

STRUCTURAL FAILURE: WHY GREECE'S RECEPTION SYSTEM FAILED TO PROVIDE SUSTAINABLE SOLUTIONS

June 2019



EXECUTIVE SUMMARY

As of early summer 2019, the so-called refugee crisis in Greece has been shaped entirely through the status quo put in place by the EU-Turkey Statement of March 2016.

The reality on the ground is mostly a policy-made humanitarian crisis on the Greek island's hot-spots, the Evros Reception and Identification Center (RIC) as well as several of the camps hosting refugees in the mainland. Conditions vary from place to place and show a patchwork approach towards addressing the serious issues that exist in the reception system for refugees and asylum-seekers than a well-constructed mechanism.

On June 6th 2019, there were [16,108 refugees](#), asylum-seekers and migrants stranded on the Greek islands of Samos, Chios, Lesbos, Leros and Kos. Out of those, 12,628 lived in the hot-spots while the capacity of these centres was for 6,438. The number of refugees, asylum-seekers and migrants staying in the Evros RIC was [366](#) while its capacity is for 318 people. Meanwhile, an estimated 16,457 refugees, asylum-seekers and migrants were living in 25 refugee camps in Greece's mainland.

While numbers of refugee arrivals in the country have returned to pre-2015 levels, the Greek authorities' response remains that of emergency mode. There is a two-fold reason for this. Greece has mostly devised and implemented a top to bottom strategy and failed to prepare or adapt state structures to the needs resulting from this crisis. This strategy was the product of political processes that reflect broader priorities in the European Union (EU). During the last three years, Greece's response also did not manage to catch up with

developments produced by the EU-Turkey statement and the corresponding policies implemented on the islands as well as in the mainland. As a result, the country's reception system constantly adapts to urgent needs. Meanwhile constant lack of adequate hosting capacity in the islands and the mainland and the absence of an accurate timely estimation of flows remains a decisive factor that perpetuates precariousness in systemic planning.

Refugee Support Aegean (RSA) and PRO ASYL have studied and analyzed three key elements of the reception system in order to produce a narrative on why state interventions, co-planned and subsidized by the EU, have not managed to produce long term sustainable solutions.

Research is based on an analysis of primary sources produced by organizations involved in the implementation of projects as well as state authorities. Background interviews have been conducted with staff of these organizations as well as with experts monitoring Greece's reception and protection systems.

This study first looks into the reasons why the Authority responsible for the management, implementation and control of the National Programs (NPs) of the Asylum, Migration and Integration Fund (AMIF) and the International Security Fund (ISF) has not delivered satisfactory results. Its ineffectiveness has been one of the key reasons for absence of long-term planned solutions on refugee policy that led the country to financing its reception system primarily through EU emergency assistance thus increasing costs and reducing the long-term effectiveness of relevant programs.

Further, it examines the national medical response project PHILOS since its inception and up to today. PHILOS was expected to gradually provide enough resources to cover all medical and psycho-social needs of the refugee and migrant population countrywide. It was also intended to support asylum procedures by facilitating vulnerability screening in reception and identification centers (RIC or hot-spots). Two and a half years later, the Greek authorities still struggle to effectively implement the project.

Finally, this study analyses the Aegean islands' decongestion strategy supported by the short-term FILOXENIA (Temporary Shelter and Protection for the Most Vulnerable Migrants in Greece) project run by International Organization for Migration (IOM). It is an example of how previous shortcomings of the reception system led to the adoption of needs for new expensive and temporary solutions that also carry flaws from their inception. This kind of solutions that sooner or later end up contributing to the problem.

The key issues identified from the entire bulk of information analyzed appears to be: the flawed design of projects and structures aimed to address the serious problems in the reception system from early on. This led to their problematic implementation, which sooner or later produced further needs and expenses. Ineffectiveness and political manipulations of purely administrative issues perpetuated the problems and led to a patchwork of temporary interventions that have created a reception system that, unable to provide long term solutions, constantly responds to emergencies.

Adaptation to sudden change is also an issue given the system lacks coherence. Lack of strategic planning and effective adaptation in the past makes obvious that the Greece's reception system would not manage to absorb a sudden and significant increase in refugee arrivals and the pressure this would create.

1. NATIONAL AUTHORITY RESPONSIBLE FOR THE MANAGEMENT OF THE AMIF AND ISF

The [national Greek Managing Authority responsible for the management of the AMIF and ISF](#) (Managing Authority) was expected to be an integral part of the efforts to streamline funding for the country's reception and asylum systems as well as upgrading protection services for refugees and migrants in the country. It was also expected to be fit to function during the implementation of the seven-year cycle of the current EU budget (2014-2020). However, in January 2015 when Syriza's government took office no significant steps had taken place towards establishing the Managing Authority. The task was then passed to the newly created Ministry for Migration Policy, a decision that hampered efforts to expedite solutions given it missed sufficient capacity.

