**Call for submissions**

***Women’s and girls’ sexual and reproductive health and rights in situations of crisis***

The Working Group on discrimination against women and girls will present a thematic report on women’s and girls’ sexual and reproductive health and rights1 (SRHR) in situations of crisis to the 47th session of the Human Rights Council in June 2021. The report will examine women’s and girls’ SRHR within an overarching framework of reasserting gender equality and countering roll-backs.

The Working Group will take a broad approach to crisis. In doing so, it intends not only to look at humanitarian crises, typically understood as encompassing international and non-international conflicts and occupied territories, natural disasters, man-made disasters, famine and pandemics, but it will also examine long-standing situations of crisis resulting from structural discrimination deeply embedded in histories of patriarchy, colonization, conquest and marginalization (such as in the case, for example, of indigenous women, Roma women and women of African descent), as well as other types of crisis based on the lived experiences of women, such as those induced by environmental factors, including the toxification of the planet, land grabbing, political, social and economic crises, including the impact of austerity measures, refugee and migrant crises, displacement crises, and gang-related violence, among others. The Working Group will examine how existing laws, policies, and practices can contribute to negative reproductive health outcomes for women and girls in situations of crisis and restrictions on their autonomy during their life-cycle, using an intersectional approach.

In order to inform the preparation of this report and in line with its mandate to maintain a constructive dialogue with States and other stakeholders to address discrimination against women and girls, the Working Group would like to seek inputs from all stakeholders. Submissions should be sent **by 31 August 2020** to wgdiscriminationwomen@ohchr.org and will be made public on the Working Group's web page, unless otherwise requested. The Working Group is particularly interested in receiving information about challenges faced in ensuring that women’s and girls’ sexual and reproductive rights are respected, protected and fulfilled in times of crisis, and are adequately prioritized, as well as examples of good practices.

1 SRHR include women’s right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health, as well as entitlements to unhindered access to a whole range of health facilities, goods, services and information on sexual and reproductive health, such as maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer. Women’s right to sexual and reproductive health further encompasses the “underlying determinants” of sexual and reproductive health, including access to safe and potable water, adequate sanitation, adequate food and nutrition, and adequate housing, among others, and effective protection from all forms of violence, torture and discrimination and other human rights violations that have a negative impact on the right to sexual and reproductive health. Moreover, it covers social determinants, notably social inequalities in society, poverty, unequal distribution of power based on gender, ethnic origin, age, disability and other factors, systemic discrimination, and marginalisation, which affect people’s patterns of sexual and reproductive health.

**Questionnaire**

Concept/definition of crisis

# Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of “crisis” has been defined or framed.

The Greek legislation does not provide any specific definition of the “crisis” term, whereas both the Greek Constitution and recent legislative reforms incorporate a broader approach to crises into provisions regarding states of emergency.

The foremost definition of an emergency state is provided by the Greek Constitution’s article 48 (“state of siege”)2. Its application concerns threats over national security and sovereignty, either from external or “internal” enemies of the State. These are the conditions under which the States renders itself able to suspend civil rights and liberties, such as freedom of association, freedom of the Press, and others. In a nutshell, article 48 of the Greek Constitution provides the executive power with a legal last resort when the State’s mere existence is at great risk.

On the contrary, the habitual legal response of the Greek authorities in times of crisis does not derive from the abovementioned. For instance, both the recent economic crisis and the current health crisis are treated through provisions of the Greek Constitution’s article 44 (“situations of great and unpredictable emergency”)3. Its provisions may refer to the confrontation of natural disasters, social and economic disruptions and unexpected events, in a broad approach of emergencies. This article enables the executive power to sign and publish a certain strand of decrees named “Acts of Legislative Content”, which are equally binding as any regular law voted by the Parliament.

Since there is no need for the establishment of an “emergency state” in legal terms, “Acts of Legislative Content” lay at the governments’ discretion, with respect to the political normality of each period. In fact, this way of legislating was repeatedly preferred during the economic crisis, and has been criticised as an undemocratic tool of the government to impose unpopular legislation.

Regarding the policy framework under which situations of crises are treated, it is not earlier than the 2nd of February, 2020, when the Greek law embodied a thorough and holistic approach regarding prevention and management. Under the Law 4662/20204 the National Crisis and Hazard Management Mechanism (Nat-CHAMM) has been founded. Its mission is to “prevent, prepare, confront and reparation against hazards”, and its operational role is that of the coordination of different state agencies’ and bodies’ work. The Nat-CHAMM was partly activated for the first time during the new coronavirus pandemic, with the aim to establish various operational hotspots across Greece in order to assist the State’s efforts regarding tracing incidences of covid-19 affected individuals, as well as its communication strategy against the pandemic’s spread.

# Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.

The concept of the crisis in Greece is extensive and complex, and cannot be put into a single frame or definition. The Greek crisis started in lately 2009 as a Greek government-debt crisis and since then has had a huge impact on the economical and social sphere in the country. Because of the economical crisis and its consequences in the form of the implementation of austerity measures the Greek people

2 Constitution, ar. 48, Hellenic Republic, 2008

3 Constitution, ar. 44, Hellenic Republic, 2008

4 Law 4662/2020, Official Journal of the Government, 2020

experienced a serious social crisis. They had to face sharp drop in their income and living standard, extraordinarily high unemployment which forced many people to emigration, thus exacerbating the country's demographic problem. According to the Hellenic Statistical Authority in 2019 the unemployment annual average rate was 17,3% . It was the highest rate in euro area countries. Poverty increased significantly, especially among children and young people.

When it comes to immigrants, it should be mentioned that the refugee crisis in Greece, that peaked in 2015, put a significant strain on the country’s already fragile economy, exacerbated xenophobic sentiments and likely had lasting impacts on attitudes toward refugees and migrants. The issue of immigrants has divided both society and politicians.

Before the pandemic, the Greek economy was stabilizing and slowly recovering. Unfortunately, due to the COVID-19 pandemic, Greece turned full circle – social and economic reality has changed. The COVID-19 pandemic has been recognized as a crisis by the Greek Ministry of Health, the Greek Ministry of Economics and the Greek Ministry of Internal Affairs. Many years of austerity saw national healthcare expenses cut by three-quarter, almost leading to its collapse. The COVID-19 pandemic poses a great challenge to the weakened Greek health system.

