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## **HEALTH ASPECTS OF THE MIGRANT AND REFUGEE CRISIS IN MACEDONIA**

### **1. Number of migrants crossing the country**

**S**ince UNHCR began monitoring on 1<sup>st</sup> July 2015, by mid October 2015 some 515,000 refugees and migrants have departed from Gevgelija. The Ministry of Interior Affairs' statistics on refugees and migrants who have declared their intention to apply for asylum reached 230,248, including 58,217 (25%) children of whom 11,711 (6%) have been unaccompanied since 19<sup>th</sup> June until 10<sup>th</sup> November 2015. 146,121 (63%) of the arrivals are Syrians, 48,716 (21%) Afghans, 17,969 (8%) Iraqis, 4,822 (3%) Pakistanis and the remainder represent other nationalities such as Palestinians, Iranians, Somalis, Congolese and Bangladeshi. 70 asylum applications were registered from which 51 were submitted by Syrians in the same period, while from January to the end of October 1,739 asylum applications were submitted<sup>1</sup>.

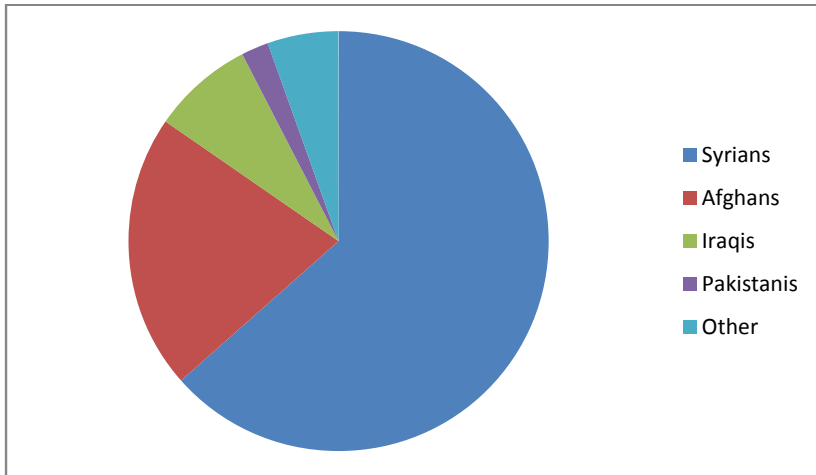
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<sup>1</sup> Inter-Agency Operational Update, 04-10 November 2015, UNHCR

Chart 1: Country of origin of migrants and refugees, November 2015



Source: UNHCR

There is inconsistency of the data presented by the Ministry of Interior Affairs and other sources due to the fact that the responsible national authorities are not able to register every migrant (huge numbers of migrants cross the border).

## 2. Crisis management and coordination

The Government of the Republic of Macedonia established a crisis management team to respond to the needs of refugees and migrants. The coordination of all the organizations working with these groups is systematized and well-functioning. Once a week, UNHCR organizes coordination meetings to provide information, discuss issues with all stakeholders and agree on future actions. The Government has developed an Action Plan to respond to the situation. The challenge of ensuring adequate shelter, healthcare and humanitarian aid for an influx of this magnitude is huge, both for the national and local authorities and the international and other civil society organizations.

### **3. Contextual information**

#### ***3.1 Transit centre Vinojug, Gevgelija (southern border crossing with Greece)***

A registration transit centre (TC) has been established near the southern border with Greece, with support of UNHCR and in cooperation with the national and local authorities. Migrants and refugees receive food and water at the entrance to the TC. Shelter, clothing (including rain coats) and personal hygiene products are also provided. Separate premises are available for mothers and children where basic needs are provided. Continuous health care is also available. All services are provided free of charge by different national and international organizations, including NGOs. There are standard operational procedures and a plan/time schedule for distribution of goods.

#### ***3.2 Transit center (resting point), Tabanovce, Kumanovo (northern border crossing with Serbia)***

Migrants and refugees arrive at the railway station in Tabanovce by train, bus or taxi. They stay at the TC for a very short time (30 min) and continue walking to the Serbian border. Migrants have to walk from Tabanovce to the reception centre in Preshevo, Serbia. The same services are provided in the Tabanovce TC as in Gevgelija TC, but on a smaller scale.

