

The national health system in Greece and economic crisis: pathogenies and prospects

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The economic crisis has spread rapidly worldwide along with its effects, which have been significant, especially for the developing countries that had to confront with unprecedented phenomena. One of the most important is the effects on local economies resulting in a large number of unemployed (International Monetary Fund 2009).

Most countries have tried to address the devastating economic crisis by taking measures, different in each case, depending on the prevailing conditions and the arising needs. The main objective of these measures, despite the differences that exist between them, was the effort to rekindle the economy by providing greater liquidity and attracting investment. Countries such as the United States moved to this end, which had the adequate facilities and infrastructure. Europe's response to the economic crisis was also towards the same direction, but focused on liquidity through lending in some countries, as in the case of Greece, which also meant parallel measures to reduce costs, a phenomenon that affected the country's health system.

Worldwide, the health systems were developed and structured in periods where the economic and the social conditions were good. This created an interaction and development of the countries' health indicators since the well-organized health systems meant better care of the population (Manti & Tselepi 2000, Ifantopoulos et al 2009).

Nevertheless, the above cannot be taken for granted. In many cases, countries with flourishing economy and availability of resources for the health systems do not necessarily ensure the rise of the health index of their population. A typical example of this is the United States of America that although its economy is flourishing, the health indicators of the population are not good. This is due to the unhealthy lifestyle and the habits of the population which can mainly be satisfied with money (unhealthy nutrition, drugs, consumption of alcohol etc.).

In contrast, other countries have managed to develop the health indicators of their population without the existence of universal prosperity to the whole population as in the case of Cuba. Of course, there are cases where the social and economic conditions are absolutely identical to the improvement or deterioration of the health indicators with the Third World countries being the typical example of the second condition (Prantsidou 2010).

The deterioration of health indicators is considered to be the result of the economic crisis. But this depends on a number of factors, especially the protective measures taken to prevent such an eventuality. This means that the deterioration of health depends on the risks involved and the care provided, informal or formal (Stuckler et al 2009).

Clearly the economic crisis creates significant social problems such as the rising unemployment, which gradually leads to poverty. Poverty is a factor that can greatly affect the health indicators and health systems. The estimate for the people who are working and yet will fall into poverty due to mass layoffs, shows an upward trend and this is expected to affect the health sector (International Labour Organization 2009).

In order for the health systems to survive and also to provide efficient services, economic, technical and human resources are required. These resources however no longer exist due to cuts caused by the new economic conditions, while at the same time the costs increase (Niakas 2014). This means that the health policies should focus on the reduction of the costs or in additional funding without ruling out a third approach as a combination of the previous two. Of course, it should be noted that the issue of reducing costs in the health sector is not new, as the result of the economic crisis, but has been the subject of debate for decades (Mossialos & Le Grand 1999). Indeed, today the reduction of the resources is more necessary than ever, as the funding that is secured in many countries comes from loans, a process that may in the future cause more problems than it would solve, since it is a non-steady inflow of resources that can stop anytime thus

creating gaps (Mossialos et al 2002).

The lack of liquidity caused by the economic crisis is a fact that creates problems in the financing of health expenditure. Another problem is also created by the terms set by the lenders of funds, of which the reduction in expenditure is the main. The self-financing in the case of the economic crisis is also dysfunctional because unemployment also reduces the contributions to social security and the savings of resources through this area (Appleby 2008).

The more difficult the social and economic conditions become, the more the people, because of the pressures they receive, will have health problems and inevitably resort to the public health services.

The next figures (1 & 2) proves that hypothesis.

Figure 1. Population over 15 years old with or without chronic health problem or chronic disease, 2009 & 2014 (Hellenic Statistical Authority, 2015).

