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# Social determinants of health in newly arrived refugees and migrants in Greece

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## Κοινωνικοί προσδιοριστές της υγείας σε νεοαφι- χθέντες πρόσφυγες και μετανάστες στην Ελλάδα

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### ABSTRACT

The Greek state applies significantly different migration policies for Ukrainian versus other third country nationals and stateless (OTCNS) R&Ms. Using the framework of the SDoH, in this paper, we have assessed policies related to the asylum and temporary international protection processes and elaborated their potential health impact. Our results suggest that in both groups, existing policies may have negative health impacts with the impact on SDoH being however less detrimental in the case of Ukrainians R&Ms. Also, policies applied to OTCNS R&Ms sustain a prolonged state of precarity, which might have an independently negative health effect. This dichotomous migration policy might result in poorer health outcomes of the OTCNS R&Ms. Due to the non-negligible size of this population, the eroding effects of these policies on the social cohesion and health status of the Greek society, should not be underestimated. Critical review of the current migration policy and swift leveling up policy equalization for all categories of R&Ms is needed.

**KEY WORDS:** Social Policies, Health Policies, Social determinants of health, Ukrainian refugees.

### ΠΕΡΙΛΗΨΗ

Σε αντιστοιχία με άλλες ευρωπαϊκές χώρες, η Ελλάδα εφαρμόζει διαφορετικές πολιτικές όσον αφορά την προστασία, υποστήριξη και ένταξη Ουκρανών και μη Ουκρανών προσφύγων και μεταναστών που αιτούνται διεθνούς προστασίας/άσylum. Χρησιμοποιώντας το θεωρητικό πλαίσιο κοινωνικών προσδιοριστών, κατηγοριοποιήσαμε και συγκρίναμε τις πρακτικές και πολιτικές προστασίας, υποστήριξης και ένταξης Ουκρανών και μη Ουκρανών αιτούντων άσυλο ως προς το δυνητικό αποτέλεσμα υγείας και κοινωνικής ένταξης. Από την ανάλυση των πρακτικών και πολιτικών προστασίας, υποστήριξης και ένταξης του Ελληνικού Κράτους για Ουκρανούς και μη Ουκρανούς πρόσφυγες και μετανάστες, προκύπτουν σημαντικές διαφορές. Σχεδόν σε όλους τους τομείς των κοινωνικών προσδιοριστών υγείας οι πρακτικές και πολιτικές που ισχύουν για του Ουκρανούς πρόσφυγες και μετανάστες – παρ' ότι δε προάγουν την υγεία - διαφαίνεται να έχουν λιγότερα αρνητικό αποτύπωμα απ' ότι στους μη Ουκρανούς αιτούντες άσυλο. Η διακριτή αυτή μεταχείριση όχι μόνο υποσκάπτει την υγεία των μη Ουκρανών προσφύγων και μεταναστών, αλλά και την προοπτική ένταξης τους και συνεπώς συνοχή της ελληνικής κοινωνίας.

**ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ:** Κοινωνικές πολιτικές, Πολιτικές Υγείας, Κοινωνικοί προσδιοριστές Υγείας, Ουκρανοί πρόσφυγες.

