SITUATIONAL BRIEF: ASYLUM SEEKERS AND REFUGEES IN GREECE DURING COVID-19

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CONTEXT

Asylum seekers and refugees in Greece are currently placed by the Greek government in hotspots (reception and identification centres), apartments, hotels and camps across the Greek islands and the mainland, along with a proportion who are homeless. Currently there are five hotspots on the Greek islands: Vial on Chios island; Pyli on Kos island; Lepida on Leros island; Moria on Lesvos island; and Vathy on Samos. In addition, there are 18 camps in the northern mainland of Greece; 13 camps in the southern mainland of Greece and one in the southern peninsula (Peloponnese).

Greek Islands

1. Approximately 27,000 asylum seekers and migrants are currently living in Greece’s Eastern Aegean islands, concentrated on the islands of Lesvos (14,547), Samos (4798), Chios (3,736), Kos (1905) with smaller numbers on Leros and others.

2. Most live in overcrowded camps, known as Reception and Identification Centres (RICs) or ‘hotspots’, which only have the capacity to host 6,095 people. Others are housed in facilities run by UNHCR, international organisations or NGOs. An increasing number are under administrative detention in police stations or so-called ‘pre-departure centres’, sometimes detained for the length of their asylum procedures.

3. The Eastern Aegean islands constitute one of the two main migration routes into Greece from Turkey, the other being the land border around Edirne. Between January-13th September 2020 there have been 8,986 sea arrivals from Turkey into the Aegean islands and 3,405 land arrivals.

4. Most asylum seekers in the island RICs are from Afghanistan, Syria, Palestine, Somalia and DRC. Children make up 33% of inhabitants of the RICs, and around 13% of children are unaccompanied.

5. The current official number of ICU beds available in hospitals on the five islands with hotspots are as follows:
   - Lesvos: 1 general ICU with 6 beds; 1 COVID-19 ICU with 3 beds; 1 HDU with 6 beds. 38 staff have been recruited for the needs of the pandemic.
   - Chios' Hospital: No general ICU; A COVID-19 ICU with 2 beds; A general HDU with 3-4 beds. 30 staff have been recruited for the needs of the pandemic.
   - Samos' Hospital: 1 general ICU with 5 beds; 1 COVID-19 ICU with 1 bed; 7 staff have been recruited for the needs of the pandemic.
   - Kos' Hospital: No general ICU or HDU; 10 staff have been recruited for the needs of the pandemic.
   - Leros' Hospital: 1 HDU with 2 beds; no ICU; 32 staff have been recruited for the needs of the pandemic.

6. In early July cases of COVID-19 had been identified among recent arrivals to Lesvos, and they were being held in a temporary quarantine facility where ongoing transmission had occurred. The first confirmed case of COVID-19 among the migrant population in the Greek island RICs was on 13th August on the island of Chios, and a week later an additional 3 people living in Vial RIC and one employee of the European Asylum Support Office tested positive for the virus. The hotspot was quarantined immediately following this, the government placed another 2 facilities, Fylakio RIC (on the border with Turkey)
and an open centre in Drama, on strict quarantine, as well as making the wearing of protective face masks mandatory for both residents and employees in all RICs, open centres & apartments etc.11

7. The first positive cases of COVID-19 in Moria RIC on Lesvos were identified on 2nd September, whereupon the entire RIC was placed on quarantine for 2 weeks minimum.12 By Tuesday 8th September it was announced that the number of people who tested positive for COVID-19 had risen to 35. That evening several large fires burned Moria RIC to the ground, rendering almost 13,000 homeless and the 35 people who tested positive for COVID-19 were lost by the authorities amongst the homeless population.

8. The government began deploying rapid tests amongst the displaced population above the age of 10 years old on 12th September, and so far, of the 9,398 homeless people who have been moved (reportedly sometimes forcibly13) to the newly erected substandard camp, 7,064 tests have been carried out with 243 people testing positive14, including a new born baby15.

