

MIGHEALTHNET:

Information network on good practice in health care for migrants and minorities



STATE OF THE ART REPORT ON THE GREEK CASE

Executive summary in English¹

by

Ioanna Kotsioni (MSc, PhD Candidate, Athens Medical School, University of Athens)

Panos Hatziprokopiou (PhD, Research Fellow, Social Policy Research Centre, Middlesex University)

1. Background information

a. Immigration and immigrant populations in Greece

Immigration to Greece became significant around the early 1990s, in the aftermath of changes in the former Eastern Block. Although primarily economic in character, structured domestically within a rigid job market with labour shortages and a flourishing informal sector (Hatziprokopiou 2006), a large component of the flows relates to ethnic migrations. The majority of immigrants come from the neighbouring Balkans, predominantly Albania, and the former Soviet Union, and more recent arrivals involve growing numbers from the Middle East, Asia and Africa, including refugees and asylum seekers. The 2001 Census recorded nearly 800,000 foreign nationals, making up 7.3% of the country's population, more than half from Albania². These figures, however, ignore ethnic Greek migrants from former Soviet countries, 103,000 of whom were naturalised by December 2001 (Fakiolas 2003: table 1).

b. Political context

The overall experience of immigrants in Greece throughout the 1990s had been characterised by various forms of social exclusion, partly linked to exploitation in the labour market and widespread stigmatisation, especially of Albanians (Lazaridis & Psimmenos 2000). The exclusive legal framework and its implementation have also

¹ To appear in *Health Care Policies for Migrants and Ethnic Minorities*, edited by M. Chimienti, C. Björger Cuadra and D. Ingleby. Malmö: Malmö Institute for Studies of Migration, Diversity and Welfare. (forthcoming).

² Among the remaining, about 11% were from the Balkans and Central Europe (mostly from Bulgaria, Romania and Poland), 10% from Western Europe, 9.5% from countries of the former Soviet Union (the vast majority were Georgians, Russians and Ukrainians), 7.5% from Asia, North Africa and the Middle East (half of them from South Asia), 6% from the Americas, Oceania and the rest of Africa.

played a role: until 1999 the majority of migrants had no opportunity to regularise, while asylum approval rates remain extremely low. A separate policy framework has favoured ethnic Greeks, granting citizenship to migrants from former Soviet countries and a special status to those from Albania.

Integration was brought into the agenda with the revision of immigration policy in 2001 and 2005, and two succeeding regularisation programmes resulted in nearly 500,000 valid residence permits by 2007 (Ministry of Interior 2007). This, together with the establishment of long-term settlement patterns and with access to social security and welfare, are gradually opening the path towards social incorporation (Hatziprokopiou 2006; MIPEX 2006). Yet, such processes remain contradictory due to a still unfavourable policy context regarding family reunion, labour market integration, political participation and nationality acquisition (MIPEX, 2006), as well as the ambivalence of a second generation born or brought up in Greece. Meanwhile, situations of social disadvantage are deep-rooted, even among the ethnic Greek migrant populations despite their “privileged” status (e.g. Halkos & Salamouris 2003), while the recent years have witnessed sharp increases in clandestine arrivals particularly through eastern Aegean islands (e.g. MSF 2008). These later, invisible in both official statistics and legal terms, involve a fluctuating number of people that may be currently well exceeding 200,000, out of total estimated 1.1-1.2 million migrants in the country.

2. Health system and entitlement to health care

a. The health system

The Greek health care system is based on the National Health Service (NHS), on obligatory social insurance and to a lesser extent on private insurance. The Greek NHS provides universal medical coverage for the population residing legally in the country. Social insurance funds provide health care services to their beneficiaries, mainly primary health care services. Private practices, hospitals and maternity clinics also cover a significant percentage of demand. The health care system is financed by the state through taxes and by employers’ and employees’ contributions to the compulsory social insurance schemes. Private sources of funding represent more than half of total expenditure for health care. Out-of-pocket payments involve:

- a) co-payments and full payments for health care services provided by the NHS. For many NHS services as well as for medication the beneficiary is required to contribute a fraction of the expenditure under a set of cost-sharing regulations. Those uninsured are required to pay the entire amount, often paying 50% of the expense in advance when hospitalized.
- b) payments to private physicians, diagnostic centres and hospitals.
- c) under-the-table payments, very common in secondary care.

