Policies on Health Care for Undocumented Migrants in EU27

Country Report

Greece

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April 2010
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Preface

Undocumented migrants have gained increasing attention in the EU as a vulnerable group which is exposed to high health risks and which poses a challenge to public health. In general, undocumented migrants face considerable barriers in accessing services. The health of undocumented migrants is at great risk due to difficult living and working conditions, often characterised by uncertainty, exploitation and dependency. National regulations often severely restrict access to healthcare for undocumented migrants. At the same time, the right to healthcare has been recognised as a human right by various international instruments ratified by various European Countries (PICUM 2007; Pace 2007). This presents a paradox for healthcare providers; if they provide care, they may act against legal and financial regulations; if they don't provide care, they violate human rights and exclude the most vulnerable persons. This paradox cannot be resolved at a practical level, but must be managed such that neither human rights nor national regulations are violated.

The EU Project, “Health Care in NowHereland”, works on the issue of improving healthcare services for undocumented migrants. Experts within research and the field identify and assess contextualised models of good practice within healthcare for undocumented migrants. This builds upon compilations of

- policies in the EU 27 at national level
- practices of healthcare for undocumented migrants at regional and local level
- experiences from NGOs and other advocacy groups from their work with undocumented migrants

As per its title, the project introduces the image of an invisible territory of NowHereland which is part of the European presence, “here and now”. How healthcare is organised in NowHereland, which policy frameworks influence healthcare provision and who the people are that live and act in this NowHereland are the central questions raised.

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Healthcare in NowHereland: Improving services for undocumented migrants in the EU

*Project funded by* DG Sanco, Austrian Federal Ministry of Science and Research, Fonds Gesundes Österreich

*Running time:* January 2008 – December 2010

*Partners:*
- Centre for Health and Migration at the Danube University, Krems (AT) (main coordinator)
- Platform for International Cooperation on Undocumented Migrants (BE)
- Azienda Unità Sanitaria Locale di Reggio Emilia (IT)
- Centre for Research and Studies in Sociology (PT)
- Malmö Institute for Studies of Migration, Diversity and Welfare (SE)
- University of Brighton (UK)
Introduction

This report is written within the framework of the research project, *NowHereland - Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU*, and one of its work packages. The focus of this work package – *policy compilation* – was to collect data on policy approaches regarding access to health care for undocumented migrants in the EU member states, to deliver 27 Country Reports and to offer a clustering of the states. A descriptive approach has been applied. In order to contextualise health care access, certain other themes are covered, such as the main characteristics of the various health systems, aspects of policies regarding undocumented migrants and the general context of migration.¹

The term used in this project is thus, “*undocumented migrants*”, which may be defined as third-country nationals without a required permit authorising them to regularly stay in the EU member states. The type of entry (e.g. legal or illegal border crossing) is thus not considered to be relevant. There are many routes to becoming undocumented; the category includes those who have been unsuccessful in the asylum procedures or violated the terms of their visas. The group does not include EU citizens from new member states, nor migrants who are within the asylum seeking process, unless they have exhausted the asylum process and are thus considered to be rejected asylum seekers.

All the reports draw upon various sources, including research reports, official reports and reports from non-governmental organisations. Statistical information was obtained from official websites and from secondary sources identified in the reports. As regards legislation, primary sources were consulted, together with the previously mentioned reports. One salient source of this project was information obtained via a questionnaire sent to recognised experts in the member states.²

The General Migration Context

Greece joined the EU in 1981 and is situated on the border of the Schengen Area.

¹ Information regarding the project and all 27 Country Reports can be found at [http://www.nowhereland.info/](http://www.nowhereland.info/). Here, an *Introduction* can also be found which outlines the theoretical framework and methodological considerations as well as a clustering of the states.

² For the report at hand, the person to acknowledge is: Ioanna Kotsioni, PhD Candidate, Medical University of Athens and researcher for Mighealth.net in Greece.
Greek experience of immigration is a very recent phenomenon (Kotsioni and Hatziprokopiou 2009, with further references). The results of national censuses indicate that Greece has been transformed, in terms of migration, from a source country to a destination country. After the rapid political changes of 1989, Greece became the destination for hundreds of thousands of illegal immigrants from eastern and central Europe, the former Soviet Union and Third World countries (National Report, Equality Health\(^3\)). Immigration peaked in the early 1990s, with extensive clandestine arrivals, mainly from neighboring Albania. Greece was thus a country of emigration for most of the 20th century (with the exception of the Exchange of Populations with Turkey in 1922).