9. On 15th September 2 people in Vathy RIC on Samos tested positive for COVID-19 and the camp was immediately quarantined until 29th September.16 As of 18th September there were 23 positive cases in Samos RIC. One positive COVID-19 case was identified in the RIC on Leros on 15th September, and she was immediately transported to hospital.17

10. As of 16th September, 4 of the 5 island hotspots were under quarantine due to multiple positive COVID-19 cases.18

11. Two separate fires broke out on Samos, one outside the RIC on 16th September19 and another inside the RIC on the evening of 20th September destroying two containers, but there were no reported deaths. The authorities have arrested three minors who were living in Vathy RIC for starting the fires.20

Greek Mainland

1. Around 90,600 refugees and migrants are currently living on the Greek mainland.21

2. They are housed in open accommodation centres, the Filoxenia Programme of accommodation run by the IOM, ESTIA accommodation provided by UNCHR, and shelters for unaccompanied minors run by the IOM and other NGOs, and many are homeless or in detention.

3. From February 26th until July 12th 229 cases of COVID-19 were reported among refugee and asylum seeker populations on the Greek mainland (Figure 1).

4. On the 2nd April, a woman living in the Ritsona camp north of Athens tested positive for COVID-19 after giving birth in Athens University Hospital. The camp was subsequently placed in quarantine.22 Over a period of three weeks 41 more migrants and asylum seekers tested positive for COVID-19 in the Ritsona camp.

5. On the 5th April, a man living in the Malakasa camp north of Athens also tested positive for COVID-19, and the camp was quarantined.23 Over a period of four weeks 23 more migrants tested positive for COVID-19 in the Malakasa camp.

6. On the 21st April, 154 migrants living in a hotel in Kranidi in southern Greece tested positive for COVID-19. Testing for COVID-19 took place after a 28-year-old pregnant woman living at the hotel was found to be positive for the virus. Moreover, a 39-year-old woman from DRC who was a hotel resident died on the 19th April, although the Greek government announced that the death was not connected to the virus.24 In all three cases the detection of these outbreaks was accidental and late.25

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13 https://rsaegean.org/en/lesvos
14 https://www.ekathimerini.com/257196/article/ekathimerini/news/24392919/coronavirus-detection-was-accidental-in-lerissos-
21 https://www.bmj.com/content/369/bmj.m1557/rr-6

www.migrationandhealth.org
7. According to the latest available official data by July 26th a total of 229 COVID-19 cases have been confirmed among migrants/refugees (including both those residing in open camps and facilities on the Greek mainland and new arrivals in the Greek islands) representing 5.4% of the total confirmed cases of COVID-19 in Greece (4,257 cases) (Figure 1).

8. In August additional cases of COVID-19 were identified in Ritsona but no quarantine was enforced26.

9. In early September more cases of COVID-19 were identified in several open sites, Eleonas, Oinofyta, Schisto and Malakasa and on 7th September these facilities were placed on strict quarantine for two weeks27. Official surveillance data on these multiple COVID-19 outbreaks in refugee camps during August and early September have not been published yet (as of 22nd September 2020).

10. On 17th September the President of the Panhellenic Association of Public Hospital Employees stated that almost half of the COVID-19 patients hospitalised in Attica are third-country nationals from migrant hosting centres or those living in the city centre. For instance, in Sotiria hospital 40 of the 103 COVID-19 patients are migrants or refugees; in Evaggelismos Hospital, 36 out of 66 COVID-19 patients are third-country nationals; at Amalia Fleming Hospital and Attikon Hospital, 10 out of 20 and all 26 of the 26 COVID-19 patients are migrants or refugees. The President remarked that this is due to poor living conditions and overcrowding, adding that contact tracing is particularly difficult because people don’t cooperate with the authorities as they fear they will be deported. He also said that at least 10 refugee patients have escaped from hospitals.28

**Figure 1:** New confirmed cases of COVID-19 in refugee open camps and facilities in Greece (Feb 26th – Jul 26th)

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26 Information from MSF Greece staff member, 13th September 2020
COVID-19 RISK

1. Asylum seekers and migrants on the Eastern Aegean islands are at high risk of infection with COVID-19 due to overcrowding and poor sanitation, as well as limited access to healthcare. Accommodation facilities on the mainland are also frequently overcrowded and suffer from inadequate and sometimes no healthcare provision. Vulnerable groups such as the elderly, pregnant women, and those with chronic conditions such as HIV/AIDS cardiovascular disease and diabetes are at particular risk. Healthcare infrastructure on the islands is inadequate to deal with a major outbreak of COVID-19 (see ICU data page 1).

