



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

Situation update 3

**06-APRIL-2016**

**Refugee Crisis**



Athens, Greece- Migrants at Piraeus Port  
WHO/Matteo Dembech

## HIGHLIGHTS

- In March 2016, the current number of refugees and migrants that have reached Europe by sea is 171.000; and 711 are missing or have lost their lives in the process (UNHCR).
- Latest national borders management measures have resulted in thousands of stranded migrants with inadequate conditions, poor sanitation conditions and lacking healthcare provisions.
- Recent international agreements may minimize transiting access and request Greece and other Member States to permanently host refugees. These changes may require a reformulation of the health system response to immigration.
- The number of women and children currently amount to 60% of the total arrivals. The age distribution of the 2016 arriving population suggests an increase of specific health needs and tailored responses. In particular, the presence of pregnant women, breast-feeding women and unvaccinated babies, require specific response.
- With transiting countries becoming hosting countries, vaccination becomes a priority, especially for young children who have not yet been vaccinated, due to interruptions in their host country vaccination programmes.
- The WHO Regional Office for Europe task force on health and migration is supporting Member States by:
  - procuring medical supplies and equipment,
  - training health and non-health care personnel working with refugees and migrants,
  - providing guidelines and conducting joint assessments,
  - producing information materials to defuse misconceptions about public health and migration, and
  - promoting evidence-based public information.

### Situation Update:

Recent national and international border management measures are affecting migration patterns and posing different challenges to the health systems response to large influxes of refugees and migrants for WHO European Member States. Countries on the 'West Balkan migration route,' and Greece in particular, were called to respond to massive influxes of transiting migrants in the last years, but they are now faced with populations staying in the country for longer periods, including almost 50,000 only in Greece. Simultaneously, Turkey is hosting approximately 2.7 million refugees. The current number of women and minors is approximately 60% of the total arrivals, and the proportion of children to adults is such that one in three migrants is a child. Following the EU-Turkey agreement on migration management, centres on the Greek islands in proximity to Turkey have become detention centres for migrants arriving as of 20 of March. These changes triggered changes in International Organisations and Non-Governmental Organisations support in managing the response to the influxes. Most of the migrants are now scattered across the mainland with different type of shelter conditions and assistance.

Disinfection and sanitation measures have been reported as insufficient in several migration overflow centres. Hygiene and inadequate water supplies are currently among the main concerns. This should be urgently addressed in adherence to the principles of equity and solidarity and to human rights and dignity.

This current scenario is of paramount importance: a right-based approach is necessary to ensure that all obstacles to access the health care system are removed for every individual, regardless of his/her legal status. This collectively ensures the protection of refugees, migrants and host population's health.

## Public Health Concerns, needs and gaps:

**The most common health conditions** observed by health actors in the field are in line with previous reporting: hypothermia, burns, gastrointestinal illnesses, cardiovascular events, pregnancy- and delivery-related complications, diabetes and hypertension. Large numbers of migrants are affected by upper tract respiratory conditions due to the living conditions, often a result of wet and muddy areas with poor sanitation.

Skin conditions such as rashes, scabies have been reported and could increase if living conditions do not improve. Female refugees and migrants frequently face specific challenges, particularly in **maternal, newborn and child health**, sexual and reproductive health, and violence. Strengthening of targeted health interventions is necessary, given the rate of women of child-bearing age that are presenting.

At least one **case of Hepatitis A** has been reported in a refugee camp in Greece. Given the relatively low level of interaction between refugees in the camp and the local population, the risk of the Hepatitis A virus spreading is low. Additionally, Greece is the only European Union member state that in 2008 included Hepatitis A vaccine in the routine national childhood immunization programme. However, a large proportion of the population who have not been vaccinated remains. As a result, this population is at risk for contracting the virus and should equally practice proper food handling and personal hygiene. The protection of refugees and asylum seekers health is urgently needed and requires a multisectoral approach focused on providing appropriate shelter, water and sanitation facilities, including sufficient food and vaccination programs. These resources are also needed for caregivers and other contacts that may be exposed to a person infected with hepatitis A.

Living in overcrowding settings and **vaccination gaps** may increase the risk of spread of vaccine preventable diseases. Assessments of vaccination needs in the targeted population stranded along the migration routes are extremely important to identify where vaccination campaigns should be urgently conducted.

