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MSF IN GREECE and  
the NORTH BALKANS  
**Report on Activities 2019**

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# CONTEXT GREECE

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Médecins Sans Frontières /Doctors Without Borders (MSF) has been providing medical humanitarian assistance to asylum seekers, refugees and migrants in Greece since 1991. 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 to thousands of asylum seekers in different parts of Greece.

In 2019, MSF provided services in Athens and the Aegean islands of Lesbos, Chios and Samos. Throughout 2019, MSF continued to witness the consequences of the European Union's deterrence and containment policies on people's health and wellbeing in Greece. The closure of the Balkan migration route and the implementation of the so-called EU-Turkey deal since March 2016 left many people trapped on the Aegean islands and the mainland.

In 2019, around 75,000 people reached Greece, which is 50% higher than the arrivals of 2018. From those, around 60,000 arrived via the sea, which marks the highest number of arrivals after the implementation of the EU-Turkey deal in 2016. They are mostly families with children from Afghanistan and Syria. From the total population, more than half are women (23%) and children (36%), while 41% are men. The islands' reception and identification centres (RICs) are now dangerously overcrowded with more than 40,000 people sharing space and services intended for 6,000.

From July 2019 to December 2019, there was a significant increase in monthly arrivals in comparison to the same period for 2017 and 2018. For example, September 2019 was the month with the highest number of arrivals since January 2017, with 10,500 arrivals of asylum seekers to the Greek islands. As a result, by the end of 2019, reception centres on all five islands of the north Aegean Sea hosted record numbers of people, far exceeding their actual capacity. For example, in December 2019, there were around 19,000 people in Moria reception centre on Lesbos, which is designed for 2,750 people; and there were more than 7,500 in Vathy reception centre on Samos, which has space for 648 people. During this period, following pressure from several NGOs, including MSF, the Greek government temporarily accelerated transfers of vulnerable people to the mainland, but due to the extremely high number of arrivals, the reception and identification centres remained overcrowded.

As long as containment policies remain in place, overcrowding on the islands will remain the norm, with horrendous living conditions and insufficient access to basic services, including healthcare. In the following pages you can find information about the medical activities provided by MSF in Greece in 2019.

## Day Care Centre

In September 2016, in order to respond to the medical and mental health needs of vulnerable people in Athens, MSF opened its Day Care Center (DCC) specialising in sexual and reproductive healthcare and mental healthcare activities, care for victims of sexual violence and treatment for sexually transmitted infections. 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 specialist 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

- One of the main challenges highlighted by our staff in the DCC was our patients' lack of access to the Greek national health system from July 2019, following the decision of the new government to repeal the provision of social security numbers to asylum seekers.
- Increased activity and volume of patients, leading to long waiting times for mental health patients.
- Public hospitals overwhelmed, leading to our patients experiencing difficulties accessing healthcare.

- Complex patient needs, requiring a multidisciplinary social support package.
- Multiple language needs requiring a full team of cultural mediators.

### Sexual and reproductive healthcare

Our sexual and reproductive healthcare (SRH) service still represents the majority (62%) of consultations provided by our teams in the DCC. In 2019, the number of SRH consultations increased to 9,224 consultations, as a result of increased arrivals of asylum seekers, migrants and refugees on the mainland. Gynaecological consultations focused on the treatment of genital infections, sexual-transmitted infections and urinary tract infections. Since early 2017, there has been a standardised path in the DCC for patients who have suffered sexual violence and the implementation of a sexual violence screening at all first SRH consultations. Two challenges for the DCC are the low proportion of male victims of sexual violence, who are kept away by the social stigma; and the difficulty in ensuring that victims of sexual violence seek care within 72 hours of the assault. In 2019, our teams at Athens DCC provided 310 consultations for sexual violence. Sixty-two per cent of our patients were abused in their home country and in 63% of cases there were multiple perpetrators.

<b>Total number of SRH consultations in 2019</b>	<b>9,224</b>
Total number of antenatal care consultations	3,804
Total number of postnatal care consultations	343
Total number of gynaecological consultations	3,010
Total number of family planning consultations	2,067
Total sexual violence consultations (1st visit)	310 * (9 came within 72 hours of the assault)

## Mental healthcare

The main precipitating factors for patients seen by our mental health team in the DCC in 2019 were: sexual violence (37.3%); migration/forced to flee (14.4%); other physical violence (5.7%); and living conditions (5.7%). People supported by the DCC mental health team during 2019 were between 20 and 49 years of age and were equally divided between men and women. Thirty-two per cent were from Democratic Republic of Congo (DRC), 19% were from Afghanistan and 16% were from Cameroon. There has been an increase in demand for mental health support at the DCC triage as other organisations are closing their doors to new patients because of capacity constraints.