2. Conditions in the island RICs are overcrowded and unhygienic, putting residents at risk from communicable diseases and making it all but impossible to follow public health guidance around prevention of COVID-19. The RICs are currently several times over capacity, and many residents are living in informal areas around the official camps. The provision of water and sanitation services are not sufficient for the population, thereby presenting significant risks to health and safety. In July in Moria RIC there were an average of 54 people per toilet and more than 61 per shower, falling well below humanitarian standards. Around 4,000 people were living in an informal extension to the Moria camp known as the ‘Olive Grove’ who have no formal water, shower or toilet facilities at all.\(^\text{31}\) Residents of island RICs must frequently queue in close proximity to each other for food, medical assistance, and washing. In such conditions, regular handwashing and social distancing are unattainable goals. On the Greek island RICs, as in other detention contexts, people have no option but to live in close proximity and in poor conditions during the COVID-19 pandemic.

3. Access to healthcare for migrants on the islands is extremely limited. Healthcare provision by the Greek government is not enough to meet the needs of the large numbers living in the RICs. For example, there are two doctors from the National Public Health Organisation serving the RIC on Samos. The severe overcrowding in the camps makes accessing care even more difficult, with camp residents reporting waiting times of hours or days to see a doctor.\(^\text{32}\)

4. Access to healthcare is also challenging in camps on the mainland, which are known as Open Accommodation Centres. For example, residents of camps in northern Greece report long queues to see health workers, and the remoteness of some camps makes the timely transfer of unwell residents to hospital difficult.\(^\text{33}\)

5. There are also legal and administrative barriers to healthcare: in July 2019 the Greek government withdrew access to public healthcare from migrants and asylum seekers, and although there has been a partial reversal of this decision, with asylum seekers now been granted temporary access to public health care, implementation is still lacking and consequently administrative barriers still remain for certain groups of migrants.\(^\text{34}\) Looking for a quick solution to decongest the overcrowded camps on the Greek islands and mainland, the Greek government started the process of evicting more than 11,000 beneficiaries of international protection from their supported accommodation throughout Greece, many of whom are extremely vulnerable and now face homelessness and thus increased exposure and susceptibility to COVID-19.\(^\text{35}\) Many vulnerable people, including heavily pregnant women, people with mental health problems and other medical conditions are now sleeping rough in central Athens with little protection from COVID-19,\(^\text{36}\) or were moved by force to different camps close to Athens.\(^\text{37}\) For instance, there are 600 recognised refugees who were moved to Eleonas camp and who are now living in difficult conditions, according to Médecins Sans Frontières (MSF) Greece.

6. Certain groups of migrants have specific vulnerabilities which could make them particularly susceptible to the impact of COVID-19. Epidemiological data on COVID-19 suggests that those aged 65 and older or with high-risk conditions such as chronic respiratory disease, cardiovascular disease, diabetes and hypertension are at higher risk for severe illness.\(^\text{38}\) Medecins du Monde have previously reported a non-communicable disease (NCD) burden of up to 40% among their patient population

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\(^{31}\) Information shared by MSF Greece, 18th July 2020


\(^{35}\) https://www.msf.org/greece-evicts-vulnerable-refugees-leaves-streets

\(^{36}\) https://www.msf.org/greece-evicts-vulnerable-refugees-leaves-streets


\(^{38}\) https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm?s_cid=mm6913e2_w
in the Greek islands. The WHO has also found that refugee and migrant populations in Europe have higher rates of diabetes and ischaemic heart disease than host populations.

7. Local Greek health infrastructure on the islands would unlikely be able to cope with a major outbreak of COVID-19 among the migrant population. The Greek medical system has a large urban-rural gap, with healthcare services heavily concentrated in major cities. There are fewer than 2,000 hospital beds across the whole of the Aegean island region. As stated above and from Human Rights Watch, there are limited intensive care beds on Lesvos, Chios and Samos, with no intensive care facilities at all on Leros or Kos.

8. Since 1st July there has been a significant increase in imported cases of COVID-19 due to the lifting of travel restrictions and resumption of tourism, with multiple new cases reported in the Greek islands, thus increasing the risk of infection for migrants. In light of this, it is crucial from a public health perspective that in order to protect migrants and refugees the camps must be immediately decongested and the most vulnerable people must be transferred to safe accommodation on the Greek mainland.