## 1. Introduction

Since more than a decade, Greece, has experienced significant mixed migration flows with a substantial number of refugees and migrants (R&Ms) from various non-EU countries of origin transiting through or settling down in the country, often seeking asylum and international protection ('DTM\_Mixed Migration Flows to Europe\_Q2\_2024.pdf', no date). The asylum process in Greece is based on the principles of the Geneva Convention (The 1951 Refugee Convention and 1967 Protocol relating to the Status of Refugees, no date) and- in a nutshell- foresees 3 consecutive administrative stages: 1) registration of asylum claim 2) evaluation of admissibility of asylum claim (i.e. in case of a positive outcome recognition as asylum seeker) and 3) for claims deemed admissible by the Greek state, evaluation of asylum claim via personalized interview leading in case of a positive outcome to the issuance of refugee status ('Η Αίτηση για Άσυλο | Υπουργείο Μετανάστευσης και Ασύλου', 2020). In response to the phenomenon of mixed migration – unprecedented in size and duration in modern Greek history – Greece is applying, in line with the other EU-member states, an increasingly restrictive and regressive migration policy (Niemann, 2024). While provisions and care for asylum seekers and recognized refugees have been drastically cut (Kondilis and Gallo, 2023) (Puchner et al., 2024) (Kondilis et al., 2021), political priority has been progressively given to border securitization and suppression of irregular border crossing even by means disrespectful of international law like violent pushbacks (Drift-backs in the Aegean Sea | refugeeobservatory.aegean.gr, no date) ('THE STATE OF THE BORDER PROCEDURE ON THE GREEK ISLANDS - R.S.A.', 2022) ('European Court Slams Greece Over Deadly Migrant Pushback | Human Rights Watch', 2022). The role of UN agencies and other international organizations with relevant mandates in the migration governance has been significantly reduced and eligibility criteria for asylum applicants tightened ('AIDA-GR\_2023-Update.pdf', no date). In absolute contrast to this trend, since the outbreak of the war between Russia and the Ukraine, the Greek state, as other EU-member states, have adopted a quite distinct migration governance approach for R&Ms originating from the Ukraine; following Russia's large-scale invasion of Ukraine in February 2022, the Council of the European Union adopted an implementing act (i.e. Implementing Decision (EU) 2022/382), recognizing the existence of a mass influx of displaced persons from Ukraine as defined in the Directive 2001/55/EC and having the effect of introducing temporary protection outside of the UN Geneva Convention (Implementing decision - 2022/382 - EN - EUR-Lex, no date). It is noteworthy, that despite multiple conflicts and humanitarian catastrophes taking place in close geographic proximity to the EU since beginning of the 21st century, the Russian-Ukrainian war is the first instance where such a decision has been adopted in the context of Directive 2001/55/EC (Fink and Kader, 2023). As a result, Ukrainian R&Ms undergo completely different and siloed administrative procedures in their (temporary) protection application process in comparison to other third state nationals and stateless (OTCNS) R&Ms (The Ukraine Crisis Double Standards: Has Europe's Response to Refugees Changed? - Ukraine | ReliefWeb, 2022) (Sosa Popovic and Welfens, 2025).

Over the last two decades, the concept of Social Determinants of Health (SDoH) constitutes an established scientific framework in public health and epidemiology (Commission on Social Determinants of Health, 2008). SDoH consider all non-biomedical factors that may influence the health of a person/population (e.g. working conditions, housing, education, income and social protection, access to healthcare) providing an extremely valuable tool for the investigation of

health inequalities and disease causation (Lucyk and McLaren, 2017) (Castañeda et al., 2015). The SDoHs are usually categorized in 5 main domains, i.e. Social and Community context, Neighborhood and Built Environments, Health Care and Health Access, Economic Stability and Education (Singu et al., 2020). SDoH seem to disproportionately determine the health of R&Ms, with migration per se being recognized in the meanwhile as an independent SDoH (Migration: A Social Determinant of the Health of Migrants | Migration Health Research Portal, no date).

In this paper we are assessing the impact of the current laws, policies and practices on SDoH of R&Ms seeking asylum and international protection in Greece and comparing the effect of the distinct migration governance approaches of the Greek Government on the SDoH in Ukrainian and OTCNS R&Ms.

## 2. Methodology

**W**e have performed a retrospective policy analysis, based on a narrative policy document and literature review. We searched for documents in the websites of all actors potentially involved in the development and implementation of migration governance and RMs related projects in Greece including Greek government authorities, UN agencies, scientific community and Civil Society Organizations. Our analysis included press releases, primary and secondary legislation, working papers or reports and scientific publications. The documents/sources were reviewed for laws, policies, and practices that were related to asylum and international protection seeking processes in place for both R&M populations and information was extracted using the 5 main domains of the SDoHs (i.e. Social and Community context, Neighborhood and Built Environments, Health Care and Health Access, Economic Stability).