#### ***3.3 Provision of food***

In TC Vinojug in Gevgelija, several nongovernmental organizations (NGOs) are engaged in distributing fresh (sandwiches and lately fruit, hot tea and soup) and canned food, as well as standard food parcels provided by the Red Cross. There is a food distribution time schedule for the day. In accordance with the WHO guidelines, only dry/canned food should be distributed (due to the fact that the migrants stay in the center for only a few hours). The Agency for Food and Veterinary controls the food distribution and it also issued licenses for the distribution of fresh food. As the weather changed (became colder), tea and sometimes hot soup are also provided by NGOs and private companies in both TCs.

#### ***3.4 Water and sanitation***

Water and sanitation, although a problem in the beginning, are available at the TC Gevgelija. The latrines and showers in the TC Gevgelija are functional as of mid – October 2015. There are 20 toilets and bath cabins for migrants and refugees in each latrine barrack; 5 for the staff. At the end of October two additional latrines were constructed, one for the physically

handicapped and one for a mother with child.

The cleaning is done by the local municipality. There are frequent problems in managing the waste disposal and cleaning of the TC Gevgelija efficiently. There is insufficient number of garbage containers. The garbage cleaning and disposal should be enhanced and reinforced.

The hygiene situation is better in the TC Tabanovce, Kumanovo. Water is available and the latrines are kept in good condition. There are sufficient garbage containers.

The Gevgelija and Kumanovo Centers for Public Health make regular check-ups of the drinking water and the disinfection of the premises in both TCs, as well as in the trains.

## 4. Health care for migrants and refugees

### *4.1 Provision of medical assistance for migrants and refugees*

In the TC Vinojug in Gevgelija medical care is provided by:

- **Medical teams coordinated by the Ministry of Health (24 hours a day)** - a team consisting of a medical doctor and nurse provide medical services in 2 shifts, 24 hours a day. Health care centres and hospitals from several cities in the region are included in the provision of medical care, including emergency transport to hospitals. The Health Center Gevgelija coordinates the provision of medicine and medical materials for the health unit in the transit center and is responsible for cleaning the medical premises. A special room is provided for storing medicine.
- **Red Cross (paramedics, 24 hours a day)** - a team of medical doctors, paramedics and interpreters from the Macedonian Red Cross in collaboration with UNHCR provide assistance more than 1000 times a day including:
  - first aid
  - transport of patients from the border crossing to the transit centre
  - social/humanitarian assistance
  - family reunion (tracing) services
- **Project Hope medical team (12 hours a day)** - a team consisting of a medical doctor and nurse provides medical care as of 6<sup>th</sup> November.
- **General hospital Gevgelija** – during the summer 2015, a special department was established for treating migrants at the general hospital in Gevgelija. The Gevgelija hospital and the clinical hospital in Skopje provide birthing and maternal care to women refugees and migrants.

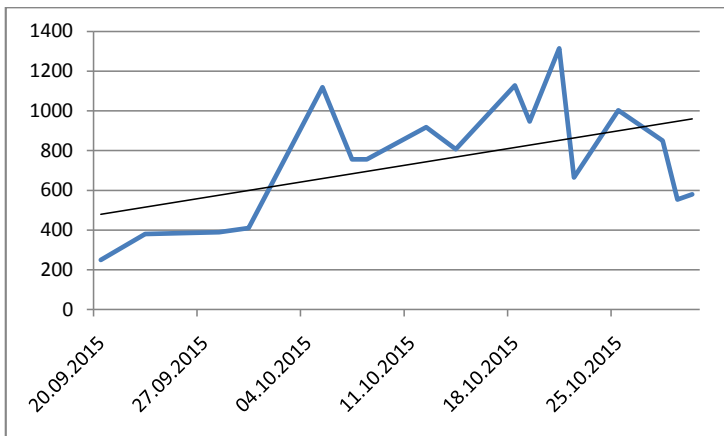
Assistance to refugees and migrants is also available at the **resting point railway station Tabanovce (northern border crossing to Serbia)**.

