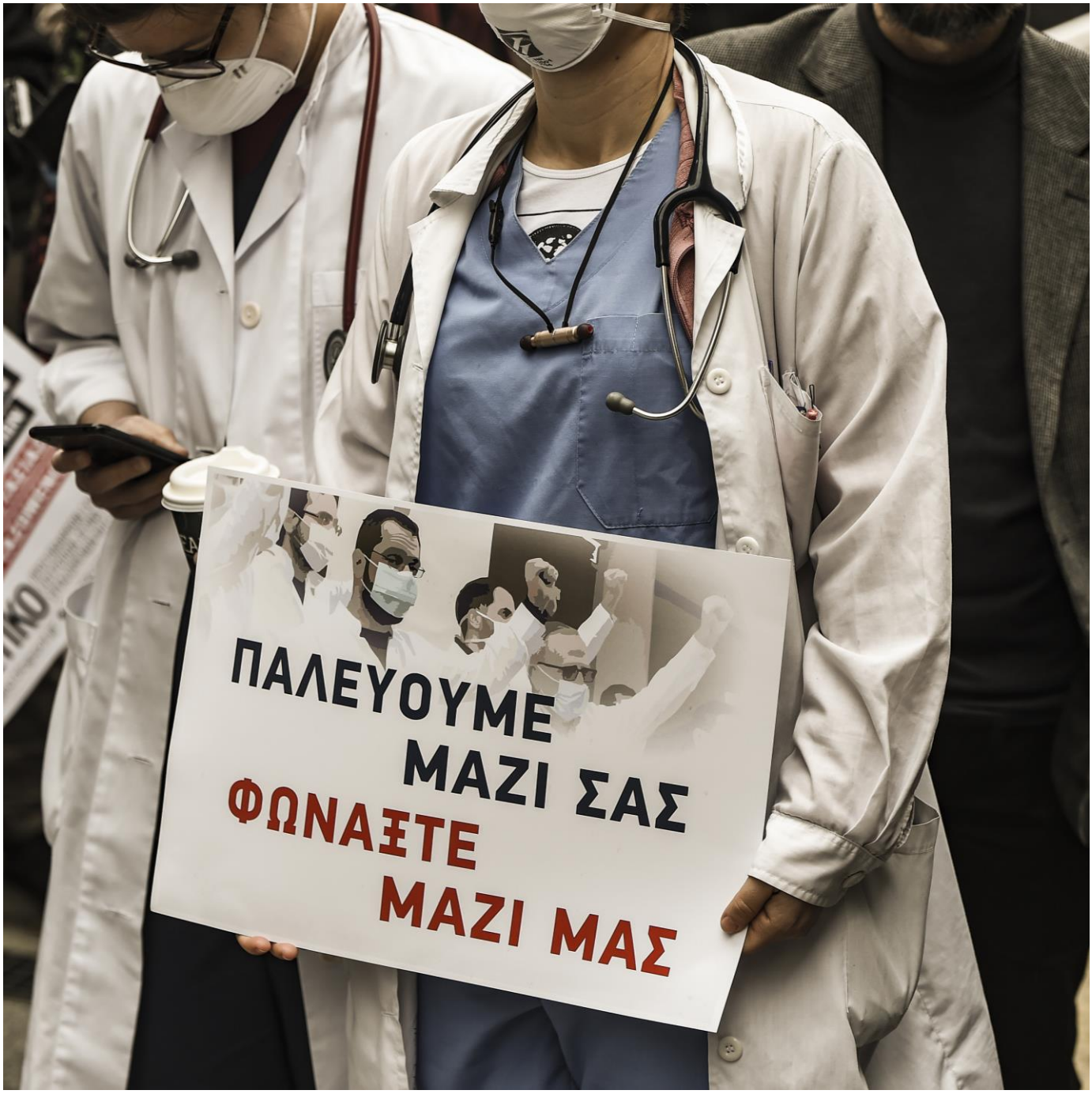



# RESUSCITATION REQUIRED

THE GREEK HEALTH SYSTEM AFTER A DECADE OF AUSTERITY

AMNESTY INTERNATIONAL

**Amnesty International is a global movement of more than 7 million people who campaign for a world where human rights are enjoyed by all.**

**Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.**

**We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and public donations.**

© Amnesty International 2020
Except where otherwise noted, content in this document is licensed under a Creative Commons (attribution, non-commercial, no derivatives, international 4.0) licence.
https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode
For more information please visit the permissions page on our website: www.amnesty.org
Where material is attributed to a copyright owner other than Amnesty International this material is not subject to the Creative Commons licence.
First published in 2020
by Amnesty International Ltd
Peter Benenson House, 1 Easton Street
London WC1X 0DW, UK

**Index: EUR 25/2176/2020**
**Original language: English**

**amnesty.org**

***Cover photo:*** *Medical personnel of Evangelismos Hospital stage a protest in the yard of the hospital, in Athens, Greece, 7 April 2020, during the World Day for Health. Protesters demand more sources spent for the Health System. Countries around the world are taking increased measures to stem the widespread of the coronavirus*
*© Dimitris Lampropoulos/NurPhoto/Getty*

AMNESTY INTERNATIONAL

# CONTENTS


**1. EXECUTIVE SUMMARY** **6**

**2. METHODOLOGY** **13**

**3. BACKGROUND** **16**

3.1 THE ECONOMIC CRISIS 16

3.2 CONTINUING IMPACT OF THE ECONOMIC CRISIS ON PEOPLE'S LIVES 17

3.2.1 POVERTY AND INEQUALITY 17

3.2.2 UNEMPLOYMENT 18

3.2.3 HOMELESSNESS 20

3.3 INTRODUCTION OF AUSTERITY MEASURES 21

3.3.1 MEASURES TO SUPPORT PEOPLE AFFECTED BY THE CRISIS 23

3.3.2 MEASURES TO SUPPORT PEOPLE AFFECTED BY THE COVID-19 PANDEMIC 24

**4. AUSTERITY MEASURES IN THE HEALTH SECTOR** **25**

4.1 REDUCED PUBLIC HEALTH SPENDING 26

4.2 STRUCTURAL CHANGES IN THE ESY 26

4.3 CHANGES TO THE WORKING CONDITIONS OF HEALTH WORKERS 28

4.4 HOW THE AUSTERITY MEASURES WERE IMPLEMENTED 31

**5. IMPACT OF AUSTERITY ON THE RIGHT TO HEALTH** **33**

5.1 EARLY YEARS OF AUSTERITY 33

5.2 ONGOING IMPACT ON PEOPLE'S LIVES 35

5.2.1 REDUCED ACCESSIBILITY OF HEALTH CARE 36

5.2.2 REDUCED AFFORDABILITY OF HEALTH CARE 40

5.3 IMPACT OF AUSTERITY ON PUBLIC HEALTH 47

5.4 FUTURE OF THE PUBLIC HEALTH SYSTEM 48

**6. GREECE'S DEBT AND THE ROLE OF CREDITORS** **50**

6.1 NATURE AND EVOLUTION OF GREECE'S DEBT 50

6.2 THE FINANCIAL ASSISTANCE PROGRAMMES 51

6.2.1 FIRST ECONOMIC ADJUSTMENT PROGRAMME 51
6.2.2 SECOND ECONOMIC ADJUSTMENT PROGRAMME 53
6.2.3 STABILITY SUPPORT PROGRAMME 54
6.3 ROLE OF THE LENDERS 55
6.4 FUTURE OF GREEK DEBT 57
6.4.1 DEBT SUSTAINABILITY ANALYSES: HUMAN RIGHTS OBLIGATIONS NOT CONSIDERED 58
6.4.2 RISKS OF THE PRIMARY SURPLUS REQUIREMENT 59
6.4.3 OTHER POSSIBLE HUMAN RIGHTS RISKS OF GREECE'S DEBT 59
**7. HUMAN RIGHTS LAW AND STANDARDS 61**
7.1 GREECE'S HUMAN RIGHTS OBLIGATIONS 61
7.1.1 THE RIGHT TO HEALTH 61
7.1.2 HUMAN RIGHTS AND AUSTERITY MEASURES 62
7.1.3 GREECE'S OBLIGATIONS AS A BORROWING STATE 63
7.1.4 GREECE'S OBLIGATIONS DURING THE COVID-19 PANDEMIC 63
7.1.5 HUMAN RIGHTS MONITORING BODIES AND THE UPR 64
7.2 CREDITORS' HUMAN RIGHTS OBLIGATIONS 65
**8. CONCLUSIONS AND RECOMMENDATIONS 67**

# GLOSSARY

| | |
|---|---|
| ECB | European Central Bank |
| EFKA | Unified Social Security Body |
| EFSF | European Financial Stability Facility |
| ELSTAT | Hellenic Statistical Authority |
| EOPPY | National Organization for the Provision of Health Services |
| ESY | Greek National Health System |
| ESM | European Stability Mechanism |
| Eurostat | European Statistical Office |
| GLF | Greek Loan Facility |
| GNCHR | Greek National Commission for Human Rights |
| OECD | Organisation for Economic Co-operation and Development |
| Social solidarity clinics | Clinics operating alongside the public health system, often providing free health care and medicines to people with limited access to health care |
| SSI | Social Solidarity Income |
| TOMY | Primary Health Care Units |

# 1. EXECUTIVE SUMMARY

This report analyses the impact of austerity measures, introduced by the Greek government following the economic and financial crisis that started in 2008, on the right to health in Greece. It is based on comprehensive desk-research and interviews with over 210 people – including people using the public health system, health workers, public health experts, and government representatives. Amnesty International found that the austerity measures have eroded the accessibility and affordability of health care in Greece, with many people finding it harder to afford health care and access the public health system when they need to. The retrogressive impact of the austerity measures, combined with how they were developed and implemented, means that Greece is in violation of the right to the enjoyment of the highest attainable standard of physical and mental health. As this report was being finalised in early 2020, the COVID-19 pandemic reached Greece. This report therefore references early publicly available information on how the pandemic has begun to affect Greece's health system, and on the government's early responses, and offers preliminary observations and recommendations for future government action.

## 1.1 THE ECONOMIC CRISIS, INTRODUCTION OF AUSTERITY MEASURES AND THE COVID-19 PANDEMIC

The economic crisis severely affected people in Greece, with huge increases in unemployment and poverty. The impacts of the crisis have been ongoing, and even today, these unemployment and poverty levels remain worse than before the crisis began. For example, in 2009, 27.6% of the population in Greece was at risk of poverty or social exclusion. This reached a high of 36% in 2014, and was at 31.8% in 2018, when about a third of the population remained at this level of risk. Similarly, during the crisis years unemployment in Greece increased dramatically. In 2008, the total unemployment rate – that is, the number of people unemployed as a percentage of the total active population – was 7.8%. This reached a peak of 27.5% in 2013, meaning at least one in every four people able to work in Greece was unemployed. While the situation has since improved, in 2019 the unemployment rate was still at 17.3%, more than twice as high as the pre-crisis rate.

