Letter to the Editor

A solution to refugee children healthcare in Greece

Two key emerging issues relevant to the high numbers of refugee children reaching host countries in Europe are the challenges facing the local healthcare and state systems and the increase in stigmatising behaviours and discrimination (1). This is also the case in Greece. Around 60,000 Syrian, Afghan and Iraqi refugees, with many children among them, are currently stranded in Greece facing considerable inequalities and non systematic access to healthcare (2). Since October 2016, in a first attempt towards integration, the Greek government has been rolling out a plan to offer education to around 10,000 refugee and unaccompanied asylum seeking children (Official Gazette of the Hellenic State, 29 August 2016, No 2687). However, some opposition has been raised by certain school and parental boards, citing hygiene and infection risks. Notwithstanding the underlying discrimination, we are proposing a pragmatic solution to this proposed risk, and the wider healthcare provision problems, which is consistent with plans proposed to address the rapid changes in the epidemiology of multiple conditions seen in countries with high immigration rates (1).

This solution is the establishment of a mobile paediatric unit to offer screening, immunisations, recording of health history and general preventative care. Under the principle of using the best available evidence (1), Greece can use the experience of paediatric healthcare provision through a mobile medical van in Dominican Republic for children of impoverished migrant Haitian workers (3). Further, the mobile unit can undertake the registration of refugee children entering schools, and combine it with

the routine examination and care (4). Lastly, in the event of reported hate crimes, access to mental health services and social care can be in place via a triage system in the mobile unit, as children are especially vulnerable to emotional trauma (4).

From a financial perspective, the most beneficial model for acquiring such units for not for profit purposes seems to be through direct ownership, though adjustments in monthly payments would make leasing competitive (5). Overall, it is the use of the asset that is more important than ownership, hence, an exit strategy should be in place to close the unit once the cost of running it exceeds the cost of referring those children to the hospital via the normal routes (4). In this context, use of such a mobile paediatric unit could be an interim step before attempting integration in the national healthcare system and while the government is attempting to implement this education bill at pace.

Ethical statement:

The authors declare that:

a) there is no potential conflicts of interest

b) The research does not involve Human Participants and/or Animals

and c) The research was reviewed and approved by will to come under this category.

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