In the 1950s and 1960s, there was a mass emigration which left certain sectors with labour shortages, and as a result of which migrants from Turkey and Africa were subsequently employed (Baldwin-Edwards 2009 with reference to Nikolinakos 1973\(^4\)). In the 1970s, the first non-European refugees started to arrive, including some 3 000 from Lebanon in 1976, to be followed later by small numbers of Vietnamese boatpeople, and in the 1980s, by asylum-seekers and refugees from across the Middle East (Baldwin-Edwards with reference to Papantoniou et al. 1996:41\(^5\)). After 1985, large numbers of Poles and other Eastern Europeans arrived. By 1986, the number of legal immigrants was estimated at 92 440, and by 1990, at 173 436 (Baldwin-Edwards with reference to Fakiolas & King 1996:176\(^6\)); however, detailed residence permit data suggests significantly fewer legal immigrants in 1990; approximately 60 000. To these official data should be added the illegal and semi-legal residents, estimated at 100 000 for 1990 (Baldwin-Edwards 2009). Since the 1970s, small numbers of ethnic Greeks have arrived from the former Soviet Union, however, according to survey data, large inflows began in 1989 and peaked in 1993. Also, Albanians claiming Greek ethnicity immigrated to Greece during the last decades, and for a period were not effectively distinguished from illegal migrants (ibid.).

The 2001 Census recorded nearly 800 000 foreign nationals living in Greece, comprising 7.3% of the total population; more than half were from Albania and another 16.2% were from Central and Eastern Europe and the former USSR. Estimates place this figure as high as one million foreign nationals, including recent arrivals and ethnic Greek migrants

\(^3\) From National report, Equality Health.  


Between the 1991 and 2001 censuses, it was shown that immigration accounted for a renewed population increase in Greece (Kasimis and Kassimi 2004). The majority of migrants worked in construction, agriculture, manufacturing and various low or semi-skilled jobs (in tourism, catering, domestic services, etc.). Due, in part, to the exclusionary legal framework and, in part, also due to the structural characteristics of the Greek labour market, the bulk of migrant labour was absorbed by the underground economy and informal employment remains widespread for large shares of migrant workers, even after legal status has been achieved (Kotsioni and Hatziprokopiou 2009 with reference to Fakiolas 2003). In 2008, 19,900 persons applied for asylum in Greece, mainly from Pakistan (35%), Afghanistan (11%) and Georgia (11%) (Eurostat 66/2009). The same year, 30,915 decisions were issued (in the first and second instance), of which 55 were positive (0.2% in the first instance) (Eurostat 175/2009).

**Total Population and Migrant Population**

By 1 January 2010, the population in Greece was 11,306,183 (Eurostat). By 2004, the immigrant population (with a conservative estimate of illegal stocks) consisted of approximately 900,000 non-EU/EFTA or ‘non-homogeneous’ persons, and including EU nationals, totalled approximately 950,000 immigrants. This latter figure is approximately 200,000 (8.5% of the Greek population) more than recorded in the 2001 Census. If the estimated number of ethnic Greeks with ‘homogeneous’ cards is added, this augments the figure to 1.15 million persons (approximately 10.3% of the population). However, without proper data on all legal immigrants in Greece, plus detailed accounts of citizenship awards, these figures are highly unreliable (Baldwin-Edwards 2009). According to statistics from Eurostat, in 2008 the total foreign-born population was 906,000, or 8.1% of the population (Eurostat 94/2009). The main countries of origin were Albania (577,500, 63.7%), Ukraine (22,300, 2.5%) and Georgia (17,200, 1.9%) (ibid.).

**Estimated Number of Undocumented Migrants**

Given the difficulty of obtaining data on undocumented migrants, estimates of their numbers range from 150,000 to 400,000, representing 2.5% of the population, and thus a high proportion (Baldwin-Edwards & Kraler 2009:41). The CLANDESTINO Project estimated 280,446 persons (Maroukis 2008), whilst the Greek Ministry of Interior accepts estimates of 250,000 undocumented migrants (Questionnaire Greek).