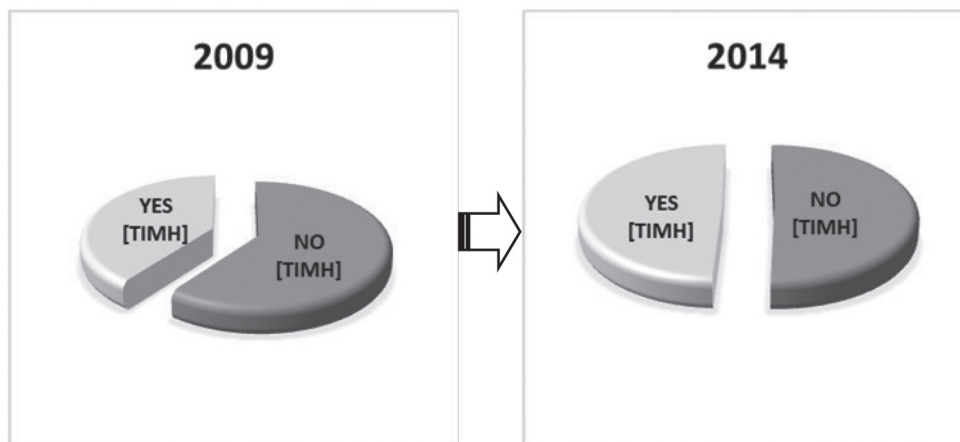
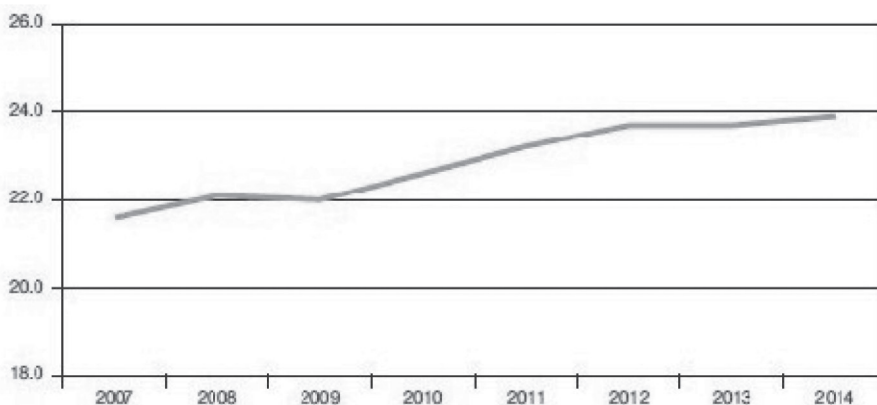


Figure 2. Percent of the population that facing a chronic health problem (Hellenic Statistical Authority, 2015).



This means that in times of economic crisis, the demand for public health is growing as people necessarily turn to it due to the lack of income and the higher costs required by the private sector. The high demand for the public health services also means a burden that due to the parallel cuts, the sector is already unable to meet some of its needs. These conditions lead to the allocation of the resources in areas of health that are considered most important, while others are neglected (World Health Organization 2009).

Already since 2010, it has been estimated that the demand for and use of the health services in Greece will increase. At the same time, social insurance will be burdened because the population has no longer the income that is required by the private sectors services. This means that the pressures for efficiency of the Health System will increase, respectively (Kyriopoulos 2010). According to estimates by the Ministry of Health, a decade or so ago, there was already a 20% increase in the use of services in public hospitals, while a drop of about 15% in the use of private health services, especially in private maternity clinics, dental care and surgeries in private hospitals (Dimoliatis et al 2006).

To achieve the first objective of reducing public health costs, austerity measures have been taken, with the reduction of salaries of all employees in the public sector, including that of health, to be the main measure. Then there were cuts in the budgets of all public health facilities and any kind of recruitment was suspended, even the non-replacement of retirees to reduce the labour costs. These have even further burdened the existing health personnel and devalued many hospitals (Niakas 2013).

In an attempt to save funds, the participation fee for medicines in various categories of chronic patients has been increased by 10%, as well as the payment of one euro per prescription or the payment by 50% for rural population and the payment for hospitalization, which has never been implemented due to public reactions. However, despite these changes, the expenses have not been decreased or revenue increased, although there has been results in the reduction of the public pharmaceutical expenditure due to the introduction of electronic prescription and the change in the pricing method of medicines (Hellenic Statistical Authority 2014). This has also been aided by the introduction and promotion of generic medicines (Niakas 2014).

The reform framework in the healthcare sector, which the Greek government adopted in agreement with the Troika, does not have a clear direction and causes a tendency for greater privatization of the health services and exclusion of the uninsured. The lack of the government-troika orientation is evident by the conception and creation of the National Organization for the Provision of Health Services (EOPYY) which merged by replacing the main funds of the health insurance of the citizens (IKA, OAEE, OPAD, OGA and Utilities-Private Banks). It is significant that despite the creation of the EOPYY that, as a leading agency, could operate on economies of scales and control expenditure, this was probably not achieved because the sickness funds or their branches, still exist thus far and maintain parallel services and administrative structures. Its main disadvantage is that there was no substantial provision for the uninsured, the main victims of the economic crisis, resulting in a large part of the population to be excluded from access to the public health services (Kentikelenis et al 2011).

It must be mentioned that with a recent law (4368/2016), the right to free access to all public health facilities providing nursing and medical care to uninsured and vulnerable social groups was established for the first time. However, sufficient research data demonstrating whether the measure is applicable and what problems facing an already overburdened health care system as the Greek from this development does not yet exist.

In conclusion, the current period is a particularly difficult period for the health system which is facing serious structural and social problems. Obviously, the current economic crisis and the policies of the memoranda did not cause the serious problems that the Greek health system is facing. These problems existed and the economic crisis only exacerbated some of them and the government commitments to our lenders forced us to look the reality in the face and act to resolve them. The main problem to be solved by the health system is to ensure the equal access to all citizens regardless of income and employment status. This is important, especially in the difficult period of the economic crisis.

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