## 3. Results

**I**n table 1, we have summarized the findings from our review of policies per category of the 5 domains of the SDoHs per R&M group (i.e. Ukrainian R&Ms vs OTCNS R&Ms). In both groups, policies in place can be deemed deficient from a health perspective, exhibit a rather neutral or even negative effect on the SDoHs of R&Ms seeking asylum and international protection. It is worth noticing that based on a newly passed law, provision of international protection and/or asylum does not automatically translate to unconditional and free of charge access to health services of the National Health System (NHS) as the social insurance number (AMKA) issued for these R&Ms is not active unless the holder can provide proof of employment or enrollment in a Greek educational institution (Υπουργείο Εργασίας και Κοινωνικής Ασφάλισης, 2024). In addition, as the only running large scale housing project of the Greek state for R&Ms has ceased in November 2024 (HELIOS) (Hellenic Integration Support for Beneficiaries of International | IOM Greece, no date)– with its successor project yet to be launched –, both R&Ms groups are practically left without subsidized housing options. Nevertheless, comparison of the policies in place for the two populations under investigation yielded substantially diverse effects on the domains of Social and Community context, Neighborhood and Built Environments, Health Care and Health Access, Economic Stability. Overall, the impact of policies on the 4 SDoHs domains seems to be less det-

rimental for Ukrainian R&Ms than in their OTCNs counterparts. While temporary international protection status and freedom of movement is granted for Ukrainian R&Ms (Refugee Info Greece, no date a), in the case of OTCNS R&Ms, provision of asylum is only possible after successful completion of a lengthy three-step procedure with movement restrictions at each stage and based on geographic location of entrance of the Greek territory ('BorderProcedure\_Greek\_islands\_report.pdf', no date) (Greece: AIDA 2023 country report | European Website on Integration, no date). It is also worth noting that Ukrainian R&Ms are granted - in parallel to the temporary protection status - a variety of social entitlements (i.e. working and residence permit, social insurance number/AMKA) during a one-off appointment at the Service Asylum ('94241914-26f6-464d-be28-c601d8ded4d5\_en.pdf', no date) (Refugee Info Greece, no date b). In contrast to that, social entitlements for OTCNS R&Ms – as exemplified by the provision of a temporary social insurance number (PAAYPA) instead of the more permanent AMKA and the provision of working and residence permit only after conclusion of specific administrative stages - are linked to the specific legal state the R&M finds himself/herself in and thus subject to frequent changes along the asylum process (Greece: AIDA 2023 country report | European Website on Integration, no date). Furthermore, it should be stressed that the asylum process, is characterized by transitional gaps in and fragmentation of social protection, often leaving temporarily R&Ms with no valid entitlement at all (Greece: AIDA 2023 country report | European Website on Integration, no date). In this light, it could be hypothesized that the recurrent phases of legal limbo and institutional void in conjunction with the often highly traumatic process of asylum interviews which OTCNS are exposed to, create a group-specific state of prolonged precarity and increased vulnerability (Multiple geographies of precarity: Accommodation policies for asylum seekers in metropolitan Athens, Greece - Eva (Evangelia) Papatzani, Timokleia Psallidaki, George Kandyliis, Irini Micha, 2022, no date) (Waiting to be Heard: Considerations on the impact of Greek asylum policies on the psychosocial wellbeing of asylum seekers on Lesbos, no date). This state in turn might as well have a SDoH- independent adverse health impact – particularly on the mental wellbeing of this population (World report on the health of refugees and migrants, no date) (Lebano et al., 2020).

*Table 1: Analysis of laws, policies and practices in place in Greece related to asylum and international protection processes, categorized thematically per domains of the Social Determinants of Health framework*