A process of re-drafting the National Program (NP) for the AMIF and ISF in order, to reflect different priorities after the governmental change, was approved on 31 July 2015. Then, a procedure to create the administrative structure of the Managing Authority was initiated during the first half of 2015. However, further delays followed during that year while the country faced enormous pressure from the massive influx of refugees after May 2015. As a result, from Autumn 2015 and throughout 2016, financing of operational as well as policy needs of the country's migration and asylum system was based almost exclusively to contributions coming from EU emergency assistance. To facilitate and legitimize this emergency funding, the government put in place regulations and arrangements that led to a non-transparent management of funds as well as limitations on auditing procedures.

HOW GREECE LEGITIMIZED NON TRANSPARENT FINANCING OF ITS REFUGEE POLICY

On 21 February 2016, the Greek government adopted a law ([Law 4368/2016 introducing measures aiming at the acceleration of the governmental work and other provisions](#)) expediting its capacity to implement policy

A last moment amendment submitted a few days before the voting of the legislation by the Parliament gave to the Ministry of Defense (MoD) the mandate to award contracts for infrastructure works, service provision and procurement of goods for the organisation, construction and maintenance of hot-spots and open reception centers for refugees. Projects resulting from this mandate could be related to transportation, accommodation as well as provision of food and health services.

Article 1 (a) of the amendment also provided that contracts can, due to urgent and unpredictable needs, including national security and public order reasons, be awarded through direct negotiation and without announcements of public tenders. This provision could be exempted from any other legal obligation that might derive from national legislation but with reservations regarding European law for public contracts.

This legislative intervention has generally been interpreted as an inclusion of the MoD into policy-making procedures regarding the refugee crisis and as the product of a trade-off between SYRIZA and the leader (and then Minister of Defense) of ANEL party (partner to a coalition government until early 2019).

The law also foresaw the creation of an MoD Management Board for the co-ordination of projects, in partnership with the Greek Asylum Service and the then called First Reception Service. (now named Reception and Identification Service).

A Ministerial Decree authorizing the creation and detailed structure of this Management Board was produced on 7 March 2015. The Decree specifies the Ministerial Authority responsible for contract awards in each case. It also estimated for 20,000 people to be hosted in spaces created by MoD and an annual extra budget of €73,988,692 credited to this Ministry to cover running expenses and maintenance.

Costs were broken down to (per annum): € 4,950,000 for transport; €19,794,704 setting up accommodation; € 45,743,988 for food provision; and € 3,500,00 for health services.

It was explicit that this amount was additional to regular funding of MoD from the national budget and it was intended to occur mostly from EU financial assistance. On 18 March 2015, the European Commission awarded € 30,500,000 of emergency funding to Greece to support the MoD in providing shelter, accommodation, food and health care to refugees.

On April 4th 2016, the major piece of legislation (4375/2016) regarding the refugee crisis was issued at the Official Government Gazette creating a new post of a Secretary General for Reception to undertake responsibility for handling the crisis and re-arranging various structures related to it.

Article 19 (1) of [Law 4375/2016](#) also amended the procedures for tenders issued by public law entities and local authorities (municipalities and regional authorities). Authorities would now be able to issue contracts for projects related to emergency needs for services, construction, leasing of venues or mobile equipment and procurement of goods that are related to the function of reception facilities including temporary and permanent accommodation, transportation among venues, food provisions, medical services, funerals expenses, handling of humanitarian aid and storage of goods. The process could also, for these authorities too, be conducted through negotiation and assignment of contracts directly to contractors, bypassing all regular procedures for public tenders and public contracts predicted in national legislation.

Article 19 (2) also provided for an exemption from previous legal arrangements regarding the issue of public contracts for projects of procurement, construction works and services provisions that are co-financed by the AMIF and ISF. It was particularly interesting that as a result, contracts co-funded by EU funds wouldn't necessarily undergo controls by relevant auditing state authorities before being awarded.

Looking at the large picture it appears that the government had put in place a new framework regarding the financing of all actions related to the handling of the refugee crisis that bypassed the slow administrative structures of the Greek state. Speeding up cash flows for projects was a positive, and to an extent inevitable, development given the government was constantly facing administrative challenges regarding the financing of opening up camps or transporting refugees. The problem was that the same framework allowed for an extended lack of transparency regarding tenders, negotiations and assignment of contracts.

Although this was not proof of any wrong doing by itself, it raised questions, and later on resulted to [calls](#) by parts of the civil society for enhanced transparency in view of the dire conditions in the Greek hot-spots following the implementation of the EU-Turkey "deal". Enhanced transparency would also ensure that project awards and quality of acquired services could be cross checked and maintained on satisfying levels, something crucial for the well-being of long-term stranded population in refugee reception facilities like the hot-spots.