In response to the economic crisis, starting in 2010, the Greek government began to reduce public spending and introduce a series of austerity measures. Public spending fell by 32.4%, including on public sector salaries and pensions, and some taxes were increased, negatively impacting household incomes and compounding financial vulnerability. Public health expenditure in Greece fell by 42.8%, and health spending per capita (that is, per person), fell by 40%. Additional structural reforms were introduced to make the public health system "more efficient", some of which resulted in patients having to bear a greater portion of their health care costs. These measures were introduced when people in Greece were already experiencing high levels of unemployment and financial impoverishment, increasing their risk of ill-health and simultaneously limiting their ability to access health care. Furthermore, as a part of measures to reduce health care expenditure, public health worker salaries were cut. A limit was placed on staff hiring, and for every five people who left or retired, only one was hired. Health workers told Amnesty International that

salary cuts were accompanied by workload increases, due to fewer filled positions. Some health workers also explained how the increased workload and staffing gaps could impact the quality of care people received.

As this report went to press the COVID-19 pandemic was spreading across Greece and the world. The government had adopted measures to delay its spread and had put in place some economic support for Greece's population, including €450 million towards supporting individuals, including a €800 payment for some groups (including freelancers and people whose employment had been suspended during this time). The government had also allocated an additional €200 million to the health system to address the pandemic. While these measures are welcome, they should be assessed to ensure they are adequate at this time and directed to those most in need. Many of the challenges faced by health workers, described above, have been exacerbated in the context of the pandemic. Amnesty International spoke with health workers involved in the COVID-19 response in Greece. They explained the challenges they were facing: difficulties due to low numbers of staff; lack of adequate personal protective equipment for health workers; and lack of adequate medical equipment including ventilators and ICU beds.

## 1.2 INTERNATIONAL HUMAN RIGHTS LAW AND STANDARDS

Greece has ratified a range of international and regional human rights law treaties that require the right to health be respected, protected and fulfilled. It has an obligation to progressively realise the right to health, which requires that health care facilities, goods and services are available in sufficient quantity; accessible to everyone without discrimination, which includes physical accessibility, affordability, and information accessibility; acceptable to all persons, that is, respectful of medical ethics and culturally appropriate; and of good quality. Furthermore, there is a strong presumption that retrogressive measures taken in relation to the right to health are not permissible. Austerity measures usually involve reductions in public spending and structural changes in welfare systems to save costs. These often have the effect of causing a retrogression in the enjoyment of economic, social and cultural rights. Human rights monitoring bodies have developed criteria for how austerity measures should be developed and implemented. These include the requirements that austerity measures should be temporary, legitimate, necessary, reasonable, proportionate, non-discriminatory, protective of the minimum core content of economic, social and cultural rights, and based on transparency and genuine participation of affected groups.

Greece implemented the austerity measures in a manner inconsistent with its human rights obligations. No human rights impact assessments were conducted, the levels of participation and consultation in how the austerity measures were developed and implemented were inadequate, and all alternatives were not exhausted before Greece's implemented retrogressive austerity measures.

This report discusses how the economic crisis and austerity measures in the public health system impacted specific groups in Greece, including people on lower incomes, people who were unemployed, people who were homeless, people with disabilities, refugees and asylum-seekers and people with chronic health conditions. As the COVID-19 pandemic continues to spread in Greece, it will impact the health and livelihoods of many people, and individuals in these groups are at particular risk. Some groups appear to be at greater risk of severe impact if they contract the virus, including older persons and persons with prior health conditions. Others are at greater risk of contracting the virus because of where they live and the preventive measures they have access to. For example, people who are homeless, people in prisons, and people who live in informal settlements and camps. Similarly, people living in poverty may not be able to afford necessary preventive equipment or have access to adequate water and sanitation facilities. Quarantines and lockdowns imposed to reduce the spread of the virus will particularly adversely impact the livelihoods of people with precarious work arrangements and those with little or no social security protections, including people in the informal sector, working in the 'gig' economy, and irregular migrants.

Furthermore, Greece's creditors also have human rights obligations related to their lending to Greece during the economic and financial crisis. EU institutions – including the European Commission - are bound by the EU Charter on Fundamental Rights, which affirms economic and social rights. Additionally, EU institutions should respect the regional and international human rights law obligations of EU member states. As a specialized agency of the United Nations, the IMF is bound by the general aims and principles of the United Nations Charter, including respecting human rights. Furthermore, the IMF is bound by obligations

incumbent upon it under general rules of international law, which includes human rights as listed in the Universal Declaration of Human Rights, that are part of customary international law, or of the general principles of law. And finally, as international organizations that are subjects of international law, the human rights obligations of the ESM and the EFSF stem from customary law and the general principles of international law. All member states of the ESM and EFSF are party to certain human rights treaties, including the ICESCR, and therefore the EFSF and ESM have to ensure that measures proposed or enforced by it respect the human rights obligations binding on its member States.

## 1.3 THE IMPACT OF AUSTERITY MEASURES ON THE RIGHT TO HEALTH IN GREECE

> **"Figuratively speaking, one could say that the excessive austerity in the public health care sector first killed the nurses and doctors before even getting to the patients. Although efforts were made to minimize the impacts on health service delivery to rights holders, it was impossible to undertake such drastic cuts in such a short period without jeopardizing the right to health in all its dimensions, including accessibility, affordability, acceptability and quality."**
>
> UN Independent Expert on the effects of foreign debt, Report on Greece, 2016

Amnesty International conducted interviews in 2018 and 2019 with 75 people using the health system and 55 health workers. The interviews took place over a decade after the crisis started and austerity measures were introduced, and interviewees described the barriers they faced in accessing health care. Many of those Amnesty International interviewed lived in extremely vulnerable situations: they were either unemployed, uninsured, or homeless, and more likely to experience challenges accessing health care.

*Reduced accessibility of health care*

Lengthy waiting times emerged as a key concern about the accessibility of the health system. Many people noted that waiting times to see doctors, specialists, and to have tests done at hospitals had increased during the crisis. Around 90% of those interviewed said that lengthy waiting times were one of the biggest challenges they faced to access health care when they needed it in the public health system. This is consistent with the findings of a WHO report on this issue, which stated "Although there are no official data, anecdotal evidence from health care personnel suggest that waiting times to receive public health services have increased". People reported having to wait many months to see doctors, complete diagnostic tests, and access treatment. For example, P*, a retired woman living with an auto-immune condition, told Amnesty International about the difficulties she faced obtaining appointments for her condition. "I needed a blood test in January and only got a date for March … I'm worried because when I have a problem, I just want to get treatment for it". Similarly, ST*, a 73-year old woman, who was experiencing severe pain in her leg when she spoke with Amnesty International, said that she had to wait a month for an appointment. She said, "There has to be some care from the government, but they don't care". Users of the public health system and health workers told Amnesty International that lengthy waiting times increased the time people spent living with painful and avoidable symptoms, prolonged people's stress and worry about what illness they had, and in some cases, increased the risk of illnesses and health conditions getting worse.

*Reduced affordability of health care*

While public health spending fell as a share of total health spending, private health spending increased. The fact that households are now picking up a greater share of total health spending is linked to other data showing the adverse consequences of this trend, including on the affordability of health care. According to the WHO, catastrophic health spending in Greece (when the amount a household pays out of pocket for health care exceeds a predefined share of its ability to pay) increased steadily from 7 % in 2010 to 10 % in 2016. Furthermore, average self-reported unmet health needs in Greece have almost doubled between 2009 (4.2%) and 2018 (8.3%), reaching a high of 12% in 2016, with a greater impact on people on lower incomes.

> **"Most people come to this clinic because they cannot afford the co-payments … many old people will have to pay €50 out of a €300 benefit [or pension], so it's really not affordable for them."**
>
> Doctor at a social solidarity clinic, Athens, January 2019

The high costs of health care emerged as a theme in almost all the interviews with people using the health system and health workers. Several people noted that even though percentage contributions towards medicines seemed small – between 10% and 25%, co-payments for medicines could add up to high amounts. People who spoke with Amnesty International emphasised the difficulties they faced in accessing health care due to high costs. P*, told Amnesty International: "There is a problem with accessing the health system. If you don't have money, you can't have health care now days". PK*, a 60-year old engineer described similar experiences who works freelance and is not insured told Amnesty International this was because he could not afford to make his social health insurance contribution. "Since the crisis, my business has worsened. I barely make any income, and paying for insurance is impossible," he said. PK* told Amnesty International that he has many health problems, including heart problems, trouble breathing, and a recent stomach ulcer. "I had a very serious problem in my stomach, and it took me a year to get the colonoscopy … In the year I was waiting, I was really worried. Time was passing, it was a really difficult time … If it is not an emergency, you just wait in pain", he said. Similarly, he had a glaucoma, for which he had to wait eight months to get diagnosed. He then got referred to a specialist for treatment and was still waiting when he spoke with Amnesty International. While PK* should be paying a 25% co-payment, he always ends up paying more. For example, one of his medicines for his heart costs €11 as a generic, but he said that his pharmacy does not stock the generic version. Therefore, he has to buy the branded version, which costs around €70. "I'm trying to save money to buy the medicines. If I take all my medicines, it will cost me €60 a month", he said.

## 1.4 THE ROLE OF THE CREDITORS AND THE FUTURE OF GREECE'S DEBT

In 2010, Greece signed the first of three Economic Adjustment Programs (EAP). The first EAP lasted from 2010 to 2011 and was structured as bilateral loan between certain EU countries through a mechanism called the Greek Loan Facility (GLF) and the IMF, to the Greek government. The second economic assistance program ran from 2012 to 2015. The creditors were the IMF and the European Financial Stability Facility (EFSF), a temporary economic crisis resolution mechanism created by the euro area Member States in June 2010. Finally, in 2015, the third financial assistance package was negotiated. This time, the creditor was the European Stability Mechanism, "an international financial institution set up by the euro area Member States to help euro area countries in severe financial distress". All three economic programs included conditionalities, some of which encouraged, or influenced, the austerity measures imposed by the government of Greece that resulted in violations of the right to health in Greece. No impact assessments

were conducted for the first two EAPs. While a social impact assessment was conducted for the stability support programme (the final programme), it was inadequate for several reasons. For example, it had no analysis on how different groups – such as women, persons with disabilities, migrants, older person, etc - were affected by the economic crisis and how the measures of the first and second EAPs may have exacerbated their situation. Several international institutions were involved in the EAPs. These institutions had human rights obligations, and the manner of their participation in these programmes was inconsistent with these obligations.