<b>Total number of mental health consultations</b>	<b>2,332</b>
Total number of psychological assessments	273

## Non-communicable diseases

Of 200 new patients receiving care for non-communicable diseases (NCD), 43% had diabetes type

II; 39.5% had hypertension; 6.5% had diabetes type I; 6% had epilepsy; and 5% had asthma. In 2019, our teams conducted 2,136 consultations, the majority of which were follow-up consultations for an active cohort of 220 patients (December 2019). All were adults and 59% were women. Most of our patients reported that they were previously diagnosed, but were unable to be stabilised because of disruptions of treatment during their trip or because they received different treatments since arriving on the Greek islands.

<b>Number of NCD consultations</b>	<b>2,163</b>
New patients	200

## Social and legal services

<b>Total number of social worker consultations</b>	<b>2,650</b>
<b>Total number of legal support consultations</b>	<b>513</b>



The DCC's social and legal services team consists of a social service manager, social workers and a legal officer. The social workers help migrants and asylum seekers navigate Greece's bureaucratic social and health system, and support them in obtaining, for example, social security numbers or medication for undocumented chronic illnesses. The legal officer is a service-oriented post that provides legal support to DCC patients. This can include preparation for asylum interviews or helping them overcome problems accessing health services when the case has a legal aspect. Additionally, the legal officer is responsible for communicating with the Asylum Service for arranging appointments for registration (access to asylum) of vulnerable patients and, depending on needs, for escorting vulnerable patients to Athens' Regional Asylum Office for interviews.

In the last quarter of 2019, the DCC's social worker department had 650 new patients, 96% of whom were aged between 19 and 45. Seventy-seven per

cent had arrived on a Greek island. The majority of our patients were asylum seekers (77%) staying in official accommodation (35%); 23% lived in or around camps; and 20% were homeless.

### Travel medicine service

In 2017, the DCC launched a travel medicine service (TMS), automatically provided to SRH and NCD patients upon disclosure of their plans to move on. Through this service, MSF aims to ensure continuity of healthcare for patients, providing them with 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.

**Total number of TMS consultations**

**239**



Most recipients (87%) of the travel medicine service were aged 19-45 and were from Syria (34%), Afghanistan (23%), Iraq (7%) and various other 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.

### Health promotion activities

**Total number of people reached through HP activities** 7,423

MSF runs health promotion (HP) activities throughout Athens, through six health promoters

and a supervisor who provide outreach activities and educational sessions. As the year went by, we observed a steady increase in the number of people reached and in the number of sessions provided. Ninety per cent of those reached with health promotion messages were over 18 years old and 69% were women.

### Cultural mediation services

**Total number of interactions with CM facilitation** 43,190

The MSF team consists of 15 cultural mediators. The total number of cultural mediation (CM) interactions in the DCC in 2019 was 43,190, the majority in Arabic and Farsi, followed by French and Kurdish. A total of 1,182 referrals were made to external health facilities for further medical examinations or secondary healthcare.



## Clinic for Survivors of Torture

MSF, in partnership with Babel and the Greek Council for Refugees (GCR), has run a Clinic for Survivors of Torture (SoT) in Athens since October 2014. The 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 as well as legal aid to facilitate their access to the asylum system.

### Highlights

- **Multidisciplinary intake (MDTI)** started in March 2019. Patients coming for assessment are seen by a psychologist, a doctor, a social worker and a physiotherapist.
- A survivor advocacy training programme, based on an expert-by-experience model of activism.
- **Capacity building:** Presentation by MSF physiotherapist, capacity building manager and EBE (Experts By Experience) to the Department of Physiotherapy at the University in Athens in April 2019; sensitisation session in Gennimatas hospital, Thessaloniki, in October 2019 with the SoT sub-group in Thessaloniki; three-day training in Ioannina camps with Babel and GCR in November 2019.

### Key challenges

- Poor access to care, rehabilitation and protection due to a lack of identification among people who stay on the islands of Lesbos, Chios and Samos. In addition, since July 2019, it has been impossible to issue an AMKA (social security) number for our patients. During this time there were a few cases of people with serious health problems being denied access to healthcare.
- The lack of available accommodation in Athens is a barrier to patients' rehabilitation. In addition, there were several cases of evictions of recognised refugees who were already part of a housing programme because, according to the rules, once a person has been recognised as a refugee, they must find a place of their own.
- The lack of appropriate asylum processes for SoTs.