While establishing a parallel structure to allow for the financing of the management of the refugee crisis, in February 2016 and with pressure on the Greek government building up for failing to set up functional hot-spots on the Greek islands (necessary for implementing the then still under negotiation EU-Turkey statement), the management of the AMIF and ISF funds was transferred to the Ministry of Economy. Initially, the transfer of this mandate increased capacity to run complex bureaucratic procedures entailed in the function of the Management Authority. However later on, this became a barrier regarding adaptability to practical realities and flexibility around operational limitations within the Greek context.

Understanding limitations and barriers as well as any successes achieved by the Managing Authority has been a very difficult task given the limited responsiveness to public requests for information. Still the [intermediate evaluation report's](#) of AMIF looking into the implementation of the national programs up until 30 June 2017 is a major source of information. It [shows](#) that until October 2016 only nearly to € 2,000,000 were absorbed from AMIF's €322,844,472,00 available funds. During the same period, ISF absorption was zero (0) out of € 238,211,542,00.

Progress was obvious by mid-2017 but not sufficient. By then, 18 projects had been activated through AMIF procedures. Organizations and public actors had claimed € 86,267,145,55 through programs contracted and being implemented. This amounted to 26,72% of the AMIF's total capacity. About half (€ 49,000,000) had been paid to actors. Still, [the interim report](#) itself characterized this "unsatisfactory". ISF-funded projects also developed during 2017 and 2018 with a large number of those activated and progressing through [tenders and contracts](#).

It is also important to note that among the AMIF NP's tasks the projects that performed better up until mid-2017 in absorbing funds were the ones contributing to detention and returns. The implementation of programs related to detention infrastructure, monitoring of returns as well as financing forced and voluntary returns (including re-integration assistance) was, described by the [report](#) as showing "very satisfactory progress" with 43,86% contracted and 29,19% of the funds available from NP already then released.

The failure of the Managing Authority in planning long-term solutions according to the needs of the reception system is mostly portrayed in the under-performance of the funds in supporting grass-route organizations that run unaccompanied minors' shelters. While the interim report itself mentions the need to urgently increase spaces, the Managing Authority was financing only 801 out of the 1826 available in the entire country. Meanwhile, bureaucratic barriers as well as disagreements over the use and practical interpretation of insufficient implementing tools led to reduction of spaces financed by the Managing Authority at the end of 2018. In December 2018, NGO Praxis [announced](#) the closure of 11 UAM shelters blaming the decision on the "inconsistent attitude by state bodies that have undertaken to finance the operation". IOM had to step in to save a large number of those shelters with funds again coming from emergency assistance budget lines. At the end of 2018 – according to [data](#) from National Centre for Social Solidarity (EKKA) – Greece could offer 1,959 spaces, while the number of unaccompanied minors in the country was estimated to be up to 3,741. Out of those, 552 were homeless. In February this year, the conditions under which unaccompanied minors were held [were denounced by the European Court for Human Rights](#). As of March 2019, 82 unaccompanied minors were still in protective custody, (effectively detained in police stations). In the end of April 2019, [the number held in protective custody](#) had increased to 109.

2. A SMALL HISTORY OF PHILOS PROJECT

The "Comprehensive Emergency Health Response to Refugee Crisis" aka PHILOS project was engineered in order to support Greece's public health system structures that mostly undertook the burden of the refugee crisis as well as provide primary healthcare and mental health support services within camps in the mainland and Reception and Identification Centers (RICs) on the islands.

According to [KEELPNO](#), an initial contribution from ISF of 3,4m during 2015 for the immediate enhancement of the response to the public health challenge presented by the refugee/migrant emergency in the Eastern Aegean Sea raised was followed by the first phase of the health response project named "PHILOS 1" which was implemented during 2016, and it was entirely financed by the [AMIF emergency assistance contributions](#). Together the pilot phase and PHILOS 1 projects were administered by the Ministry of Health and KEELPNO (Hellenic Centre for Disease Control and Prevention) became the implementing authority [In March 2019, KEELPNO was succeeded by the National Organization for Public Health (EODY). EODY was established by Law 4600/2019.].

From early on the project's capacity in deploying personnel has been seriously hampered mostly by the unattractive compensation scheme KEELPNO was able to offer to doctors and nurses, as well as auxiliary staff due to financial as well as bureaucratic constraints. Throughout the implementation of the first phase of the project, KEELPNO made repeated efforts to hire more people while the dropout rate was also significant.

Implementation suffered constant gaps with the project not managing to deploy the entire human resources planned. A large part of the ISF contribution went, according to KEELPNO, for covering hospital budgets on the islands where refugees were restrained after the EU-Turkey "deal". This appeared to be an expense accepted by the EU under the logic that local medical structures had to undertake the additional burden of the refugee population present on the islands.