Furthermore, Greece's total public debt and its debt-to-GDP ratio have both increased over the past decade, and the latter is the highest in the EU. As of June 2019, Greek government debt amounts to €356.5 billion. There are some human rights risks associated with Greece's debt burden as well as the terms of repayment of its debt. For example, the European Commission and IMF both routinely conduct debt sustainability analyses (DSAs) as a part of their monitoring of the Greek economy. DSAs are a tool that are supposed to help assess the ability of a state to service and repay its debt. However, these DSAs do not expressly demonstrate if and how a government's need for spending to deliver on their human rights obligations was considered while determining the sustainability of debt. Similarly, the DSAs did not make clear if and how the potential human rights impact of certain macro-economic assumptions underpinning the DSA were evaluated. Similarly, in 2018, the government of Greece committed to "fully respect[ing] its commitment to ensure that its annual budget achieves a primary surplus of 3.5% of GDP over the medium-term". In order to ensure these high primary surplus balances, the government would need to constrain public expenditure, which necessarily limits the fiscal space available to the government to spend on sectors necessary to ensure the protection of human rights, such as health care.

There have been developments in the context of Greece's debt and meeting the primary surplus requirement since the COVID-19 epidemic. In early March 2020, Greece requested more fiscal space to respond to the growing pandemic. Following a Eurogroup meeting, Greece was given flexibility on meeting the 3.5% primary surplus requirement in the current context. Furthermore, the Eurogroup agreed that any spending on the COVID-19 response would not be reflected in assessments of the country's fiscal performance during this period.

# 1.5 RECOMMENDATIONS

> **"I felt anger [re the cuts] … "As the time passes by, I feel … how can I explain it … I feel not just anger, but disappointment."**
>
> Doctor in an interview with Amnesty International

As the COVID-19 pandemic continues to spread in Greece, there is already concern that austerity measures have undermined health systems' capacities to cope with this threat. In the words of the Committee on Economic, Social and Cultural rights, "Health-care systems and social programmes have been weakened by decades of underinvestment in public health services and other social programmes, accelerated by the global financial crisis of 2007–2008. Consequently, they are ill equipped to respond effectively and expeditiously to cope with the intensity of the current pandemic." Now, more than ever, there is a need to ensure that the public health system in Greece is adequately resourced and able to respond to the looming challenge. Responses to and recovery from this crisis should be based in necessary investments in health care and in social protection measures and cannot be once again based on austerity measures introduced without adequate safeguards and due regard for human rights.

Given the urgent and exceptional circumstances surrounding the response to the COVID-19 pandemic, Amnesty International makes the following recommendations to the Government of Greece (a full list of recommendations can be found at the end of the report):

- Ensure access to health care, free from discrimination, for all persons – including preventive care, testing, treatment, and any future vaccines and cures for COVID-19. Remove all financial barriers to healthcare; inability to pay should never be a barrier to accessing prevention, treatment or care;

- Ensure that health workers have access to adequate and quality personal protective equipment, information, training and psychosocial support;
- Account for the specific needs of particular groups while designing responses to the COVID-19 pandemic, including people who are homeless, people on lower incomes, and older people. No one should be left behind in the response.
- Provide support – including financial, social and fiscal - to people and groups particularly affected, including those working in the informal sector and who have no health insurance or social security. The assistance and benefits provided must be sufficient to guarantee at the minimum, the right to an adequate standard of living, and last for as long as needed in the context of the pandemic.
- Ensure that public spending in key sectors in the COVID-19 context like health care and social security is adjusted based on assessed needs and adequate to effectively respond to the crisis and protect human rights.
- As a part of its efforts to use the maximum available resources for fulfilling the right to health, immediately request assistance from the international community for where it sees gaps or may be unable to guarantee necessary protections.

Furthermore, in light of the findings above, Amnesty International makes the following recommendations (a full list of recommendations can be found at the end of the report):

To the Greek Ministry of Finance:

- Explore alternative options for accessing the maximum available resources in order to fulfil human rights obligations, including for example, through effectively addressing tax evasion and tax fraud
- Ensure that Greece's human rights obligations, and the fiscal space necessary for human rights-related spending, is a key factor in future negotiations on Greece's debt, including while evaluating possible debt relief and changes to the terms of repayment; and that any future commitments around Greece's debt do not undermine the government's ability to fulfil its human rights obligations

To the Greek Ministry of Health:

- Urgently reduce unmet health needs and the high burden of out of pocket health spending, especially amongst people on lower incomes;
- Urgently remove all administrative and other barriers for persons entitled to access the public health system;
- Urgently conduct a human rights impact assessment to assess how austerity measures have impacted the right to health in Greece, particularly the rights of marginalized groups and groups at risk of greater impact. The assessment should contain a gender analysis. Make the results of this assessment public.
- Improve the working conditions of health workers including those that impact the accessibility and quality of healthcare. In particular, restore benefits, reduce the precariousness of health worker contracts, and ensure that adequate numbers of health workers are hired to meet the demand for health services.
- Increase budgetary allocations to the public health system with a view to, at a minimum, ensuring that retrogressive measures introduced during the imposition of austerity are reversed as soon as possible
- Develop a plan to ensure that the public health system is adequately funded in the medium to long term. This should include a detailed assessment of the amount of public health spending necessary to ensure that all persons in Greece can enjoy the right to health, and options to finance increased public health spending;

To the IMF, ESM, and European Commission:

- Ensure that human rights impact assessments of financial assistance programmes are prepared before, during and after their implementation in line with the guidance issued by the Independent Expert on the effects of foreign debt;
- Ensure that the human rights obligations of Greece, as well as the international institutions involved, are considered and central to any future commitments around Greece's debt, including while evaluating possible debt relief and changes to the terms of repayment, and ensure that these future commitments do not undermine the government's ability to fulfil its human rights obligations
- Refrain from stipulations in economic reform programs, loan contracts, debt repayments, and other aspects of fiscal policy programming that may undermine countries' ability to guarantee economic, social and cultural rights; and ensure that countries have the fiscal space necessary to this end.

# 2. METHODOLOGY

## INTERVIEWS WITH HEALTH SYSTEM USERS, HEALTH WORKERS, AND EXPERTS

Amnesty International researchers conducted the following interviews between January 2018 and April 2020:

i) Interviews with 75 people who were seeking or had sought health care through the public health system, which included 38 men and 37 women. Based on consultations with civil society groups and public health experts, Amnesty International chose to focus on groups that would have been disproportionately affected by the economic crisis and austerity measures generally, such as people with lower incomes, and within this group, people with chronic health conditions, people with disabilities, older persons, and people accessing mental health care. At least 42 people interviewed were not employed, not insured (though most had access to the public health system following the legal changes in 2016, only four people interviewed did not because they did not have a social security number at the time), and/or homeless. A majority of interviews were arranged through referrals from social solidarity clinics (that is, health clinics operating alongside the public health system, providing free health care and medicines to people with limited access to health care) and associations and groups representing persons with disabilities. Many people Amnesty International interviewed were able to access some health care through social solidarity clinics, and it is likely that we have not been able to reach individuals who may not be connected with these organizations and receiving even this level of support. Amnesty International also interviewed people with incomes closer to national averages, who had been impacted by the crisis in different ways, such as experiencing a reduction in their incomes during this period. In almost all cases, we have not named the people we spoke with to protect their anonymity. Amnesty International asked questions about the problems people faced accessing health care after the economic crisis and austerity measures and the recommendations they had for the government.

ii) Interviews with 55 health workers who had worked, or were working, in the public health system. The vast majority of health workers interviewed had worked in the public health system during the economic crisis and when austerity measures were introduced. Health workers were asked questions about the impact of austerity measures on their working conditions, access to health care and health.

iii) Interviews with 83 public health experts, representatives of organizations working on the rights of persons with disabilities, human rights activists, non-profit service providers, experts on budget analysis, and academics working on public health issues, for background and context on the impact of austerity measures on the health system in Greece, and to confirm information that emerged from the other qualitative interviews.

We also spoke with representatives of the World Health Organization (WHO) in February 2019; UN Refugee Agency (UNHCR) in September 2019; representatives of the Greek Ombudsman in March 2018; and the President and staff of National Commission for Human Rights in September 2019.

We spoke with health system users, health workers and experts in Athens, Patras, Corinth, Chania, Thessaloniki, and Kefalonia. A vast majority of Greece's population lives in Athens, Patras, Corinth, Chania, and Thessaloniki, and reports from the media and civil society organizations suggested that these cities, and the public health system there, were very adversely impacted during the past decade. Kefalonia was chosen to show that certain concerns similar to those in mainland Greece also existed in many Greek islands.

The circumstances of the health sector in some parts of Greece, particularly certain islands, is also linked to the increase in the numbers of asylum-seekers reaching Greece over the past decade. This report has not focussed on the additional challenges that the economic crisis and austerity measures have created for

access to health care for refugees and asylum seekers in Greece in general. Once an individual has refugee status, they are entitled to access health care in the same way as other residents in Greece. As part of this research, Amnesty International researchers conducted interviews with 12 refugees, asylum-seekers and migrants and their experience of using the public health system is reflected in this report. Amnesty International also interviewed health workers in Athens and Lesvos, as well as non-profit service providers, on the barriers that refugees face in accessing public health care.

As this report was being finalised in early 2020, the COVID-19 pandemic began to spread across countries and also reached Greece. This report therefore references early publicly available information of how the pandemic has started to affect Greece and its health system, the government's early responses, and offers from preliminary observations and recommendations for future government action. However, this situation is constantly evolving and at a rapid pace, and therefore the information and analysis contained in this report, as relevant to COVID-19 and its effects, is only accurate as of early April 2020.

## SURVEYS

As a part of this research, Amnesty International collaborated with GIVMED (a non-profit organization aiming at facilitating access to medicines for all) to develop and distribute a survey to social pharmacies (pharmacies operating alongside the public health system, providing free medicines to people with limited economic resources) about their experience of the situation now, a decade after the crisis. The survey aimed to understand why people continued to use social pharmacies if they technically had access to the public health system, and what challenges social pharmacies faced in their operations. A total of 20 social pharmacies responded to the survey, of which 19 consented to the information they shared being used in this report. None have been named. The pharmacies who responded were of different sizes: some very small (serving between 9 to 15 people a month) and some much larger (serving between 250 to 480 people a month). All pharmacies said they served older persons and people who were unemployed. 19 pharmacies also served people who were uninsured and 16 served people needing mental health care. The responses from the survey have been included in the report.

## LITERATURE REVIEW AND QUANTITATIVE DATA

This report is based on extensive desk research. We examined the changes in public health expenditure in Greece between 2009 and until the latest data available (between 2017 and 2018, depending on the source) to assess the extent of the cuts; and the impact of the cuts on health expenditure relative to other types of spending, including specific areas within health spending that were affected. We also analysed quantitative data on how the economic crisis and austerity impacted households, including unmet health needs,[1] rates of private health spending, and household expenditure on health over this period. Other areas were health-related laws and policies, and consequent changes introduced after the economic crisis in the public health system; and secondary literature, including governmental and non-governmental studies on the impact of the economic crisis and austerity measures on access to health care in Greece.