Greece also faces environmental problems - natural disasters such as earthquakes, heat waves, forest fires, as well as detrimental effects of human activity, such as poor air quality, water scarcity, and problematic waste management. Earthquakes are a serious threat to Greece. Many of the cities in Greece are unprepared to confront serious seismic event, because of building’s bad conditions, narrow streets, overcrowded districts. Forest fires are frequent in Greece causing extensive damage to forested ecosystems. In 2018 a total number of fires was 783, with an affected burnt area of 15 463.6 hectares, 8 668.44 of which occurred on wooded forest land. Another problem facing Greece is poor waste management – a problem not only with environmental but also political, legal and social background. The European Court of Justice many times convicted Greece of failing to meet European waste management standards.

Moreover, in Greece there is a wide mistrust between citizens and politician/public services, which is the result e.g. of many years of corruption, overuse and mismanagement of resources, lack of transparency. This mistrust leads often to demonstrations organized by many collectivities, such as labor unions, political parties, anti-authoritarian groups, student groups.

Finally, Greece faces a great demographic problem because of the low birth rate and aging of the population. In 2018, the total fertility rate was 1.3, whereas the total mortality rate – 11,2 . In 2019, 64, 16% of the Greek population was in the 15-64 age group, and 21.94% t were over 65 years of age . The main causes of this phenomenon are: the negative effects of the economic crisis, the immigration of Greeks abroad, changing patterns and lifestyle and the decline of immigrants who live in the country.

In conclusion, the concept of crisis in Greece includes the following:

* + sovereign debt crisis = economic crisis,
	+ refugee crisis,
	+ socio-political crisis
	+ labour crisis,
	+ demographic crisis
	+ epidemiological/health crisis
	+ natural disasters and environmental crisis

# What institutional mechanisms are in place for managing a crisis and how are priorities determined?

Civil protection and crisis management in Greece is organised as a multiple resource system, where national, regional and local authorities collaborate with local and public institutions and services.

The General Secretariat for Civil Protection (GGPP) has a cross-sectoral and all-hazards competency. It issues circulars with guidelines on prevention, preparedness and disaster response. It’s role is to study, plan, organise and coordinate Greece’s policy concerning issues of public awareness, prevention and confrontation of natural or man-made disasters, as well as to coordinate the actions of the public services and the civil protection volunteers.

Each ministry is responsible for elaborating prevention plans and imposing preventive structural measures in the area of its competency.

Other authorities, organisations and institutions include e.g. the fire service, the Hellenic police, the armed forces, health authorities, the decentralised administrations, the regions, and the municipalities.

Challenges and good practices

# Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis, including, for example, measures concerning timely access to the the following types of services and aspects of care:

1. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
2. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;
3. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;

# Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;

According to the UNAIDS database, in 2019 in Greece, 13 000 people were living with HIV aware of their status 5 . During the financial crisis, the Greek Ministry of Health identified the following challenges for 2015:

* to improve the quality of sexual and reproductive health services for women who injected drugs;
* to guarantee required funds and workers needed for the proper functioning of the HIV services, like prevention and awareness programs, early diagnosis, laboratory diagnostics and treatment and support services;
* to draft a new action plan (the previous one ended in 2012) with a proper response to the HIV epidemic;
* to ensure the increase of financial and psychological support for the most vulnerable groups6.

5 UNAIDS, [https://www.unaids.org/en/regionscountries/countries/greece,](https://www.unaids.org/en/regionscountries/countries/greece) accessed 26.08.2020.

The greek HIV surveillance system has many gaps. There are no bio-behavioural surveys among sex workers, migrant populations, people who inject drugs or men who have sex with men. Regarding the sexual health and rights, the Greek authorities do not conduct official HIV prevalence surveys or HIV estimates among sex workers7. At the same time, the Greek government obliges migrant sex workers to undergo an HIV test, which some experts see as a discriminatory practice enhancing prejudices about migrants8.

# Pregnancy-related health services, including pre- and post-natal care, assistance during child- birth, and emergency obstetric care;

In 2014, in the middle of the economic crisis, the number of uninsured citizens in Greece was close to 3 million9. During that time, access to Public Maternity Clinics for uninsured women has become difficult, in some cases even impossible. The lack of insurance imposed all the costs of medical services on women in need. The cost of the antenatal care is 650 euros, the uncomplicated delivery - 650 euros and the caesarean section costs 1 200 euros10. Uninsured women were obliged to cover all the costs during their pregnancy. Women who are asylum applicants in Greece and have obtained a PAAYPA number have access to free medical support11. However, they face many administrative obstacles, like the obligation to prove their financial inability to cover the medical costs of their pregnancy before they are granted free access to medical care12. Some medical institutions have refused to provide a birth certificate or have threatened that they will not hand over the newborn if the fee is not paid13.

Challenges concerning maternity leave are often addressed by the Greek Ombudsman. Delays in the issuing of the supplementary maternity benefits, rejection of the applications to be included in the programme for special maternity protection benefits or discrimination in access to maternity leave due to the position held were all solved by the Greek Ombudsman by submitting proposals to the component ministry or intervening with the relevant actors14.

# The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;

6 *Global AIDS Response Progress Report 2015*[,](https://www.unaids.org/sites/default/files/country/documents/GRC_narrative_report_2015.pdf) [https://www.unaids.org/sites/default/files/country/documents/GRC\_narrative\_report\_2015.pdf,](https://www.unaids.org/sites/default/files/country/documents/GRC_narrative_report_2015.pdf) accessed 26.08.2020, p. 7.

7 *Joint technical mission: HIV in Greece 28–29 May 2012*[,](https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-joint-technical%20mission-HIV-in-Greece.pdf)

[https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-joint-](https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-joint-technical%20mission-HIV-in-Greece.pdf) technical%20mission-HIV-in-Greece.pdf, accessed 26.08.2020, p. 6.

8 *The Sexual and Reproductive Health Rights of Undocumented Migrants. Narrowing the Gap between their*

*Rights and the Reality in the EU*[, http://picum.org/wp-content/uploads/2017/11/Sexual-and-Reproductive-](http://picum.org/wp-content/uploads/2017/11/Sexual-and-Reproductive-Health-Rights_EN.pdf) Health-Rights\_EN.pdf, accessed 26.08.2020, p. 7.