BEGINNING TO AUGUST 2018

While the remaining amount from PHILOS 1 paid for contracts of the already deployed staff through the rest of 2017 a second version of the project named PHILOS 2 was planned to begin around the first months of 2018. Efforts were made to tackle barriers and limitations identified during 2016 and 2017, mostly to improve KEELPNO's capacity to resolve the structural limitations that reduced its capacity to attract personnel for the program. Translating those to corresponding legislation has proved a time-consuming process which led again to the extension of the limited set up put in place by PHILOS 1. Philos 2 was expected to deliver by June 2018. A first extension was, initially up to August 2018.

AUGUST TO OCTOBER 2018

By the end of August 2018, a resolution of the aforementioned barriers was pending and - thus- another extension of the PHILOS 1 project was considered. This resulted in perpetuating the insufficient existing set up to the end of October 2018. In early September 2018, the PHILOS 2 project was introduced through legislation that [appeared on the Government Gazette](#), naming KEELPNO as the competent authority to facilitate the project. It envisaged the deployment of 1575 personnel (medical as well as auxiliary) to cover the needs of refugees and asylum-seekers staying in hot-spots (RICs) and as well as mainland camps. The

project came with € 50.000.000,00 budget. The funds would be provided from the national budget thus evading selection and spending restrictions that come along with EU funds. On paper, the project seemed well organised and demonstrated an understanding of the issues at stake on the part of authorities. Hot-spots and camps are going to be supported, when and if the project becomes operational, by 108 doctors and dentists, 88 nurses, 56 midwives, 79 mental health staff, 55 social workers, 127 cultural mediators, 36 rescue staff and a large number of co-ordinators. On 26 September 2018, the MoH introduced a [legislative amendment](#) that doubled the salaries of doctors and dentists working in refugee camps and RICs and provided for an €400 stipend for those deployed on the islands of Lesbos, Chios, Kos, Samos, Leros and Rhodes as well as the Evros region. On top of this, [the law provided further incentives](#) by arranging that working in the program counted additionally for future placement in public health sector jobs.

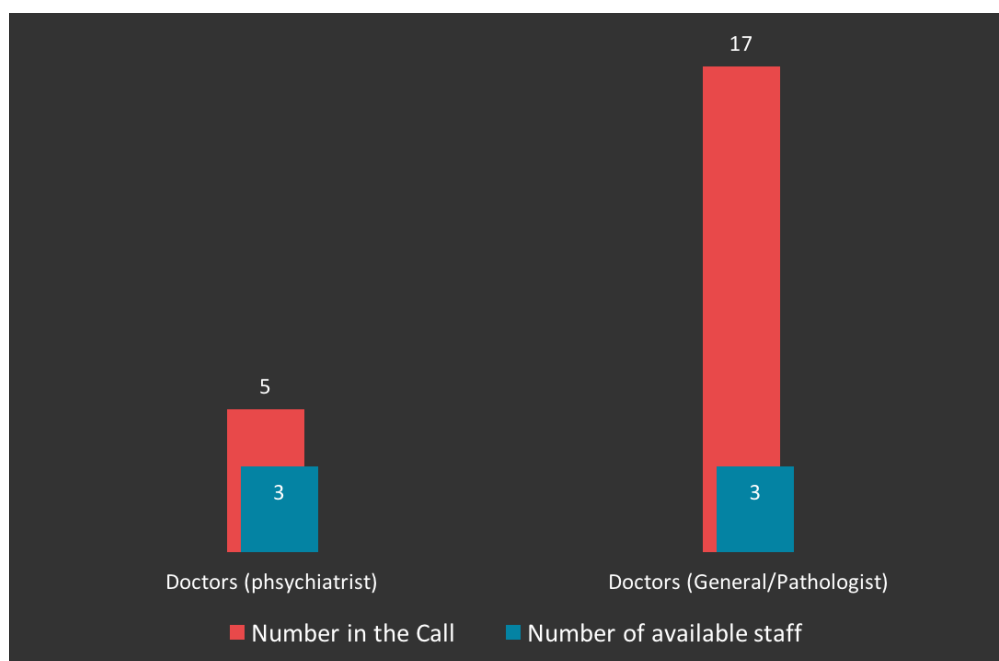
OCTOBER TO DECEMBER 2018

Straight after the introduction of better incentives seeking to increase the attractiveness of the project, a recruitment process kick-started, around the beginning of October 2018. An initial deadline for receiving application was set for 15 October 2018. Application deadline was postponed for a week and was concluded on 22 October 2018. KEELPNO officials reportedly appeared satisfied from the number of applications received and European Commission officials expressed optimism that human resources could be deployed at the beginning of 2019. These expectations however did not materialise.