### Medical activities

#### Total number of consultations in 2019

Total number of medical consultations	1,305
Total number of mental health consultations	1,406
Total number of physiotherapy consultations	757
Total number of social worker consultations	1,320
Total number of CM-accompanied patient visits to public & private health facilities	439

The SoT clinic is staffed by a team of 38, including doctors, a nurse, physiotherapists, psychologists, social workers and cultural mediators. The SoT clinic only accepts referrals from our partners (MSF's Mytilene clinic in Lesbos, Babel, and GCR).

In 2019, of 120 patients screened – including referrals from previous years and prioritised according to urgency – 115 were enrolled in the SoT clinic. In 2019, MSF facilitated 439 patient visits accompanied by cultural mediators to public and private health facilities for specialist medical consultations or to other services.

The main countries of origin of our patients were: Democratic Republic of Congo (48%), Cameroon (16%), Iran (6%), Sierra Leone (5%), Syria (5%) and 13 other countries, mainly in Africa. Ninety-one per cent of patients were male and 9% female. At the time they enrolled in the clinic, 57% were asylum seekers, 20% were asylum seekers with rejection on first instance, 11% were recognised refugees and 7% were undocumented migrants. Musculoskeletal complications were the most common physical consequence of torture among new patients, while the mental health complications were mostly post-traumatic stress disorder, extreme anxiety and depressive symptoms.



# Aegean islands

## Lesbos: Clinics in Moria and Mytilene

MSF has been working on the island of Lesbos since July 2008, when it provided medical assistance in a detention centre for migrants. Between the closure of this project in late 2008 and 2014, MSF ran several ad hoc activities responding to the medical needs of migrants on the island. In 2015 MSF scaled up its activities on Lesbos, which included transport for asylum-seekers across the island, setting up camps and running mobile medical clinics. In March 2016, Moria camp became a pre-removal detention centre, offering little guarantee of respect for human rights, and MSF decided to halt all its activities there. In September 2016, MSF opened a clinic in Mytilene town offering sexual and reproductive healthcare, treatment for chronic diseases and mental health support. Since August 2017, the services of this clinic have focused on the medical and mental health needs of victims of violence, survivors of torture and sexual violence as well as on patients experiencing severe mental health problems.

In November 2017, MSF opened an additional clinic just outside Moria reception centre, offering paediatric care for children under 16 and care for pregnant women staying in the detention centre. The clinic currently provides primary healthcare for children, including vaccinations; mental health support for children; and antenatal and postnatal care for women.

MSF refers patients from both clinics to the local hospital when needed for emergency care or specialist medical attention, including women with high-risk pregnancies.

### Key challenges

- Horrible and completely unhygienic living conditions in Moria reception centre, which exacerbate the medical and mental health conditions of children, men and women who have no choice but to stay there.
- The limited number of Ministry of Health doctors working inside Moria.
- The lack of basic services, particularly psychological, psychiatric and legal support, for those trapped in Moria.
- Bureaucratic barriers and long delays to the transfer of vulnerable mental health and survivors of torture patients to the mainland to access care.
- In July 2019, the right to social security numbers

was revoked for registered asylum seekers, which had previously ensured their access to work and healthcare, including medication.

- People are unprotected from the risk of sexual violence in Greece.
- Growing numbers of arrivals since July 2019 have led to an increase in numbers of people staying in Moria from 5,000 in June to 19,000 in December 2019. As a result, our team have had to cope up with a sudden increase in demand for medical care and mental health support.
- Increased tensions in Moria as a result of the extreme overcrowding inside the reception centre, as well as increased tensions and expressions of frustration from the local population.
- A high number of violent incidents in Moria, such as stabbings, especially at night. Total lack of security measures inside the reception centre.
- No routine vaccinations are possible for children due to restrictions imposed by the Greek government regarding the import of vaccines.
- Family planning methods available in Greece are not culturally adapted to our target population, which can lead to unwanted pregnancies.
- There is a scabies epidemic in Moria, but no appropriate treatment is available in the country and MSF has no authorisation to import the medication.

### Mental healthcare

#### Total number of consultations in 2019

Total number of children who received psychological support, Moria	236
Total number of clinical psychological consultations, Mytilene	1,962
Total number of psychiatric and medical consultations, Mytilene	2,236

In 2019, 270 patients were seen in MSF's Mytilene clinic. The majority were men (64%), coming from

Afghanistan (25%), Democratic Republic of Congo (23%) and Cameroon (16%). Fifty-two per cent of patients were victims of torture and 17% of those had experienced sexual violence during the six months preceding their first visit to the clinic. Teams also saw 31 people for suicide attempts and seven for self-harm. In 2019, most of our patients (75%) suffered from symptoms of post-traumatic stress disorder (PTSD).