9 Chauvin P. et al., *Access to healthcare for the most vulnerable in a Europe in social crisis*, p. 33.

10 Ibidem, p. 33.

11 *Being pregnant in Greece*[, https://www.refugee.info/greece/women-greece--greece/being-pregnant-in-](https://www.refugee.info/greece/women-greece--greece/being-pregnant-in-greece?language=en) greece?language=en, accessed 24.08.2020.

12 Chauvin P. et al., *Access to healthcare for the most vulnerable in a Europe in social crisis*, p. 33.

13 Ibidem, p. 33.

14 Lykovardi K., *Equal Treatment. Special Report 2019*.

According to the Contraception Atlas, a research initiative which aims to measure access to contraceptive supplies, family planning counselling and online information in Europe, Greece was one of the countries which improved the most since 2018. However, it is still included in the group which performance is rated as „extremely poor”. Some of the reasons for the low rating are lack of information about the cost of contraceptives, insufficient information where to get contraception and no special reimbursement for adolescents and vulnerable groups15. At the same time, the percentage of Greek women in reproductive age (15-49 years) using any method of contraception is 50,816.

Contraception for refugee women remains a subject with a low-response among governments and NGOs. The contraception methods commonly used by women before being displaced like injectable contraceptives and implants are not available for them in Greece. While condoms, pills and intrauterine devices are the most popular methods in Greece, some of them might be unacceptable for refugee women because of the cultural and social attitudes or impractical regarding their constant movement. At the same time, injectable contraceptives being the most common contraception method in countries like Afghanistan is illegal to be imported or sold in Greece17.

# Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;

Abortion in Greece was fully legalised in 1986 when the Greek government voted the 1609/1986 law. Since then, Greek women can perform on-demand abortions in cases when pregnancies have not exceeded twelve weeks. Under special circumstances, an abortion may be performed up to the 19th or 24th week of pregnancy18. In the case of being uninsured, the cost of an abortion is 350 euros19.

According to the data presented during the 7th Panhellenic Conference of Family Planning organised by the Greek Society for Family Planning, Birth Control and Reproductive Health on October 17-18, 2015 in Athens, the economic crisis in Greece resulted in the growth of abortions number. While near 2005 there were 200 000 abortions per year, in 2015 the number has grown to 300 000. The experts estimated that at that time 140 in 1 000 pregnancies end in abortion. This medical treatment usually is provided for women who already are mothers20.

1. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
2. Screenings and treatment for reproductive cancers;

15 *Contraception Atlas 2019*[, https://www.contraceptioninfo.eu/node/72,](https://www.contraceptioninfo.eu/node/72) accessed 25.08.2020.

16 *Contraceptive Use by Method 2019: Data Booklet*[,](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2019_contraceptiveusebymethod_databooklet.pdf) [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2019_contraceptiveusebymethod_databooklet.pdf)

/un\_2019\_contraceptiveusebymethod\_databooklet.pdf, accessed 25.08.2020, p. 20.

17 Holman Z., *Reproductive rights on the move: refugee women in Greece struggle to access contraception*[,](https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/) [https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/,](https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/) accessed 25.08.2020.

18 *ΦΕΚ 86/Α/3-7-1986*[, https://www.e-nomothesia.gr/kat-ygeia/n-1609-](https://www.e-nomothesia.gr/kat-ygeia/n-1609-1989.html?fbclid=IwAR1nHuPl417MkKiRAjxUMANnUabMP8geAHO-81d2kShNRTh_FCzdq1UgpGM)

1989.html?fbclid=IwAR1nHuPl417MkKiRAjxUMANnUabMP8geAHO-81d2kShNRTh\_FCzdq1UgpGM, accessed 24.08.2020.

19 Chauvin P. et al., *Access to healthcare for the most vulnerable in a Europe in social crisis*, p. 33.

20 Tsimitakis M., *Abortions up 50 percent in Greece since start of the crisis*[,](https://www.ekathimerini.com/203320/article/ekathimerini/community/abortions-up-50-percent-in-greece-since-start-of-the-crisis) [https://www.ekathimerini.com/203320/article/ekathimerini/community/abortions-up-50-percent-in-greece-](https://www.ekathimerini.com/203320/article/ekathimerini/community/abortions-up-50-percent-in-greece-since-start-of-the-crisis)

since-start-of-the-crisis, accessed 24.08.2020.

# Menstrual hygiene products, menstrual pain management and menstrual regulation;

In the context of the economic crisis, in July 2015, as part of the austerity measures required by Greece’s European creditors, the Greek government decided to raise the value-added tax (VAT) from 13% to 23% on some items. The change influenced the price of menstrual hygiene products21.

While the economic crisis affected the accessibility of menstrual hygiene products due to the VAT increase, the COVID19 crisis has an extreme impact on migrant women. In some refugee camps, like the one in Moria on the island of Lesbos, the NGOs which specialised in the supply of the menstrual hygiene products before the pandemic, had to change their priorities for COVID 19 essential services. As a result, the distribution of the menstrual hygiene products collapsed and their accessibility does not let women manage their period in a dignified way22.

# Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;

The General Secretariat for Family Policy and Gender Equality (GSFPGE) is a unit of the Ministry of Labour and Social Affairs that is responsible for the supervision and coordination of the national Greek network meant to tackle gender-based violence. According to the document entitled „Actions taken by the General Secretariat for Family Policy and Gender Equality during the COVID 19 pandemic”23 and available on the GSFPGE’s website, there are 42 counselling centres in Greece that provide psychological, social and legal support services, and 20 shelters offering safe accommodation to women who suffered from domestic violence together with their children. Moreover, a 24-hours hotline is operating to provide immediate assistance. Help can be also reached by email address designed for this purpose.