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8 Eurostat.

Since 2005, there has been an increase in irregular migrants of Afghan origin and migrants or refugees from countries like Somalia and Sudan who enter the country illegally. Data with regards to the number of illegal entries (persons apprehended at the border) show an increase since 2005. In 2007, this amounted to 112,000 people, whilst in 2008 there were more than 160,000 irregular migrants, with the trend for 2009 being similar. However, the majority of irregular migrants originated from Albania and Bulgaria and were thus instantly deported, whilst it is estimated that at least 60,000 irregular migrants per year remain in Greece. Among those who stay, few apply for asylum, since the majority aim to travel to a Northern European country (as they are aware of the Dublin II regulations, and so prefer to apply for asylum once they reach their intended destination) (Questionnaire Greece).

**Categories of Undocumented Migrants**

In terms of categories of undocumented migrants, as in other countries, it is not possible to quantify the exact proportions in Greece. However, as regards the different pathways to becoming an undocumented migrant, the Regine Project suggests that the asylum process has a role in “producing” undocumented migrants (Baldwin-Edwards and Kraler 2009:41). In practice however, asylum seekers are persons who intend to cross through Greece on their way to other countries. If they are apprehended by the Greek border authorities, an asylum claim is registered well after their entry into the country. Most asylum seekers are refused refugee status and eventually lapse into illegality (Maroukis 2008:11). Based on data regarding the number of visas issued, it may also be concluded that a considerable number of irregular migrants who are present in Greece, enter through this legal avenue and eventually become “overstayers” (ibid.). In terms of proportions, the lack of data and estimates of visa overstayers diverts attention from the legal pathways of irregular migration to the illegal ones, even if the bulk of irregular migrants enter Greece via the existing legal avenues (ibid.:72).

**Policies Regarding Undocumented Migrants**

**Regularization Practice, its Logic and Target Groups**

Greece has launched 6 regularisation programs since 1997, in 2001, 2005 and 2007. (Baldwin-Edwards and Kraler 2009:41). Regularisation policy is a fundamental part of the immigration policy when discussed in relation to the annual quota for labour recruitment (e.g. set at 37,000 in 2008) (Baldwin-Edwards 2009:65). By mid-2003, approximately 580,000 immigrants were legalised. The first two regularisation programs (1997 and 2001) resulted in the legalisation of 580,000 migrants, whilst almost 300,000 migrants failed to participate in these two first “amnesty” waves (Questionnaire Greece with reference to Fakiolas 2003).

The logic must be said to be related to economics, as the emphasis on the labour market is significant (Baldwin-Edwards 2009:66). This is also salient because the first regularisation
was based on Law 2434/1996 on Policy for Employment, and managed by the Labour Ministry, the beneficiaries of which were irregular aliens (resident on a fixed date) who worked, or wished to work, for any employer or who were self-employed (ibid.:42). In 2005, the program also targeted rejected asylum seekers, who were required to present the following: a statement declaring their occupation, the reason for residence in Greece, family members residing in Greece, and an affidavit confirming that they had not committed any crime (ibid.:54).

**Internal Control: Accommodation, Labour, Social Security and Education**

In Greece, undocumented migrants may not sign a contract of accommodation, nor have access to employment or the related social security. In order to sign a contract of accommodation, a personal taxation number is required (similar to a VAT number). This may not be issued without documentation, which may include for example, a residence permit or the asylum request ("pink" card) or the refugee "red" card. From this, follows that undocumented migrants often fall victim to exploitation by others or trafficking networks, which rent them a space to sleep for €5 per night in overcrowded accommodation with very poor living conditions. It should also be noted that asylum seekers, who by law are entitled to accommodation (responsibility lies with the Ministry of Health), are usually not provided accommodation. The capacity of shelters for asylum seekers does not exceed 1200 beds, whilst pending asylum applications number at least 70 000 (Questionnaire Greece).

