

DO THE  
HUMAN  
RIGHT  
THING

RIGHT

+ TO HEALTH

RIGHT

+ TO LIFE

An assessment of access to health care services of applicants and beneficiaries of international protection in Greece.



DO THE  
HUMAN  
RIGHT  
• THING

**The project “Do the *human right* thing – Raising our Voice for Refugee Rights” is implemented within the framework of the Active Citizens Fund program. The Greek Council for Refugees (GCR) is the project promoter and the Centre Diotima, the International Rescue Committee Hellas (IRC) and Popaganda are the project partners.**

The Active Citizens Fund, amounting to € 13.5 million, is funded by Iceland, Liechtenstein and Norway and is part of the European Economic Area (EEA) financial mechanism for the period 2014 – 2021, best known as EEA Grants. The programme aims to strengthen and enhance the sustainability of civil society and to highlight its role in promoting democratic processes, enhancing citizens’ civic participation and defending human rights. The Active citizens fund grant for Greece is managed jointly by the Bodossaki Foundation and SolidarityNow. For more information, please visit: [www.activecitizensfund.gr](http://www.activecitizensfund.gr).



**EXECUTIVE**  
**SUMMARY**

The report on access to health care is the third of the series, following the report “Homeless and Hopeless” regarding access to housing applicants and beneficiaries of international protection and the report “Seeking a New Life Seeking Employment” which assesses the employment situation of applicants and beneficiaries of international protection in Greece. The reports were drawn up as part of the project “Do The Human Right Thing - Raising Our Voice for the Refugee Rights”, implemented within the framework of the Active Citizens Fund.

Access to health services, as well as the state of health and the different pathological conditions that occur in the refugee population, is inextricably linked to access to housing and employment.

The state of health of refugees and asylum seekers is influenced by their living and housing conditions, with many among them already having impaired health, often even disabilities, because of conflicts, torture, violence in their country of origin, trauma burns, amputations and trauma - with an impact on their mental health as well). Residents of temporary accommodation facilities and Reception and Identification

Centres (RICs) often have infections related to housing conditions, such as symptoms of scabies, gastrointestinal disorders and respiratory infections. At the same time, concentration of large populations in small spaces increases the chances of prevalence of communicable diseases, while the clinics in RICs and Accommodation Facilities have limited possibilities for providing services. The provision of health services in a timely manner and of adequate follow-up care after the initial diagnosis/treatment of vulnerable people present a challenge both for civil society organisations and the National Health System. Furthermore, people without legal documents who live in a state of complete homelessness or are temporary accommodated by members of their community, find themselves in a more disadvantaged position.

The methodology of the report is based on a combination of primary data collection and secondary data utilization through questionnaires, personal interviews, qualitative data derived from other programs, focused group discussions of refugees and asylum seekers, data collected by state agencies and international organizations, media reports, etc.



The organizations implementing this project, devised a questionnaire to collect primary data from the affected populations. Based on 190 responses, 60% qualified the state of their health when they first arrived in Greece from “moderate” to “very bad” and 37.37% described their state of health as “good” or “very good”. Quite alarming is the fact that when asked how they would describe their health today compared to the time of their arrival in Greece, 69.47% responded that it was the same or worse, while only 27.89% feel that their health is improved.

Refugees and asylum seekers face difficulties regarding the five main parameters of access to health care: availability, adequacy, accessibility, cost and pertinence of services. In previous years, and since the beginning of the economic crisis, the National Health System (ESY) has seen budget cuts of 42.8%, while state spending per citizen was reduced by 40%. These measures have disproportionately affected the poorest and most marginalised populations. The situation in the National Health System worsened after the outbreak of the Covid-19 pandemic, making access to public health facilities very difficult to practically impossible,

even in the Emergency Departments, many of which had drastically reduced their services.

Another highly important barrier to accessing health care services is language, as most refugees do not speak Greek and are not able to make medical appointments. At the same time, in many cases medical staff cannot undertake the examination and diagnosis of patients, due to a lack of interpretation. A significant part of the population that live in precarious conditions, do not have a social security registration number (AMKA/PAAYPA) and do not have a support network to face the multiple access barriers. Overall, 41.6% describe the process of accessing health services difficult, 38.95% describe it as neither difficult nor easy, and only 10% qualifies it as easy.

Frequently reported problems are the very long appointment waiting times, leading to situations where addressable health issues transform into much more serious chronic conditions, due to the lack of timely treatment, lack of interpretation both during telephone and face-to-face communications, and racist behaviors by health professionals.



**THE GENDER**  
**DIMENSION**  
**OF THE**  
**EXPERIENCE**

The most important problem that women consistently identify is the gender of the gynecologist who will treat them (gynecologists are more often male) and the refusal of professionals to respect their desire to have access to a female gynecologist.

