March 2018, MSF had opened a laundry station very close to the RIC to be run by the Samos Volunteers.

Between October 2017 and February 2018, an MSF team held a medical intervention in the Vathy police station, in collaboration with other organisations and relevant authorities. During the intervention, MSF visited detainees every two weeks to improve access to healthcare services, ensure the administration of essential medication and make referrals to the local hospital.

In January 2018, a significant part of the shelter capacity was handed over to Greek NGO ARSIS, in the framework of the phasing out of MSF's presence by March 2018. However, due to the deterioration of living conditions in Vathy camp MSF returned in Samos to implement a three-month medical intervention focused on mental health and travel medicine services for the refugees and migrants living there.



Evros

In May 2018, in response to a sharp increase in arrivals to Evros, on the border between Greece and Turkey, MSF began a four-month intervention to cover the lack of medical care. For more than eight months prior to this, there was no doctor in the area and especially in the Reception and Identification Centre (RIC) in Fylakio. In the end, the intervention ran for six months. The intervention was designed to provide primary healthcare, sexual and reproductive health services, travel medicine and health promotion services.

Key challenges

- Referrals to the public hospital have been a challenge as they had to be coordinated with the police
- There is a lack of medical confidentiality within the RIC
- Shortages in essential materials have hindered the treatment of scabies cases



Primary healthcare

MSF in the RIC of Fylakio has offered primary healthcare services. A proactive identification and prioritization of the patients who want to use MSF services was implemented in RIC. The team was visiting in the morning all the living sections and was gathering all requests to visit our clinic, while informing people about our services. A first prioritization of patients was made by the MD in order to have the more urgent consultations first.

Total number of primary healthcare consultations	2,967 (incl. travel medicine service)
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MORBIDITIES



- Respiratory in fections/ENT
- Orthopedics/musculoskel/Trauma/bum
- Insect bite/skin rash/dermatological
- NCDs
- Dental
- Renal
- Gastrointestinal System
- Mental Health
- Other



Sexual and reproductive healthcare

The main gynaecological issues that the MSF midwife in Evros saw were urinary tract infections, sexually-transmitted diseases and menstrual disorders.

Consultations in 2018

Total number of SRH consultations	178
Total number of antenatal care consultations (first antenatal care consultations)	97 (69)
Total number of post-natal care consultations	2
Total number of gynaecological consultations	48
Total number of family planning consultations	31

Travel medicine service

Total number of travel medicine consultations in 2018	831
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People using the service were aged 15 to 40 years and were from Afghanistan and Pakistan. MSF provided some with Health Cards with a summary of their medical situation to help ensure continuity of their healthcare at their destination.

MMR vaccinations

MSF conducted routine vaccinations of all minors wishing to be vaccinated in the Centre. The total number of MMR vaccinations from August to December 2018 were 365 (1st dose: 330, 2nd dose: 35). The majority of people vaccinated were from Iraq and Afghanistan, and more than half of them were female.

Advocacy and Communications

Every day, MSF teams in Greece witness the dramatic consequences of EU deterrence policies on the lives and health of people on the move. As a direct result of the EU's migration policies, these people are forced to live in deplorable living conditions and cannot access anything more than basic medical and mental health services. Three years after the EU-Turkey deal was agreed, these mechanisms have failed to protect the lives of people escaping war and poverty, justifying deterrence and containment methods. Through advocacy and communications in Greece, MSF is challenging these policies and practices, exposing and raising awareness of their consequences.

In 2018, MSF repeatedly and publicly denounced the EU containment policies, as well as the horrendous living conditions for migrants and asylum-seekers stuck on the Greek islands and the impact this has had on their mental health. In particular, MSF spoke out on several occasions against the unsafe and dangerously overcrowded conditions at the Moria camp reception centre on Lesbos, which have led to the deteriorating mental health of our patients reaching emergency levels. Through hundreds of interviews and public statements, MSF called on the EU and the Greek authorities to scale up the provision of medical and psychological care, and to transfer all children and vulnerable adults to safe accommodation on the mainland or in other European countries.