- The Macedonian Red Cross offers first aid, but the number of interventions is much lower than in Gevgelija.
- The Health Centre Kumanovo provides emergency care and transport of patients to the hospital. The Kumanovo Health Centre emergency unit vehicle is available at the Tabanovce TC to transport patients to the hospitals in Kumanovo and Skopje. The number of migrants in need of transport is very small (once a week).
- **The Public Health Centers in Gevgelija and Kumanovo** provide public health surveillance, hygiene and epidemiological control, including disinfection of transit centres, regular control of drinking water and disease registration.

Although rainy days and lower temperatures came in October, the number of migrants has substantially increased.

The number of medical interventions was particularly high in October 2015, and the positive trend has continued ever since.

Chart 2: Number of Red Cross first aid interventions per day in the TC Gevgelija



Source: Daily medical records of the Red Cross

#### 4.2 Morbidity

The health problems of refugees and migrants are similar to those of the rest of the population. During the summer (August and September 2015), most interventions were related to skin diseases (burns/blisters, allergic reactions, insect bites), pains, weapon-related wounds, respiratory and gastrointestinal disorders, and chronic diseases (diabetes and rarely heart diseases). In October, the number of respiratory diseases increased, but gastrointestinal disorders were still very frequent. Most patients are not willing to go to hospital since they want to leave the country as soon as possible.

An analysis of reported morbidity was done by the Red Cross based on daily reports of the Red Cross teams in TC Gevgelija. A nine-day period during the second half of October 2015 has been analyzed. The total number of first aid interventions was 6800, or 755 per day (on average).

Most frequent diseases are those of the respiratory track, followed by GIT and loco-motor diseases, dermatitis/wounds.

Table 1: Morbidity reported by the Red Cross unit in Gevgelija TC in %

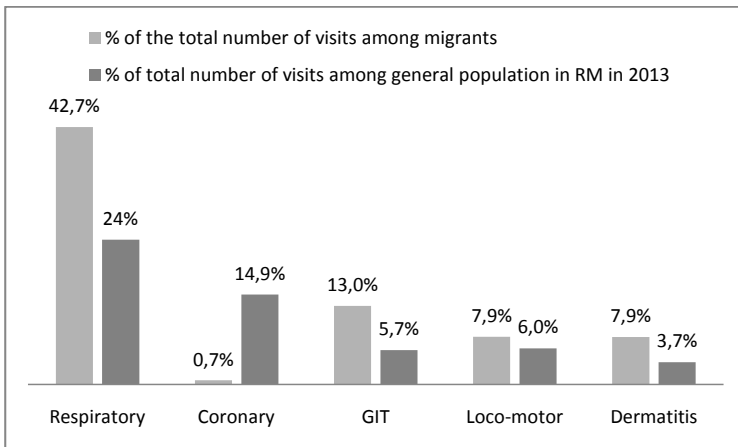
Group of diseases	%
Respiratory	42,7%
Coronary	0,7%
GIT	13%
Dermatitis	7,9%
Wounds	8,4%
Locomotor	7,9%
Eye	1,3%
ORL	3%
Dizziness, collapse	4,9%
Genitourinary	0,1%

(Source: Daily medical records of the Red Cross)

There were 144 pregnant women (average of 16 per day) and 673 children under 10 years of age (average of 74,7 per day).

The results are compared with the morbidity of the general population in the Republic of Macedonia treated in primary health care settings (Source: IPH). Coronary diseases are much less frequent among migrants and refugees, but respiratory and gastrointestinal infections are much more present among migrants and refugees, compared to the general population in the Republic of Macedonia (2013 data).

Chart 3: Comparison of the most frequent diseases in ambulatory settings among migrants (2015) and general population of the Republic of Macedonia (2013)



Huge differences have been noted in the number of visits between the general population in the Republic of Macedonia and the migrants and refugees. On average, 0,8% Macedonians visited GPs daily in 2013 (4.479.273 visits per year of the total population which is app. 2m, source: IPH), but 12,9% of migrants requested medical assistance in the TC Gevgelija on a daily basis.

#### ***4.3 WHO support for the migrants and refugees crisis in the Republic of Macedonia***

In the context of the Health Policy Framework ‘Health 2020’, WHO/Europe through the WHO CO in Skopje is assisting the MoH in providing appropriate care for refugees and migrants, with a particular focus on vulnerable individuals. This includes technical and on-site assistance, with assessment of and support for the country’s capacity to address the health needs of the refugees and migrants, as well as policy advice and training of health personnel.