The same document enumerates special measures implemented during the COVID 19 pandemic to ensure the safety of victims of domestic violence. All the counselling centres and shelters were constantly operating. During the lockdown, the GSFPGE in cooperation with the Hellenic Society of Forensic Medicine provided special accommodation including housing and alimentation. Free medical tests were secured by the Hellenic Society of Forensic Medicine, while „The Smile of the Child” organisation offered equivalent service for their children. Additional measures include social campaigns on social media, creation of a video spot with „We Stay at Home but We Don't Stay Silent” message and weekly data collection to measure the influence of the lockdown on the increase of domestic violence rates.

Furthermore, migrant women who constitute one of the most vulnerable social groups could receive information about transportation during the pandemic translated into Farsi and Arabic.

In April 2018, long before the COVID 19 pandemic crisis but in the middle of the still ongoing economic crisis, the Greek parliament ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) (law 4531/2018).

21 Merelli A., *The “tampon tax” in Greece just got a lot steeper*.

22 *At Greek Refugee Camp, Women's Hygiene Products are Scarce*[, https://www.circleofblue.org/2020/world/at-](https://www.circleofblue.org/2020/world/at-greek-refugee-camp-womens-hygiene-products-are-scarce/) greek-refugee-camp-womens-hygiene-products-are-scarce/, accessed 26.08.2020.

23 *Actions taken by the General Secretariat for Family Policy and Gender Equality during the COVID19 pandemic*[,](http://www.isotita.gr/en/actions-taken-by-the-secretariat-general-for-family-policy-and-gender-equality-during-the-covid-19-pandemic/) [http://www.isotita.gr/en/actions-taken-by-the-secretariat-general-for-family-policy-and-gender-](http://www.isotita.gr/en/actions-taken-by-the-secretariat-general-for-family-policy-and-gender-equality-during-the-covid-19-pandemic/) equality-during-the-covid-19-pandemic/, accessed 19.08.2020.

The ratification of the Istanbul Convention meant the inclusion of “intimate partner violence” into the

„domestic violence” term in the Greek legislation and opened a possibility to prosecute perpetrators whose relationship with the victim is not necessarily marital 24 . To monitor the Convention, the GSFPGE is responsible for collecting data regarding domestic violence on an annual basis. Unfortunately, Greece is not able to complete this task and collect reliable and comparable data due to the gaps in the legislation and the recording systems of the Police and the Justice Sector25.

# Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;

The Greek Penal Code does not penalise child marriage, early marriage or forced marriage. The „early marriage” is not recognised as a notion by the national law. At the same time, it is illegal in Greece to get married under the age of 18, unless a court gives its permission under special circumstances26. The early and forced marriage practice is the most common among the Roma community in Greece, which is associated with the cultural context characteristic for this community. Data collected by the University of Ioannina indicates that frequently Roma girls are married off before their 17th birthday27. According to the survey conducted by the Prefectural Local Authority of Larisa city among the local Roma community, eight out of ten girls got married before they were 15 years old28.

On the international level, the Greek state recognises child, early and forced marriage as a violation of human rights by co-sponsoring the United Nations Human Rights Council resolution from July 2015. The Greek government participated also in the United Nations General Assembly resolutions from 2013 and 2014 considering this subject. It also ratified the Convention on the Rights of the Child in 1993 as well as the Convention on the Elimination of All Forms of Discrimination Against Women in 198329.

1. Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;
2. The affordability of SRH services especially for those in situations of vulnerability; and
3. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

24 General Secretariat for Family Policy and Gender Equality, *Gender-based violence*, E-Bulletin, November 2019, p. 1.

25 General Secretariat for Family Policy and Gender Equality, *Gender-based violence*, E-Bulletin, November 2019, p. 4.

26 Froxylia M., *Child Bride practice amongst the Roma Population in Greece: The Greek Response to Child Bride Practice*, p. 50.

27 Ibidem, p. 32.

28 Ibidem, p. 32.

29 Girls not Brides, [https://www.girlsnotbrides.org/child-marriage/greece/,](https://www.girlsnotbrides.org/child-marriage/greece/) accessed 26.08.2020.

Experiences of crisis

# Please list the situations of crisis experienced by your State in the last five years.

Greece has entered the 2020-decade, baring challenges in terms of social cohesion and economic stability, since the past five to ten years. The aftermath of the 2008 global financial crisis has not allowed Greece to completely recover yet, whereas various forms of social and political disruptions occurred at the same time. Particularly in the last five years, Greece has ongoing experiences of crises situations in four different fronts, more or less related to each other, namely:

1. an economic/ financial/ debt crisis
2. a humanitarian crisis
3. a migration/ refugee crisis
4. a health crisis

Concerning the first case, it was not earlier than August 2018 when the Greek state disclaimed its lender institutions’ close supervision regarding its public administration and implemented economic policies. The Greek debt crisis, following the 2008 global recession, led the country to an economic reality similar to that of the 1929 Great Depression. During the following years it seemed imperative that in order to avoid bankruptcy, Greece should benefit from a bailout loan. In total from 2011 to 2015, Greece was benefited from three bailout loan programs, totaling some 269 billion Euros. These loans were heavily criticized mostly due to the accompanying economic reforms that Greece was obliged to make, in order to make use of these loans. These reforms, or measures, included deeply unpopular cuts in public spending (regarding health, education and other public services), as well as reforms in the labor market, oriented to achieve internal devaluation and fiscal consolidation.

Since the adoption of legislation deriving from the bailout programs, the Greek citizens’ income shrank at its 2003 level, cut by 40% from 2008 to 2015. At the same time, the country’s gross product reduced by 25%30, and more than 26%31 of the labor force was unemployed. The development of such a situation, other than making public opinion to see it as a state of permanency, rapidly led to a humanitarian crisis. During the summer of 2015, approximately 20% of the Greek population lived below the poverty line, whereas nearly 4 million people were at the threshold of poverty32.

Amidst the economic crisis, Greece was meant to carry another burden that was in fact a parallel humanitarian crisis, namely the refugee/ migrant crisis. While a notable increase of migration from Africa took place in late 2013, in 2015 occurred a major outbreak of refugee and migrant flows to Europe. People fleeing violence and suffering regarded – and still regard - Greece as an entry point to other European countries. At this point, more than 50,000 refugees are living in Greece, and since the closure of the Balkan Route, and the following unwillingness of other European countries to assist, they can no longer legally move further into Europe. Almost 40,000 of them live in reception centers with a capacity to host 6,000 individuals, apparently under heavily inappropriate conditions33.

