Country Case Study: Greece 🗮



Integrated screening for HIV, TB & viral hepatitis for migrants/ refugees attending health care facilities

Partner Organisation(s): National Public Health Organization (NPHO) NATIONAL PUBLIC HEALTH ORGANIZATION

OVERVIEW

https://eody.gov.gr/

Contact

Offering integrated screening for HIV, HCV, HBV, STIs and TB to recently arrived migrants/refugees attending health care facilities is a way to reach otherwise unscreened people. As one of the countries with a significant number of refugees and migrants, Greece has a substantial need to offer integrated health services to ensure timely diagnosis and care of these infections.

With the aim of securing early detection and links to care for the migrant/refugee population the National Public Health Organization - NPHO (EODY) implemented a 7 months-long pilot activity in 2019 in collaboration with Hellenic Thoracic Society and contribution of SOTIRIA and A. Syggros hospitals to identify and detect diseases of great interest for public health to improve patients' management within the national health system.



APPROACH

Greece's largest tertiary pulmonology center Sotiria and the largest STI/HIV unit of A. Syggros hospital working together to offer clinical and/or risk assessment for co-infections to all admitted migrants/ refugees.



The outpatient department received and **tested all patients** referred for HIV/STIs control.



Confirmed HIV cases tested for TB and referred to the special HIV and tuberculosis units.

All patients tested positive for an STI

informed about symptoms, clinical findings and treatment, and counselled on the need to inform and refer any sexual/drug partners to the clinic.



Patients with suspected TB tested for an active form of drug-sensitive or resistant TB and confirmed cases hospitalized for treatment.

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HIGHLIGHTS



DECREASE IN DAYS NEEDED TO LINK HIV PATIENTS TO CARE



154 DIAGNOSED TB INFECTIONS (incl. 1 latent infection)



17% INCREASE IN # MIGRANTS EXAMINED DURING THE SECOND TRIMESTER OF 2019

LESSONS LEARNED

There is an urgent **need for comprehensive data collection** to benchmark health system performance in responding to the needs of migrant populations.



Several major barriers were identified (incl. language issues and different cultural perceptions of health and disease). There are rarely translators or cultural mediators present at the hospitals, hence health care workers need training to communicate with patients from different cultural backgrounds.



Disease-related stigma, transportation from the camps to the hospital and back can present additional practical and financial barriers.



Irregular and incomplete routine data collection on migrant health may impede proper **assessments of legal and administrative barriers** that migrants may face in accessing health services.



It is of great importance that refugees/ migrants have access to healthcare systems to facilitate prompt detection, documentation and comprehensive treatment of diseases of particular importance for public health.



It is important to establish communication pathways between the health workers working with migrant groups in order to improve disease detection and patient referral.



