EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX

6 August 2026

Case Document No. 4

Amnesty International v. Greece
Complaint No. 217/2022

REPLY FROM THE GOVERNMENT TO AMNESTY INTERNATIONAL'S RESPONSE ON THE MERITS

Registered at the Secretariat on 28 June 2024

Further Observations of the Greek Government on the Merits of Collective Complaint 217/2022 *Amnesty International v. Greece*

By letter dated 04/11/2022, the Council of Europe (Directorate General of Human Rights and Rule of Law – Department of Social Rights) informed the Greek Government that the international non-governmental organization, *Amnesty International,* lodged collective complaint No 217/2022 against Greece, on the effect of the austerity measures on the accessibility and affordability of health care in Greece, alleging breach of article 11 in conjunction with article E of the Revised European Social Charter.

The complaint was declared admissible by the European Committee of Social Rights (ECSR), by decision dated 12/09/2023.

The Greek Government submitted their observations on the merits of collective complaint No. 217/2022 on the 15th/12/23. Subsequently, the complainant organization submitted their counter observations on the 19th /04/24.

The Greek Government wishes to reiterate their observations on the merits submitted by the aforementioned memorandum and hereby submits further comments on certain specific issues of the complainants' counter observations.

On the overall policy responses to COVID-19

- para24 of the complainants' further observations:

On the emergence of Covid-19, the "AGNODIKI plan" (an action plan under the purview of the Ministry of Migration and Asylum) took effect as a crisis response mechanism. The "AGNODIKI plan" constitutes the National Crisis Management Plan in Refugee Camps and Reception and Identification Centers (RICs) for major internal security issues, including pandemics. Through this project the state managed to establish quarantine areas and increased medical surveillance of refugees and migrants residing in reception facilities.

Concerning COVID-19 vaccinations in refugees and migrants, these were conducted according to the guidelines of the National Committee of Public Health Experts. As regards prioritization for vaccination against COVID-19, it should be noted that the criteria applied to refugees and migrants were the same as for the rest of the population. More specifically, along with health professionals, elderly people were the first who got vaccinated against COVID-19. With age being one of the most important prioritization criteria, and as refugees and migrants residing in reception facilities fell mainly into younger age groups, they got vaccinated later, as was the case for the general population of the same age. Although migrant residents of the age group qualified for vaccination were registered by authorities, there were cases of refusal to receive vaccination, as also reported by the former Minister of Migration and Asylum.

On the access to medical services and health care of vulnerable social groups

Until the publication of the law 4368/2016, Common Ministerial Decision (KYA) 139491/2006 (1747 B')[1] remained in force. This Decision provided for the beneficiaries of free hospital and medical care, including:

a. Uninsured Greek citizens

b. The recognized political refugees

c. Foreigners who have applied for recognition of refugee status and which is being examined by the Ministry of Public Order, as well as

d. Those who have a residence permit for humanitarian reasons or who have been given a deadline that has not yet expired, have the possibility of free medical and hospital care upon immediate presentation of their refugee identity card or alien asylum seeker card or special residence card for humanitarian reasons of a foreigner, respectively, in the services of the National Health System.

e. The foreign victims of the crimes of 323 - 323A (human trafficking), 349 (pimping), 351 (human trafficking) and 351A (sexual act with a minor for financial or other reward, favour or compensation) of the Penal Code (in accordance with PD 233/2003), who are uninsured, are entitled to immediate and free medical and hospital care from the NHS services , for as long as the protection and assistance measures last and by showing only the relevant certificate from the relevant Police Department, directly to the NHS services and which will explicitly state the time of protection and assistance, etc.

Also, according to the data submitted to the Ministry of Health by the Health Regions, the following amounts were spent per year by the country's hospitals for the medical treatment of uninsured persons:

[1] As amended and supplemented by Common Ministerial Decision (KYA) 48985/2014 (1465 B')

Year	Nationals	Foreigners
2020	227.874.056	48.337.965
2021	225.100.950	45.146.635
2022	244.507.208	41.247.096
2023	232.279.870	46.410.093

In addition, in order to strengthen the capacity of the public health system to deal with the care of refugees/migrants, an agreement[2] had been signed between the European Commission, the Ministry of Health and KEELPNO, with the distinctive title "Comprehensive Emergency Health Response to Refugee Crisis". The said program for the support of public hospitals was valid between November 2016 – August 2017.