30 Greece emerges from Eurozone bailout programme, BBC, 2018 [https://www.bbc.com/news/business-](https://www.bbc.com/news/business-45243088) [45243088](https://www.bbc.com/news/business-45243088)

31 Unemployment rate up to 26.6% in the 1st trimester of 2015 (in Greek), Kathimerini, 2015

[https://www.kathimerini.gr/818997/article/oikonomia/ellhnikh-oikonomia/sto-266-ay3h8hke-to-](https://www.kathimerini.gr/818997/article/oikonomia/ellhnikh-oikonomia/sto-266-ay3h8hke-to-pososto-anergias-to-a-trimhno-toy-2015) [pososto-anergias-to-a-trimhno-toy-2015](https://www.kathimerini.gr/818997/article/oikonomia/ellhnikh-oikonomia/sto-266-ay3h8hke-to-pososto-anergias-to-a-trimhno-toy-2015)

32 BBC: Greece amid a humanitarian crisis – Nine revealing graphics (in Greek), iefimerida, 2015

https:/[/w](http://www.iefimerida.gr/news/218032/bbc-i-ellada-vionei-anthropistiki-krisi-ennea-apokalyptika-grafimata-)w[w.iefimerida.gr/news/218032/bbc-i-ellada-vionei-anthropistiki-krisi-ennea-apokalyptika-grafimata-](http://www.iefimerida.gr/news/218032/bbc-i-ellada-vionei-anthropistiki-krisi-ennea-apokalyptika-grafimata-) eikones

33 International Rescue Committee, Report on Greece, https:/[/w](http://www.rescue.org/country/greece)w[w.rescue.org/country/greece](http://www.rescue.org/country/greece)

Concerning refugees who live in urban areas, it is almost impossible for them to get employed and set their lives or support their families.

The aforementioned have brought in surface a range of the Greek State’s insufficiencies, or even disproportional challenges. Under these conditions, in March 2020 Greece was affected for the first time by the covid-19 pandemic. Whereas the State’s first response to the pandemic spreading across the country was adequate and sufficient, keeping the affections’ curve to a minimum, the global disruption of economic activity affected Greece heavily. The country’s main export product, tourism, has been largely affected by the elimination of transportation globally, hence a great proportion of the Greek GDP is expected to disappear until the end of the year. However, by the end of the summer season, a second phase of virus-spreading seems to be uncontrolled. The pandemic is another ongoing crisis and it is difficult to predict its ending by any means. Insufficiencies in public health, either chronic or inherited by the economic crisis, are probably under the authorities’ consideration, but they also threaten to render the public health system incapable of combating the pandemic.

1. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:

# Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?

According to the statement issue at the end of the mission of the UN Working Group which visited Greece in April 2019, after that the migration crisis has started in 2015, the Greek government together with international organisations like UNHCR, has committed to providing access to universal medical care for everyone, including undocumented migrants and asylum seekers.

However, the UN Working Group has stated that in practice the system is facing many challenges and has numerous gaps that need to be filled. As a result, migrant women and girls continue to be counted among the most vulnerable groups. The UN Working Group highlighted during its visit in the Moria refugee camp the difficulties faced by women in accessing medical care, the poorly managed system of assistance to victims of gender based violence (GBV) and the low interpretation capacity at police stations and hospitals.

1. What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.

# What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?

As stated by the joint UNHCR, UNFPA and WRC report about the risks for women in the European refugee crisis, one of the main obstacles encountered by Greece is lack of the leadership and coordination in the migrant crisis management. At the local level, there is no clear definition of roles or share of the responsibilities34. This functional gap affects directly migrant women who are exposed to the GBV during their travel. There is also a need to establish a well-functioning cross border information exchange system. A system like this could help the authorities to avoid questioning

34 Eapen R. et al., *INITIAL ASSESSMENT REPORT: Protection Risks for Women and Girls in the European Refugee and Migrant Crisis. Greece and the former Yugoslav Republic of Macedonia*, p. 12.

victims of GBV multiple times, which reinforces their trauma. Moreover, Greece is struggling to reassure the appropriate number of translators, especially for the Arabic and Farsi speakers. This obstacle results in the absence of adequate interpretation and limited access to information about the services provided by the government for refugees35.

# What measures were adopted during and after the crisis to ensure women and girls’ access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?

The main priorities of the National Action Plan for Gender Equality (NAPGE) 2016-202036 include:

-protecting women’s rights, with a focus on vulnerable groups such as migrants and refugees

-preventing and combating violence against women

-eliminating gender inequalities in health

As was indicated in NAPGE the essence of the gender dimension in health concerns three subareas: health level, behaviors that aﬀect health and access to health services.

In order to ensure free access to the services of the Greek Public Health System to all members of vulnerable groups, the provisions of Article 33 of Law 4368/2016 was established. Pursuant to this provisions all vulnerable groups such as minors, pregnant women, disabled people, refugees, asylum- seekers and beneficiaries of international protection, as well as those residing in Greece on humanitarian grounds or for exceptional health reasons are beneficiaries of health services.

Moreover, provisions of Article 61 of cited Law established institution of Health Mediators, the aim of which is to help vulnerable groups to remove the obstacles in their access to health services of the Public System.

In relation to women's affairs, Provisions of Article 18 para. 4 of Law 4604/201937 (which was the first law ensuring substantial gender equality and eliminating gender inequalities in both private and public sphere of f life) detail:

“The institution of "Health Mediators (…) is used to facilitate access to public health care structures and services for single parent families, headed by a single mother, for abused women, women victims of illicit trafficking and transnational trafficking in human beings, women refugees and migrants, women belonging to minority groups, adolescent mothers, elderly women, women released from prison, who face severe health problems, homeless women or women living below the poverty line”.