9. There has also been an alarming spike in COVID-19 cases in mainland Greece, including amongst the migrant population, which has prompted new restrictions in Attica, including no public or private gatherings of more than 9 people, closure of cinemas and concerts. The government has also announced plans to quarantine people belonging to vulnerable groups, including homeless people and migrants who have been diagnosed with COVID-19 but are asymptomatic; they will be accommodated in hotels rented for this purpose.

RESPONSE TO COVID-19

1. The Greek government announced a number of restrictive health protection measures for the RICs on March 18th 2020, prior and in addition to the country-wide ‘lockdown’ announced on March 23rd 2020. It also announced a plan to transfer 2,300 vulnerable asylum seekers out of the ‘hotspots’ in order to shield them. However, in June 2020 this planned movement of people was halted with a total of approximately 1400 having been transferred, thus not meeting the original target. As of 19th July, there are still 1,312 individuals in high risk groups and their families in the five island RICs waiting to be transferred.

2. Currently the official testing plan for refugees and asylum seeker populations in Greece remains under discussion. Humanitarian organisations including UNHCR and MSF have also taken steps to mitigate the risk of a COVID-19 outbreak on the islands, including lobbying for COVID-19 testing and transfer of vulnerable groups.

3. On March 17th 2020, the Greek government announced new coronavirus restrictions of movement for migrant camps. Residents would only be allowed to leave the camp between 7am and 7pm, with only 100 people permitted to leave per hour and only one person per family permitted to leave at a time. Visits to the camp by individuals and organisations were suspended for at least 14 days. It was announced that medical teams would be sent to the camps to create isolation zones and conduct compulsory temperature checks. Subsequently, on March 23rd 2020, the government announced a country-wide

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41 https://www.oecd-ilibrary.org/docserver/d87da56a-en.pdf?expires=1587654691&id=id&accname=guest&checksum=43AC2BC5D0C964035EF74D75C62E5A
46 https://left.gr/news/terasties-elleipsis-stis-meth-entopize-i-poedin?bcldc=IwAR3hjydolOMBB8EKBTT_HQzorObgfdIcEwK_Nm1CsFhzAlIkk8WkpZTvZdh8
48 UNHCR, ‘Updated data of COVID-19 risk groups in the islands RICs_20200720’ 20th July 2020
lockdown similar to those enacted in other European countries, restricting movement to essential activities only. The general population in Greece remained in lockdown for 43 days, ending on the 4th May, whereas the restrictions of movement in migrant camps have so far been extended a further ten times for an additional 20 weeks (189 days of lockdown), the most recent extension is up to 30th September. The government has declared the multiple extensions (whereby since 5th July only 150 residents can leave the camp per hour and only between 7am and 9pm) to be in the public interest to “limit the spread of COVID-19 in areas of overcrowding” despite the fact there had been no COVID-19 cases in the RICs on the islands until mid-August. The lockdown extensions are contrary to the ECDC and WHO guidelines and, in the absence of public health evidence to justify them, can be considered arbitrary, inhumane and discriminatory.

4. At the same time the impact of these restrictions on the physical and mental health of people trapped in the RICs is becoming increasingly evident and concerning. The extended lockdown is also further hampering people’s ability to access medical care and other basic services.

5. Asylum procedures were suspended until May 18th due to COVID-19 restrictions.

6. On March 18th, the government announced a specific 14-day quarantine period for all new arrivals to Greece: migrants arriving on the islands would remain outside the RICs in a quarantine facility before being transferred to closed facilities on the mainland. This has caused problems due to a lack of suitable facilities for isolating new arrivals on the islands: for example over 150 new arrivals on Lesvos in late March and early April were left without shelter. The Greek government also stated that it will institute regular disinfection and establish specific quarantine areas in the camps, along with providing linguistically appropriate information to camp residents. As of 17 July, this has not been fully implemented.

7. In April, two mainland camps were quarantined after COVID-19 cases were detected, but authorities did not carry out effective contact tracing, nor did they take steps to isolate those with the virus in the camp. The hotel accommodating 470 asylum seekers was quarantined after one woman tested positive for COVID-19, yet despite the strict quarantine, more than 150 people eventually tested positive for the virus. Additionally, authorities imposed the preventative quarantine of another mainland camp, despite there being no positive cases of COVID-19. Whilst there must be health protection responses to local outbreaks (such as containment/protection measures, the application of indiscriminate and/or overly restrictive quarantine, beyond quarantine of individuals or small groups, is not effective. There is no evidence that quarantining whole camps effectively limits transmission of COVID in reception/detention settings or provides any additional protective effect for the general population.