Finally, with the issuance of Common Ministerial Decision 10666/2024 (KYA) (1485 B') on the subject of "Surgeries and other invasive operations carried out beyond the regular operating hours of the hospitals of the NHS and require a stay in the hospital beyond day hospitalization", the possibility is provided within the framework of the all-day operation of the hospitals of the NHS to perform surgeries or other invasive procedures outside regular hours.

On the access of refugees, migrants and asylum-seekers to health care

- para35 of the complainants' further observations:

To ensure access to medical services of migrants and refugees in reception facilities, PHILOS project was extended several times by the government, until a smooth transition to "Hippocrates" project was achieved. "Hippocrates" project is expected to be launched early July. It will succeed PHILOS, and it foresees increased medical services compared to the previous one. Shortages in medical staff in Closed Controlled Access Centers (CCACs) and reception centers were recorded not due to lack of funding or project gaps, but due to external factors, like the availability of licensed doctors of the required specialties in remote locations. To cover those gaps, the Ministry of Migration and Asylum, in cooperation with other Ministries and the Civil Society, appointed doctors from the Hellenic Army, from local Hospitals, or from NGOs operating in Greece.

[2] HOME/2016/AMIF/AG/0041

- Para37 of the complainants' further observations:

Reception and Identification Service (RIS), in cooperation with European Union Agency for Asylum (EUAA), has deployed teams of case managers in reception facilities. Case managers support the medical and psychosocial units in the identification of vulnerabilities, and they also support the process of referring cases to health providers and protection actors inside or outside the facilities, based on the identified needs. They also reassess cases and follow up on the pending referrals.

- Para38 of the complainants' further observations:

Information services are provided to all new arrivals, regarding their rights, obligations, services and availability of material reception conditions. Info Points have been established in reception facilities where the residents have daily access to request and receive any additional information they require, throughout their stay. In cooperation with EUAA, Communication Information Provision (CIP) staff has been deployed in all reception facilities.

- Para 39 of the complainants' further observations:

"Hippocrates" Project foresees an increased number of medical and psychosocial staff.

- Para40 of the complainants' further observations:

In the framework of "Hippocrates" project midwifes and gynecologists are foreseen for the reception facilities.

- Para 41 of the complainants' further observations:

Since March 2024, procurement procedures for the supply of additional water in Samos have been completed, ensuring adequate water supply for the CCAC in Samos, at least for the rest of the entire current year. Additionally, the utilization of the available borehole has improved, and water pumping has been stabilized with a flow rate of 75-80 m^3 / 24 hours.

CCAC Samos receives on a daily basis approximately 250 m3 of water in order to supply simultaneously the three Regions A, B and C. At the same time, transfers to the mainland are intensified to decongest the facility.

As regards the available washing machines, there have been reports on them being vandalized by the residents, so they are pending repair. Regarding drinking water, 3 liters of bottled water are provided to each resident on a daily basis.

- Para42 of the complainants' further observations:

In order to address the matter of the overpopulation of RICs and CCACs and to reassure the provision of the best services to all applicants, intensive efforts have taken place on behalf of the Reception and Identification Service for the decongestion of the RICs and CCACs and the provision of medical and psychosocial needs with the support of relevant Ministries and Civil Society bodies, whilst on standby for the implementation of the "Hippocrates Project".

- Para43 of the complainants' further observations:

All new arrivals, regardless of their documentation status, go through a rapid screening process from EODY staff.

It also needs to be noted that residents that require treatment in specialties that are not available on the islands, are prioritized and transferred to mainland facilities that are in proximity with relevant health providers.

As regards para 45 of the complainants' further observations please refer to point (35).

- As regards para50 of the complainants' further observations:

The Ministry of Migration and Asylum is now utilizing Diavata and Malakasa as registration facilities to boost access of unregistered TCNs to reception services. An appointment through a dedicated online platform is required, while many Third Country Nationals (TCNs) may be registered on an ad hoc basis, if they appear on a day that other appointments were cancelled because the applicant didn't show up.