	Ukrainian R&Ms	Other third country nationals R&Ms	Comments
Social	<ul style="list-style-type: none"> <li>• Provision of Temporary International Protection granted upon appointment. Entitled to asylum process (Geneva Convention) anytime.</li> <li>• Provision of Social Insurance Number (AMKA) identical to general population</li> <li>• Not entitled to Social Welfare Benefits (OPEKA benefits) as their title is considered temporary protection</li> <li>• Eligible for other benefits (i.e. heating benefit) if all other criteria are met</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of International Protection after successful completion of a three-step administrative procedure (minimum duration of at least 6 months, rejection rate after asylum admissibility 38%)</li> <li>• Provision of temporary Social and Health Insurance Number (PAAYPE) if admissible as asylum applicant</li> <li>• Provision of financial support under the prerequisite of residence in reception facilities, and recognition as asylum seekers.</li> <li>• Entitled to some Social Welfare Benefits (OPEKA benefits); such as minimum guaranteed income and disability benefit; others require lengthy 5+ years of permanent residence in Greece</li> <li>• Recognized refugees are eligible for other benefits (i.e. heating benefit) if all other criteria are met.</li> </ul>	<p>AMKA paves the way for immediate access to unemployment card and free transport.</p> <p>PAAYPE, even with unemployment card, cannot grant free transport. Benefits provision remains barred for asylum seekers.</p> <p>According to reports the provision of financial support for OTCNs has been fragmented and irregular.</p>
Economic	<ul style="list-style-type: none"> <li>• Access to labor market automatically with the receipt of the Temporary Protection Residence Permit.</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the labor market 2 months after registration of asylum claim, which itself can take months to even be scheduled.</li> <li>• Issuance of residence permit only possible the soonest 5 months after successful completion of asylum process</li> </ul>	<p>Ukrainians have swift access to appointments to register for temporary protection, and receive on the day thereof their Temporary Protection Residence Permit, contrary to OTCNs R&amp;Ms that must wait for registration, asylum process and then receipt of their residence permit</p>

**Abbreviations used:** OPEKA: Agency for Welfare Benefits and Social Solidarity

AMKA: Social Insurance Number AFM Taxpayer Reference Number PAAYPE: Foreigner's Temporary Social and Health Insurance Number

(Built) environment	<ul style="list-style-type: none"> <li>Freedom of movement: Entrance to Greece granted, unrestricted within Greece and/or moving towards other EU countries</li> <li>Housing: Complete independence and support in finding subsidized rented accommodation in any geographic location, through projects such as HELIOS. Also, no time limit on staying in reception facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Freedom of movement: Entrance to Greece not granted (always irregular); 3 different registration procedures and geographic confinement regulations depending on geographic location of first entrance. Unrestricted movement within Greece only after registering as an asylum seeker, barring any geographical restriction in place, and for limited time in other EU countries only after being recognized as a refugee.</li> <li>Housing: Currently only access to accommodation facilities/camps for asylum seekers; after successful completion of asylum process there is an obligation to leave the camp within 30 days (however access as recognized refugee in subsidized housing projects/HELIOS in theory possible)</li> </ul>	<p>Restricted movement and accommodation options hinder access to health care, particularly for R&amp;Ms having their claims examined in Reception and Identification Centres on islands of the Eastern Aegean that lack tertiary health care and have overstretched capacities on the primary and secondary health care level. Moreover, complex medical cases needing special living conditions and regular hospital visits have camps as their only official housing option, which they still must abandon in case of successful completion of their asylum status. The only large-scale subsidized housing project -HELIOS- stopped in November 2024 leaving OTCNS R&amp;Ms without viable housing options after being recognized as refugees. In addition, this development has affected negatively Ukrainian R&amp;Ms as Ukrainians constituted the 3rd largest group of beneficiaries of HELIOS.</p>
Healthcare Access	Full access to healthcare, along with AMKA (social insurance number), which is provided automatically upon the issuance of (temporary) protection status/residence permit.	<p>For R&amp;Ms registered as asylum seekers, a Temporary Social and Health Insurance Number (PAAYPEA) providing free access to the NHS is issued. However, until issuance of the asylum seeker status (which can take up to months), R&amp;Ms' access to the NHS covers only Emergencies. For recognized refugees, PAAYPEA is canceled after 30 days, with AMKA issuance being possible after receipt of the residence permit. On average AMKA issuance takes at the most optimistic scenario 5 months after positive completion of asylum process.</p> <p>Moreover, a change in the legislative framework since April 2024 is separating AMKA into active and inactive. AMKA is now issued, by default, as "inactive", which does not allow for free access to the NHS, and in order to activate it, a recognized refugee needs to prove their actual residence in Greece either by active employment or proof of studying in a Greek institution.</p>	<p>According to the Ministry of Labor, the health coverage of uninsured and vulnerable social groups based on the provisions of article 33 of Law 4368/2016 is provided only to holders of an active AMKA, i.e. to people who prove both the legality and their actual residence in the country. Thus, paradoxically, "actual residence" cannot be proven without either employment or studies.</p> <p>The requirement to present proof of employment for beneficiaries of international protection to be able to activate their AMKA is a burdensome and disproportionate measure, in contradiction with the 1951 Geneva Convention as well as with Law 4939/2022 and Directive 2011/95/EU. This requirement may completely exclude beneficiaries of international protection (including particularly vulnerable persons) from access to the health and medical care system and contradicts their right to access to social assistance and medical care under the same conditions as those applicable to Greek citizens, in accordance with Articles 29 and 30 of Law 4939/20221.</p>
Education	R&Ms under 18 years of age are granted the right of access to public schools in which reception classes or tutorial classes are in operation.	18 years of age are granted the right of access to public schools in which reception classes or tutorial classes are in operation	<p>Most schools with reception and tutorial classes are located in big urban centers and thus far away from accommodation facilities and camps for R&amp;M</p>