## GOVERNMENT, EU, AND FINANCIAL INSTITUTIONS

Amnesty International met with representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance in February and September 2019. We met with representatives of the European Commission's Directorate General for Economic and Financial Affairs, Directorate-General for Health and Food Safety, and the Directorate-General for Employment, Social Affairs & Inclusion in October 2019. In December 2019, we sent relevant Greek authorities a summary of the findings of this report, requesting their response. Amnesty International also shared key findings of the report in writing with the European Commission, European Stability Mechanism and International Monetary Fund between January 2020 and February 2020. Where authorities responded, and institutions shared information with Amnesty International, this has been included in our report.

## ACKNOWLEDGMENTS

We are profoundly grateful to the people who shared their stories with us, without whom this report would not be possible.

We are indebted to the following for their assistance with this research: Metropolitan Community Clinic at Helliniko; Thessaloniki Social Solidarity Clinic (K.I.A); Ilion Social Solidarity Clinic; Class Solidarity Clinic and Pharmacy of the Workers' Club of Nea Smyrni; Solidarity Clinic of Patision/Acharnon; Klimaka; Praksis; Médicins du Monde; Médecins Sans Frontières Greece; the Greek Federation of Unions and Associations of

[1] Data on unmet health needs in specific countries is periodically collected by the EU. People are asked whether there was a time in the previous 12 months when they felt they needed medical care or dental care but did not receive it, followed by a question as to why the need for care was unmet. See: https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-46-en.pdf?expires=1578313594&id=id&accname=guest&checksum=52D47A6B6968FC74CF5F39E9C2ED9D49

persons suffering from diabetes (POSSASDIA); , the Friendship Center Athens; and Pelagia/Pwlina Papanikolaou, PhD Criminology, lawyer and disability rights activist. We would like to thank the Sussex Human Rights Law Clinic, in particular, Louise Plumstead and Tamara Castañer Coll, for their research into the financial assistance programmes. We are also grateful to the following for reviewing an early draft of the report: Thanasis Vratimos, Business Developer, GIVMED; Apostolos Veizis, Director of Medical Operations Support, Médecins Sans Frontières Greece; Michalis Nikiforos, Levy Institute; Tim Jones, Head of Policy, Jubilee Debt Campaign; and Christina Laskaridis, SOAS, University of London.

# 3. BACKGROUND

## 3.1 THE ECONOMIC CRISIS

In 2008, Greece experienced a severe economic crisis, the effects of which have lasted over the past decade. There is no one, uniformly accepted reason for the crisis, and multiple causes have been attributed by experts and commentators, including a combination of the impact of the global recession,[2] pre-existing structural problems in the Greek economy,[3] and high government spending and borrowing coupled with low revenue sources,[4] to name a few. This report has not analysed the drivers of the economic crisis in Greece. Irrespective of what caused it, as this chapter demonstrates, the impact of the crisis on Greece's economy and on Greece's population has been evident. Starting in 2008, there was a dramatic decline in economic activity, and real GDP growth dropped. While GDP grew by 3.3% in 2007, it began to fall the following year, and in 2011, real GDP growth declined and was at its lowest, at -9.1%.[5] At the same time, the general government deficit increased, almost doubling from a deficit of 6.7% of GDP in 2007, to a deficit of 13.2% of GDP in 2013.[6] Between 2008 and 2016, Greece's GDP shrank by about a quarter.[7] Greece had always had a higher level of government debt, as compared to European averages. In 2007, for example, this stood at 103.1% of GDP, when the EU (27 countries) average was 57.6% of GDP. During the years of the crisis, this consistently increased as well, and in 2018 it stood at 181.2% of GDP.[8]

In response to the economic crisis, starting in 2010, the Greek government began to reduce public spending and introduce a series of austerity measures. Public spending fell by 32.4%, that is, €41,723 million, between 2009 and 2018.[9] These austerity measures are discussed in more detail below. In 2010, Greece requested international financial assistance from the euro area countries (countries within the EU that have the Euro as their currency) and the IMF. Since then, Greece has received three financial assistance packages, one each in 2010, 2012 and 2015, from the IMF, euro area countries, the European Financial Stability Facility, and the European Stability Mechanism (two specialized institutions that were formed to provide financial assistance to euro area countries). These loans involved detailed conditions (also known as conditionalities), requiring the Greek governments to put in place fiscal consolidation measures and enact specific structural reforms. The report discusses Greece's debt and these conditionalities in more detail later in this report.

As this chapter describes below, the economic crisis severely affected people in Greece, with huge increases in unemployment, poverty, and homelessness. In this context, multiple austerity measures introduced by successive governments were met with enormous protests by people in Greece. An Amnesty International report published in 2012 noted how many anti-austerity demonstrations were peaceful, such as the sit-ins in the main squares of Athens and in Thessaloniki between May and August 2011. On some occasions, a

---

[2] "Explaining Greece's Debt Crisis" *New York Times,* 17 June 2016, https://www.nytimes.com/interactive/2016/business/international/greece-debt-crisis-euro.html
[3] Paul-Adrien Hyppolite, "An investigation of the root causes of the Greek crisis", *VOX CEPR Policy Portal,* 28 May 2017, https://voxeu.org/article/investigation-root-causes-greek-crisis
[4] European Stability Mechanism, "What led to Greece's economic problems?", https://www.esm.europa.eu/content/what-led-greece%E2%80%99s-economic-problems
[5] Eurostat, Real GDP growth rate by volume, https://ec.europa.eu/eurostat/databrowser/view/tec00115/default/table?lang=en
[6] Eurostat, General government deficit/surplus, https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tec00127&plugin=1
[7] Eurostat, Gross domestic product at market prices, https://ec.europa.eu/eurostat/tgm/table.do?tab=table&plugin=1&language=en&pcode=tec00001
[8] Eurostat, General government gross debt - annual data, https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=teina225&plugin=1
[9] Total general government expenditure was €128,469 million euro in 2009 and €86,746 million euro in 2018. See, Eurostat, General government expenditure by function (COFOG), [Last update: 24-02-2020],

minority of protestors clashed with police.[10] In several instances, Amnesty International documented how the police responded by using excessive force against the protestors.[11]

## 3.2 CONTINUING IMPACT OF THE ECONOMIC CRISIS ON PEOPLE'S LIVES

> **"As I see it, the crisis is not getting better, I'll tell you why. When the crisis first came, middle class savings disappeared. Now they have lost savings, they have lost everything. You can see the nakedness. We see this every day."**
>
> Volunteer at Kyada (the reception and solidarity centre of Athens municipality), January 2019[12]

As of 2018, some Greek politicians and creditors noted that the crisis in Greece was over. For example, in June 2018, EU Commissioner Pierre Moscovici said, "The Greek crisis ends here tonight".[13] In August 2018, Greek Prime Minister Alexis Tsipras announced that it was a "a day of redemption, but it is also the start of a new era … The bailouts of recession, austerity and social desertification are finally over".[14] Based on our research, this section challenges the notion that the economic crisis is over, and that things are back to normal in Greece. As this chapter discusses below, over the past decade, the crisis had a severe and adverse impact on people in Greece, with soaring unemployment, growing poverty, and increasing homelessness. Amnesty International spoke with 75 people using the public health system over 2018 and 2019, all of whom explained the enduring impact of the economic crisis on their lives. This chapter discusses the key impacts of the crisis on people's lives – unemployment, poverty, and homelessness – and notes that these levels are worse today than before the crisis began. Furthermore, it describes how these factors have potentially negative consequences for people's health, thus indicating the need for greater support to the public health system in times of economic crises, particularly for marginalized people who are often the worst affected.

### 3.2.1 POVERTY AND INEQUALITY

> **"At home, we have half the income we used to have. By the end of the month, I have nothing left."**
>
> Woman, Athens, January 2019[15]

---

[10] See Amnesty International, "Police Violence in Greece: Not Just 'Isolated Incidents'" EUR 25/005/2012, which found: "A few of the demonstrations had more serious consequences. On 5 May 2010, three bank workers died during a demonstration in Athens against the austerity measures after some rioters threw a petrol bomb at the bank. On 10 February 2012, the largely peaceful demonstration taking place while Parliament voted a second bail-out agreement turned into a riot, which resulted in extensive fire damage to many buildings including banks and shops".

[11] See for example: Amnesty International, Tear gas fired as Greek police clash with Athens protesters, 29 June 2011, https://www.amnesty.org/en/latest/news/2011/06/tear-gas-fired-greek-police-clash-athens-protesters/; Amnesty International, Protesting cleaners 'beaten and bruised' by police in Greece as impunity persists, 13 June 2014, https://www.amnesty.org/en/latest/news/2014/06/protesting-cleaners-beaten-and-bruised-police-greece-impunity-persists/

[12] Interview with a volunteer at Kyada (the reception and solidarity centre of Athens municipality), Athens, 30 Jan 2019.

[13] "Greece crisis over' as Eurozone agrees debt relief plan" *France 24*, 22 June 2018, https://www.france24.com/en/20180622-greece-financial-crisis-over-eurozone-agrees-debt-relief-plan-bailout

[14] "Greece: Alexis Tsipras hails 'new era' after debt crisis," *Deutsche Welle*, 21 August 2018, https://www.dw.com/en/greece-alexis-tsipras-hails-new-era-after-debt-crisis/a-45155445

[15] Interview with a woman using the public health system, Athens, 31 January 2019

The economic crisis had a severe impact on people living in Greece, and statistics indicate how, over the past decade, poverty and inequality have increased in the country. In the context of this report, poverty and a lack of financial resources creates additional burdens and makes it harder for people to access health care when needed, since they are less likely to be able to pay for doctors' visits and treatments.

