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

Authors: Elspeth Carruthers BA, MBBS, MA; Apostolos Veizis MD; Elias Kondilis MD, PhD; Sophie McCann BA, MA

CONTEXT

Aligned to the Lancet Migration Global Statement to include migrants and refugees in countries’ response to COVID-19, this brief focuses on Greece’s challenges and opportunities to build an inclusive response. Asylum seekers and refugees in Greece are currently placed by the Greek government in Reception and Identification Centres (RICs), apartments, hotels and camps across the Greek islands and the mainland, along with a proportion who are homeless. Currently there are five RICs on the Greek islands: Vial on Chios island; Pyli on Kos island; Lepida on Leros island; Moria on Lesbos island; and Vathy on Samos island, as well as an unofficial camp on Rhodes. 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 (Peloponnesse).

Greek Islands

1.1 Approximately 30,000 asylum seekers and migrants are currently living in Greece’s Eastern Aegean islands, concentrated on the islands of Lesbos (13,941), Samos (5,196) and Chios (4,256), with smaller numbers on Leros, Kos and others.

1.2 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. As per Greek law, vulnerable individuals should be housed in suitable accommodation and given access to appropriate healthcare, but many remain in dire conditions in the RICs.

1.3 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-June 2020 there have been 8,109 sea arrivals from Turkey into the Aegean islands and 2,299 land arrivals.

1.4 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.

1.5 As of 17 July, there have been no confirmed cases of COVID-19 among the migrant population of the RICs on the Greek islands, but cases have been identified among recent arrivals to Lesbos being held in a temporary quarantine facility where ongoing transmission has occurred. There have been 24 reported cases among the local Greek population across the North Aegean islands.

Greek Mainland

1.6 Around 84,500 refugees and migrants are currently living on the Greek mainland. 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.

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1 Elspeth Carruthers (Research Fellow, Lancet Migration; elspeth.carruthers@nhs.net), Apostolos Veizis (Medical Operations Support Unit Director at MSF Greece), Elias Kondilis (Associate Professor of Health Policy, Department of Medicine, Aristotle University of Thessaloniki), Sophie McCann (Advocacy Fellow, Lancet Migration)


5 https://www.globaldetentionproject.org/countries/europe/greece

6 https://rsaegean.org/en evacuation of overcrowded island camps a legal imperative

7 https://www.migrationandhealth.org/situational-


9 https://stonisi.gr/post/10034/thetikos-ston-koronioio?fbclid=IwAR1HKbm8Gbi8FvpM5OKTApHjH EjwKJ1YyWkNbg0otj3VD5Vsp7JNHz2B6#.Xw7r-bFzwv.facebook


1.7 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).

- 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. Over a period of three weeks 41 more migrants and asylum seekers tested positive for COVID-19 in the Ritsona camp.
- 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. Over a period of four weeks 23 more migrants tested positive for COVID-19 in the Malakasa camp.
- On the 21st April, 148 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. In all three cases the detection of these outbreaks was accidental and late.
- By July 12th 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 5.9% of the total confirmed cases of COVID-19 in Greece (3,837 cases) (Figure 1).

**Figure 1**: New confirmed cases of COVID-19 in refugee open camps and facilities in Greece (Feb 26th – Jul 12th)

Source: Produced by Elias Kondilis (Associate Professor of Health Policy, Department of Medicine, Aristotle University of Thessaloniki). Calculations based on National Public Health Organisation’s (1) daily COVID-19 epidemiological surveillance report and (2) weekly epidemiological surveillance report in points of care for refugees/migrants. (NB the number of those tested positive for COVID-19 in the quarantine facility in Lesvos may differ due to reporting time lapse)

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15 https://www.bmj.com/content/369/bmj.m1557/r-6
COVID-19 RISK

2.1 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.

2.2 Conditions in the island RICs are overcrowded and unhygienic, putting residents at risk from communicable disease 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 Moria RIC there are an average of 54 people per toilet and more than 61 per shower, falling well below humanitarian standards. Around 4,000 people live in an informal extension to the Moria camp known as the ‘Olive Grove’ who have no formal water, shower or toilet facilities at all.18 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 impossible.

2.3 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, and does not meet the stated provisions of the Ministry of Health’s PHILOS II program for refugee healthcare.19 For example, there is only one doctor 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.20 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.21

2.4 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, implementation is still lacking and consequently administrative barriers still remain for certain groups of migrants.22 Looking for a quick solution to decongest the overcrowded camps on the Greek islands and mainland, the Greek government has begun to evict 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-19.23

2.5 Certain groups of migrants have specific vulnerabilities which could make them particularly susceptible to the impact of COVID-19. Early 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.24 Medecins du Monde have reported a non-communicable disease (NCD) burden of up to 40% among their patient

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18 Information shared by MSF Greece, 18th July 2020
21 https://rsaegean.org/en/diavata-camp/
https://rsaegean.org/en/koutschero-camp/
23 https://rsaegean.org/en/koutschero-camp/
24 https://www.msf.org/greece-evicts-vulnerable-refugees-leaves-them-streets
25 https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm?s_cid=mm6913e2_w
population 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.