8. A plan to move vulnerable asylum seekers out of the ‘hotspot’ camps was being discussed, and on 13th April, the IOM mission chief for Greece, Gianluca Rosso, announced that the IOM planned to accommodate over 2,000 asylum seekers in hotels and apartments, both on the islands and mainland. This group would include everyone aged 65 and in the hotspots. However, to date this has not been fully implemented.

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50 https://www.e-nomothesia.gr/kat-ygeia/asthenieies/koine-upourgike-aphose-d1a-gp-oik-56363.html
https://interagencystandingcommittee.org/system/files/2020-04/IASC%20Interim%20Guidance%20on%20COVID-
53 https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked
54 https://www.infomigrants.net/en/post/25904/greece-nightmares-and-violence-for-the-children-left-
behind?fbclid=IwAR3uYM4ZN3_YOopmDxLA0jlyq3w2UyeC6twu3wltVBQg0bS5mdAAO1DVI&ref=fb; https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked
coronavirus#:~:text=Two%20migrants%20who%20reached%20the%20northeastern%20island%20of%2C%20the%20spread%20of%20the%20virus%2C%20on%20the%20island.
people-test-positive-for-covid-19-at-kranidi-refugee-centre
9. On the 24th April, the Migration & Asylum Minister announced that the transfer of 1,500 vulnerable people from Moria camp to the mainland is postponed for the time being, and declared that the government would transfer them more gradually and in smaller groups. These delays have resulted from geographical restrictions and a lack of coordination between the asylum service and public health authorities. Moreover, the minister announced that during 2020, most probably in September, hotels hosting refugees on the mainland (the IOM Filoxenia Program) would discontinue.62 Meanwhile, tensions were evident in Mesolonggi city, where the local community protested against the transfer of the population from Moria to their area, while in the north of Greece locals set fire to a hotel for asylum seekers transferred from Lesvos.63

10. With regards to the management of COVID-19 outbreaks in refugee camps, the Greek authorities seem to follow a different protocol compared to the one used in cases of outbreaks in other enclosed population groups.64 The Greek government protocol for managing an outbreak in a refugee camp, known as the ‘Agnodiki Plan’, the facility should be quarantined and all cases (confirmed and suspected) are isolated and treated in situ.65 In similar cases of outbreaks in enclosed population groups (such as nursing homes or private haemodialysis centres) vulnerable individuals were immediately moved from the cite to safe accommodation, while all confirmed and suspected cases are isolated off-site in a separate facility.

11. With regards to testing, the Greek government’s national testing policy has been to test only those admitted to hospital with pneumonia or members of ‘vulnerable groups’.66 According to Sotiris Tsiodras, head of the Greek government’s coronavirus taskforce, there are plans to introduce mass testing and that residents of the islands as ‘vulnerable groups’ would be prioritised.67 Residents of RICs interviewed by Human Rights Watch stated that to their knowledge there was no testing available in the camps.68 On 14th April, the head of the Greek National Public Health Organisation announced a plan to establish a mobile testing centre on Lesvos to test migrants for COVID-19.69 This has never become operational, however following the huge fires in Moria, rapid COVID-19 testing started on 12th September.

12. Humanitarian organisations operating in the Eastern Aegean also announced plans to mitigate the risk of an outbreak of COVID-19 at the start of the pandemic: UNHCR planned to distribute hygiene and sanitation kits, provide core relief items such as tents and blankets, improve WASH facilities, disseminate health information and support the establishment of screening and isolation areas; however, it states that more resources are needed to implement these plans.70 MSF’s COVID-19 activities on Lesvos included health promotion to RIC residents, referral procedures for suspected cases of COVID-19, and preparation of sites to isolate cases, as well as increasing water and sanitation services in Moria. The IRC delivered COVID information to refugees in Greece via its online engagement platform, SignPost.71 Medicins du Monde developed a public health strategy for its health centre in Kara Tepe on Lesvos, and has identified hotels on the islands for shielding vulnerable people or isolating suspected cases.72 Smaller NGOs such as Movement on the Ground set up hand sanitiser stations, distributed hygiene items and increased provision of waste management and cleaning services.73

13. On 30th July MSF was forced to close its COVID-19 isolation centre on Lesvos due to the increasingly challenging operating environment74, which will significantly reduce the capacity to prevent and respond to a potential COVID-19 outbreak amongst the migrant population on the island.

