



RESEARCH ARTICLE

Health promotion policies in Greece in times of crisis

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Abstract

Background: Over the past ten years, Greece has been experiencing strict austerity measures, with a significant impact on the health sector. Population's health status as well as the country's health system has been affected, due to severe compromises in the available resources. A number of new policies have been implemented, in order to overcome the underlying condition, focusing mainly on the reinforcement of the health sector, to satisfy the public's best interests.

Methods: Policies implemented in the health sector in Greece have been reviewed. Main focus has been drawn on the broad health coverage of the population and the primary healthcare, based on the values of World Health Organization (WHO).

Results: Health coverage for the broad population has been achieved with the establishment of EOPYY (National Health Service), providing health services in an equal and unrestricted manner. Focus has been placed on the primary health care, by creating a National Primary Care Network (PEDY), coordinated by the Regional Health Service (DIPE), giving patients the option to register with Local Health Units, in order to access primary health services. Finally, the new guidelines implemented are in accordance with the published report of the WHO, assessing the reformed Greek healthcare model.

Conclusions: In times of crisis, healthcare has been reformed through new guidelines, following a "healthcare-for-all" pattern, while focusing on the reinforcement of the primary health sector. Health promotion can be achieved in accordance with the standards of WHO, towards the establishment of a strengthened healthcare model with respect to human values.

Keywords: Financial crisis, health coverage, primary healthcare, World Health Organization (WHO).

Introduction

Over the last decade, Greece has been affected by the financial crisis, similarly to the other OECD countries, with the exception of higher unemployment and lower growth rates [1]. Greek governments were obliged to impose an economic adjustment program over the years, in order to confront the impact of recession to the society, with the technical assistance of the European Commission, the International Monetary Fund and the European Central Bank [2]. As a result, the long-lasting aforementioned economic downturn has seriously impacted all sectors and particularly the health one.

The population's health has been compromised over the years, affecting mainly the vulnerable social groups, with the country's health system having been put under threat. A key component for a longstanding health promotion, according to the WHO, has been the reinforcement of a strong health system in a country [3]. Consequently, the severe reduction in available resources has jeopardised the achievement of the above objectives. Recent analysis of the reaction of Greek households to the economic shock has suggested that there

is a lower probability of expenditure on healthcare, with the introduction of the economic adjustment [4].

A number of new health policies have been developed therefore, in order to address the problems which have risen due to the economic crisis. In 2009, WHO recognized the risks to health promotion due to the difficult economic conditions a country could face and therefore many health policies were implemented after the collaboration of the Greek Ministry of Health and the WHO [5].

We present in this paper the health policies implemented in Greece, in order to secure the population and strengthen the primary healthcare. The deficiencies of the health system will also be addressed, as developed throughout the last

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decade. Finally, the latest WHO assessment of the new health policies implemented will be summarized and the possible recommendations if further actions are needed will be proposed.

Materials and Methods

Data collection was drawn from a systematic review of health policies implemented in Greece in the period under examination. Additionally, WHO's guidelines were thoroughly studied concerning Primary Health Care and Health Promotion policies both globally and locally. Google data base, Google Scholar, PubMed and Medline as well as WHO's archives available online were used as basic sources of investigation. For the purposes of this study, the research keywords were articulated as follows: financial crisis in Greece, health policy, health promotion, primary health care, World Health Organization.

Results

Health coverage of the population

Health coverage of the population in Greece has been achieved mainly through work-related insurance funds, as provided to employees and their families [6]. Between 2009 and 2016, unemployment has affected the population, with the rates exceeding 25% in 2015. During these years, almost 2.5 million people were considered to lack any sort of health coverage [7, 8].

In the years 2013 and 2014, some legislative arrangements were made, in order to address the phenomenon, but they proved to be unsuccessful (Law 4208/2013, Law 4238/2014). More specifically, in 2014, the Law on universal access to health care was introduced, which allowed all Greek people access to primary health care and diagnostic tests [8]. Subsequent legislation has secured the possibility of free access to public hospitals, as well as the right to health care for those who have no health insurance, under the same conditions, and with the insured population contributing with an additive fee [9].