Robust epidemiological data supporting effective **disease surveillance and reporting systems** is crucial for outbreak investigation, case management and response capacity. The current influxes of migrants are requiring countries to adjust their capacity to do so in new settings.

## WHO action:

- WHO/Europe has conducted joint public health and **health-system assessment missions** to analyse and upgrade the response of countries to large-scale migration in Albania, Bulgaria, Cyprus, the former Yugoslav Republic of Macedonia, Greece, Hungary, Italy, Malta, Portugal, Serbia and Spain.
- The Regional Office is supporting Member States by providing **technical on-site assistance, policy advice, training on public health and migration for professionals within and outside the health sector, providing medical supplies, and producing public information materials.**
- WHO established a **field presence in Gaziantep (Turkey) in October 2013 to increase its capacity and to respond to the public health needs of Syrian refugees.** Through this office, WHO continues to assess the needs of Syrian refugees, providing support through capacity-building of Syrian medical staff, being then allowed to treat Syrian refugees in Turkey, technical and financial assistance for outbreak response and setting up early warning systems, immunization campaigns, supplying medical equipment and drugs, and the dissemination of information material to refugees.
- **Greece:** The PHAME programme is working in collaboration with WHO Regional Office for Europe's Division of Health Systems and Public Health and the Division of Communicable Diseases and Health Security and in coordination with the Hellenic Ministry of Health, to respond to the changing situation. PHAME conducted rapid visits to Athens, Lesvos, Chios and Idomeni, collecting data and reviewing public health needs. Areas of

collaboration to properly address contingency situations and prepare for possible scenarios are:

- I. strengthening of coordination to respond to the health needs of refugees and migrants
- II. increasing immunization services
- III. optimizing a national health plan
- IV. increasing health promotion.

- **At the Country level, the Heads of WHO Offices in Albania, Bulgaria, Croatia, the Former Yugoslav Republic of Macedonia, Hungary, Serbia, Slovenia and Romania** are supporting respective governments in dealing with public health aspects of migration. Leading the public health area at international coordination meetings, WHO Heads of Country Offices implemented activities such as trainings, health promotion material creation, guidelines and SOP creation, health planning and procurement of drugs and medical equipment **in coordination with the PHAME programme.**
- At the **WHO Regional Committee for Europe** in Vilnius, Lithuania, on 14-18 September 2015 (RC65), health ministers from the European Region widely discussed migration and health issues. As a result, a High-level Meeting on Refugee and Migrant Health was organized, with the aim of continuing the discussion towards a common public health understanding of the issues relating to migration and health within the Region, and for considering best policies and public health responses. The outcome document [Stepping up action on refugee and migrant health](#) was widely discussed at the Rome High-level meeting, which identified an agreed approach and collaborative actions for addressing the health needs of refugees and migrant populations across the WHO European Region. On the basis of this, WHO is developing, through a series of consultations with Member States, International Organizations and partners, a strategy and action plan on refugee and migrant health in the WHO European Region. A first draft of the Action Plan has been discussed with the Standing Committee of the Regional Committee and is going to be discussed with International Organisations in April 2016.

#### Background of the crises

The instability in Africa and in the Middle East triggered an unprecedented migratory influx that continues to challenge European countries and their Health Systems. Refugees and migrants are a heterogeneous group and health care systems should be prepared to respond to their diverse needs.

Evidence suggests that migration doesn't imply the importation of infectious diseases, which are mainly associated with poverty. The infectious diseases that affect refugees and migrants are the same that affect European resident population.

WHO Europe, with the financial help of the Italian Government, established a specific programme to work on the health implications of migration influxes already in 2012. The PHAME (Public Health Aspects of Migration in Europe) Programme has since conducted missions to assess health system capacity's and preparedness to deal with large migratory influxes in eleven European Member States, has helped develop contingency plans and has furthered the research on health and migration.

#### Contacts:

Santino Severoni, WHO Public Health Aspects of Migration in Europe, severonis@who.int

Matteo Dembech, WHO Public Health Aspects of Migration in Europe, dembechm@who.int

Ute Enderlein, WHO Regional Office for Europe, Country Emergency Preparedness, enderleinu@who.int

Further information can be found under the following link: [Frequently asked questions on migration and health](#)

In this report UNHCR wording is adopted: Refugees (fleeing war, persecution etc.) and Migrants (move to improve their lives by finding work, or in some cases for education, family reunion, or other reasons).