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62 https://www.stonisi.gr/post/8554/akywrnetai-h-metafora-1500-to-savvato#.XqKIDvUUU0.facebook
64 https://www.bmj.com/content/369/bmj.m1557/rr
65 http://www.et.gr/idocs/67-
67 https://eody.gov.gr/0423_briefing_COVID19/
71 https://www.rescue.org/article/refugees-do-not-have-luxury-social-distancing
14. On 30th August anti-migrant protestors rioted outside Moria RIC demonstrating their opposition to the President’s visit to inaugurate a new COVID-19 hospital within the RIC. The rioters lit a fire outside the MSF clinic situated opposite Moria RIC and threw stones at women and children being treated by MSF staff.\(^75\)

15. On 8th September, days after the first cases of COVID-19 were diagnosed in Moria RIC and the whole camp was quarantined, several huge fires destroyed most of the RIC, creating a humanitarian disaster and rendering homeless almost 13,000 people, including 5,000 children. As people fled from the fire, riot police blocked them from getting to the main town, Mitilini, thus confining thousands of men, women and children to sleep on the streets or in fields with barely any access to food, water, healthcare or protections.\(^76\)

16. Amid the chaos, the 35 people who were in isolation with COVID-19 were dispersed within the wider community and two days after the fire the authorities have only able to locate eight of those with the virus\(^77\), which could lead to a large outbreak and public health crisis that the healthcare system in Lesvos could not cope with. It is not clear if the government is tracking and tracing all the people those who tested positive for COVID-19 came into contact with over the previous days. There are around 200 people who have been identified as high risk from COVID-19 based on their age and underlying health conditions,\(^78\) but they have not been placed in alternative accommodation for shielding purposes.

17. On 11th September it was announced that 10 EU countries would relocate 400 unaccompanied children living in Moria\(^79\) and Germany has pledged to relocate 1,500 people displaced by the fires in Moria.\(^80\)

18. There were several days of protests by the migrant population who are calling for ‘freedom’ and to be moved to other EU countries and who are opposed to building a ‘new Moria’, and clashes have erupted between the specially deployed Greek riot police and the displaced people, with police deploying tear gas on migrants, including women and children.\(^81\)

19. The Greek authorities sent one ship to Lesvos to accommodate one thousand displaced people\(^82\), however this is not a sustainable accommodation solution and confining the people in ships without adequate social distancing space would put people at heightened risk of contracting diseases such as COVID-19. A new temporary camp called Kara Tepe Camp has been built on a shooting range right next to the coast and the government intends for all people displaced from Moria to be eventually moved to the new camp, with priority groups being families and vulnerable people.\(^83\)

20. So far, more than 9,000 people have been moved to the new site – many reportedly moved by force – and 243 have tested positive for COVID-19 as they entered the site.\(^84\) NGOs report that the new camp consists of tents which are not adequately spaced for fire and other safety measures, there is no running water or stable electricity supply, little access to adequate toilets, showers and water points, food or health centre, no beds and the camp is surrounded by razor wire. People are not allowed to exit the camp, posing particular health and safety dangers, and lawyers and organisations providing humanitarian support are forbidden to enter\(^85\). Legal organisation Refugee Support Aegean, having visited the surrounding site area and been in communication with refugees, confirmed that the conditions do not meet the minimum standards of dignified living by Greek and international standards.\(^86\)