In 2019 in Moria clinic, MSF psychologists saw 200 children in group or individual mental health sessions, almost half under the age of 10. They provided mental health support to four children for suicide attempts and 20 for self-harm. The most common reasons for referral were sleep disturbances (38%); generalised fear (27%); aggression (25%);

passive behaviour or detachment from life or isolation (17%); and self-harm (17%). Note that children can have several reasons for referral appearing simultaneously. The most common diagnoses during the first assessment for children were PTSD, depressive disorder, anxiety disorder and adjustment disorder.

### Medical care

#### Total number of consultations in 2019

Paediatric clinic in Moria	16,486
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In 2019, MSF medical teams carried out 16,486 paediatric consultations in Moria clinic, more than half of them for children under the age of five. The most common conditions treated were: upper and lower respiratory tract infections (44%); skin diseases linked to the poor hygiene conditions in the camp such as scabies, chickenpox and lice (15%); and gastrointestinal infections (4.5%). In addition, from July 2019 there was an increase in children with chronic and complex conditions visiting the MSF paediatric clinic. The local hospital is unable to treat these children as it lacks the specialist doctors they need. At the same time these children are left to live in tents and containers with limited access even to basic services such as electricity, clean water and heating. In total MSF doctors provided consultations to around 330 children with chronic or complex illnesses from March to December 2019.

A mass vaccination campaign for children living in Moria reception centre took place in December 2019 with the support of Kitrinos Healthcare and Medical Volunteers International. A total of 2,293 children aged 9 months to 15 years received the MMR vaccine to protect them from measles, mumps and rubella, and a total of 1,126 children aged 2 months to 7 years received the pneumococcal conjugate vaccine (PCV) to protect against pneumococcal infections.

### Sexual and reproductive healthcare

#### Total number of consultations in 2019

Antenatal care	1,883
Postnatal care	172
Family planning	357
Sexual violence consultations	64

In 2019, MSF offered antenatal and postnatal care, family planning, care for survivors of sexual violence, and referrals to the local hospital on Lesbos for high-risk pregnancies and advanced methods of contraception.

Regarding sexual violence, MSF staff in Moria clinic saw 64 survivors of sexual violence, 37 female and 23 male, and 4 cases whose gender was not

documented. Seventeen were under the age of 18. The incidents of sexual violence took place in their countries of origin, on the journey, in Turkey and in Greece. Just three patients arrived at our clinic within 72 hours of the assault. Sexual violence is suspected to be common in Moria reception centre, where little protection exists and where women frequently report fear and harassment. MSF teams believe they are probably only seeing the tip of the iceberg.

### External referrals

In 2019, the MSF team in Moria clinic referred 206 children for emergency care to the local hospital on Lesbos. The team in Mytilene clinic referred 79 patients to MSF’s Survivors of Torture clinic in Athens, and referred 84 patients to legal aid organizations on Lesbos.

### Health promotion

In 2019, the MSF health promotion team reached 26,000 people through health promotion education sessions in MSF’s Moria clinic or through outreach activities in Moria reception centre. Health promotion sessions for parents and women focused on: providing self-care in difficult living conditions with poor access to sanitation; hygiene activities; health messages related to scabies; antibiotic resistance; and other paediatric issues. All of these topics complement MSF’s activities in Moria clinic.

### Legal aid

In September 2019, MSF established a new partnership with ProAsyl foundation for their legal aid program “RSPA-Refugee Support Program Aegean” implemented by “Refugee Support in the Aegean” (RSA). The program focuses on strategic litigation in support of refugees, the provision of legal, social and humanitarian support for vulnerable individuals and in particular victims of torture and ill treatment. One legal officer is fully dedicated to the MSF patients in need of international protection, access to rights as well as extremely vulnerable patients in detention and at risk of deportation. The legal officer can undertake up to 17 case referrals per month. The number of cases assigned depends on the individual’s case severity, urgency and asylum procedure instance.

# Aegean islands

## Samos Day Care Centre

MSF has been assisting refugees, migrants and asylum-seekers on the island of Samos since October 2015, when the refugee crisis in Greece reached its peak, mainly through mental health services and a temporary shelter for vulnerable people. MSF has adapted its activities in Samos over time. In 2018, MSF handed over its activities to other organisations as the population of Vathy reception centre decreased. Due to an increase in arrivals in the summer of 2019 and to the further deterioration of living conditions in Vathy reception centre, MSF returned to the island to implement a light medical response focusing on mental health, sexual and reproductive healthcare and travel medicine services for the refugees, asylum seekers and migrants living there, as well as sexual and reproductive health services through a Day Care Centre in Vathy, with a permanent medical team consisting of a midwife, a psychologist, four health promoters and a number of cultural mediators.

