Acute health problems, public health measures and administration procedures during arrival/transit phase

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Who is Médecins Sans Frontières (MSF)?

MSF was founded by a group of doctors and journalists in Paris on 20 December 1971 following the Biafran war in Nigeria.

Today, MSF is a worldwide movement of more than 40,000 health professionals, logistical and administrative staff save lives and alleviate suffering in some 70 countries worldwide.

Impartiality
Independence
Neutrality

“...an MSF environment; you walk in and say: ‘I'm going to do the best I can with what I've got, and save as many lives as I can.’”
STEVE RUBIN
MSF surgeon in Syria

MSF Principles
WHO definition of Health

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- The correct bibliographic citation for the definition is: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

Travel medicine or emporiatrics is the branch of medicine that deals with the prevention and management of health problems of international travelers.

MSF interventions: Criteria for Intervention - Why

- Focus not on the phenomenon of migration but on the impact increased restrictions and controls on the health and dignity of the persons affected.

- Within that group, focus on the most vulnerable among the migrants, on their unmet medical and humanitarian needs.

Target - Who

Factors to consider/criteria:
- Cumulative vulnerability
- Unmet medical and humanitarian needs
- Poor or absent capacity or lack of political will
MSF’s commitment to assist people on the move stems from their increasing vulnerability at different moments and stages of the migration process.

This is considered by MSF a crisis where life, health and human dignity are being put at risk.

**MSF activities in brief…**

- Medical screening at arrival
- Primary Health care and health promotion
- Referral/accompaniment to secondary health facilities
- SGBV care
- Visit of detention and reception centers
- Mental health care and psychosocial activities
- Detection of vulnerable groups
- NFI's distribution at arrival and during transit
- Watsan
- Individual protection cases referral
- Medical certification/Rehabilitation of VoT
- Chronic medical conditions and continuity of care
- SAR
In 2015, Europe greeted over 1 million people with razor wire. In 2016, this must change. #Safepassage

In 2015, Europe left people to shelter in bin bags. In 2016, they need real shelter. #Safepassage

In 2015, this is how over 1 million people were welcomed to Europe. In 2016, Europe must do better. #Safepassage
The main problem is the increased risk for communicable diseases in the detention centers, mainly linked to severe overcrowding, lack of hygiene, lack of basic supplies (e.g., blankets, shoes, soap, etc.), lack of the possibility for outdoor activities and the long duration of detention. The conditions in the centers are below the internationally accepted minimum standards in all visited detention centers. It is well documented that overcrowding increases the risk for communicable diseases spread, such as tuberculosis, diarrhea, upper respiratory infections, etc. European Center for Disease Control, 2011.

Impact of detention on physical health

- Upper respiratory tract infection (24.7%), musculoskeletal condition (13.7%), gastrointestinal disorders (14.7%), skin infections (8.5%), dental problem (7.9%).

- In total 63% of total diagnoses were linked directly or indirectly to the substandard detention conditions: overcrowding, lack of hygiene, water and sanitation problems, lack of ventilation and no possibility to spend time outdoors.

Impact of detention on mental health

- 39% of patients presented symptoms of anxiety such as constant worry, fear, panic, restlessness.

- 31% of patients presented symptoms of depression, such as sadness, loss of interest, hopelessness, and thoughts of death.

- 17.3% of patients sought psychological support due to the previous experience of traumatic events - PTSD was diagnosed in 9.5% of all patients. Detention exacerbated existing symptoms, hindered the healing process and contributed to psychological distress.

- 3.2% of patients had attempted suicide or self-harm during the period of their detention.
Migrants and asylum seekers in detention suffer from medical problems caused or aggravated by the substandard conditions, the length of detention, and the lack of consistent or adequate medical assistance. MSF’s experience demonstrates that detention is a cause of suffering and is directly linked to the majority of the health problems for which detained migrants require medical attention.

New areas and locations:
Vulnerable groups

- Pregnant women
- Children <5yrs
- Unaccompanied minors
- Single parents with minor children
- Elderly (>65yrs)
- Disabled
- Chronic physical or mental health illness

Socio-demographics: Primary health care

PHC consultations, Greece (N=43,619) & Serbia (N=38,249), 2015
Socio-demographics: Mental health

Health status by country (N=81,868)

93% symptom onset during the migration trip

Chronic diseases & referrals (N=81,868)

- Chronic diseases (4564; 6%)
  - Cardiovascular (26%)
  - Diabetes (25%)
  - Chronic lung disease (15%)
  - Epilepsy (3%)

- Referrals (681; 1%)
  - Trauma (20%)
  - Respiratory (14%)
  - Gynaeco-obstetric (12%
  - Gynaeco-obstetric (n=21)
  - Respiratory (n=12)

11% (77/681) referral refused

Traumatic life events before & during the journey (N=1064)

Self-reported traumatic life events

Self-reported intentional violence

% of events
Our mental health activity

Activities:
- Mostly group sessions. Added value: group cohesion; promote community/cultural resources; address bigger numbers of beneficiaries
- Special sessions engaging with children, often attracting adults too
- Identification of vulnerable cases and of local referral networks
- In individual sessions, the single shot method is used.

Main challenges:
- Population in transit: close to impossible to have any type of follow-up; difficult to create interest in our support and sensitize people to what we do
- Marked separation between the various communities
- Privacy with our beneficiaries

The kit

Mental health symptoms (78%; 830/1064)

- Follow-ups: 11%
- Reason for ending the session: single orientation/patient moved: 68%
- Referral: 33%

FLOW OF ARRIVALS FROM TURKEY TO GREECE

From Turkey to Balkans borders

Closure of Balkans routes

EU – TK deal
in late 2016 and early 2017 95% of the people surveyed had fled from war.
80% of our new mental health patients treated in July and August 2017 on Lesvos reported experiencing), just over a quarter reported experiencing torture and 19% reported experiencing sexual violence
This violence was experienced in people’s country of origin, in transit and in Greece

Dire Mental Health Situation
- The living conditions in the camp
- The lack of legal information and assistance
- The uncertainty about the future
- The feeling of insecurity
- The isolation and discrimination
- The destruction of the family entity

People with specific needs
- Victims of violence or other forms of ill-treatment
- People with psychiatric disorders
- People with physical disabilities
- Pregnant women
- Children
- Dental Care
Proportion of most common reasons for MH consultations

- Depression
- PTSD
- Anxiety
- Symptoms of anxiety
- Symptoms of depression
- Symptoms of PTSD
- Symptoms of adjustment/acute reactions
- Other
The scale of people's mental health needs is overwhelming: on Lesvos, between early July and 21 August 2017 – which represents a 50% increase compared to the period April-June 2017.

In addition to that, an average of six to seven people have presented to our clinic each week since July, requiring immediate and urgent care linked to attempted suicide, self-harm, psychosis and other emergencies.

Morbidity by MDs by quarter 2017

Non communicable diseases

- Increase of patients suffering from chronical diseases

Limited access to protection and care for very vulnerable people

- Challenging access to healthcare
- A lack of referral pathway to have access to protection and care
There is a need for capacity building of professionals to develop intercultural understanding and knowledge of the situation and needs of migrants in the country, to avoid misunderstanding of symptoms and diagnosis difficulties, that can ultimately lead to an over-pathologization of what are often normal reactions to abnormal circumstances.

There are great difficulties in finding accommodation/shelters for severe cases or for patients after hospitalization.
Human dignity is inviolable. It must be respected and protected.