Undocumented children may obtain education to a certain degree, as Greece explicitly permits every child ("mineurs", under 18 years) to attend school and be enrolled officially, including explicitly, children of undocumented parents (European Commission 2004:33). This is in terms of the legislation, Greece: Article 40 of Law 2910/2001.9

**Main Characteristics of the Health System**

**Financing, Services and Providers**

The health system in Greece is a mixed system, financed by a combination of tax-based and insurance-based statutory financing (supplemented by a high proportion of voluntary financing) (Tragakes and Polyzos 1996). In other words, the health system is primarily funded by a state driven insurance. Social insurance is mandatory and includes health insurance (Kotsioni and Hatziprokopioiou 2009). As a mixed system, it cannot be classified as

9 Law 2910/2001 is the predecessor to the 3386/2005 migration law, known as: Entrance and stay of third country nationals in Greece. Acquisition of Greek citizenship with naturalisation (Είσοδος και παραμονή αλλοδαπών στην Ελληνική Επικράτεια. Κτήση της ελληνικής ιθαγένειας με πολιτογράφηση και άλλες διατάξεις).
falling under either the predominantly "Beveridge" or "Bismarck" type of financing system. Rather, seen from a long-term perspective, it may be considered as being in a transitional phase, from being predominantly insurance-based (the Bismarck model) to being predominantly tax-based (the Beveridge model) (ibid.). The state budget, financed through taxation at the central level only, is responsible for financing the following: rural health centres and rural clinic expenditures (which were established as part of the NHS), salaries of personnel in public hospitals, subsidies of public hospitals (involving payments to hospitals over and above the per diem fees paid by the social insurance funds), subsidies of the social insurance funds, and subsidies of civil servant health insurance, capital investments, public health, medical education, etc. There are currently as many as 300 social insurance funds, approximately 40 of which cover the bulk of the population. Membership in the funds is compulsory and is based on employment (with employer-employee contributions, which are income-related). There is no freedom with respect to the choice of funds, nor is there any competition between funds. Most of the funds are public entities, and whilst they are autonomous, they operate under extensive control by the central government (ibid.:17).

The services covered by the health system may be interpreted as constituting universal coverage (for free, for the most part) in terms of care. However, the out-of-pocket payments are high (over 50%), which makes the coverage less than universal (Questionnaire Greece). Out-of-pocket payments include fees for services in private hospitals, diagnostic centres and physicians and medication costs, and include under the table payments to doctors in the public healthcare system. However, the system may nevertheless be interpreted as providing universal access to healthcare, as the rural healthcare services, as well as outpatient hospital services, are offered either for free or very cheaply to all persons. Moreover, the uninsured (those who can prove low incomes) may be issued a welfare card and receive free access to primary and secondary healthcare. With the exception of undocumented migrants, the system is not exclusionary. Dental services are covered to a limited extent and are provided by dentists in the NHS, at hospitals and health centres, by dentists in polyclinics of the insurance funds, mainly IKA, and by dentists contracted to the funds and by private dentists. Financing primarily comes from the state budget, and thereafter from employee and employer contributions, followed by contributions and the patient’s personal income, and lastly, exclusively from the personal income of the users (Tragakes and Polyzos 1996:30).

In terms of providers of healthcare, the state driven bodies are the most important, followed by private, for-profit organisations, and to a less extent, non-profit organisations (Questionnaire Greece). Key, state driven providers are the rural health centres and clinics, as well as large teaching hospitals in areas far from the major urban centres. The network of rural health centres, which were built during the mid-1980s, in fact constitutes a solid structure upon which a PHC system may be built. In addition, the primary care services which are offered free-of-charge at all NHS hospitals, increase access, as entitlement by virtue of the NHS is on the basis of citizenship and not membership in a fund (Tragakes and Polyzos 1996:67).
**Basis of Entitlement**

There are two main principles with respect to the basis of entitlement to care in Greece; one is entitlement on the basis of citizenship and the other is on the basis of insurance contribution.