- In 2009, the poverty rate was 12.9%. It rose to 14.4% in 2016.[16]
- In 2009, 27.6% of the population in Greece was at risk of poverty or social exclusion. This reached a high of 36% in 2014, and was at 31.8% in 2018, meaning about a third of the population remained at this risk.[17] In 2018, this rate was slightly higher for women (32.9%) than for men (30.9%).
- In 2008, the at-risk of poverty rate of unemployed persons was 37.9%, and this increased to 43% in 2018.[18]
- The severe material deprivation rate - an estimate of the proportion of people whose living conditions are severely affected by a lack of resources - increased from 11% in 2010 to 15.9% in 2018.[19]
- Household incomes fell during this period. Gross adjusted household disposable income fell by around 13% between 2009 (USD 24,586) and 2018 (USD 21,385).[20]
- The percentage of households unable to meet an unexpected financial expense increased from 26.6% (2008) to 47.8%. (2019).[21]
- This period also witnessed an increase in inequality.[22]

## 3.2.2 UNEMPLOYMENT

> **"I've been searching for a job for five years. But it's really hard to find a job for me now, I'm 54 years old. I will probably not get a pension when I'm old because I have not contributed enough. I'm worried about being poor when I'm old."**
>
> 54-year-old man, Athens, January 2019[23]

During the years of the crisis, unemployment in Greece increased dramatically. In 2008, the total unemployment rate – that is, the number of people unemployed as a percentage of the total active population – was 7.8%. This reached a peak of 27.5% in 2013, meaning over one in every four people who was able to work in Greece was unemployed. While things have improved since, in 2019 the unemployment rate was at 17.3%, more than twice as high as the pre-crisis rates,[24] and almost three times higher than the

[16] OECD data, Poverty rate, https://data.oecd.org/inequality/poverty-rate.htm#indicator-chart. The poverty rate is the ratio of the number of people (in a given age group) whose income falls below the poverty line.
[17] Eurostat, People at risk of poverty or social exclusion by age and sex, [Last update: 16-04-2020],
[18] Eurostat, At-risk-of-poverty rate by poverty threshold and most frequent activity in the previous year [Last update: 30-03-2020],
[19] The severe material deprivation rate represents the proportion of people who cannot afford at least four of the nine following items: having arrears on mortgage or rent payments, utility bills, hire purchase installments or other loan payments; being able to afford one week's annual holiday away from home; being able to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day; being able to face unexpected financial expenses; being able to buy a telephone (including mobile phone); being able to buy a colour television; being able to buy a washing machine; being able to buy a car; being able to afford heating to keep the house warm. Eurostat - Severe material deprivation rate [Last update: 18-4-2020]
[20] https://data.oecd.org/hha/household-disposable-income.htm
[21] Inability to face unexpected financial expenses - EU-SILC survey [Last update: 18-04-2020]
[22] The Gini coefficient, a common measure of inequality, increased from .328 in 2008, to .342 in 2013, though it has been improving since. The S80/S20 quintile share, another measure of income inequality, also increased from 5.6 in 2009 to 6 in 2016. See OECD data, Income inequality, https://data.oecd.org/inequality/income-inequality.htm
[23] Interview with a man using the public health system, Athens, 30 Jan 2019
[24] Eurostat, Total unemployment rate [Last update: 1-4-2020],

2019 EU-28 average.[25] In 2019, this was much higher for women (21.5%) than men (14%).[26] In terms of actual numbers, 388,000 people were unemployed in Greece in 2008. In 2019, that number stood at 817,000.[27] The long-term unemployment rate has similarly increased during this period: it was at 3.7% in 2008, increased to a high of 19.5% in 2014, and measured at 13.6% in 2018 which is over three times the pre-crisis figure.[28] And the trend with youth unemployment is similar as well: it was 21.9% in 2008, 58.3% in 2013, and has improved to 35.5.% in 2019.[29]

Unemployment can potentially adversely affect individuals' health. It increases people's risk of ill-health, particularly with regard to mental health.[30] The decrease in income as a result of job loss can also make it harder to access health care when necessary, as well as impact access to other determinants of health (like nutritious food and adequate housing) which can further adversely impact an individual's health. Several studies conducted in Greece have noted how mental health has worsened after the economic crisis. A study conducted in 2014 also found that self-reported health and mental health deteriorated as a result of unemployment in Greece between 2008 and 2013.[31] Other studies made specific links between the economic crisis and worsening mental health in Greece,[32] including correlations between the economic crisis and increasing numbers of suicides.[33] Some of the people Amnesty International interviewed said that being unemployed had made them more anxious and worsened their mental health, as in the case of T* below:

**T*'S STORY[34]**

T* is a 51-year-old man with a range of health problems, including a chronic heart condition, anxiety and diabetes. He used to work as a truck driver but has now been unemployed for over a decade, since the crisis began. He is also uninsured and homeless. He told Amnesty International that his anxiety and depression were linked to the fact that he was struggling to find a job. T* receives a benefit of €200 from the government, which is his only source of income. While he accesses the public health system to consult doctors, he is completely reliant on social pharmacies for his regular medicines. He spoke with Amnesty International while living in a shelter run by a civil society group. He explained how he was worried about the future, as he would not be able to stay at the shelter forever and was unable to afford housing. T* told Amnesty International that he really wanted a job and to be employed, but believed that this would be difficult, as employers would not be likely to hire him because of his age.

A study conducted in 2013 compared health trends before and after the financial crisis in Greece with trends in a control population and found "strong evidence of a statistically significant negative effect of the

[25] The EU-28 average is 6.3% in 2019. Eurostat, Total unemployment rate [Last update: 1-4-2020],
[26] Eurostat, Unemployment by sex and age - annual average [Last update: 01-04-2020],
[27] Eurostat, Unemployment by sex and age - annual average [Last update: 01-04-2020],
[28] The long-term unemployment rate expresses the number of long-term unemployed aged 15-74 as a percentage of the active population of the same age. Long-term unemployed (12 months and more) comprise persons aged at least 15, who are not living in collective households, who will be without work during the next two weeks, who would be available to start work within the next two weeks and who are seeking work (have actively sought employment at some time during the previous four weeks or are not seeking a job because they have already found a job to start later). Eurostat, Long-term unemployment rate by sex [Last update: 28-02-2020],
[29] This is the unemployment rate for the active labour force under 25 years of age. Eurostat, Unemployment by sex and age - annual average [Last update: 01-04-2020],
[30] B. J. Gray, "Employment Status and Impact on mental well-being in the UK working age population: a cross-sectional analysis", *Lancet,* November 2019, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32841-7/fulltext; V. Bartenlink et al, "Unemployment among young people and mental health: a systematic review", *Scandinavian Journal of Public Health*, 10 July 2019, https://journals.sagepub.com/doi/abs/10.1177/1403494819852847; Chang SS et al, "Impact of 2008 of global economic crisis on suicide: time trend study in 54 countries", *British Medical Journal* 2013, https://www.ncbi.nlm.nih.gov/pubmed/24046155
[31] Nick Drydakis, "The Effect of Unemployment on Self-Reported Health and Mental Health in Greece from 2008 to 2013: A Longitudinal Study Before and During the Financial Crisis", *IZA Discussion Papers*, No. 8742, Institute for the Study of Labor (IZA), Bonn, https://www.econstor.eu/bitstream/10419/107534/1/dp8742.pdf Self-reported health is an indicator based on a person's own assessment of how healthy they are.
[32] M Economou et al, "Major depression in the Era of economic crisis: A replication of a cross-sectional study across Greece" *Journal of Affective Disorders*, 145 (3), 2013.
[33] M Economou et al, "Suicidal ideation and reported suicide attempts in Greece during the economic crisis" *World Psychiatry,* 12(1), 2013, https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20016; M Madianos et al, "Suicide, unemployment and other socioeconomic factors: evidence from the economic crisis in Greece", European Journal of Psychiatry, 28 (1), 2014, http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-61632014000100004
[34] Interview with T*, Athens, 1 Feb 2019

financial crisis on health trends", meaning more people reported poor health due to the financial crisis in Greece.[35]

## 3.2.3 HOMELESSNESS

Greece has only started systematically collecting statistics on homelessness recently (there was a pilot in some cities in 2018),[36] and therefore it is difficult to use quantitative data to analyse the changes in the levels of homelessness in Greece during the crisis. However, civil society groups and the media have regularly reported on the increase in homelessness in Greece over the past decade. A research note prepared for the European Commission noted that homelessness rose by 20-25% in the early years of the crisis.[37] A 2016 survey of people who were homeless in Athens found that 71% of them started to live on the streets in the previous five years, which coincided with the crisis.[38] And a survey of shelters in Greece found a 58% increase in demand for housing assistance since 2010, with 40% of applicants' needs remaining unmet.[39] Available data also confirms that growing burden of the cost of housing in Greece. The housing cost overburden rate - which measures the proportion of the population whose housing costs exceeded 40 % of their equivalised disposable income[40] - increased from 18.1% in 2010 to 39.5% in 2018.[41] In May 2018, the Ministry of Labour, Social Insurance and Social Solidarity (now Ministry of Labour and Social Affairs) conducted a pilot study of people who were homeless in seven provinces in Greece. It documented the cases of 3290 persons, and two of the main cited reasons for homelessness were financial grounds and unemployment.[42]

The stability and quality of housing is closely linked to an individual's health. Inadequate housing conditions can cause or contribute to preventable diseases and injuries.[43] A Lancet study outlined how people who are homeless tend to have worse health status for several reasons.[44] For one thing, they are often exposed to factors that increase the risk of ill-health, including harsh living environments, exposure to communicable diseases, and poor nutrition. Homelessness can also have an impact on the ability of people to pay for health care and adhere to medication and treatment. Furthermore, the risk of eviction and homelessness can lead to stress, anxiety, and other mental health conditions. While there have been few systematic studies on the links between homelessness, inadequate housing and health care in Greece,[45] media reports have raised concerns that point to broader risks.[46] In the course of this research, Amnesty International spoke to people who were homeless and were living in temporary shelters. Many described the difficulties they faced accessing health care, and the additional concerns their homelessness raised.

---

[35] S Vandoros et al, "Have health trends worsened in Greece as a result of the financial crisis? A quasi-experimental approach", *European Journal of Public Health*, 25 (5), 2013, https://academic.oup.com/eurpub/article/23/5/727/448779

[36] FEANTSA, Homelessness in Greece, 2017, https://www.feantsa.org/download/greece-2017292867307432823831 7.pdf

[37] "Homelessness during the crisis", Research note 8/2011, (This Research note was financed by and prepared for the use of the European Commission, Directorate- General for Employment, Social Affairs and Inclusion).