However, due to a number of administrative obstacles that have risen, these measures were weakened in 2016, and new action was needed [8]. Health coverage that year became universal under a new legislation, which guaranteed the right for all Greek citizens, including those who did not have health insurance due to unemployment or inability to pay the required contributions, to have access to health benefits. The same rule applied to immigrants and refugees living in the country [8].

The provision of health services has been standardized with the establishment of EOPYY (National Health Service), in an attempt to enhance equal and unrestricted access to health services [9]. The merger of insurance funds, with a creation of a single national health provider-sector was proposed back in 1968 without, however, successful implementation until 2011, when EOPYY was established [10].

An adverse event of the creation of a joint insurance body has been the reduction of the benefits those insured were previously entitled to. Costly exams previously covered by the

health insurance system, now fall into the exclusion criteria of EOPYY, together with a number of therapies, such as speech therapy, treatment for Mediterranean anemia and bath therapies, as well as multiple childbirth related benefits [10].

Primary Health Care

Based on Alma-Ata's ideals of 1983, the Greek State organized a National Health System, which would guarantee that all citizens would be able to enjoy the benefits of an integrated range of high-quality services, free of charge, based on contracted service points [9]. However, during the period of the economic crisis, the major shortcomings and deficiencies in the public sector have affected mainly the primary healthcare [11].

At the moment, several studies show that health systems that fully embrace the Alma-Ata's principles are associated with better health indicators and lower costs in all medical services [12]. Moreover, in the Astana Declaration (2018) of the WHO, it is re-affirmed that "strengthening Primary Health Care is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals" [13].

Additionally, Primary Health Care could be characterized as the "engine" for the Universal Health Coverage, which is a fundamental element for health promotion, by reflecting the right priorities and constituting a significant milestone in achieving all the relevant targets and it still remains the most cost-effective way to address the health related needs, close to people's homes and communities [14].

In February 2014, the Greek government adopted a new legislation on primary health care, by creating a National Primary Care Network (PEDY), coordinated by the Regional Health Service (DIPE). They have a jurisdiction over all the primary care facilities of the EOPYY (National Health Service), the rural and the few urban health centers. The goal of this is to run these structures on a 24/7 basis. Additionally, this Law provides a referral system by general practitioners. According to the first article of the Law, "primary health care services are provided equally to all citizens of the country regardless of their social, economic and employment status through a decentralized, universal and integrated network" (Law 4238/2014).

In 2017, a reform program for primary health care was also launched to rationalize the services provided and create a second tier of infrastructure to offer outpatient care (Law 4486 / 2017). In addition, the aim is to strengthen prevention and health promotion. The services are planned to be coordinated by regional health authorities, and patients will be required to register with TOMY (Local Health Units) [7]. These units are staffed with multidisciplinary teams including physicians, nurses and social workers, in order to achieve a more integrated form of care and service provision [7]. The first operational unit was located in Evosmos, in the city of Thessaloniki, founded in December 2017, while currently 94

units are considered operational across the country. Each one has the ability to serve about 10,000 people [15].

WHO and the Greek health system in the years of crisis

The economic crisis in Greece and in Europe affected the health policy responses and their systematic evaluation, especially until 2013 [16]. At the same time, the need for addressed health promotion policies in solving general problems is considered to be of vital importance [17].

As a part of the effort to tackle the health crisis, in 18 July 2013, the Greek Ministry of Health and the WHO Regional Office for Europe, signed a Contribution Agreement, in order to provide technical assistance, for the effective and efficient implementation of reforms for the Greek health system [18]. In 2017, the WHO carried out an assessment of the management of emergency needs faced by chronic patients in emergency medical services. This assessment showed that emergency departments face a very large influx of patients, as a result of poor management of chronic cases from the point of the primary healthcare sector [19]. In fact, these departments are required to be able to assess each condition and differentiate the urgent cases from the non-urgent ones [19]. This is part of a broader action and cooperation of the WHO with the Greek Ministry of Health, which began in January 2016, with a view to implement a 5-year reform plan, called “the Greek health care system beyond austerity”. This included one hundred (100) action plans to achieve universal health coverage [20].