These are some of the most relevant public initiatives MSF undertook:

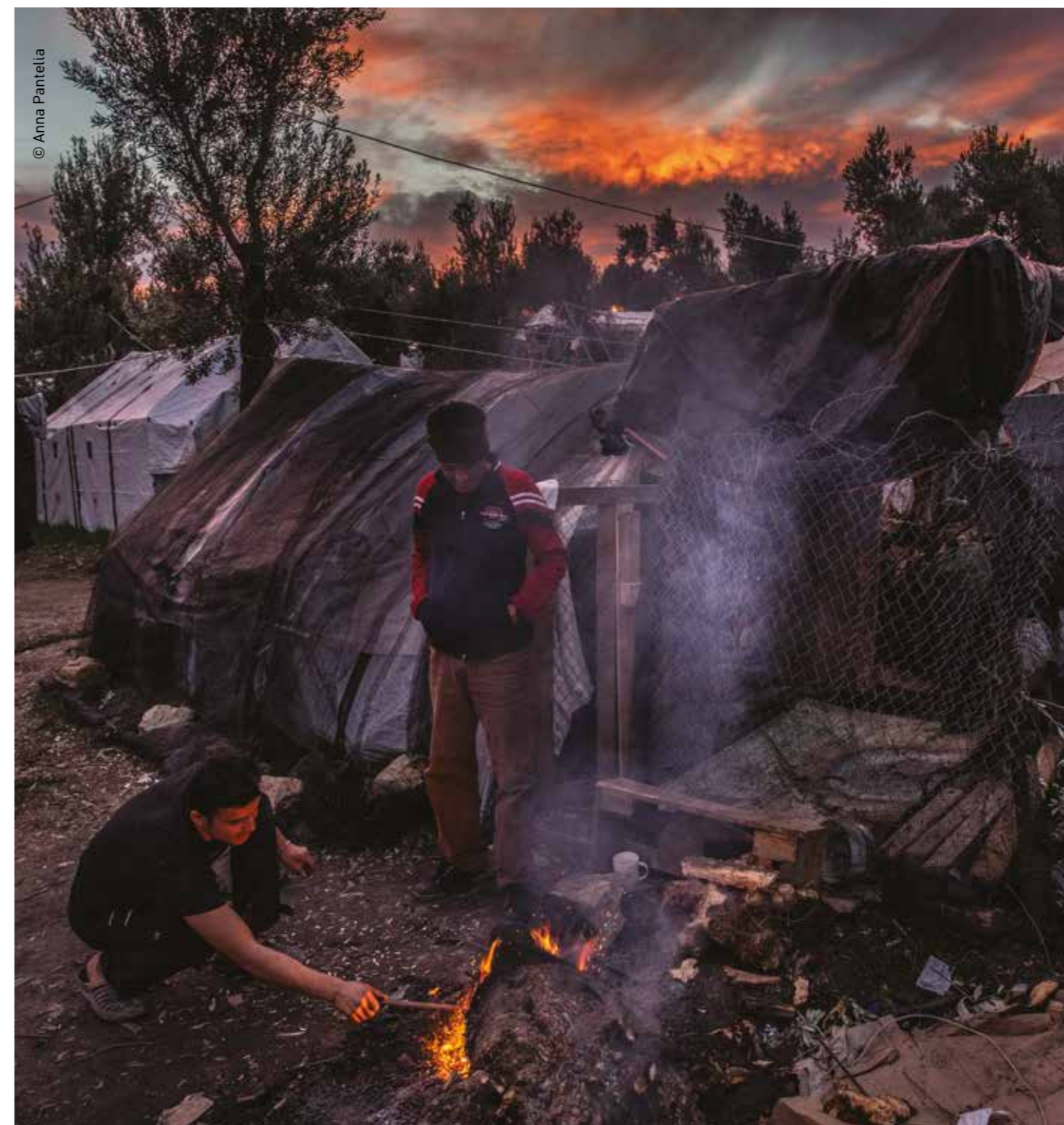
- In May, during Greek Prime Minister Alexis Tsipras' visit to Lesbos, MSF published a press release warning the Greek authorities and the EU that the situation on Lesbos was, once again, reaching breaking point.
- In July, MSF denounced the rising chaos in Moria camp and the increased episodes of violence, rioting and sexual violence, calling for the evacuation of the most vulnerable people to the mainland.
- In September, as the population of Lesbos reached over 9,500 people, a medical and mental health emergency began to unfold. MSF highlighted the serious mental health problems seen in child mental health patients, including cases of self-harm and attempted suicide. MSF called for the emergency evacuation of vulnerable people from the Greek