Entitlement on the basis of citizenship involves two types of provider settings, namely rural health care centres (providing primary healthcare), and NHS hospital out-patient departments (for both primary healthcare and emergency services), both of which belong to the NHS. According to legislation, Greek citizens may receive healthcare services at any outpatient department of a NHS hospital, or at a rural centre (including health centre (Tragakes and Polyzos 1996:18), although in practice, this means that any person, citizen of an EU country, and or other migrant with a valid stay permit, may receive care at these two provider settings (Tragakes and Polyzos 1996:18; Questionnaire Greece). With this backdrop, the basis of entitlement to care at rural clinics and out-patient departments may rather be interpreted as legal residency, or even "by virtue of being present at the territory". This latter principle also bears upon undocumented migrants (see below).

Entitlement on the basis of insurance contributions applies to all other provider settings. These include urban polyclinics owned by insurance funds, in-patient care provided by NHS hospitals, and private providers (whether private practices or diagnostic centers or hospitals) contracted with insurance funds. Coverage for these services is provided only for insurance fund members and their families. Pensioners continue to be covered by the fund they belonged to during their employment, and pay their own contributions. The unemployed fall under an unemployment fund financed by the state budget, and are covered by IKA services for a period of up to 12 months (ibid.).

Finally, there is also entitlement to services by virtue of being poor. The poor are entitled to free in- and out-patient care at public hospitals (ibid.).

In addition, there are certain parallel services offered by the Ministry of Defence, consisting of 13 military hospitals and offering services exclusively for the respective employees and their families (Tragakes and Polyzos 1996:67).

**Special Requirements for Migrants**

Migrants legally residing in the country enjoy the same rights as citizens in terms of access to the healthcare system. The requirement is however insurance, as they cannot claim the

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10 Regarding entitlement, citizenship (i.e. ethnicity) plays a role, as ethnic Greeks (e.g. migrants from ex-Soviet Union or Albania who have proved Greek ethnic origin) are offered the welfare card and therefore free access to healthcare (Tragakes and Polyzos 1996).
welfare benefit, nor the card which allows persons with low income free access to healthcare. Free (or subsidised) healthcare is strictly connected to affiliation to a social insurance. Only legal aliens, namely those holding a residence and employment permit, have a right to social insurance. In the Greek context, an employment permit is the same as a residence permit. Those who do not work or do not claim unemployment benefits fall through the welfare net (Questionnaire Greece).

Asylum seekers are entitled to the same access to healthcare as Greeks, provided they can prove their status, which is difficult early in the process (Médecins du Monde 2007:10). However, until they succeed in obtaining asylum-seeker status, they are only entitled to emergency care, as is the case with undocumented migrants (Kotsioni and Hatziprokopiou 2009).

**Difference Sensitivity**

In Greece, there is no adaptation at any level to migrants within the healthcare system. There have been some interventions on a pilot project basis (such as a hospital which had joined the Migrant Friendly Hospitals Network) (Questionnaire Greece).

**Health Care for Undocumented Migrants**

**Relevant Laws and Regulations**

In Greece, there is no specific legislation explicitly providing for the right to healthcare for undocumented migrants. However, there is legislation prohibiting care beyond a certain extent (emergency). For aliens not residing legally in Greece, with no valid travel documents, entrance visa or residence permit, the provision of any type of healthcare service in the public sector is prohibited. Hospitals and clinics are exempted from this provision in the case of underage children or in case of emergency treatment (life-threatening events) (Article 84/Ν.3386/2005).\(^{11}\)

**Access to Different Types of Health Care**

Undocumented migrants in Greece have very restricted rights. As mentioned previously, they may access hospital emergency rooms for the treatment of life-threatening conditions (Article 84/Ν.3386/2005). HIV and other infectious diseases, as well as childbirth, are normally considered as emergencies (Médecins du Monde 2009). This limited access to

\(^{11}\) Law 3386/2005 is the most recent migration law. The name of the law is: “Entrance, Stay and Social Inclusion of Third Country Nationals in Greece”. Article 84 is the only provision referring to issues of healthcare for third country nationals.
healthcare affects those suffering from chronic diseases or those in need of surgery or other costly treatment. As regards primary healthcare access, undocumented migrants are in practice catered for via the National Health System’s structures. (Kotsioni and Hatziprokokioiou 2009). However, even though legislation provides that undocumented migrants do not enjoy access to primary healthcare, in practice they often obtain access to out-patient hospital services (where, being uninsured, they have to pay the full fee) and rural health centres (where usually no fee is required). Secondary care is also often provided for free, however this is based on the goodwill of individual doctors and hospital managers (Questionnaire Greece).