DECEMBER 2018 TO MARCH 2019

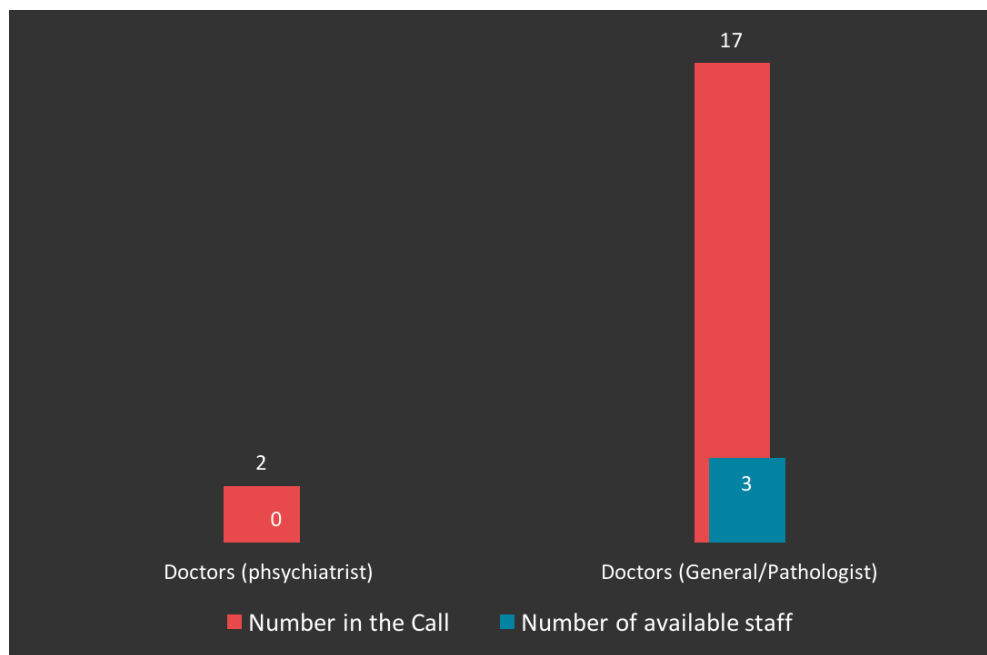
On 19 January 2019, the MoH has extended the remaining contracts of of people in the field until 19 March 2019. It is unclear where the funds for extension of contracts occurred. Meanwhile KEELPNO was struggling to assess the applications received and create the lists of people to be hired. The process needed afterwards to undergo an appeal procedure also. The prediction was initially that KEELPNO would be offering contracts from the end of January onward. [KEELPNO uploaded](#) the interim results of its recruitment process in mid-February. Recruitment process started immediately afterwards [according to reports](#).

Results of KEELPNO recruitment procedure for PHILOS 2 in the islands ↓



Similar issues were raised by lack of general doctors in the 4th Health region of the country that covers the north eastern part of mainland Greece (including Lagadikia, Volvi, Nea Kavala, Vagiochori, Drama, Kavala camps and Fylakio RIC). Specifically, out of the 9 GP vacancies only one position was filled. In the same region, the call also did not cover any of the psychologists positions, but it had provided the total of Pediatricians programmed.

Results of KEELPNO recruitment procedure for PHILOS 2 in the 4th Health Region (Eastern Macedonia & Thrace) ↓



In most other areas, a significant number of doctors, of various specializations, had not been identified through the call. Additionally, in the absence of many doctors and given the country's restrictive legal framework on how medical duties can be performed the capacity of other practitioners like midwives or nurses to cover various gaps even when deployed would be essentially restricted.

Meanwhile contracts of remaining personnel recruited during PHILOS 1 were being extended once more till June 2019. The budget line under which these positions keep being financed is unclear.

At the end of May 2019, the situation on the ground seemed precarious as approximately 100 doctors and other staff deployed under the PHILOS project remained on the islands while vacant doctors' positions were covered in some cases by military doctors. Military doctors have covered the gaps of PHILOS 2 inefficient implementation, on an ad hoc basis, since the end of 2018. Available information about the mainland estimated another 110 staff approximately remained deployed in the mainland at the of April 2019. The picture seemed stark when compared to the ambitious aim of providing 1,575 staff throughout the country as envisaged by PHILOS 2.

May 2019 the picture at island's RICs was:

	Chios RIC	Kos RIC	Leros RIC	Lesvos RIC	Samos RIC
Cultural Mediators	4	1		2	2
Doctors	0	1 Urologist	1	2	2
Midwives					1
Military doctor	1 for Primary Health Care				1
Nurses	4	4	6	8	5
Psychologists	4	6	2	2	1
Social Worker	4	5	2	1	2

(SOURCE: Data provided by INGO)

Following the recruitment results KEELPNO was confronted by three major challenges in managing to finally implement the national wide medical response plan. The first was to deal with the approximately 500 appeals of applicants not hired before re-issuing the vacant job places. The second was to re-adapt its strategy for attracting doctors into the program. To this extent, it seems the agency was facing a dead end given its efforts including increased pay had not delivered significant improvement. As an NGO official explained it was important for KEELPNO to explore option beyond the concept of hiring doctors which obviously was not going to deliver.