[38] P Chrysopoulos, "Most of the Athens Homeless are Greeks, Victims of Economic Crisis", *Greek Reporter,* 31 May 2016, https://greece.greekreporter.com/2016/05/31/most-of-the-athens-homeless-are-greeks-victims-of-economic-crisis/

[39] V Arapoglou and K Gounis, "Poverty and Homelessness in Athens: Governance and the Rise of an Emergency Model of Social Crisis Management", *Hellenic Observatory Papers on Greece and Southeast Europe*, March 2015, http://www.lse.ac.uk/europeanInstitute/research/hellenicObservatory/CMS%20pdf/Publications/GreeSE/GreeSE_No90.pdf

[40] Equivalised disposable income is defined as follows: "The equivalised disposable income is the total income of a household, after tax and other deductions, that is available for spending or saving, divided by the number of household members converted into equalised adults; household members are equalised or made equivalent by weighting each according to their age, using the so-called modified OECD equivalence scale". See Eurostat, Glossary, https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Equivalised_disposable_income

[41] Eurostat, Housing cost overburden rate, [Last Update: 30-3-2020], https://ec.europa.eu/eurostat/databrowser/view/tespm140/default/table?lang=en

[42] Initial results of pilot documentation of homeless people living in the streets and support shelters, available at: lhttps://government.gov.gr/wp-content/uploads/2018/07/%CE%91%CE%A1%CE%A7%CE%99%CE%9A%CE%91-%CE%91%CE%A0%CE%9F%CE%A4%CE%95%CE%9B%CE%95%CE%A3%CE%9C%CE%91%CE%A4%CE%91-%CE%9C%CE%AC%CE%B7%CF%82-2018-2-1.pdf

[43] WHO, Housing and Health, http://www.euro.who.int/en/health-topics/environment-and-health/Housing-and-health

[44] S Fazel et all, "The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations" *Lancet,* 384, 2014 http://www.publichealthnetwork.cymru/files/8814/4613/2705/The_health_of_homeless_people_in_high-income_countries_LANCET_2014.pdf

[45] P Chondraki et al, "Homeless mentally ill in Athens area: A cross-sectional study on unmet needs and help-seeking", *International Journal of Social Psychiatry*, 2013, https://journals.sagepub.com/doi/abs/10.1177/0020764013503150

[46] M Lowen, "Meeting the 'new homeless' on Greece's freezing streets" *BBC News,* 4 February 2012, https://www.bbc.co.uk/news/world-europe-16878756

# 3.3 INTRODUCTION OF AUSTERITY MEASURES

> **"The groups who have paid for this crisis are people with low incomes and workers. They have paid with their tax, with their social benefits, and with their health."**
>
> Nurse, Patras, February 2019[47]

**WHY AUSTERITY IS A HUMAN RIGHTS ISSUE**

Greece has ratified a range of international and regional human rights law treaties that require it to respect, protect and fulfil the right to health, amongst other human rights. It has an immediate obligation to take deliberate, concrete and targeted steps towards the full realization of the right to health. The government is required to use the maximum of its available resources to fulfil the right to health for all. There is a strong presumption, under human rights law, against any deliberately retrogressive measures. Austerity measures usually involve reductions in public spending and structural changes in welfare systems to save costs. These can have the effect of causing a retrogression (that is, a worsening or backslide) in the enjoyment of economic, social and cultural rights. Given the human rights risks associated with austerity measures, human rights monitoring bodies have developed guidelines for designing and implementing these measures in line with states' economic, social and cultural rights obligations.[48] These criteria include demonstrating the existence of a compelling state interest; the necessity, reasonableness, temporariness and proportionality of the austerity measures; and the exhaustion of alternative and less restrictive measures. Such measures must also be non-discriminatory and protect the minimum core content of economic and social rights. Governments must ensure genuine participation of affected groups and individuals in decision-making processes. The standards guiding the development and implementation of austerity measures are discussed in more detail later in this report.

As austerity measures were being introduced in Greece, there was a drastic reduction in total public spending by the government, across sectors. Prior to 2009, public expenditure had been rising. For example, it increased by 83% between 2001 and 2009.[49] In sharp contrast to this, public spending fell by 32.4% between 2009 and 2018.[50] The spending reduction affected several key sectors of the economy,[51] including defence, public order and safety, and spending on sectors that would impact the fulfilment of human rights, such as health, education, and social protection.[52] The general cuts in public spending were accompanied by structural changes in several government sectors which were designed to limit government expenditure and raise government revenue. This section discusses three of these below: pension reform, reduction in public sector jobs and salaries, increased taxation, noting how these measures negatively impacted household incomes at a time of economic crisis, contributing to the financial vulnerability discussed in the section above. The specific austerity measures in the health sector are discussed in more detail in the following chapter.

### PENSION REFORM

One of the aims of the austerity measures was to reform the existing pension system in Greece. Pension reform was a key component of the memoranda of understanding between Greece's creditors and the

[47] Interview with nurse, 2 February 2019, Patras

[48] UN Human Rights Council, Report of the Independent Expert on the question of human rights and extreme poverty, A/HRC/17/34, 17 March 2011. CESCR Letter, 16 May 2012; See also CESCR, Public debt, austerity measures and the International Covenant on Economic, Social and Cultural rights, UN Doc. E/C.12/2016/1, 22 July 2016, which developed these standards further.

[49] Total spending was €69988 million in 2001, and €128,469 million in 2009. See, Eurostat, General government expenditure by function (COFOG), [Last updated: 24-02-2020]

[50] Total general government expenditure was €128,469 million euro in 2009 and €86,746 million euro in 2018. See, Eurostat, General government expenditure by function (COFOG), [Last updated: 24-02-2020]

[51] For more details on all sectors, see Eurostat, General government expenditure by function (COFOG), [Last updated: 24-02-2020]

[52] Amnesty International requested more information from the Ministry of Labour and Social Affairs on the reductions in expenditure on social protection, including disaggregated budget data. According to the Ministry's response, the budget allocated between 2011 and 2019 to the General Secretariat of Social Solidarity for the areas of its competence was as follows: 2011: 830,022,000,00; 2012: 828,583,000,00; 2013: 677,443,413,00; 2014: 879,062,000,00; 2015: 789,698,000,00; 2016: 883,037,700,00; 2017: 1,525,726,183,00; 2018: 1,525,726,183,00; and 2019: 3,224,162,000,00. Written Response of G.A. Stamatis, General Secretary of Social Solidarity of the Greek Ministry of Labour and Social Affairs to Amnesty International, 23-10-2019 [on file with Amnesty International].

government [the MoUs are discussed in more detail later in this report].[53] Reforms were initiated in 2010 and have included: increasing the legal age of retirement, increasing the minimum contributory period, changing how pensions will be calculated, and unifying existing pensions funds into one body (EFKA).[54] While the full effect of many of these reforms will likely be felt by future pensioners, the government also introduced freezes and cuts to pensions at different times over the past decade, which affected current pensioners.[55] According to reports, these amounted to cuts of between 14% and 40%, with people on higher pensions facing greater reductions.[56]

In a series of rulings in the past five years, the Greek Court of Auditors (one of Greece's three Supreme Courts) [57] and the Council of State (Greece's Supreme Administrative Court) found several pension cuts unconstitutional – including the cuts introduced in the pensions of judges and doctors working in the national health system by Law 4093/2012, the main and supplementary pension cuts introduced by Laws 4051/2012 and 4093/2012, and those introduced by several provisions of Law 4387/2016.[58] The rulings found them unconstitutional for the following reasons amongst others: the lack of a prior special study on the impact of the cuts upon the pensioners' standard of living;[59] that the cuts were based on a purely numerical criterion[60] and did not examine the consequences, i.e., whether there is a sufficient remaining income to cover the costs for a dignified standard of living;[61] and the fact that the public interest upon which the cuts were based was not so great as the one justifying the initial measures introduced by previous legislation at the beginning of the crisis.[62]

## PUBLIC SECTOR JOBS AND SALARIES

Part of the austerity measures involved steps to reduce government expenditure on wages for public sector workers. In 2010, legislation was passed to reduce public sector salaries and limit number by ensuring that of every 5 people who left or retired, only one person was hired. Other measures were introduced in subsequent years, including suspending local government recruitments for some years,[63] reducing recruitments for fixed-term and project contracts in the public sector,[64] and increasing the working week from 37.5 hours to 40 hours.[65] As a result of these measures, the overall government expenditure on wages

---

[53] See for example, D G Economic and Financial Affairs, *The economic adjustment programme for Greece*, May 2010, at page 8, https://op.europa.eu/en/publication-detail/-/publication/64c89a77-ddc4-46f4-9bb0-18d7e80f6f0c/language-en, which noted that "unreformed health and pension systems posed a threat to the long-term sustainability of public finances".

[54] See among others: Law 4051/2012 introducing retirement adjustments and other emergency regulations in application of Memorandum of Understanding, summary available in english: https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=99834; Law 4093/2012 approving the medium-term fiscal strategy 2012-2016 and introducing emergency measures implementing Law 4046/2012 and the medium-term fiscal strategy 2013-2016, summary in english: https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=99876; Law 4387/2016 on the Unified system of social security – Reform of social security/pension system and other provisions available at: http://www.tsay.gr/Documents2/Neos%20nomos%20EFKA.pdf; European Commission, The New Greek System Pension reform, ESPN Flash Report 2016/63

[55] Law 4051/2012 introduced cuts to the main pensions of Public entities pensioners in case they exceeded €1,300; Law 4093/2012 introduced general cuts to monthly pensions and multiple monthly pensions of public servants exceeding €1,000; and Law 4387/2016 decreased the upper ceiling of main and multiple pensions and froze pensions at current levels until their value becomes equal to the value of the respective new pensions.

[56] See Platon Tinios, Employment and Social Development in Greece, Directorate General for Internal Policies, 2015, p. 17, https://www.europarl.europa.eu/RegData/etudes/STUD/2015/563468/IPOL_STU(2015)563468_EN.pdf; https://www.economist.com/free-exchange/2015/06/18/why-they-are-a-flashpoint;

[57] The Court of Auditors is an administrative body but also one of Greece's Supreme Courts with special jurisdiction. It has a consultative competence; audit competence as it audits among others State and local authorities' expenditure; and competence as a court to hear among others appeals against Decisions by the Minister of Finance in matters of its competence and litigation on acts bestowing pensions. See Law 4129/2013: http://www.dsanet.gr/Epikairothta/Nomothesia/n4129.htm.

[58] See among others, Council of State Plenary Judgment 2192/2014 'on the unconstitutionality of the cuts on the income and pensions of armed forces and law enforcement officials': http://www.dsanet.gr/Epikairothta/Nomologia/steol%202192.htm; Court of Auditors Plenary Judgment 7412/2015 on cuts on the pensions of doctors working in the national health system: http://www.dsanet.gr/Epikairothta/Nomologia/elsol7412_15.htm; Council of State Plenary Judgment 2288/2015 on 'issues of constitutionality and compatibility with the European Convention on Human Rights of Articles 3 para. 10 of Law 3845/2010, 38 of Law 3863/2012, para IA.5.1 and IA.6.3 of Law 4093/2012, available at: https://www.taxheaven.gr/circulars/21151; and Council of State Plenary Judgments 1880/2019 and 1888/2019 on 'integration of public servants in the Unified Social Security Fund (EFKA) and contributions of the self-employed. In relation to the unconstitutionality of the cuts of supplementary pensions, in its 2019 ruling the Council of State found unconstitutional the method of calculating the supplementary pensions due to lack of an actuarial study that establishes sufficiently the viability of a Unified Fund of Supplementary Insurance: http://www.sate.gr/data_source/2019%CE%A3%CF%84%CE%95-34254.pdf

[59] Council of State Plenary Judgment 2288/2015

[60] Council of State Plenary Judgment 2192/2014. In this case (concerning cuts in the income and pensions of law enforcement officials and members of the armed forces), the Council of State Plenary concluded that ' when introducing the contested measures, the legislator did not take into account the principle of the special pay treatment of the specific employees and the obviously inexpedient numerical criterion according to which all special wages are treated as a unified economic measure that needs to be reduced by 10% as well as the fact that this reduction due its cumulative effects…..exceeds the maximum limits set by the Constitution'. See: Extract from commentary by Lawyer Stella Christoforidou, available at: https://www.constitutionalism.gr/ste-2192-2014-perikopes-enstolon/

[61] Court of Auditors Plenary Judgment 7412/2015

[62] Court of Auditors Plenary Judgment 7412/2015

[63] Law 4052/2012

[64] Law 3899/2010

[65] Law 3979/2011

fell by around 31%, from €31.013 billion in 2009 to €21.447 billion in 2015.[66] These measures resulted in a reduction in available jobs during the crisis. There was an 18% reduction in the number of permanent public servants between 2009 (692,907) and 2015 (566,913) – a loss of 125,994 posts - and estimates suggest that the total staffing levels fell by 24% in the public sector.[67] Furthermore, the average public-sector salary reduced by more than 14.6% for the period 2009–2013.[68]

### INCREASED TAXATION

During this period, household incomes were also hit by the increases in taxation implemented as a part of the government's fiscal consolidation program.[69] The standard VAT rate was 19% in Greece in 2009, and it went up to 24% in 2019. The top statutory income tax rates were 40% in 2009, and these increased to 55% by 2019. In contrast, top statutory corporate income tax rates reduced during the period. They were at 35% in 2009, they fell to 20% in 2012, and were increased to 28% in 2019 (still lower than 2009 rates).[70] Over this period, the total amount of tax revenue collected fell slightly in Greece.[71] Revenue from VAT increased by 2.7%[72] and corporate income tax fell by 32.9%,[73] while revenue from personal income tax increased by 8%.[74] It appears therefore that the burden of fiscal consolidation through tax increases was borne by individuals and households, through indirect taxes and taxes on their personal income, while the burden on corporate entities decreased.