## 4. Discussion

**I**n this paper, we have landscaped the policies in place for Ukrainian and OTCNS R&Ms seeking asylum and international protection and analyzed their potential impact on the SDoH in these two populations.

Policies governing asylum and international protection provision in both groups lack a specific health promoting dimension and seem to have in the best case a neutral effect on the SDoH of the R&M populations. Nevertheless, our findings suggest that there are significant differences in the policies related to the 4 main domains of the SDoH framework, leading to a less detrimental social determination of health in Ukrainian when compared to OTCNS R&Ms. In addition, through unconditional provision of temporary protection status along with basic social entitlements within a one-off appointment, Ukrainian R&Ms undergo a relatively straight forward administrative process allowing fast paced conclusion of the arrival phase and facilitation of integration in Greek society. In contrast to that, policies currently in place for OTCNS R&Ms seem to favor a state of prolonged precarity and increased vulnerability. The latter population group is exposed to consecutive phases of legal limbo and social welfare void during the asylum process which does not only impact negatively the SDoH but might inflict direct deterioration of the mental health status of this very group (Solberg et al., 2020) (Jonzon, Lindkvist and Johansson, 2015).

It is important to notice that the current migration policy poses a discriminatory practice, creating a clear dichotomy within the R&M population. All non-Ukrainian population groups entering Greece, although they might originate from conflict-torn regions as well (e.g. Afghan nationals) and have an international protection/asylum claim are subject to far more complex and disadvantageous administrative procedure for provision of international protection and asylum. This discriminatory approach in migration policy undermines social cohesion, jeopardizes integration perspectives of R&Ms (Afghans in Greece: A story of strength, resilience and survival | International Rescue Committee (IRC), no date) and undermines their rights to health and healthcare. It should be once more stressed that policies in place for Ukrainian R&Ms seeking protection in Greece are by no means deemed optimal, with many European countries offering far more comprehensive social benefits (e.g. temporary financial support ) (Lessons learnt from welcoming Ukraine refugees - [www.caritas.eu](http://www.caritas.eu), no date). Yet, the case of the Ukrainian R&Ms affirms that the Greek state has the capacities and know-how to exercise and deliver a much more humane, efficient and inclusion - oriented migration policy, in which health promotion and positive social determination of health – though currently lacking - could be feasibly integrated. It is also crucial to underline that even in the few cases where the Greek state treats both groups equally, the policies being applied are extremely disadvantageous, leading to leveling down equalization of social protection, as illustrated by the recent AMKA joint ministerial decision. In this light, critical review of the Asylum process and its guiding principles both at the Greek and European level should be on the agenda of academia, political actors and civil society with the demand for leveling up equalization of policies for both R&Ms groups and solid integration of health in the core of the migration policies being the outmost priority.



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