In November 2019, MSF organised a major distribution of kits of essential relief items alongside other NGOs and volunteer groups, including Refugee4Refugees Samos and The Flying Seagull Project. In total 4,000 kits – each containing a warm blanket, a tarp, hygiene kit, raincoat and jerrycan – were distributed to adults staying in tents in Vathy RIC.

### Key challenges

- Increase in numbers of people stranded in Vathy reception centre since July 2019.
- Waiting list for mental health support remained very long throughout 2019.
- The local hospital's capacity is limited as it does not accept patients without interpreters.
- The local hospital has no specialist doctors for patients suffering from non-communicable diseases (NCDs), leaving chronic patients to go without treatment for a long period of time.
- Lack of access in Vathy reception centre to clean water, toilets and showers.
- Tensions have been rising since summer 2019 between communities within Vathy reception centre and also between local people and asylum seekers, with the police becoming involved.

### Health promotion services

**Total number of people reached by HP activities**

**2,217**



In 2019, we reached more than 2,000 people with health promotion (HP) messages, including good sanitation and use of water; sexual and gender-based violence; and awareness of MSF’s services. The

majority of those reached were male and over the age of 18. As a result of our health promotion outreach activities, our HP team referred around 1,000 people to MSF or other services.

## Mental health support

### Total number of consultations in 2019

Total number of sexual & reproductive health consultations	252
Total number of mental health consultations	136 and 16 group sessions
Total number of sexual violence consultations	56

In late December 2019, there were 32 active patients, most of them survivors of sexual violence or torture. With the addition of new psychologists in 2020, MSF aims to double the number of patients. The most common symptoms among patients were anxiety, trauma- related symptoms, depression and adjustment disorders.

litres of water per day and installed 80 toilets. At the same time, MSF’s team of health promoters delivered messages related to good sanitation and use of water. In 2019, MSF also carried out three vaccination campaigns on Samos to protect children aged between 22 months and 15 years old against common childhood diseases.

Starting in September 2019, MSF provided water and sanitation in the areas outside Vathy reception centre in response to a lack of drinking water and sanitation facilities for the majority of people staying outside the official centre. MSF distributed 41,000

In December 2019, MSF increased its activities with the aim of offering full services for mental health and sexual and reproductive health, including social services and legal support for patients.



# Aegean islands

## Chios Day Care Centre

MSF started working on the island of Chios in December 2017, supporting the local hospital with cultural mediation services to help them better address the health needs of asylum seekers. In March 2018, MSF expanded its activities on Chios and began daily visits to Vial RIC with mobile medical teams offering primary healthcare, sexual and reproductive healthcare and mental healthcare, which led to MSF setting up a field clinic close to Vial reception centre in July 2018. An MSF social worker complemented the support package offered to patients at both the local hospital and the reception centre, linking patients to legal aid organisations locally and in Athens.

In December 2019, MSF ended its medical response in Chios, maintaining a small MSF team to monitor the situation. MSF will also continue to provide support to the local hospital in Chios through a team of cultural mediators.

### Key challenges

- The local hospital has limited capacity as it does not accept patients without interpreters.
- The local hospital has no specialist doctors for patients suffering from non-communicable diseases (NCDs), meaning there are chronic patients who are left without treatment for a long period of time.
- Delays in transferring vulnerable people from the island to the mainland.

### Primary healthcare

Between January and July 2019, MSF's team provided 3,499 medical consultations. The most common health problems were: musculoskeletal complaints (13.5%); gastrointestinal disorders (6.3%); respiratory infections (10%); and skin infections (5.6%), linked to unhygienic living conditions in the reception centre. Other health problems included dental problems, common mental health disorders and hypertension.

<b>Total number of medical consultations</b>	<b>3,499</b>
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### Sexual and reproductive healthcare

MSF provided sexual and reproductive healthcare

from January to February 2019 and September to October 2019. The team consisted of one midwife and one cultural mediator, providing a total of 120 consultations. The main services offered were antenatal and postnatal care, gynaecology and family planning.

### Mental healthcare

<b>Total number of mental health consultations</b>	<b>615</b>
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Total number of referrals for external psychiatric care	58
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MSF provided mental health support from January to October 2019 with one psychologist and a number of cultural mediators, providing a total of 615 consultations. Severe cases were referred to a private psychiatric clinic. Most of our patients were males aged between 20 and 49. The most common problems were anxiety (31%), depression (26%), trauma (16%) and psychosomatic problems (9%), while the most common precipitating factors were physical violence (16%), difficult living conditions (15%), family members killed or missing (14%), sexual violence (12%) and witnessing violence (9%).

### Health promotion services

The health promotion service ran from January to October 2019, reaching 551 people with three full-time health promoters, mostly with messaging concerning awareness about MSF's travel health service.