What is important, on the basis of cited law (article 18 paragraph 1) public administration is required to “integrate the gender dimension into the processes of planning, implementation and evaluation of public policies on physical and mental health. Gender mainstreaming in health includes research, design of services and training of the staff working in health structures on the basis of gender”

35 Ibidem, p. 13.

36 [http://www.isotita.gr/wp-content/uploads/2018/02/National-Action-Plan-for-Gender-Equality-2016-](http://www.isotita.gr/wp-content/uploads/2018/02/National-Action-Plan-for-Gender-Equality-2016-2020.pdf) [2020.pdf](http://www.isotita.gr/wp-content/uploads/2018/02/National-Action-Plan-for-Gender-Equality-2016-2020.pdf)

37 The official translation in English: [http://www.isotita.gr/en/law-4604-2019-substantive-gender-equality-](http://www.isotita.gr/en/law-4604-2019-substantive-gender-equality-preventing-combating-gender-based-violence/)

[preventing-combating-gender-based-violence/](http://www.isotita.gr/en/law-4604-2019-substantive-gender-equality-preventing-combating-gender-based-violence/)

In 2018 Greece ratified through the Law 4531/201838 .The Council of Europe “Istanbul Convention”. This is the most far-reaching legal instrument so far, which prevents and combats violence against women and domestic violence.

It should be also mentioned that in Greece, the General Secretariat for Family Policy and Gender Equality set up the Observatory of Gender Equality39 which is a mechanism of great importance for supporting Public Administration and Local Authorities in designing, implementing and evaluating gender equality policies, through detailed gender-segregated data on equality issues.

On 6th May 2020, the Greek government, together with other 57 governments from around the world, issued a statement about protection of Sexual and Reproductive Health and Rights during the COVID- 19 pandemic. The statement recognises that the pandemic affects women and men differently and can result in extending marginalisation and discrimination of women and girls. By writing this document, the Greek government among others acknowledges that reproductive health needs, including psychosocial support services and sexual health services, are essential and should remain a priority40.

# What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?

On 6th May 2020, the Greek government, together with other 57 governments from around the world, issued a statement about protection of Sexual and Reproductive Health and Rights during the COVID- 19 pandemic41. The statement recognises that the pandemic affects women and men differently and can result in extending marginalisation and discrimination of women and girls. By writing this document, the Greek government among others acknowledges that reproductive health needs, including psychosocial support services and sexual health services, are essential and should remain a priority.

# Were women’s rights organizations42 involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

Women's rights organizations were involved in the recovery policy as part of lobby in the Greek parliament.

The General Secretariat for Gender Equality, in order to be able to intervene effectively in the increasing needs of women belonging to vulnerable social groups (migrant women, refugee women, single parent families, Roma women,etc.), in the context of the ongoing economic crisis, specifically established the Department for Social Protection and Combating Multiple Discrimination, that works and liaisons with all relevant stakeholders, including supranational institutions and international

38 <http://www.isotita.gr/wp-content/uploads/2018/04/4531-2018.IstanbulConvention.pdf>

39 <http://paratiritirio.isotita.gr/genqua_portal/index>

40 [http://www.isotita.gr/en/protecting-sexual-and-reproductive-health-and-rights-and-promoting-](http://www.isotita.gr/en/protecting-sexual-and-reproductive-health-and-rights-and-promoting-genderresponsiveness-in-the-covid-19-crisis/) [genderresponsiveness-in-the-covid-19-crisis/](http://www.isotita.gr/en/protecting-sexual-and-reproductive-health-and-rights-and-promoting-genderresponsiveness-in-the-covid-19-crisis/)

41 *Protecting Sexual and Reproductive Health and Rights and Promoting Gender- responsiveness in the*

*COVID-19 crisis*[, http://www.isotita.gr/en/protecting-sexual-and-reproductive-health-and-rights-and-promoting-](http://www.isotita.gr/en/protecting-sexual-and-reproductive-health-and-rights-and-promoting-genderresponsiveness-in-the-covid-19-crisis/) genderresponsiveness-in-the-covid-19-crisis/, accessed 19.08.2020.

42 The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities.

organizations to mainstream gender in the context of national, regional and local social policy planning for vulnerable social groups43.

# Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women’s rights or human rights mechanisms, or other similar bodies as well as civil society organisations.

The Greek government is not the only one engaged in the creation of emergency responses during the time of crisis. Greece hosts many non-governmental organisations (NGO) reaching out to the vulnerable groups and covering the SRHR needs. One of them is Medicines Sans Frontiers (MSF), which is the largest provider of the sexual and reproductive health services to refugees in Greece. MSF also consults the Greek government and lobby about the changes that need to be made to improve women’ and girls’ access to the SRHR services44. Moreover, as the result of the austerity measures imposed by the economic crisis in Greece, some of the NGOs which used to provide free health care services for the undocumented migrants, are contacted now by the general Greek population and are not able to cover all the demand45.

During the COVID 19 pandemic, Greece reached out for help via the EU Civil Protection Mechanism. In response to the request, Czech Republic, France, Denmark, Austria and the Netherlands have answered and offered customised containers with a purpose to be used as shelters and medical care centres for refugees and migrants, who are exposed to the risk of containing coronavirus. The transport costs of the provided assistance to Greece as well as its coordination was covered by the EU46.

# How were the emergency responses funded and to what extent did they rely on foreign aid or assistance, if any? Please also indicate how in your State adequate financing of women’s sexual and reproductive health is ensured more generally on an ongoing basis.

Access to health services has been a major challenge in Greece since the beginning of the crisis. The health care system in Greece is financed by both - public and private resources: SHI (the main sorces for SHI are compulsory contriibutions from employees, employers and pensioners), taxes and userfees.

The Greek health care system has benefited substantially from the EU funds, a great portion of which came from the European Social Fund (ESF).

In 2015, the Ministry of Health adopted the 100 actions plan developed with WHO support which then was transformed into the National Strategy for Healthcare under the Partnership Agreement 2014–2020.

43 [https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/Greece\_2.pdf,](https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/Greece_2.pdf) accessed

31.08.2020.

44 Holman Z., *Reproductive rights on the move: refugee women in Greece struggle to access contraception*[,](https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/) [https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/,](https://www.opendemocracy.net/en/5050/reproductive-rights-refugees-greece/) accessed 25.08.2020.