2.6 Concerns have been raised regarding the Greek health system’s ability to cope if COVID-19 infections do increase, as the public health system has been severely affected by austerity measures following Greece’s recent debt crisis. Greece had among the lowest numbers of critical care beds in Europe, with 6.0 beds per 100,000 people, however the Greek National Health Service made progress since the beginning of the pandemic in increasing this towards the European average of 12 beds per 100,000. Health infrastructure on the islands would particularly struggle to cope with a major outbreak of COVID-19. The Greek medical system has a large urban-rural gap, with healthcare services concentrated in major cities.

There are fewer than 2000 hospital beds across the Aegean island region. According to Human Rights Watch, there are six intensive care beds on Lesvos, three on Chios and two on Samos, with no intensive care facilities on Leros or Kos.

2.7 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. This increases the risk of infection for migrants residing in Greek islands. 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.

**RESPONSE TO COVID-19**

3.1 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.

3.2 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.

3.3 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 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

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33 By July 15th a total of 91 Covid-19 cases have been reported in the Greek Aegean Islands (https://covid19.gov.gr/covid19-live-analytics/) UNHCR, ‘Updated data of COVID-19 risk groups in the islands RICs_20200720_20th July 2020
movement in migrant camps have so far been extended a further seven times for an additional 15 weeks (166 days of lockdown), the most recent extension is up to 31st August\textsuperscript{36}. 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”\textsuperscript{37}, despite the fact there have been no COVID-19 cases in the RICs on the islands. The lockdown extensions are contrary to the European CDC and WHO guidelines\textsuperscript{38} and, in the absence of public health evidence to justify them, can be considered arbitrary, inhumane and discriminatory.\textsuperscript{39}

3.4 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.\textsuperscript{40} The extended lockdown is also further hampering people’s ability to access medical care and other basic services.

3.5 Asylum procedures were suspended until May 18th due to COVID-19 restrictions.\textsuperscript{41}

3.6 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.\textsuperscript{42} 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.\textsuperscript{43} 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.\textsuperscript{44} As of 17 July, this has not been fully implemented.

3.7 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.\textsuperscript{45} 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, which may include quarantine of individuals or small groups, the application of indiscriminate and/or overly restrictive quarantine, especially without implementing concurrent public health measures such as case isolation or contact tracing, is ineffective and inhumane.

3.8 A plan to transfer vulnerable asylum seekers out of the RICs was also announced in March 2020, and as of May 15th 2020, 1400 people had been transferred, but to date the plan has not been further implemented. The plan to move vulnerable asylum seekers out of the RICs was supported by NGOs and the UN; on the 13th April, the IOM mission chief for Greece, announced that the IOM planned to accommodate over 2000 asylum seekers in hotels and apartments, both on the islands and mainland; this group would include everyone aged 65 in the RICs.\textsuperscript{46} However, subsequently the government

\textsuperscript{36} https://mobile.twitter.com/migrationgovgr/status/1289213777485485058
\textsuperscript{40} https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked
\textsuperscript{41} https://www.infomigrants.net/en/post/25904/greece-nightmares-and-violence-for-the-children-left-behind?fbclid=IwAR3uYMY4ZD3_YOopmDXLAI0jlyq3w2UyeC6twu3wItV80g5dzAAODIVI8&ref=fb;
\textsuperscript{42} https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked
\textsuperscript{43} https://www.infomigrants.net/en/post/24843/greece-asylum-service-reopens-after-11-week-pause
\textsuperscript{44} https://www.ekathimerini.com/252603/article/ekathimerini/news/two-migrants-in-lesvos-test-positive-for-coronavirus

announced that during 2020 hotels hosting refugees on the mainland (IOM Filoxenia Program) would discontinue.47 On the 24th April, the Migration & Asylum Minister announced the transfer of 1500 vulnerable people from Moria camp to the mainland would be postponed, and declared that the government would transfer them more gradually and in smaller groups. Tensions had been evident in Mesollogi 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.48 The delays have also resulted from broader challenges due to geographical restrictions, lack of appropriate accommodation facilities, and limited coordination between the asylum service and public health authorities.