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\(^75\) https://twitter.com/MSF_Sea/status/1296529216167718914?s=20
\(^77\) https://www.bbc.co.uk/news/world-europe-54094683
\(^78\) https://www.msf.org/greek-police-enforce-unwarranted-and-cruel-quarantine-moria-campus
\(^79\) https://www.bbc.co.uk/news/world-europe-54131212
\(^81\) https://www.bbc.co.uk/news/world-europe-54131212
\(^82\) https://www.bbc.co.uk/news/world-europe-54094683
\(^83\) https://voreioaigaio.ert.gr/eidiseis/lesvos/lesvos-prochoroyn-o-ergasies-kataskeyis-tis-neas-domis-ston-kara-tepe/
\(^85\) https://rsaegean.org/en/lesvos-moria-nightmare-for-thousands-of-refugees/
\(^86\) https://rsaegean.org/en/lesvos-moria-nightmare-for-thousands-of-refugees/
Lancet Migration has published a call for urgent global action to include migrants and refugees in the COVID-19 response. Drawing on this framework, we make the following specific recommendations for the Greek islands and mainland.

1. ENSURE URGENT ACCESS TO HEALTHCARE FOR ALL MIGRANTS AND REFUGEES
   a. Ending restrictive measures in camps: Greek authorities must consider the potential adverse impact of current arbitrary restrictions on movement in RICs, especially where no cases of COVID-19 have been reported. Placing camps on ‘lockdown’ confines residents in overcrowded unsanitary conditions and limits their ability to access healthcare and other essential services and there is no evidence that suggests quarantining whole camps effectively limits transmission in reception settings or further protects the general population beyond conventional containment and protection measures. Furthermore, it appears to also be having adverse consequences for mental health and contributes to SGBV and domestic violence. Quarantine is a safe public health measure, provided it is implemented with the necessary precautions. People in quarantine must have the space to be able to practice physical distancing; they must have access to food, water, soap and health services, and they should be tested for COVID-19. Keeping people together in substandard conditions where the healthy are predisposed to contracting COVID-19, or other diseases, is not an acceptable public health response. Furthermore, public health crises should never be used to justify repressive or discriminatory measures, such as arbitrary detention.
   b. Removing legal and administrative barriers to healthcare: asylum seekers have now been granted temporary access to public health care, but this should be extended to all migrants and adequate implementation should be ensured.
   c. Action beyond the nation-state level: Greece should cooperate with international actors such as UNHCR, for example by supporting UNHCR’s call for funding to support refugees during the COVID-19 pandemic. The European Commission, WHO, UNHCR and IOM should implement and monitor all measures recommended in their guidelines.

2. ENSURE INCLUSION OF MIGRANT AND REFUGEE POPULATIONS
   a. Transfer of migrants, asylum seekers & refugees held in overcrowded facilities to safer living conditions: there must be an expedited transfer of refugees and migrants from the overcrowded island ‘hotspots’ to safer facilities elsewhere, with a focus on vulnerable groups such as the elderly or those with chronic conditions which put them at higher risk of COVID-19.
   b. The 13,000 people who have been displaced by the fires in Moria RIC must be immediately relocated to safe and appropriate accommodation, where physical distancing and COVID-19 prevention measures can be respected, on the Greek mainland and to other EU Member States.
   c. Inclusion and prioritisation of populations in testing and contact tracing strategies: as Greece plans to scale up its mass testing and contact tracing strategy, refugees and migrants must be included without imposing unnecessarily restrictive measures on freedom of movement.
   d. Deportations should remain suspended, while asylum procedures should continue according to the 1951 Refugee Convention, with no forced return (refoulement).
   e. Evictions of refugees from their accommodation should be immediately halted during the pandemic; with a focus instead on longer term integration of refugees which will improve their health and access to healthcare.
   f. Urgent relocation and reunification of all unaccompanied minors on the islands and mainland Greece, who are particularly vulnerable as aid and support services to migrants & refugees are negatively affected by the COVID-19 pandemic.
   g. Ending administrative detention of refugees and asylum seekers, especially during the COVID-19 pandemic. Administrative detention is arbitrary and there is no reason for the majority of people to be detained.

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87 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext
3. PUBLIC INFORMATION STRATEGIES

a. Avoiding stigmatisation of asylum seekers and refugees, including that resulting from discriminatory quarantine measures, and actively countering the narrative that portrays asylum seekers and refugees as spreading the virus, which is likely to lead to further discrimination and stigmatization.

Organisations and acknowledgements

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Lancet Migration is a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change building on the recommendations of the UCL-Lancet Commission on Migration and Health published in December 2018. All situational briefs represent the views of the authors. They are up to date at the time of writing, but will be updated by authors at intervals as feasible.