## 3.3.1 MEASURES TO SUPPORT PEOPLE AFFECTED BY THE CRISIS

During the later years of the crisis, as the scale of the human impact of the crisis came to light, the government introduced certain measures designed to support people who were living in poverty or on very low incomes. In interviews with Amnesty International, people noted that they had accessed these schemes, and had found them beneficial. While this report has not conducted an exhaustive review of the different measures introduced during this period, it points to a few key initiatives that have been significant and should be continued and scaled up. One of these initiatives was enabling access to the public health system for people who were uninsured (often because of long-term unemployment), through government decisions in 2014 and 2015, and finally the legislation in 2016. This reform will be discussed in more detail in the following section. In 2018, the government also introduced a housing benefit for people who are renting their accommodation, based on certain criteria including their income and what property they held.[75] According to the government, "This is the first organized effort for the country to have a coherent housing policy and an effective social protection system for the first residence".[76]

Furthermore, notably, the government introduced a guaranteed minimum income – also known as the Social Solidarity Income (SSI) - during the later years of the crisis.[77] After being piloted in 2015 and 2016, this was implemented at a national level in 2017.[78] The SSI was targeted at people and families living in extreme poverty,[79] and gave them a cash benefit.[80] An eligible single person household, for example, would be entitled to €200 a month and a family consisting of two adults and child would be entitled to €350. Over 30 people Amnesty International interviewed relied on the SSI as their only source of income. A World Bank

---

[66] Eurofound, "Greece: Reducing the number of public servants – latest developments" https://www.eurofound.europa.eu/publications/article/2016/greece-reducing-the-number-of-public-servants-latest-developments
[67] Eurofound, "Greece: Reducing the number of public servants – latest developments" https://www.eurofound.europa.eu/publications/article/2016/greece-reducing-the-number-of-public-servants-latest-developments
[68] Eurofound, "Greece: Reducing the number of public servants – latest developments" https://www.eurofound.europa.eu/publications/article/2016/greece-reducing-the-number-of-public-servants-latest-developments
[69] This section does not discuss other tax increases and changes in Greece during this period, and is focused on VAT, corporate income tax and personal income tax.
[70] See Greece's national tax list, available here: https://ec.europa.eu/taxation_customs/business/economic-analysis-taxation/data-taxation_en
[71] It was €77,240 million in 2009 and €76,714 million in 2018. Total receipts from taxes and social contributions available here: Eurostat, Main national accounts tax aggregates [Last updates: 24-02-2020], https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do
[72] It was €14,879 million in 2009 and €15,288 million in 2018. Eurostat, Main national accounts tax aggregates [Last updates: 24-02-2020], https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do
[73] Revenue was €5,961.0 million in 2009 and €3,998 million in 2018. Eurostat, Main national accounts tax aggregates [Last updates: 24-02-2020], https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do
[74] Revenue was € 10,563 million in 2009 and € 11,427 million in 2018. Eurostat, Main national accounts tax aggregates [Last updates: 24-02-2020], https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do
[75] For details see here: https://opeka.gr/oikogeneies/epidoma-stegasis/
[76] https://opeka.gr/oikogeneies/epidoma-stegasis/
[77] See Article 235 of Law 4389/2016; and Joint Ministerial Decision No. Δ13/οικ./33475/1935 "Determination of terms and conditions of Social Solidarity Income" of 15 June 2018 and Amendment of Decision of 30 October 2018. Available at: https://keaprogram.gr/pubnr/Home/Contact/.
[78] In interviews with Amnesty International, representatives of the Greek Ministry of Labour and Social Affairs committed to expanding the SSI program in upcoming years.
[79] The criteria for eligibility are available here: https://data2.unhcr.org/en/documents/download/51291
[80] The amount of benefits that eligible persons are entitled to are available here: https://data2.unhcr.org/en/documents/download/51291

evaluation of the SSI program in 2019 observed that the SSI was an important source of income for "poor households". While the SSI is an extremely important program, it is also very limited. The same World Bank evaluation noted that while the SSI reduced the poverty gap and inequality, it did "not have much of an impact on poverty incidence" because it only targeted households that were much below the poverty line, meaning "that most SSI beneficiaries, even considering the transfers received, would not make it over the poverty line". It was also found to be limited in its coverage, with only 37% of households in the poorest 10% of the population receiving the benefit. The evaluation found that "lack of information about the program within the target population is an important constraint, pointing to the need to stronger communication and outreach efforts".[81] Other analyses have noted how the SSI, while welcome, only provided a very limited amount of support which was insufficient to "guarantee a dignified standard of living".[82]

## 3.3.2 MEASURES TO SUPPORT PEOPLE AFFECTED BY THE COVID-19 PANDEMIC

At the time of finalizing this report, the COVID-19 pandemic was spreading across countries. According to the WHO, as of 16 April 2020, there were 1991562 confirmed cases and 130885 deaths globally due to COVID-19. Greece had 2192 confirmed cases and 102 deaths.[83] Governments all over the world had instituted measures to protect public health in response to the pandemic, which usually included restrictions on movement, closure of most economic activity, and quarantines. At the time of writing this report, the Government of Greece had also adopted strict containment measures to delay the spread of COVID-19, including a national lockdown that restricts all but essential movement and economic activity, school closures, travel restrictions, travel bans on visitors from certain countries, and quarantines for some persons.[84] In recognition of the enormous impact these measures would have on the economy and on people's livelihoods, the government had also put in place some economic support for the population in Greece during this time, such as allocating €450 million towards supporting individuals, including a €800 payment for some groups until 30 April; payment by the government of insurance and health contributions for some groups; the reduction in the VAT rate from 24% to 6% until the end of 2020 for certain goods necessary for the protection against COVID-19; the extension of unemployment benefits by two months; paid leave for parents who have children not going to school; and the suspension of some tax liabilities.[85] Commitments specific to the health sector are discussed later in this report. Furthermore, specific measures to support businesses were also announced.

[81] The World Bank Social Protection and Jobs Global Practice, "A Quantitative Evaluation of the Greek Social Solidarity Income" January 2019, http://documents.worldbank.org/curated/en/882751548273358885/pdf/133962-WP-P160622-Evaluation-of-the-SSI-Program-Jan-2019.pdf

[82] European Social Policy Network, "The national roll-out of the "Social Solidarity Income" scheme in Greece", *ESPN Flash Report 2017/68*, July 2017

[83] WHO, Coronavirus disease 2019 (COVID-19) Situation Report – 87, 16 April 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200416-sitrep-87-covid-19.pdf?sfvrsn=9523115a_2

[84] IMF, Policy Responses to COVID-19, https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR0h49sYY5heyrdmD00nJkwSte_rGB-yszIBY8TD29XXsdSahceWqqjNExY#G

[85] These measures are available and continually updated at the following sites: IMF, Policy Responses to COVID-19, https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR0h49sYY5heyrdmD00nJkwSte_rGB-yszIBY8TD29XXsdSahceWqqjNExY#G; and OECD, Key country policy responses, http://www.oecd.org/coronavirus/en/#policy-responses

# 4. AUSTERITY MEASURES IN THE HEALTH SECTOR

This chapter discusses the structure of public health system in Greece (ESY) before the economic crisis, as well as the reforms and changes introduced in the ESY as part of the austerity measures. As this report has already noted, these measures were introduced at a time when people in Greece were experiencing high levels of unemployment and financial impoverishment, which increased their risk of ill-health and made them simultaneously less able to access the health care they needed. Many of the reforms and fiscal consolidation targets that applied to the public health sector were linked to the conditionalities imposed by Greece's creditors through the financial assistance programs, which will be discussed in more detail later.

The health care system in Greece has been financed by a mixture of taxation, social health insurance (SHI) contributions by employers and employees, and private resources.[86] Prior to 2011, people who paid SHI were enrolled in one of many occupation-based funds, through which they accessed public health care. In other words, people's access to health care was often linked to their employment status. In 2010, these funds covered about 97% of the population.[87] The biggest funds included IKA (covering most workers in urban areas), OGA (covering agricultural workers), OAEE (covering people who were self-employed), and OPAD (covering public sector employees). Each fund would provide its own benefits package and extent of coverage, and so the nature of an individual's health coverage would depend on what fund they were enrolled in. Pensioners were covered by the fund they had contributed to while working. People who were unemployed were covered by a specific fund financed from the health budget. People living in poverty were entitled to free care through the ESY, once they had been given a 'booklet' confirming their eligibility. People would have to pay a co-payment of around 25% for pharmaceuticals, with some exceptions, and there was some cost sharing for diagnostic tests. While there was generally no co-payment for seeing a doctor, people also had the option to visit physicians in 'afternoon clinics' where ESY doctors could offer patients appointments for a charge. The ESY was experiencing serious structural problems even prior to the economic crisis. These included high levels of corruption,[88] a weak primary health care system,[89] unequal access to health care because of the fragmented occupation-based funds,[90] and the uneven regional distribution of human resources and health infrastructure.[91]

---

[86] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 40, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[87] European Observatory on Health Systems and Policies, "Greece: Health System Review 2010", *Health Systems in Transition*, at page 31, http://www.euro.who.int/__data/assets/pdf_file/0004/130729/e94660.pdf

[88] For example, European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 136, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf . The report found that "Corruption in health care is another issue impeding access, and under-the-table (informal) payments are widespread". For example, it cited a study which found that in a survey of 2741 people conducted in 2012, almost two thirds of respondents who consumed health services over the past 12 months made informal payments. The study is available here: Souliotis K et al., "Informal payments in the Greek health sector amid the financial crisis: old habits die last", *European Journal of Health Economics*, 17(2):159–170 (2016).