While Greece has in place a public health system offering universal coverage, out-of-pocket payments remain among the highest in Europe as a percentage of the total health care expenditure. Moreover, the Greek health care system is highly centralised in fiscal terms, as regional structures rely on Ministerial approval for all financial transactions, while they decide independently on the planning, allocation of resources and delivery of health care services.

b. Entitlement of immigrants to healthcare

Residence status	Access to public health care services
Immigrants legally present in the country	Any person of foreign (non-EU/EEA) nationality who is on a stay/work permit enjoys access to the NHS with exactly the same rights as a Greek citizen (July 2000 Circular of the Ministry of Health & Welfare, as in Immigration Law 2910/2001). Accordingly, regular migrants possessing a health book, issued by the insurance fund they are registered with, can receive treatment for free or paying only a percentage of the incurred cost. However, given the spread of informal employment arrangements many legally residing immigrants are deprived of social security and hence access to healthcare. Moreover, access to health care services is gravely hindered by long delays (up to 6 months) in the renewal of residence and work permits, depriving them from social insurance and consequently from free access to the health care system.
Immigrants without documents	By Law, undocumented immigrants in Greece are not entitled to healthcare, with the exception of life-threatening situations and until stabilization of their health is achieved (children under 18 years are exempted from this rule). These migrants can therefore be treated only in hospital emergency services. Emergency situations include pregnancy-related complications and delivery, but not prenatal care. In the case of HIV/AIDS and other infectious diseases, treatment is provided free of charge and a temporary stay permit for the period of the treatment may be issued (according to Law 2955/2001). The category of undocumented migrants includes growing numbers of rejected asylum seekers, who face the same obstacles in accessing health care.
“Repatriating ethnic Greek” migrants	“Repatriating ethnic Greeks” from countries of the former Soviet Union, as well as from Albania and elsewhere, have equal access to healthcare as Greek citizens and other legal migrants. These groups are entitled to a number of benefits, including: a special benefit for low-income people which provides them with free access to primary and secondary care in NHS hospitals and the possibility to be self-insured with IKA or OGA (two of the main social funds).
Refugees and asylum seekers	Refugees and asylum seekers have equal access to healthcare as Greek citizens. By Presidential Decree 668 (May 2005) any refugee or asylum seeker in possession of the relevant documentation but without insurance or with insufficient income is entitled to primary and secondary care entirely free of charge. However, there are no provisions for persons who have applied for asylum and are waiting for confirmation of their status as asylum seekers, apart from the right to access emergency services (in the same capacity as undocumented migrants). The procedure of granting asylum is also quite lengthy, lasting up to several months, and the approval rate is extremely low.
Minorities	Persons belonging to national minorities enjoy the same rights to health care as any other Greek citizen. However, the Roma’s poor social integration may result in weak entitlement: many may not possess an identity card or birth certificate, and lack of insurance and formal identification deprives them of social welfare provisions, including free medical care.

3. State of health

The state of health of migrants and minorities in Greece remains gravely under-researched, reflecting the novelty of immigration and the lack of reliable, routinely collected data.

The few epidemiologic studies, on migrant and ethnic minority health, focus on infectious diseases. Results of these studies (Kanavaki et al. 2005; Konstantinidis et al. 2000; Peonidis et al. 1995) indicate a statistically significant upward trend over time of the proportion of immigrants among the total number of TB patients. Moreover, multidrug resistance rate shows significant increase in all patient groups, particularly in repatriated Greeks from the ex-Soviet Union. Hepatitis A and B prevalence rates also seem to be higher among repatriated Greeks, undocumented migrants and in particular among the Roma population. The prevalence rates of H_{av} (> 85%) and H_{bv} (>20%) infection in the Roma remain very high compared to the general population (Zacharakis et al. 2007; Dritsas et al. 1996; Nikolaou et al. 1995). With regards to HIV, Nikolopoulos et al. (2005) indicate an increasing trend of HIV-seropositive migrants in Greece during recent years.

Due to the circumstances of their work migrants may also face an increased risk for occupational diseases and injuries. Data from IKA, the largest Greek Social Insurance Fund, showed in 2005 an increased incidence rate for non-EU foreign workers, with 10,56 accidents per 1000 employees as opposed to an average of 6,99 accidents per 1000 Greek nationals employees (IKA 2005).

Studies on the mental health of migrants have focused on psychosocial adaptation and psychiatric morbidity among repatriated Greeks, especially adolescents (Kolaitis et al. 2003 Madianos et al. 1998; Anagnostopoulos et al. 1994)

Currently the few studies available can only provide indications of migrants' and minorities' health problems and not an accurate picture of the state of health of these populations.

4. Accessibility of care

The complexity, bureaucracy and delays characterising immigration procedures, combined with the extent of informal employment, are the major obstacles to immigrants' access to care, as a large share remains uninsured (Labrianidis and Lyberaki 2001; Hatziprokopiou 2006). The precarious socio-economic condition of many also gravely restricts their access to health care services, mainly to specialized services and secondary care. High out-of-pocket payments for hospital care are often reported, and financial destitution should be considered as an important obstacle to immigrants' access to secondary health care (European Commission 2008).