45 Keygnaert I. et al., *Sexual and reproductive health of migrants: Does the EU care?*, p. 219.

46 *Coronavirus: EU channels further assistance to Greece to protect refugees and migrants*[,](https://ec.europa.eu/echo/news/coronavirus-eu-channels-further-assistance-greece-protect-refugees-and-migrants_en) [https://ec.europa.eu/echo/news/coronavirus-eu-channels-further-assistance-greece-protect-refugees-and-](https://ec.europa.eu/echo/news/coronavirus-eu-channels-further-assistance-greece-protect-refugees-and-migrants_en) migrants\_en, accessed 27.08.2020.

The mentioned strategy can be divided into 3 pillars:

* 1. health care system sustainability ( a transparent, without exclusions health system, with modernized health-care governance, through an effective and efficient public administration)
	2. health care as investment in human capital – securing universal coverage and quality health- care services
	3. eliminating inequalities in health care47.

# What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

Civil society organisations are in need of support and sustainable funding. A solution to their problems would be the possibility to benefit from public funding. Moreover, as was mentioned in statement issue at the end of the mission of the UN Working Group which visited Greece in April 201948 “Strategic collaboration and solidarity among women’s organizations will be essential in energizing the women’s movement for equality”.

# Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis.

It seems that because of government-debt crisis and many years of austerity, Greece has been a positive case study worlwide for its management of the coronavirus crisis.

A report compiled and published in April 2020 by the Bridge Tank organization49 shows that Greece was given first-place, among European countries, in terms of flattening the coronavirus epidemic curve. According to the report, "Greece is the best performing country in Europe (...) Thanks to early and strict containment measures, they have successfully managed to flatten the curve and slow down the spread of the virus (…)”

The number of confirmed virus cases and deaths in Greece, as of August 26, 2020, remains lower than in many other European countries. Greece, with a population of around 11 million, has reported, since the pandemic has begun, 8987 total cases and 243 deaths50. In Belgium, by comparison (country with a population of around 11.5 million), have been reported 82353 total cases and 9878 deaths (one of the world’s highest per capita pandemic mortality rates)51.

Probably, the previous economic crisis has indirectly pushed Greek authorities towards very strict but, as it turned out, necessary decisions. Greek authorities had to react quickly due to the fragility of the country's health care system caused by many years of economic crisis and austerity. Schools were closed on March 10 (before the first fatality) and soon hotels and all public commercial venues: shops, cinemas, theatres, museums were shuttered as well. The lockdown in Greece was imposed much earlier, than in most Western Europe’s countries (on March 23).

47 [https://www.euro.who.int/ data/assets/pdf\_file/0011/394526/Monitoring-Documenting\_Greece\_eng.pdf,](https://www.euro.who.int/__data/assets/pdf_file/0011/394526/Monitoring-Documenting_Greece_eng.pdf)

p. 18-20.

48 [https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24471&LangID=E,](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24471&amp;LangID=E) accessed

31.08.202

49 [www.thebridgetank.org/wp-includes/images/media/Flattening%20the%20Curve%20-](http://www.thebridgetank.org/wp-includes/images/media/Flattening%20the%20Curve%20-%20The%20Bridge%20Tank%20COVID-19%20_%2016042020.pdf)

[%20The%20Bridge%20Tank%20COVID-19%20\_%2016042020.pdf](http://www.thebridgetank.org/wp-includes/images/media/Flattening%20the%20Curve%20-%20The%20Bridge%20Tank%20COVID-19%20_%2016042020.pdf)

50 <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

51 Ibidem.

An important part of the Greek State’s policy in countering the coronavirus pandemic was the great emphasis put in strategies that would promote compliance of the Greek population to the new health care measures, despite the drastric lifestyle changes they entailed. The Greek government launched a dynamic campaign with the message “We stay at Home” in which the logo was publicized throughout mass- and social media, and was spread in public transportation means, stations, public services, stores, and streets. The Hellenic Ministry of Health set up a team of officials for COVID-19 health crisis communications liaison, with Dr. Tsiodras as the head of the team, which delivered daily virus briefings and helped facilitate the lockdown and ensure people remain in their homes.

The combination of the fast and drastic measures with the awareness campaign has had a great impact in keeping down the numbers of new cases.

In conclusion, some of the most important lessons Greek authorities learned during the economic crisis, that were successfully applied as a response to the coronavirus pandemic were:

1. Fast reflexes in the face of emerging issues can prevent the exacerbation of those issues into a serious crisis
2. Simplified governmental processes through the utilization of technologies and the circumventing of bureaucratic obstructions enhance the efficacious implementation of governemental policies
3. A set of actions that promote public acceptance of measures and voluntary compliance of the population should constitute vital part of any governemental strategy aimed against a crisis.

# If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.

The last time an elaborate National Plan of Action for Reproductive and Sexual Health was promulgated in Greece was in 2008, valid for a five-year period (2008-2012), with the following specified priorities:

* Increasing safety and reducing the number of abortions
* Increasing usage and maximizing accessibility to services and means of contraception for the entire Greek population
* Increasing the quality and accessibility of family programming services and maximizing the number of the population that is aware of family issues programming
* Further reducing maternal, perinatal and neonatal mortality
* Reducing the incidence and prevalence of cervical cancer (through the medically approved use of the HPV vaccine in the general population)
* Reducing domestic violence and sexual abuse
* Reducing infection rates of sexually transmitted diseases

In the, currently valid, Hellenic National Strategic Plan for Public Health for the program period 2019-2022 there are no specific provisions for SRHR-related humanitarian aid, while a structured approach to sexual and reproductive health and rights protection is lacking.

# Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women’s and girls’ SRHR and reparations.

There is no available data about challenges encountered by women and girls to access justice and obtain reparations for violations of their SRHR.

The only publicly available data is the number of complaints on gender-based discrimination. The institution which handles this type of complaints is Ombudsman’s Office - a national body with a dedicated department for equal treatment which includes gender equality. In 2019, there were recorder 335 complaints related to gender-based discrimination. It was one of the largest number of admissible complaints in 2019 submitted to the Ombudsman52. Discrimination on grounds of gender accounted for 44%53 of all complaints submitted to the Ombudsman.

On the basis of the National Action Plan For Gender Equality, was established a network of 63 structures for women victims of gender based violence, which includes: the bilingual SOS telephone helpline and the e-mail address which operates 24 hours/day and 365 days/year; 42 Counseling Centers and 20 Shelters all over Greece. The services provided by these structures includes also legal aid in cooperation with local Bar Associations54. In such as places, women are supported in access to legal and other remedies.