**“I gave birth at the Alexandra Hospital, by caesarean. I entered the operating room without anyone explaining to me what was going happen. Nor did I ever understand. I was alone in the hospital. Without interpretation and with no friends or family by my side. My husband was violent, so he wasn’t there. But even if he were... After I gave birth, for seven whole days I did not see my son. I was asking to see him, but they didn’t understand what I was saying. No one was paying attention to me. It was a horrible experience. I had given birth, and I could not see my son. On the seventh day I contacted a doctor from the MSF clinic, with whom I was in contact during my pregnancy. I told her what was going on. That they don’t understand me, they don’t see me, they don’t pay attention to me. Eventually she intervened, and I saw my child, after a whole week. He wasn’t in the incubator, he wasn’t premature, there was nothing wrong with him. There is no explanation for what happened. I never understood. And no one was there, after the waters broke, to explain to me, to calm me down.”**

***Iranian refugee -  
7 years in Greece***

Although the national system for monitoring incidents of gender-based violence is well established and the annual data is published by the General Secretariat for Family Policy and Gender Equality, the data collected record exclusively female beneficiaries who turn to the public services, and they are classified only based on nationality, Greek or non Greek. As a result, there is no possibility for a more in-depth monitoring of data on female refugees who have used the services, while the parallel response system operated by civil society actors and international organisations has not reconciled its data collection process with that of state actors.

In their testimonies gender-based violence survivors report that they did not have access to health services directly after the incident, and when they did, no respect was shown to their experience. Former and current members of Diotima’s women empowerment groups report that the only information they get about reproductive health services is through the info sessions provided at regular intervals by NGOs.



**MENTAL**  
**HEALTH**



The access of refugee populations to mental health services is extremely difficult and the main responsibility of addressing mental health needs lies with civil society organizations. The available psychosocial support for people who survived gender-based violence may in practice prove insufficient, while important issues regarding the legal status and the standard of living of survivors remain unresolved.

**“Seven years ago, I came to Greece. Before I left Iran I was already facing a mental health issue, and I was getting treatment. When I came to Greece all the mental health issues I had deteriorated rapidly. I had constant suicidal thoughts. I was seriously considering committing suicide. In Greece, the dosage of the psychiatric medication I was receiving increased. And the dosage continued to increase, while I was getting worse. Back in Iran, I left my son. That aggravated my condition very, very much. I missed him a lot, all the time. I thought I came here for a better life. But things, I am telling you, got worse.”**

*Refugee from Iran -7 years in Greece with her child, 6 years old.*



**CHILDREN'S AND**  
**ADOLESCENTS'**  
**HEALTH**

Unaccompanied children represent an important segment of the refugee population to which attention should be paid, as they are one of the most vulnerable groups. The problems mentioned above have a heavier impact on this group, while the support framework plays a crucial role for the protection and the best interest of children.

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Adolescents approaching adulthood face the additional stress of their integration into Greek society. This is something that troubles children quite a lot and affects their daily lives, creating a sense of abandonment once they reach adulthood and are no longer assisted by the support services of the accommodation facilities. The lack of preparation and information about their rights, combined with their uncertain legal status, puts an added burden on their mental health.

**«I have type 1 diabetes and during my trip to Greece, I often fell unconscious. When I came to Greece, in the house where I live (ed: the accommodation facility) my social worker took me to the hospital, and I take insulin and I do the necessary tests. In six months, I will turn 18 and my application has been rejected at a second instance. How will I get by on my own? How will I go to the hospital? How am I going to take the insulin I need without her help?»**

***Unaccompanied child from Pakistan, 17 years old***



**IN CONCLUSION**

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**The difficulties reported by refugees and asylum seeker when trying to access health services in Greece, are the following:**

Communication barriers due to the language

Lack of interpreters and cultural mediators

Insufficient information on their rights and the necessary procedures

Lack of medical specialties and specialized health care facilities (e.g., transitional accommodation facilities for mental health patients)

Racist and stereotypical perceptions by public officers

Understaffing of the National Health System

Difficulties in scheduling appointments

Discontinuation of follow-up for chronic medical conditions  
Intense anxiety and apprehension about the future

Lack of necessary legal or administrative documents (AMKA, PAAYPA)

Lack of representation of refugee communities in the public sphere – lack of opportunities to highlight their problems

The main objective of the report is to present, raise to the extent possible, the voices of people who cannot be heard or who we, as a society, choose not to listen to; to demonstrate that the right of all people to health care services is a fundamental, non-negotiable human right, and to formulate policy proposals that increase their visibility, promote the effective protection of their inalienable rights and ensure their social inclusion on equal terms.

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# DO THE HUMAN RIGHT THING

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