### Cultural mediation

The presence of cultural mediators in Chios hospital proved to be very helpful and their presence will be maintained in 2020. MSF's team, which consisted of four cultural mediators fluent in Arabic and Farsi, facilitated 4,976 interactions during 2019, mostly related to information, medication advice, medical consultations, emergency consultations and psychologist consultations.

# CONTEXT NORTH BALKANS

## Serbia

MSF has worked sporadically in Serbia since 1991, when the country was part of the former Yugoslavia. Since 2015, Serbia has been confronted by the movement of migrants and asylum seekers across its borders aiming to reach EU countries. Today, the Republic of Serbia remains a country of transit. The

UNHCR estimates that Serbia saw 30,000 arrivals during 2019. There were 12,937 registrations of intent to seek asylum – the first stage of the asylum procedure – recorded in 2019, with just 252 people submitting an asylum application.

### Belgrade and outreach activities

In 2019, MSF teams worked in Belgrade city centre while a mobile medical team ran clinics at various locations in the border areas of Serbia, providing basic medical care and mental health support.

#### Key challenges

- 2019 got off to a difficult start after MSF's activities in Belgrade were blocked by the Serbian Commissariat for Refugees and Migration (KIRS).
- The need to gain the trust of the people MSF wants to help, and to persuade them to see MSF's mental health services as a safe place where they can get much needed care.
- The identification of our target population, which included unrecognized vulnerabilities, victims of any type of violence, victims of torture, people in need of mental health support and unaccompanied minors in a group in transit.
- The barriers for migrants wanting to access national healthcare services.

#### Medical activities

<b>Total number of consultations in Serbia in 2019</b>	<b>12,525</b>
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In Serbia, 96% of MSF's medical consultations took place in its Belgrade clinic, where consultations averaged around 1,000 per month, with the highest number of consultations seen in October (1,468) and the lowest in February (622). The remaining consultations took place in 13 mobile clinics in the border areas of Serbia (Sid, Subotica, Kanjiza), where MSF teams provided 562 medical consultations

(around 40 per activity), as well as 55 individual and eight group mental health sessions. The busiest outreach activities were in Subotica, since there was a need to cover several locations along the border.

Of the total numbers of consultations that took place in Belgrade clinic, 46% were consultations for people who had recently arrived in the city, mostly from North Macedonia (65%), followed by Bulgaria (24%) and Kosovo (5%). Patients from asylum and transit-reception centres for migrants and refugees in Serbia accounted for 12% of MSF's consultations in Belgrade, specifically from Obrenovac (52%), followed by Krnjaca (22%), Bogovadja and Adasevci. Those who were not new arrivals in Serbia reported staying "outside" the official camps.

In Belgrade the average age of patients was 21, while for our outreach teams it was 23 years old. Patients seen in Belgrade in 2019 were mainly from Afghanistan (65%), Pakistan (6%) and Iraq (6%).

#### Vulnerabilities and morbidities

In 2019, 13% of medical consultations in MSF's clinic in Belgrade were for unaccompanied minors. In outreach locations in Serbia, 38 consultations (7%) were for unaccompanied minors. Other vulnerabilities identified included: pregnant women; children under five; disabled people; people with a mental health condition; people with chronic diseases; single parents with children; the elderly (over 65 years); victims of violence, including any serious type of psychological, physical or sexual violence or exploitation; and survivors or relatives of victims of shipwreck. In the MSF clinic in Belgrade, 60% of patients reported travelling alone.



In 2019, MSF’s team in Belgrade recorded 139 patients with acute signs of intentional violence, 57 of which were reportedly a result of violence state border authorities (on average one case per week). During the 13 mobile clinics on Serbia’s borders, medical teams recorded 12 cases of intentional violence, eight of them perpetrated by state border authorities. In general, the number of intentional violence cases recorded in Serbia increased by 25% in 2019 in comparison to 2018. MSF provided treatment for injuries inflicted during intentional violence including bruises, swellings, scratches, open wounds (lacerated contusions) and fractures. It is important to highlight that almost one third of patients refused to be provided with a medical certificate out of fear, which made proper data recording and testimony taking quite challenging. Of the total number of intentional violence cases by state border authorities, more than half of them stated Croatian border police as the perpetrators.

Medical teams also collected data on past traumatic experiences of patients. This question was asked

systematically to every patient during their first consultation. In total, around 5% reported having experienced past traumatic experiences during their migration, mostly violence or ill treatment and being pushed back by state authorities.

The main medical conditions of patients were skin diseases, musculoskeletal complaints and respiratory tract infections, linked to seasonal weather conditions and overcrowding and difficult living conditions in camps.