Preparedness, recovery and resilience

# Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:

The legislation proposal for the establishment of the National Crisis and Hazard Management Mechanism (Nat-CHAMM) [Ν. 4662/2020]55 was passed on February 7, 2020. Nat-CHAMM is the institutional grid to which the concomitant operational, executive and support structures of a National system of civil protection are assigned to a vertical organization that runs universally through specific statutory principles, and which concerns the whole spectrum of a disaster cycle.

The operational structure of Nat-CHAMM is organized at 4-levels: Prevention, Preparedeness, Confrontation/Management, Short Term Recovery.

# To what crisis does it apply? What situations are excluded?

The National Mechanism is responsible for:

* 1. the prevention, preparedness and protection of:
		+ life, health and property of the citizens
		+ the environment,
		+ the cultural heritage,
		+ the infrastructure, resources, vital services, materials and intangible goods from:

52 <https://www.synigoros.gr/resources/annual_report_2019.pdf>p. 24

53 <https://www.synigoros.gr/resources/docs/ee_im_2019_en.pdf>

54 [https://www.unece.org/fileadmin/DAM/Gender/Beijing\_20/Greece.pdf,](https://www.unece.org/fileadmin/DAM/Gender/Beijing_20/Greece.pdf) p. 10.

55 [https://www.forin.gr/laws/law/3832/n-4662-2020#!/?article=37975,38002,38003](https://www.forin.gr/laws/law/3832/n-4662-2020%23%21/?article=37975%2C38002%2C38003)

natural and technological disasters and other threats of related origin, which cause or may cause emergencies in peacetime

* 1. the addressing, restoring and minimization of the abovementioned hazards’ consequences

Hence, Nat-CHAMM concerns natural and environmental disasters, health-, economy- and sociopolitical-crises in peacetime. However, wartime crises are excluded from Nat-CHAMM.

# Does it contain a definition of crisis? If so, please indicate the definition used.

There is no definition of the word “crisis”. The definitions included in the National Crisis and Hazard Management Mechanism (Nat-CHAMM) are those of the terms: Hazard, Vulnerability, Susceptibility, Resilience, Disaster, Early Warning, Coordination, Prevention, Preparedness, Response, Short-term Relief, Disaster Management Cycle, Response, Evacuation, First Responders, Civil Protection Experts, Emergency, National Hazard Mitigation Policy, Risk

The definitions of the terms closest to the term “crisis” are:

*Hazard:* a potentially catastrophic event, phenomenon or human activity that

may cause loss of life or injury, property damage, social and economic disturbances or environmental degradation

*Vulnerability:* conditions determined by physical, social, economic and environmental factors or processes that increase a society's vulnerability to the effects of risks

*Disaster:* the serious disruption of the functioning of society, which causes extensive human, material and environmental loss, which exceed the ability of the affected society to deal with them with its own means and resources

*Emergency:* the sudden and unpredictable threatening situation that requires immediate action to minimize its adverse effects

# Does it include measures concerning women and girls’ SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparadeness and recovery.

Nat-CHAMM does not include measures concerning women and girls’ SRHR.

1. How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?

N/A

1. Were women’s rights organizations involved in: i) the development of the strategy/plan/policy; ii) assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.

N/A

# Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women’s and girls’ SRHR?

The current National Risk Management Plan was passed on February 7, 2020, however Nat-CHAMM has not been fully activated as of yet, or at least the presence of the National Mechanism at the level of coordination of the bodies involved, such as between the Ministry of Health, EODY and in general

the Health Authorities and Regions is not publicly visible, for instance through the media or relevant Press Releases.

# If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so.

Although a National Plan is foreseen at the legislative level, the corresponding bodies that are part of the National Mechanism are not operating as of August 2020, with an exception of several hotspots across Greece that were enforced to assist the State’s efforts in the tracing of covid-19 affected individuals and the public communication strategy against the spread of the coronavirus. According to the open letter of Mr. Gourbatsis, Lieutenant General of the Hellenic Fire Brigade, to the Greek Prime Minister, Mr. Mitsotakis, no decision has been issued by the competent body of the General Secretariat for Civil Protection (GGPP) to unobstract the legal processes for Nat-CHAMM’s full activation. This delay could possibly be attributed to the emergencies of coronavirus pandemic that had to be dealt immediately by the GGPP.

# Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?

In cases of crises, either humanitarian or of another nature, people who were already in need are rendered even more vulnerable and their number -depending on each case- increases. States and non- state actors may proceed to violations and restrict humanitarian access. Significant intergovernmental mechanisms, such as the Security Council and the Human Rights Council have not always provided timely or proper responses.

According to a Joint Paper by the OHCHR and the UNHRC in 2013 , “the protection of human rights is not systematically or adequately taken into account as a strategic consideration in humanitarian analyses, planning, policy and decision-making fora”. The Paper underlines a notable deficit concerning adequate monitoring and consistent channelling of information to stakeholders. Some of these insufficiencies may be attested to objective challenges regarding on the one hand public advocacy and denunciation of violations, and on the other safe and unhindered access to populations in need.

However, two are the main pillars on which such mechanisms can assist states addressing crises, namely: a. monitoring, analysing, and reporting, and b. sharing information.

In the first case, mechanisms such as the HRC’s Universal Periodic Review, can provide assistance through monitoring and reporting situations of human rights disruptions, deepening to the roots of violations, and being capable of structuring broader humanitarian strategies and responses. Respective information, deriving through thorough proceedings can be used for advocacy, and to substantiate concrete action. In the second case, the same mechanisms are expected to produce and set in action firm information channels with relevant actors, provided that confidentiality is respected. “Risk mitigation measures should be put in place to preserve the safety and security of sources of information, particularly victims, witnesses and local civil society actors.”

The protection of human rights is pivotal to achieve any effective response in crises. The operationalisation of protection in contexts of crises is a matter which needs to be developed even further, based on previous knowledge and present emergencies. Problematic cases and incidences of inadequate response need to be better articulated, and capacity building has to be an ongoing procedure, so that Human Rights Mechanisms can effectively step in human rights violations.