Primary care is more easily accessible, as most migrants - including undocumented ones - receive treatment in municipality clinics, rural physicians, and regional health centres free of charge. Undocumented migrants benefit also from their right to access emergency services (Ingleby *et al.*, 2005; Hatziprokopiou 2006: ch. 8). Indeed, failing to strictly comply with the legal provisions that restrict undocumented migrants' access to care is a predominant choice for Greek physicians. Informal practices appear to be the key means for reducing barriers of access to the NHS, particularly for undocumented/uninsured

migrants. In primary care provision, undocumented/uninsured migrants and refugees also benefit from NGO services, such as Médecins du Monde and PRAKSIS who run polyclinics offering services mainly to undocumented migrants and rejected asylum seekers. The capacities and infrastructure of such initiatives, however, are not able to address large numbers of potential recipients.

Limited accessibility to care is also a grave concern for undocumented migrants detained in the borders. This category of migrants remain in custody for a period of up to 3 months in detention centres where sanitary conditions and health care provisions, including psychosocial support, have been documented as extremely poor, posing a threat to the health of migrants (MSF 2008).

5. Quality of care

Effective health care delivery to migrant and minority groups is compromised by the absence of cultural sensitive services in the NHS. No resources such as interpreters, cultural mediators, health and social care professionals trained on multicultural approaches are available. Communication problems between migrants and the health care personnel and administrative staff are recorded (IAPAD 2002) and are further strained by the bureaucratic nature of the system. Communication barriers seem to be important, not only regarding access to health as such, but mostly in respect to information, negotiation and communication with health care administrators and providers (IAPAD 2002).

Recently, Intercultural Day Centres supported by government funds (under the “Psychadaelfia” and “Psychargos” programmes) have been established, offering psychosocial support to migrants and minority members. The Day Center “Babel” is a community mental health unit addressing migrants who live in Athens. In Aeginition University Hospital an intercultural psychiatric service is also available. Furthermore, interpretation is occasionally included in the services provided to migrants and primarily refugees, by NGOs like the Hellenic Red Cross, the Greek Council for Refugees, Médecins du Monde and Médecins Sans Frontières.

There are no signs of systematic discrimination against migrant patients and cases of maltreatment by doctors or hospital staff should be considered as rather rare and isolated events. Such events do exist, however (e.g. see Psimmenos & Kasimati 2003), and may also involve the Roma population, a cultural minority which is widely socially excluded in Greece.

6. Measures to achieve change

Informality has been a chief characteristic of recent immigration to Greece, regarding migrants' legal status and employment, but also their own integration strategies (Hatziprokopiou 2006). Similarly, informality appears to be a main feature of migrants' pathways of access to healthcare within and beyond the National Health System (Kotsioni and Hatziprokopiou 2008).

Despite persisting problems and gaps, there have been some steps in the past few years in terms of policy and research. The Hellenic Migration Policy Institute, the National School of Public Health and the National Centre for Social Research have undertaken studies on

various aspects of migration and some attention has been paid to the topic of migrant health. Moreover, the Information and Documentation Centre 'Antigone' has organised roundtables on discrimination issues, including immigrants' access to health care, while the EC-funded MIGHEALTHNET project has set up an interactive online database on the health of migrants and minorities. Finally, in late 2007, the health Minister announced the launch of an Observatory for Migrants' Health, which may indicate an important policy shift though no action has been taken yet.

Nevertheless, various issues are currently pressing, including - perhaps above all - the question of undocumented migrants, particularly upon arrival at poorly equipped entry points as well as in Athens itself. In general, measures regarding immigrants' healthcare and broader welfare issues remain closely tied to the general framework of immigration policy. Thus any initiatives addressing migrants' access to and accessibility of care would not alone be enough. There is a need for a coherent migration policy to address the status of undocumented immigrants and rejected asylum seekers, as well as a series of conflicting issues, including labour market regulation to reduce the number of uninsured migrants.