As the number of refugees and migrants transiting the country increased, WHO/Europe and the Ministry of Health strengthened their response to adequately manage this situation through:

- daily expert missions to the centers to assess the situation and identify the most urgent health needs;

- a training workshop on managing the public health aspects of migration delivered to health and non-health professionals working with these population groups; and
- the procurement of urgent medical supplies and goods, organized by WHO/Europe as requested by the Ministry of Health.

Meetings with representatives of the Ministry of Health, health centers, public health centers, hospitals in Kumanovo and Gevgelija, United Nation agencies, NGOs and crisis management centers are organized in order to identify the health needs of refugees and migrants and to provide assistance in problem resolution. The process of adapting health systems to make them migrant-sensitive is complex and resource-intensive, and requires a multisectoral approach. With this in mind, in December 2015 WHO/Europe conducted joint assessment missions to identify gaps and opportunities, and to make recommendations for future actions.

## Recommendations

It is essential to ensure that refugees and migrants not only have access to health services as and when required, but also that such services can be appropriately adapted to the demographic changes within society, fully respecting the human rights and dignity of migrants.

With the approaching of the winter season, the vulnerability of refugees and migrants is increasing. Staying in cold shelters at temperatures below 16 °C could lead to hypothermia, frostbite and other health conditions. The risk increases if they lack proper clothing, food and medical care. The elderly, the children and the people with health problems are more vulnerable to the consequences of cold weather. The most important actions to take in order to reduce exposure to cold are:

- providing heated shelters, warm meals and proper clothing;
- taking particular care of the vulnerable;
- providing influenza vaccine; and
- detecting and treating cold-related diseases.<sup>2</sup>

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2 Statement by Dr Zsuzsanna Jakab, WHO Regional Director for Europe, <http://www.euro.who.int/en/media-centre/sections/statements/2015/statement-the-challenges-of-migration-require-migrant-sensitive-health-systems-for-today-and-for-the-future>



Continual capacity building and increasing knowledge of the health and migration issues through workshops and trainings for the medical teams in the field is essential.

The development of health information systems relevant to migration and health, structured data collection, surveillance, and enhancing the reporting system should all be initiated. Special reporting forms should be developed and used by the staff in accordance with the international standards, including treatment details and regular stocks reporting.

It is necessary to develop a public health intersectoral contingency plan for communicable and non-communicable diseases management and interventions to meet immediate mortality and morbidity needs. Also regular updates of the Ministry of Health Action Plan on Health and Migration are crucial.

A multi-disciplinary health and migration team composed of experts on communicable diseases, non-communicable diseases, nutrition, violence and injuries prevention, disaster preparedness and response, and occupational health should be assigned in order to allow for structured and coordinated responses to the public health aspects of migration. The team should have regular meetings and develop reports that will be key evidence in the decision-making process.

## Executive summary

The Ministry of Health, in cooperation with Red Cross and with WHO/Europe technical support, was present in the field since the beginning of the migrants' crisis in June 2015 and made huge efforts to provide the best possible health care and assistance. Considering the limitations in human resources capacities in the health sector at a national level, the increased need for medication and medical supplies, as well as the increasing number of migrants transiting the country, it can be concluded that the health response has gradually been improving towards adequate management of the situation and provision of suitable health care. The role of the Red Cross teams in the provision of medical assistance was crucial and the cooperation between the Ministry of Health and the Red Cross is a positive example of partnership between the national level and the civil society sector.

The health problems of refugees and migrants are similar to those of the rest of the population. The most frequent health problems that the newly arrived migrants face, include accidental injuries, burns, cardiovascular events, pregnancy and delivery related complications, diabetes, and hypertension. Female migrants frequently face specific challenges, particularly with regard to maternal, newborn and child health, sexual and reproductive health, and violence.

## References

1. Daily medical records of the Red Cross
2. Inter–Agency Operational Update, 04-10 November 2015, UNHCR
3. Statement by DrZsuzsannaJakab, WHO Regional Director for Europe, available at:<http://www.euro.who.int/en/media-centre/sections/statements/2015/statement-the-challenges-of-migration-require-migrant-sensitive-health-systems-for-today-and-for-the-future>, accessed: Dec 2015