### Mental healthcare

<b>Total number of individual mental healthcare consultations</b>	<b>589</b>
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Total number of group mental healthcare sessions	8
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In 2019, the mental health team in Serbia consisted of one psychologist and one back-up psychologist, covering patients' needs in MSF's Belgrade clinic five days a week and in border areas in Serbia as well as in Bosnia. The majority of patients were male and aged from 13 to 35.

Among our patients who were under-18, the majority suffered from adjustment reactions, followed by symptoms of anxiety, behavioural problems, depression and post-traumatic stress disorder.

MSF re-established social assistance and support in its Belgrade clinic in August 2019. Between then and the end of the year, 85 patients were managed by the MSF social worker, in cooperation with the medical team, mental health team and cultural mediators. The social worker aimed to improve communication with patients through individual sessions, group sessions in the clinic and outreach activities. At least 15 group sessions were held in the clinic from August. From late October onwards, 11 outreach visits were made to squats and the main places where migrants congregate in Belgrade.

The main focus of the social worker was to reach the most vulnerable people among the migrant and refugee population with information about MSF's services: medical assistance, mental health support and social assistance. Eighty-one per cent of those assisted were men; they came mainly from Afghanistan, followed by North African nationals – Morocco, Tunisia and Algeria. Eighty-six per cent of those assisted were identified as vulnerable, either because they were unaccompanied minors (42%) or because they had other single or multiple vulnerabilities.

### Social worker assistance

<b>Total number of cases supported by a social worker in 2019</b>	<b>85</b>
Total number of group sessions with social workers in 2019	15



# Bosnia and Herzegovina

After a decade working with people affected by the Balkan wars, MSF stopped working in Bosnia and Herzegovina in 2001. In 2018, MSF returned to assist migrants and refugees escaping war and persecution who were transiting through the country on the so-called Balkan route. Almost 30,000 migrants and refugees entered Bosnia in 2019, but looking at the number of migrants accommodated in official camps, it is clear that many people managed to move on. Over the year, the number of migrants and refugees in the country remained stable at almost 10,000. Most were from Pakistan, Iran, Syria and Afghanistan.

During the year, MSF assisted people in need alongside doctors from the Ministry of Health in a primary health centre in Velika Kladusa, near the border with Croatia. Thousands of people seeking safety in Europe continue to live in dangerously harsh conditions in Bosnia and Herzegovina, as border restrictions in the region

and Bosnian authorities limited people's movements between the country's cantons. Four official centres for migrants exist, but services are inadequate and tensions between nationalities are high, leading most people to stay elsewhere. Of the more than 6,100 migrants and asylum seekers around the border cities of Bihac and Velika Kladusa in Una Sana canton, only half are in the official centres, while the rest sleep in abandoned buildings or makeshift shelters.

In July 2019, local authorities decided to move some of the migrants and refugees staying outside the official centres in the area to Vucjak camp, a temporary site about five miles from Bihac. MSF set up a clinic near the camp, in Zavalje, while advocating for the closure of Vucjak camp as it did not meet minimum living standards, being inadequate for cold weather and surrounded by landmines. In December 2019, Bosnian authorities announced its closure.

## Bihac, Velika Kladusa and outreach activities

MSF started working again in Una Sana canton, on the border with Croatia, in August 2019, after local authorities failed to respond to the increasing needs of migrants trying to cross the border.

MSF in Velika Kladusa worked in collaboration with the Ministry of Health in a small primary health centre. The MSF team included cultural mediators, a psychologist, a health promoter and a nurse, providing basic medical care with referrals. The mobile clinic was open three days a week for four hours. Five weeks after opening, the mobile clinic was closed down by the local police, but it opened again after almost a month.

At the same time, with winter approaching, MSF decided to open a clinic in Zavalje, 3 km from Vucjak camp, providing basic medical care and mental health support as well as showers for migrants staying in Vucjak camp. The clinic was fully operational from August 2019 until mid-December 2019, when people were transferred to other camps around Sarajevo and Vucjak camp was closed down.

### Key challenges

- Healthcare activities constantly changing due to restrictions by local authorities and due to the movement of the migrant population depending on

weather conditions.

- Identifying our target population, which included unrecognised vulnerabilities, victims of any type of violence, victims of torture, people in need of mental health support and unaccompanied minors.
- The existence of barriers for migrants wishing to access public health services.
- Gaining the trust of our beneficiaries to share more information regarding incidents of intentional violence by border authorities, other migrants or others.