The third occurred from the fact that KEELPNO has undergone an institutional re-branding that was irrelevant to PHILOS project. With [law 4600/19](#) the government re-constituted the agency abolishing its public/private character. This mostly was a result of its tainted past of operating in a non-transparent manner as well as allegations of systemic corruption following it for years. Thus, the agency was renamed National Public Health Organisation (EODY from initials in Greek) and was incorporated into the public sector. That automatically limited its capacity to fast track tenders or award contracts regarding for example purchase of medical provisions. Meaning that next to the challenge of deploying the personnel selected from the long overdue recruitment process and figuring out a solution to cover for the gaps of core medical personnel in hot-spots and camps in the mainland, the agency now had to struggle with slower tender and auditing procedures in order to provide sufficient tools to the personnel when deployed.

The absence of medical capacity has multiple times derailed vulnerability assessments on the islands, especially due to absence of personnel mandated not only to conduct vulnerability screenings but also signing the documents certifying such vulnerability. Military doctors that covered gaps for KEELPNO in the hot-spots have performed medical triage and primary healthcare tasks but did not have the mandate to sign vulnerability assessments. As a result, large numbers of extremely vulnerable people have been forced to stay for longer periods of times, sometimes many months, in inappropriate facilities. [This contributed to](#) aggravation of medical morbidity and deteriorated mental health conditions. Also, efforts

by the Ministry of Migration Policy and the Greek Asylum Service to decongest overpopulated hot-spots faced serious difficulties in crucial periods.

The inability to facilitate orderly vulnerability screenings became further apparent last winter during the attempt to decongest Samos hot-spot. Inability to streamline bureaucracy led to delays of departures to the mainland and seriously challenged the Ministry's strategy that, involved the transfer of thousands of vulnerable people to the mainland during October, November and December.

Further, the insufficient implementation of PHILOS reportedly contributed to lack of an effective SGBV (Sexual and Gender Based Violence) case management system, pro-active and re-active, within the hot-spots that has left survivors of sexual violence as well as potential victims without adequate support. Absence of a clear and coherent unified procedure for case management led, and still does today, to overlaps and delays of cases being processed. It is also unclear if the SGBV protection system on the islands has the capacity to facilitate access to hot-cases, meaning people reporting rape or possible exposure to sexually transmitted diseases before the time margin of 72 hours, in order to initiate specific medical protocols to prevent transmission.

It should also be noted that refugees with serious medical and mental health conditions are even today dependent on partial services offered by NGOs that remains active on the islands although they were expected to phase out after deployment of PHILOS.

3. FILOXENIA PROJECT

Absence of winterization plans for hot-spots on the Greek islands has been a persistent problem since 2016 and the implementation of EU-Turkey "deal". It has also become an aggravating factor given the persistent lack of capacity of the first reception service to adequately receive and accommodate new arrivals.

The winter of 2016-2017 has been marked by a number of refugees on Lesbos losing their lives while dealing with rough weather in Moria hot-spot. This has become a major issue of concern not only among humanitarian organizations but also for the Greek government and the European Commission who seem to have understood that repeated, loss of life due to absence of appropriate conditions, would result in major political costs.

In 2017, winter approached without again any winterization update being implemented in the hot-spots. Resolving over-congestion of very low quality accommodation spaces was deemed a priority in order to manage the hazard of losing more lives within the hot-spots as well as managing the frustrations of local communities on the islands.

The solution came from an ad hoc program that planned the evacuation of large numbers of people from hot-spots to camps and hotels in the Greek mainland. The decongestion program was implemented in 2017 with UNHCR assistance and provided a temporary solution.

Come winter 2018, the situation was again the same. No consistent plans for winterization had matured while a number of hot-spots on Greek islands were operating way over their capacity. In September 2018, Samos hot-spot near Vathy town was hosting regularly over 4000 people which was about six times its capacity.

A new decongestion project was swiftly decided and put in place, financed with € 50,000,000 by emergency funding mechanisms from DG Home. The project named FILOXENIA is being implemented by the International Organisation for Migration (IOM) since October 2018. It focused on the fast track creation of additional accommodation spaces throughout the Greek mainland. Contracts with hotels that usually under perform during the winter season were made in order to host transferred asylum seekers from the islands identified as vulnerable.

Initially the project was planned and budgeted to run up to March 2019, which demonstrates it was tailored specifically to the needs of dealing with over-congestion of the hot-spots during winter. Still interviews with policy makers involved in the planning and implementation of the project have underlined that FILOXENIA has become another emergency measure with a key design flaw. The project started running without an integrated exit strategy on how and where population offered accommodation in hotels will be re-directed after winter. Hotels, although appropriate for an urgent project, are widely regarded as the overpriced choice when compared to projects that focus on establishing housing through rented flats, which can be implemented on a much slower pace.

The project provided hotel accommodation in many places around the mainland including Athens as well as the wider Attica region, the Peloponnese, Evia, Serres, Grevena, Thessaloniki, Kilkis, Kastoria and Asprovalta.