3.9 Management of COVID-19 outbreaks in camps and facilities by the Greek authorities follows a different protocol compared to the one used in cases of outbreaks in other enclosed population groups.49 The Greek government protocol for managing an outbreak in a refugee camp, known as the ‘Agnodiki Plan’, states the facility should be quarantined and all cases (confirmed and suspected) are isolated and treated in situ.50 In similar cases of outbreaks in enclosed population groups (such as nursing homes or private haemodialysis centres) vulnerable individuals have been immediately moved from the site to safe accommodation, while all confirmed and suspected cases were isolated off-site in a separate facility.

3.10 The Greek government’s national testing policy has been to test only those admitted to hospital with pneumonia or members of ‘vulnerable groups’.51 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.52 Residents of RICs interviewed by Human Rights Watch stated that to their knowledge there was no testing available in the camps.53 On the 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-19.54 As of 20th July this is not yet operational.

3.11 Humanitarian organisations operating in the Eastern Aegean also announced plans to mitigate the risk of an outbreak of COVID-19. UNHCR stated that it plans 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.55 MSF’s COVID activities on Lesvos include 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 are delivering COVID information to refugees in Greece via its online engagement platform, SignPost.56 Medicins du Monde is developing 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.57 Smaller NGOs such as Movement on the Ground have set up hand sanitiser stations, distributed hygiene items and increased provision of waste management and cleaning services.58 On 30th July MSF was forced to close its COVID-19 isolation centre on Lesvos due to the increasingly challenging operating environment59, 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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47 https://www.stonisi.gr/post/8554/akyrwnetai-h-metafora-1500-to-savvato#.XqKIDrvUUU0.facebook
49 https://www.bmj.com/content/369/bmj.m1557/rr-6
50 http://www.et.gr/docs-nph/search/pdfViewerForm.html?args=SC7QtcC22whUdWr4xouZundtSoCfL81Alyy-wljguFUDqazHcNeJnJ48_97uhrMts-zFeyCj8SQOpYnTy36MacuUFx2cppFBej56Mmc8Qdbb82RFjQznsIAdk8Lv_e6czmnhEmbNnM2CMxLMtTt1Tz2YS-7221VhM9-OHcdILsnnJURW_AlaTrR5ddR
52 https://eody.gov.gr/0423_briefing_COVID19/1
56 https://www.rescue.org/article/refugees-do-not-have-luxury-social-distancing
58 https://movementonthe ground.com/story/a-message-about-COVID-19/220196

www.migrationandhealth.org
RECOMMENDATIONS

Drawing on the Lancet Migration call for urgent global action to include migrants and refugees in the COVID-19 response\(^6\) we make the following specific recommendations for the Greek islands and mainland to build an inclusive COVID-19 response:

1. **ENSURE URGENT ACCESS TO HEALTHCARE FOR ALL MIGRANTS AND REFUGEES:**

   **R1. Ending restrictive measures which are not proportionate to public health need:** Greek authorities must consider the potential adverse impact of current restrictions on movement in RICs 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 public health containment and protection measures\(^6\)1. 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 and proportionate to public health need. People in quarantine must have the space to be able to practice physical distancing; 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.

   **R2. 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. Collaboration between all actors is needed to enact guidelines on the COVID-19 pathway to care for all migrant populations.

   **R3. Supporting action beyond the nation-state level:** Greece and the European Commission (EC) should continue to contribute to the global refugee response, for example by supporting international actors such as UNHCR in their call for funding to support refugees during COVID-19. The EC, WHO, UNHCR and IOM should implement and monitor all measures recommended in their guidelines.

2. **ENSURE INCLUSION OF MIGRANT AND REFUGEE POPULATIONS:**

   **R1. 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.

   **R2. Inclusion and prioritisation of populations in testing and contact tracing strategies:** as Greece scales up its mass testing and contact tracing strategy, refugees and migrants must be included without imposing unnecessarily restrictive measures on freedom of movement.

   **R3. Deportations should continue to be suspended,** while asylum procedures should continue according to the 1951 Refugee Convention, with no forced return (refoulement).

   **R4. 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.

   **R5. Urgent relocation and reunification of unaccompanied minors,** who are particularly vulnerable as aid and support services to migrants & refugees are negatively affected by the COVID-19 pandemic.

\(^6\) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext
R6. Ending administrative detention of refugees and asylum seekers, especially during the COVID-19 pandemic. The UN has called for the release of refugees and migrants in detention, and for alternatives to detention, such as community-based care arrangements to be implemented62.

3. PUBLIC INFORMATION STRATEGIES:

R1. 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.

R2. Providing culturally and linguistically appropriate public health information to all asylum seekers and refugees, with focus also on inclusion of more vulnerable groups, such as the elderly and unaccompanied children.

ORGANISATIONS AND ACKNOWLEDGEMENTS

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62 https://migrationnetwork.un.org/sites/default/files/docs/un_network_on_migration_wg_atd_policy_brief_covid-19_and_immigration_detention_0.pdf

www.migrationandhealth.org