### Medical activities

**Total number of medical consultations in Bosnia and Herzegovina in 2019**

**3,577**

Consultations in Bosnia and Herzegovina took place in several different locations, for various periods of time, since activities were constantly changing. In total, during 2019, MSF medical teams in the country provided 3,557 consultations, of which 2,341 were provided in Velika Kladusa, or 66% of the total. In Zavalje clinic, MSF's medical team provided 860 consultations over a period of seven weeks.



In 2019, consultations for new arrivals accounted for 21% of the total. The majority of our patients came from Montenegro (64%), followed by Serbia (26%) and Croatia (10%). The main countries of origin of people assisted by MSF in Bosnia were Algeria (25%) and Morocco (20%) in Velika Kadusa, while for those who visited the MSF clinic in Zavalje, 26% were from Pakistan. The average age of patients seen in Bosnia in 2019 was 27.

and Herzegovina recorded 125 cases of intentional violence, the majority of which were reported as being perpetrated by state border authorities. These high numbers are explained by MSF's proximity to the borders. The main medical conditions of patients were linked to seasonal weather conditions and living conditions in Vucjac camp. The majority of patients came to MSF with skin diseases, musculoskeletal complaints, respiratory tract infections and gastrointestinal illness.

## **Vulnerabilities and morbidities**

In 2019, MSF medical teams working in Bosnia

# 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. Four years after the EU-Turkey deal was implemented, these mechanisms have failed to protect the lives of people escaping war and poverty, and have been used to justify deterrence and containment methods.

Through advocacy and communications in Greece and in other EU countries, MSF is challenging these policies and practices, exposing and raising awareness of their consequences. In 2019, MSF repeatedly and publicly denounced the EU's containment policies, as well as the horrendous living conditions for migrants and asylum-seekers stuck on the Greek islands and the impact this continues to have on their mental and physical health.

MSF spoke out on several occasions against the unsafe and dangerously overcrowded conditions in Moria reception centre on Lesbos and in Vathy reception centre on Samos, which have led to the mental health of our patients deteriorating to emergency levels. Through hundreds of interviews and dozens of 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 advocacy and public initiatives MSF undertook during 2019:

- Throughout 2019, MSF continued to highlight the humanitarian and health consequences of the EU-Turkey deal, and the containment of people in reception centres on the Greek islands, through various initiatives such as engaging with the media, meeting with Greek authorities and key European stakeholders, making presentations to parliamentary committees and engaging with civil society organisations.
- With the support of MSF social workers, MSF advocated for patients to have access to essential services, including the provision of social security numbers, accommodation for very vulnerable people, and referrals to specialist care, hospitalisation and other services. Additionally, MSF engaged with UN organisations to prevent evictions of victims of torture and people with mental health conditions, and monitored access to health for migrants in Greece.
- MSF collaborated with the RSA (Refugee Support Aegean) to provide legal support to MSF patients on Lesbos.
- In March 2019, on the third anniversary of the signing of the EU-Turkey deal, MSF called again on European leaders to take action to end the harmful policy of containment on the Greek islands, urging the immediate evacuation of all vulnerable people, especially children, from these locations to suitable accommodation on the Greek mainland or in other EU member states.
- In June 2019, MSF – with partners Reed Smith and the Human Rights in Trauma Mental Health Laboratory at Stanford University hospital – organised a two-day international conference on pathways of recovery for refugee victims of torture, which was attended by over 200 people, including experts in care for survivors of torture and representatives of international and local organisations.
- In September 2019, MSF, in collaboration with the Guardian newspaper worked on a feature story about the mental health of asylum seekers in Athens and Belgrade, and also issued a statement criticising the new asylum law.
- In November 2019, the international president of MSF visited Greece and wrote an open letter to European leaders urging them to stop punishing those who seek asylum on the Greek islands and asking them to find the political will to act and put an end to the policy of containment. Also, MSF organised a press conference in Brussels calling for the evacuation from the Greek islands of vulnerable people, especially unaccompanied children, children with chronic conditions and others needing medical care.
- In November 2019, MSF spoke out about the inhumane living conditions endured by asylum seekers in Bosnia in Vucjak camp and in the squats of Velika Kladusa. This created a lot of media attention internationally and in December Vucjak camp was closed.
- In December 2019, MSF raised the alarm about the lack of social security numbers and access to healthcare for asylum seekers and undocumented people in Greece as a result of negligence by the Greek government after the relevant legal framework was revoked in July 2019.
- Survivors<sup>2</sup>, a survivor-led advocacy group made up of patients from MSF's Survivors of Torture clinic in Athens, developed and engaged in over 27 different advocacy and communication initiatives, including first-person articles, policy submissions, trainings and conference speeches. Notably, Survivors<sup>2</sup> submitted an official report and provided oral testimony to the UN Committee against Torture (UNCAT)'s periodic review of Greece.





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