References

- Anagnostopoulos, Vlassopoulou, Rotsika, Pehlivanidou, Legaki, Rogakou, Lazaratou (1994). "Psychopathology and Mental Health Service Utilization by Immigrants' Children and their Families", *International Migration*, 32(1):29-47.
- Dritsas, S. et al. (1996), Prevalence of hepatitis B and C, HIV-infection and tuberculosis in homeless illegal migrants in Athens, *Iatriki*, 70(4):347-350 [In Greek].
- European Commission (2008) "Quality in and Equality of Access to Healthcare Services", Directorate Directorate General for Employment, Social Affairs and Equal Opportunities, European Commission. Available online at http://www.euro.centre.org/data/1217328350_39041.pdf (02.10.2008).
- Fakiolas, R. (2003) "Regularising undocumented immigrants in Greece: procedures and effects", *Journal of Ethnic and Migration Studies* 29 (3): 535-561.
- Halkos, G. and Salamouris, D. (2003), 'Socio-economic integration of ethnic Greeks from the former USSR: obstacles to entry into the Greek labour market', *Journal of Ethnic and Migration Studies* 29 (3): 519-534.
- Hatziprokopiou, P. (2006) *Globalisation, migration and socio-economic change in contemporary Greece: Processes of social incorporation of Balkan migrants in Thessaloniki*. Amsterdam: Amsterdam University Press.
- IAPAD (2002) *Research study for the realisation of the action programme on 'Immigrants in Greece': Final Report*. Athens: Urban Environment and Human Resources Institute, Panteion University (in Greek).
- IKA (2005), *IKA-ETAM Accidents at Work Report for the Year 2005*, Directorate General of Financial Services, Directorate of Actuarial Studies and Statistics, Social Insurance Institute - Unified Insurance Fund of Employees
- Ingleby, D., Chimienti, M., Hatziprokopiou, P., Ormond, M. and deFreitas, C. (2005) "The role of health in integration", in Maria Lucinda Fonseca and Jorge Malheiros (eds.) *Social integration and mobility: education, housing and health. IMISCOE Cluster B5 State of the Art Report*. Estudos para o Planeamento Regional e Urbano n° 67, Lisbon: Centro de Estudos Geograficos, pp. 89-119.
- Kanavaki, S., Nikolaou, S., Karampela, S., Papavasiliou, A., Skroumpelou, A., Varonou, E., Papageorgiou, P., Kontos, F., Anagnostou, S., Raftopoulou, A., Koumantakis, P. and

- Tamvakis V. (2005), "Changes in the epidemiology of tuberculosis in Greece due to continuing immigration", *Pneumon* 18(1):84-92 [In Greek].
- Kolaitis, G., Tsiantis, J., Madianos, M. and Kotsopoulos S. (2003). "Psychosocial adaptation of immigrant Greek children from the former Soviet Union". *European Child & Adolescent Psychiatry*, 12(2), 67-74.
- Konstantinides, Th.K., Christaki, P., Tsara, B., Kapetangiorgis, A. And Koutsougianopoulos, B.Ch. (2000), Epidemiologic and clinical characteristics of tuberculosis in migrants in North Greece between 1988-97, *Pneumon* 13(1): 73-83 [In Greek].
- Kotsioni, I. and Hatziprokopiou, P. (2008) "Coping with the gaps in health provision for migrants in Greece", paper presented at the IMISCOE Cluster B5 Workshop *Migration, Integration and the Internationalisation of Health Care*, Lisbon, 17-18 April 2008.
- Labrianidis, L., A. Lyneraki, P. Tinios & P. Hatziprokopiou (2001), *Albanian immigrants in Thessaloniki*. Thessaloniki: Paratiritis [in Greek].
- Lazaridis, G. and Psimmenos, I. (2000) "Migrant flows from Albania to Greece: economic, social and spatial exclusion", in R. King, G. Lazaridis & Ch. Tsardanidis (eds.), *Eldorado or Fortress? Migration in Southern Europe*, 170–185. London: Macmillan.
- Kolaitis G., J. Tsiantis, M. Madianos and S. Kotsopoulos (2003) "Psychosocial adaptation of immigrant Greek children from the former Soviet Union", *European Child & Adolescent Psychiatry*, 12(2), 67-74.
- Madianos M.G, Bilanakis N, Liakos A. (1998)"Acculturation, demoralization and psychiatric disorders among repatriated Greek migrants in a rural area ", *The European Journal of Psychiatry*, 12(2): 95-108.
- Ministry of the Interior (2007) *Residence permits by nationality (until 15.07.2007)*, available online from the information and documentation centre *Antigone*, at: www.antigone.gr/statistics (02.10.2008).
- MIPEX (2006) *Migrant Integration Policy Index*, Country profile: Greece, available online at: www.integrationindex.eu (02.10.2008).
- Nikolaou, A. (1995) "Prevalence of hepatitis a major problem for Roma in Athens", *Arxeia Ellinikis Iatrikis*, 12(2), 138-141 [In Greek].
- Nikolopoulos et al. (2005) "Migration and HIV epidemic in Greece", *European Journal of Public Health*, 15(3):296-299.
- NSSG – National Statistical Service of Greece (online) *Census 2001*, www.statistics.gr.
- Peonidis, A. (1995) Health of children repatriating to Greece. *4th Department of Pediatrics, University of Thessaloniki Greece. Pediatrics' of Northern Greece*, 7: 105-109 [In Greek].
- Zacharakis G., J. Koskinas, S. Kotsiou, E. Pouliou, M. Papoutselis, F. Tzara, N. Vafeiadis, E. Maltezos, A. Archimandritis, and K. Papoutselis (2007) "Natural history of chronic hepatitis B virus infection in children of different ethnic origins: a cohort study with up to 12 years' follow-up in northern Greece", *Journal of Paediatric Gastroenterology & Nutrition*, 44(1):84-91.