In December 2017, this initiative reached a milestone, with the inauguration of three local health units (TOMY) in Thessaloniki, as previously mentioned. These units represent the key elements of the newly established primary healthcare system and will be the primary contact points and the main coordinators for individual care in targeted areas [20]. The second phase of this cooperation focused on the enhancement of health coverage and the priority access to primary care while continuously adapting to the new reforms. The capacity of emergency medical care to accept and handle acute and urgent cases as well as critically ill patients throughout the country has been a top priority [20].

These reforms recognize the ability of primary health care to manage and address effectively the chronically-ill patients, while avoiding the need to use acute health services [19]. Workshops have been held with relevant stakeholders, following standards of good medical practice, while communicating with medical professionals from other countries as well, such as Italy and the Netherlands [21].

WHO: Assessment of health reforms in Greece

In 2019, the WHO published an assessment report of the systemic effects of health reforms in Greece. It is crucial to evaluate the impact of the new health policies, in order to differentiate them when necessary, while broadening our perspectives.

According to the WHO, several issues concerning current health policies in Greece need to be further addressed [22]. There are

still boundaries in terms of access to health care and uninsured citizens can have access only to public providers and not to private providers contracted with EOPYY. As a result, there still remains inequality into access to health providers [22]. Public health remains underdeveloped and, in order to meet health needs, vulnerable population groups had to contribute the overall costs with personal funds and contributions [22]. The new PHC goals should be mainly concentrated into the control and prevention of non-communicable diseases and it is crucial the “Public Health Strategy/ Strategic Plan for 2017-2021” to be finalized and implemented [22]. The WHO suggests, in its closing remarks of the assessment plan, that further actions are needed, regarding the access to healthcare and the quality and safety of the provision of those services. Human resources should be respected and appreciated; the patient’s role, the healthcare governance and the population’s health status should all be considered and valued within the policy making context [22].

Discussion

Greece has been under very difficult economic conditions for more than a decade, resulting in social and especially health compromises. Throughout this time, efforts have been made to address the problems and tackle the issues that led to the effects of the economic crisis. The new health policies that were set up focused on securing health coverage for the broad population and on reforming the Primary Health Care, whereas WHO, in collaboration with the Greek Ministry of Health, played an important role towards the implementation of the health reforms, with both technical and expert assistance. The empowerment of Primary Health Care and the assurance of the universal health coverage, regardless of the economic conditions, are some of the major steps towards this direction and health policies in Greece should thus be headed towards this goal. According to the WHO assessment report on the effects of health reforms in Greece, the essential steps prior to further changes had not managed to mature before the new efforts could be inaugurated [22]. This assertion could justify, in a way, the fact that several issues have not yet been resolved.

According to the WHO, real health benefits can be attained at an affordable cost, if effective strategies are adopted. Health costs can be contained, especially in terms of health economics with regard to disease prevention, but only if they also address social inequalities [18].

Specialists suggest different sustainable policy solutions for the Greek case. Mossialos suggests that health policies in Greece should include measures for public health protection and promotion, the most prudent health expenditure, as well as human resources distribution, the revision of hospital’s map of the country, for better efficiency and quality of health services [23]. Moreover, Chletsos notes that “the financial sustainability of the health system depends on the size and the structure of health spending and health revenues” [24]. Overall, policy makers should always have in mind that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” [25], especially during difficult

economic, social and even global situations, with quality of life and health promotion remaining as the two fundamental elements and strong values of human wellbeing.

Disclosure

The authors have declared no conflicts of interest.

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