islands to safe accommodation on the Greek mainland and, crucially, in other EU countries. Following the strong media attention generated by this denunciation and the pressure from other organisations, the large-scale decongestion of Moria camp took place, with hundreds of vulnerable migrants and asylum-seekers moved to the mainland.

- In December 2018, MSF also raised the alarm about the situation in Evros, on the border with Turkey, which had seen an increase in the number of asylum seekers crossing through the land border. MSF patients described the harmful practises of push-backs and detention observed or reported at the border.

Throughout 2018, MSF engaged with KEELPNO and the Ministry of Health, to push for the greatly improved provision of healthcare on the islands and the mainland. Key advocacy topics included identifying and deploying key medical and administrative staff, especially to the islands, and scaling up KEELPNO's capacity for curative and preventative healthcare services, with a specific focus on mental health services on the islands and vaccinations for children under the age of 15. With the support of the Ministry of Health, MSF responded to the on-going gap in vaccinations, particularly the PCV against pneumococcus, by initiating the humanitarian mechanism for importation of PCV10 vaccines at a low price to vaccinate children on Lesbos, Chios and Samos islands.

Throughout the year, MSF continued to highlight the inadequate and opaque system for identifying vulnerable people on the islands. On Lesbos, MSF teams found that many mental health patients – over 60 percent of whom were survivors of torture – had not been recognised as vulnerable, despite clearly falling within the established vulnerability criteria. This lack of recognition denied them access to the care they need on the mainland and prevented them from accessing the regular asylum procedure. There is also very limited access to crucial legal aid for migrants and asylum-seekers on the islands. Based on both of these, MSF collaborated with the Hellenic League for Human Rights who provided a lawyer to represent MSF patients. This partnership led to many successes, including overturning decisions on vulnerability status, lifting geographical restrictions to allow movement to the mainland, support for initial asylum interviews and the granting of refugee status.



On the mainland, MSF successfully advocated for the introduction of a new regulation that undocumented mothers to officially recognise their new-borns. With the experience in Evros, MSF lobbied the Greek Supreme Court regarding the identification of family links, which was previously done through DNA tests for family links even when formal documents existed. This intervention has produced positive results and led, in some instances, to the release of children separated from their families, as well as a less restrictive interpretation of the law on the part of authorities. Another initiative called on the Office of the Ombudsman to carefully look at the unclear process of age assessment, which has led many minors to being incorrectly detained.

MSF piloted the 'Expert-by-Experience' advocacy project at the Victims of Torture Rehabilitation Clinic in Athens. The aims of the project were to help torture survivors play a more active role in shaping the decisions that impact them directly and to offer survivors the means to regain a sense of control and dignity. Survivors enrolled in the project were given the opportunity to form groups and to speak out to challenge the public and media preconceptions of survivors of torture.

At the case-management level, throughout Greece, MSF teams advocated for patients' access to services, including the provision of social security numbers, accommodation solutions for very vulnerable people and referrals to specialised care, hospitalisation and other services.



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