**Costs of Care**

There is normally no fee charged for emergency care services, however undocumented migrants, since they are not covered by social insurance, are required to pay the full cost of lab tests, which persons pay do not. Once accepted for out-patient services or secondary healthcare services, undocumented migrants are also required to pay the full fees. However, informal arrangements are often made with doctors and the hospital management (e.g. the use of another's social insurance number, the cost of therapy being “charged” to other accounts) (Questionnaire Greece).

**Specific Entitlements**

Foreign patients with HIV or other infectious diseases may benefit from free medical care and hospital admission, provided that the appropriate treatment is not available in their country of origin, in which case they are also entitled to temporary residence and employment permits (Law 2955/2001) (Kotsioni and Hatziprokokioiou 2009). HIV testing is free in public hospitals and screening centres. The need for anti-retroviral drugs is considered a life-threatening emergency, however undocumented migrants have no access to medication (Médecins du Monde 2007).

Undocumented pregnant women may not be removed from the territory during their pregnancy or for six months after giving birth (Art. 79(1) of Law 3386/2005). It is also relevant that undocumented migrants who cannot be deported for medical reasons may benefit from a temporary residence permit (Art. 37(4) (a) of Law 2910/2001) (Médecins du Monde 2009).

**Regional and Local Variations**

Entitlement in terms of legislation does not vary regionally or locally in Greece, and decision making with respect to the financing of healthcare is completely centralised. In that respect, decisions involving the delivery of healthcare are also centralised, even though regions which supervise hospitals at regional level appear to have a certain degree of autonomy.
Obstacles to Implementation

Given the fact that there is no specific legislation on the right to healthcare, this is not a relevant topic.

Obligation to Report

Until 2005, Law 2910 of 2001 Article 54 provided that hospital managers were obliged to contact the police whenever undocumented migrants visited a hospital. However, this article was abolished with the Migration Law of 2005 (Questionnaire Greece).

Providers and Actors

Providers of Health Care

As undocumented migrants only have access to emergency healthcare services, providers of care may be found among emergency units. However, in practice undocumented migrants often receive primary healthcare at rural health centres as well as from out-patient hospital services. Eventually, and based on the goodwill of individual doctors and hospital managers, secondary care might also be provided. There are also providers to be found amongst non-profit organisations (NGOs) (Questionnaire Greece).

Hospitals, rural health centres and rural doctors are distributed throughout the country, whilst the NGOs providing healthcare services geared to migrants are located in Athens and Thessaloniki (main cities) and recently, in Patras. Their activities are not coordinated at the institutional level or at a formal level. However, NGOs providing assistance to migrants have developed informal networks of cooperation, usually with individual doctors or specific hospital units, in order to facilitate referrals and to guarantee free access whenever possible. These networks however, depend mainly on personal relations with doctors and are ad hoc in nature (Questionnaire Greece).

Advocacy Groups and Campaigns

In Greece, there have not been any particular information campaigns regarding the right to healthcare for undocumented migrants. However, nongovernmental organisations, such as Médecins du Monde, Praksis and Médecins sans Frontières, which offer health care services to migrants, as well as human rights based organisations, have occasionally referred to the issue of undocumented migrants’ access to healthcare. To date, no organised advocacy has occurred in this respect (Questionnaire Greece).

Political Agenda

There is an ongoing policy debate in Greece regarding irregular migration caused by the inadequate and difficult control of the long and porous Greek borders and an ambivalent Greek immigration policy (Baldwin-Edwards 2009:71). The focus of the debate relates to the irregular pathways of entering the country. The interest appears geared towards sophisticated border controls (Maroukis 2008:72). Healthcare is not currently an issue under debate.
International Contacts

Actors in the field of healthcare for undocumented migrants in Greece have international contacts through international organisations. Médicos del Mundo operates two clinics (in Athens and Thessaloniki). PRAKSIS was founded in 2004 by Médecins sans Frontiers (however, these are no longer affiliated) and also runs two polyclinics. Since 2008, Médecins sans Frontiers has been active in detention centres and in the Patra refugee settlement (Questionnaire Greece).

Bibliography