Services offered included meals three times per day as well as support from interpreters, lawyers to assist with asylum procedures, social workers and psychologists. Covering medical issues initially planned on a "promise" from KEELPNO to include coverage of hotels into PHILOS mobile medical units (according to an interview with an IOM official). As already discussed inability of PHILOS to deliver services resulted to IOM covering for itself by organising transfers to local medical facilities and hospital when necessary. Critics have mentioned cases of hotels that were unable to provide the entire support package constantly or that quality of services has not been always satisfactory. By April 2019, 56 hotels provided accommodation to 6,300 refugees transferred from the islands.

By the end of March 2019, the absence of an exit strategy for FILOXENIA was already forcing authorities to readapt the projects scope. The program was offered an extension up to June 2019. According to an interview given by Gianluca Rocco, Chief of Mission of IOM in Greece to the Athens News Agency the organization was assisting the Ministry of Migration Policy to consider alternatives [an increase in places in reception centres and renovation of abandoned public buildings is scheduled for the hosting of asylum-seekers according to the International Organization for Migration (IOM), source: ΑΠΕ-ΜΠΕ, 3 April 2019 (in Greek)].

According to Rocco, state owned buildings (property of the Ministry of Defense and Ministry of Labour) were assessed for renovation. Extension of existing camps was also being considered. However, given that the Ministry explored similar choices in the past without much progress, it is difficult to assess how successful the effort will be to provide alternative spaces within the set deadlines. A further extension of the program is most likely which will result in FILOXENIA project operating until Autumn 2019.

Allocation of people to available spaces follows criteria set by the project but it is not uncommon, due to the size of the project and its urgent character, that people will end up in areas that cannot have adequate follow up to their needs. RSA and PRO ASYL have followed one such case for a long period of time. M. crossed the Aegean in June 2016 to arrive on Chios island. M. is a victim of torture but nevertheless his asylum claim was rejected

and a deportation order was issued in September 2017. He resided in various camps on Chios (Souda and Vial) for a total of 34 months until he was certified as vulnerable. He was transferred to one of the FILOXENIA hotels on the mainland in March 2019m to a resort nearby the mountaineering center in Grevena region. The accommodation is isolated and one and half hour drive away from the nearest city of Grevena. It is also far away from any services providing rehabilitation and support to victims of torture. Only once per week (on Fridays), a bus transports the hotel's residents to Grevena where they can spend few hours before returning to their accommodation.

CONCLUSIONS

In spring 2019, the evictions of refugees and asylum-seekers from squatted buildings in Athens made the gaps of the reception system more obvious. [Those asylum-seekers evicted from squats in April 2019](#) were offered places in Elaionas camp, an overcrowded camp in Athens. At the same time, police evicted other refugees and asylum-seekers residing in the camp irregularly (the majority was apprehended by police for a day before released into homelessness). This entire process managed to secure space for about 40 individuals while pushing another 40 into the streets. Few days prior to the eviction, [a four-year old Afghan boy had lost his](#) life in a shelter provided by the temporary FILOXENIA project. Although it was not clear immediately who was mostly accountable for this incident, the little boy's death made obvious the persistent protection concerns produced by the implementation of fast track projects devised mostly for covering previous gaps in the country's reception system.

By mid-2019, the structural problems characterizing Greece's and the EU's management of the refugee issue in the eastern Mediterranean frontier were as vivid as always.

Regular budget lines had not been established and the management of EU regular funds and emergency assistance was still a challenge. The replacement of the Special Secretary of the Managing Authority for AMIF and ISF in May 2019 indicated the Greek authorities' failure and particularly that of the Ministries of Economy and Migration Policy to produce an adequate policy [based on AMIF and ISF](#). An orderly function of the system that would make emergency funding of projects and ad hoc solutions unnecessary was far from near. The Ministry of Migration Policy [had passed legislation](#) to cover ad hoc funding solutions until the end of 2019 from very early since December 2018. Persistent issues including the insufficient places in unaccompanied minors' shelters' are going to remain as challenges for the rest of the year and beyond.

A possible solution to these challenges is the transfer of the Managing Authority under the competence of a Ministry directly involved in the reception and protection of asylum-seekers. Such transfer should ensure also that the Managing Authority is equipped with sufficient and expert staff in order to avoid hurdles of the past. Political leadership with an understanding of challenges on the field is necessary in order to decrease bureaucratic barriers and improve the operationalization of funds.

Meanwhile in spring 2019, EODY (KEELPNO's successor) was still struggling with recruitment of personnel for PHILOS 2. Prospects for a resolution of the major issue of not having enough doctors to man RICs on the islands and Evros were not positive. The only practical solution at hand was to re-open the job call after having dealt with appeals for the positions announced. Although the number of appeals was not high, this was going to cause further delays and made it unlikely to repeat again the recruitment process for the vacant positions before summer 2019. Although most possibly the re-launch of the recruitment would not

resolve the issue. Unless a significant change occurred, it is very possible that PHILOS is going to face a stalemate on the issue of acquiring a sufficient number of doctors for RICs and mainland camps and another approach ought to be considered. Prospects deteriorated also from the call of snap national elections on July 7. INGO and International Organizations officials were reportedly told that recruitment of new staff, apart of those having an extension to their contracts was going to stall until after the national elections.

Meanwhile solutions are likely to come again from temporary and ad hoc interventions. This is going to delay further the resolution of administrative and protection challenges, improvements in dealing with emergency cases, identifying correctly and taking off the islands vulnerable population or improving how age assessment is performed. [A case of the return of an asylum-seeker](#) with serious mental health issues back to Turkey at the end of April demonstrated even further the persistent failures of the system.

The ineffective implementation of PHILOS 1 and 2 projects show that an overhaul of the strategy for the health coverage of asylum seekers and refugee population is urgently needed. This requires admission of the systemic failure of KEELPNO/EODY to deliver adequate results through PHILOS 1 and 2 projects. A strategy could be re-oriented away from attempts to hire doctors. Alternatives would be to return to the model of facilitating medical intervention through NGOs, although the problems of this option in the Greek context are well understood or explore novel possibilities that would depart from the model of hiring doctors to work in RICs and mainland camps.

A looming crisis is also lurking behind the entire reception-accommodation system Greece has deployed since 2016. With FILOXENIA being extended to Autumn 2019, the reception system will struggle even further to provide not only accommodation for the nearly 7,000 refugees accommodated now in hotels but also those who need to be transferred from the islands as a new winter will be looming. Meanwhile the Ministry of Migration Policy has committed to undertake the management of ESTIA program at the end of 2019. ESTIA is the accommodation system of 20,000+ spaces for asylum-seekers implemented throughout the mainland currently by UNHCR. This is unlikely to be possible, especially given the lag created by an election to be held in early July and a possible change of government.

Lack of accommodation capacity is the elephant in the room. The transfer of over 30,000 accommodation places to public administration, while the country will be holding national elections in July 2019, is certainly going to test the limits of the already questionable effectiveness of the entire reception system. It is very possible that a decision to postpone the transfer of ESTIA will be adopted later into 2019, after the new political leadership takes office. The new Greek administration should explore all possible options for relocation agreements at bilateral level, like the one agreed between Greece and Portugal in March 2019, with the two countries reaching [an agreement](#) to transfer 1000 refugees to the latter.

The reception system on the islands and Evros as well as of asylum-seekers and vulnerable people in the mainland will keep facing major challenges with lack of adequate number of spaces being the most prominent. A serious and sudden spike of influxes would test the system. Repeating temporary solution, already tested through the patchwork approach, might be a very difficult choice for the Greek authorities on the long term as the willingness of a new European Commission leadership to support an expensive and ineffective system is not guaranteed in the long run. Thus, the Greek authorities should acknowledge the structural failures and push for a holistic overhaul of the reception system while preserving the positive elements introduced since 2015 such as the hosting of asylum-seekers in flats provided by the countrywide housing program ESTIA.

Abbreviations List

AMIF Asylum, Migration and Integration Fund

NPHO National Public Health Organization

ESTIA Emergency Support to Integration and Accommodation program

IOM International Organization for Migration

ISF Internal Security Fund

KEELPNO Centre for Diseases Control and Prevention

MoH Ministry of Health

NP National Program

NGOs Non-Governmental Organizations

PHILOS Emergency health response to refugee crisis

RIC Reception and Identification Center

SGBV Sexual and Gender Based Violence

FILOXENIA Temporary Shelter and Protection for the Most Vulnerable Migrants in Greece

Tables

Human resources intended for the Reception and Identification Centers on the islands

Specialization	Number in the Call	Number of available staff
TOTAL	157	140
Social workers	16	16
Rescuers/ambulance crew	8	8
Psychologists	28	28
Nurses	28	28
Midwives	12	12
General Coordinators	1	0
Field coordinators	5	5
Doctors (Psychiatrist)	5	3
Doctors (Paediatrician)	6	6
Doctors (General/Pathologist)	17	3

Cultural mediators/interpreters	35	30
Coordinators of healthcare services	1	1



Human resources intended for the refugee camps and Evros RIC in the 4th Health Region (Eastern Macedonia & Thrace)

Specialisation	Number in the Call	Number of available staff
TOTAL	101	91
Social workers	10	10
Rescuers/ambulance crew	6	6
Psychologists	13	13
Nurses	14	14
Midwives	10	10
General Coordinators	1	1
Field Coordinators	9	9
Doctors (Psychiatrist)	2	0
Doctors (Paediatrician)	5	5
Doctors (General/Pathologist)	9	1
Dentists	1	1
Cultural mediators/interpreters	20	20
Coordinators of healthcare services	1	1