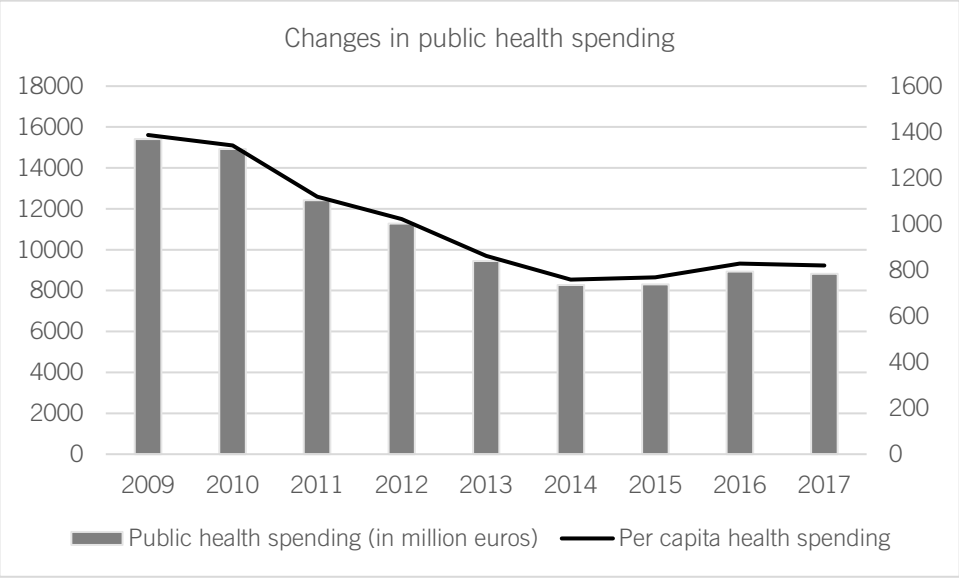
[89] "Greece—the cost of recovery", *Lancet,* Vol 3 (8), 2018, https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30146-4/fulltext

[90] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 8, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.

[91] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 8, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.

# 4.1 REDUCED PUBLIC HEALTH SPENDING

Very soon after the economic crisis began in Greece, the government began to cut public health expenditure. As the graph below demonstrates, public health expenditure in Greece fell from €15412.18 million in 2009 to €8815 million in 2017, a reduction of 42.8%.[92] During the same period, health spending per capita (that is, for each person), also fell by 40%.[93] In this period, public health spending as a percentage of GDP also dropped: it fell from 6.49% in 2009 to 4.89% in 2017.[94]




Additional data shows a more disaggregated picture of how specific sectors in the public health system were affected by the budget cuts.[95] 'Medical products', which includes pharmaceutical expenditure, and 'hospital services' were significantly affected. Despite increasing since 2014, the expenditure on medical products had fallen by over 50% between 2009 and 2018. Similarly, the expenditure on hospitals services has reduced by 43% over the same period. This period also saw a reduction in public health spending on health worker salaries (discussed in more detail below), and on expenditure for preventive care. The latter fell by 33% between 2009 and 2016.[96]

# 4.2 STRUCTURAL CHANGES IN THE ESY

The reductions in public health expenditure were accompanied by structural changes in the public health system. One of these was the creation of the National Organization for the Provision of Health Services (EOPYY) in 2011. The several existing occupation-based social insurance funds were merged to create EOPYY, which has since been the sole purchaser and provider of health care in Greece for services covered by the ESY. A uniform benefits package was introduced. Furthermore, there were key changes in pharmaceutical policy during this period including the introduction of a compulsory e-prescription system.

---

[92] This is health expenditure from government schemes and compulsory contributory health care financing schemes, as recorded by Eurostat. Eurostat, Health care expenditure by financing scheme [Last updated 24-2-2020]. This graph is based on Eurostat's "Health care expenditure by financing scheme" data, whereas public spending on health as measured in Eurostat's "General government expenditure by function (COFOG)" data is slightly different. The former was chosen because it also contains additional calculations on per capita health spending and health spending as a percentage of GDP, which were relevant to this analysis. The numbers in the latter are a bit different, but the overall trend is the same. As per Eurostat's "General government expenditure by function (COFOG)" data, public health spending fell by 43% between 2009 and 2018 in Greece. See Eurostat, General government expenditure by function (COFOG), [Last updated 24-2-2020]

[93] This is health expenditure from government schemes and compulsory contributory health care financing schemes, as recorded by Eurostat. Eurostat, Health care expenditure by financing scheme [Last updated 24-2-2020]

[94] This is health expenditure from government schemes and compulsory contributory health care financing schemes, as recorded by Eurostat. Eurostat, Health care expenditure by financing scheme [Last updated 24-2-2020]

[95] Eurostat, General government expenditure by function (COFOG), [Last updated 24-2-2020]

[96] Statistics available on data sheets here: Elstat, Health Accounts System / 2018, https://www.statistics.gr/el/statistics/-/publication/SHE35/-

This required that prescriptions be made by "active principle" instead of brand name, a new reference pricing system to reduce the prices of medicines, centralized procurement, promotion of the use of generic medicines (including by requiring 50% of medicines prescribed/used in public hospitals to be generic medicines), and the implementation of rebates and claw back mechanisms.[97] The clawback mechanism was implemented in 2012 as a temporary solution to reduce public expenditure on pharmaceuticals. The government would set a ceiling for public expenditure on pharmaceuticals, and any overspend on that amount would be paid, or "clawed back" from, pharmaceutical companies.[98] The clawback in still in place, and the amount received through this mechanism has increased dramatically over the past years. In 2015, clawbacks and rebates (a discount imposed on pharmaceutical industries, based on which they returned part of their revenue to the state) were worth around €736 million,[99] and as of January 2018, they reportedly amounted to 27.3% of total pharmaceutical expenditure.[100] The sustainability of the clawback mechanism is being contested by the pharmaceutical industry.[101]

The austerity measures also resulted in patients having to bear a greater proportion of their health care costs. This was done in several ways. First: the standardization of the benefits package under EOPYY meant a reduction in coverage for some services for some insured people. While the EOPYY benefits package is considered comprehensive, some expensive tests – e.g. polymerase chain reaction tests (used for testing HIV, other viruses and some fungi) and tests for thrombophilia – that were covered by some of the occupation-based funds were removed from the benefit list. Entitlement restrictions were also introduced on childbirth, air therapy, balneotherapy, thalassaemia treatment, logotherapy, nephropathy treatment and optician services.[102] In other words, people would now have to pay out of pocket for some services that they had previously been insured for. Second: cost sharing in pharmaceuticals was increased. As mentioned previously, prior to the austerity measures, there was always a general 25% co-payment with no cap for medicines, with some exemptions: some drugs had a 0% co-payment and others had a 10% co-payment. The co-payment amount for the general population was increased following the economic crisis from 0% to 10% for some drugs,[103] and from 10% to 25% for other drugs.[104] Furthermore, a €1 fee was introduced for all prescriptions.[105] Some groups have been exempted from these costs.[106] In general, average cost-sharing for pharmaceuticals rose from 13.3% in 2012 to 18% in 2013.[107] Additionally, now that doctors are mandated to prescribe generic medicines, if a patient chooses or receives a branded drug, they have to pay the difference between the cost of the generic and the branded drug. A list of non-reimbursable medicines was introduced in 2012, along with an over-the-counter drug list, which included some drugs that used to be reimbursed (such as pain medication) and now people had to pay for it themselves.[108] In 2011, user charges of between €3 and €5 were introduced for outpatient services in public hospitals and clinics. This was eventually abolished in 2015. In 2014, a €25 admission fee was introduced for public hospitals, which was also abolished in 2015. These contributions were in addition to existing payments patients already

---

[97] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 115, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.

[98] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 119, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[99] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 96, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[100] European Parliament, Parliamentary questions, Parliamentary questions, http://www.europarl.europa.eu/doceo/document/E-8-2018-000472_EN.html

[101] D Konti, "Pharmaceuticals reject clawback blueprint", *Ekathimerini*, 13 December 2018, http://www.ekathimerini.com/235679/article/ekathimerini/business/pharmaceuticals-reject-clawback-blueprint; D Konti, "Pharmaceuticals reiterate call for clawback system to be abolished", *Ekathimerini*, 27 March 2019, http://www.ekathimerini.com/238972/article/ekathimerini/business/pharmaceuticals-reiterate-call-for-clawback-system-to-be-abolished

[102] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 52, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[103] Medicines for Alzheimer's disease, dementia, epilepsy, angiopathy, Buerger's disease, diabetes type 2, and Charcot's disease increased from 0-10%. C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 17, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf

[104] Medicines for coronary heart disease, hyperlipidemia, rheumatoid arthritis, psoriatic arthritis, lupus, vasculitis, spondyloarthritis, scleroderma, chronic obstructive pulmonary disease, pituitary adenomas, osteoporosis, Paget's disease, Crohn's disease, and cirrhosis increased from 10%-25%. Medicines for pulmonary hypertension increased from 0-25%. C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 17, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf

[105] Law 4093/2012.

[106] For example, there is no user charge on some medicines for chronic conditions, individuals or families with low income are exempt from co-payments, and pensioners on low income have to only pay a 10% copayment for medicines for some medicines.

[107] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 17, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf

[108] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, Vol 19, No. 5, 2017, at page 52, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

made, for example, for afternoon clinic visits. These appointments can cost between €16 and €72 for a GP or outpatient consultation.

In the later years of the crisis, the government collaborated with the World Health Organization to address the limited availability of primary health care in the Greek public health system. As of February 2020, 127 new community-based primary health units, known in Greece as TOMYs, have been established that are free at the point of use. Since 2017, more than 300000 people have registered with TOMYs and benefit from their services.[109] The long-term sustainability of this reform has been questioned, since it is funded jointly by the national budget and the European Union, and EU funding has only been secured for three years. Other issues affecting the effective operation of the reform include difficulties in recruiting qualified family doctors.[110]

## 4.3 CHANGES TO THE WORKING CONDITIONS OF HEALTH WORKERS

> **"Working conditions have become more difficult. We feel disappointment as doctors. Like we don't have a future … There is a lack of medical staff in the national hospital. My generation of doctors is old, there are no younger doctors."**
>
> Doctor, Athens, January 2019[111]

> **"I feel intense pressure. We are fighting to change. That's what makes me optimistic, the fight."**
>
> Doctor, Thessaloniki, February 2019[112]

As a part of measures to reduce health care expenditure, the salaries of public health workers were cut in 2010: 12% in January 2010 and a further 8% in June 2010.[113] Nearly all subsidies were abolished, and no performance related payments were made.[114] There was also a limit put on staff hiring, and for every 5 people who left or retired, only one person was hired.[115] Further cuts were introduced in ESY doctors' salaries in 2012 and 2017.[116] Amnesty International spoke with 55 health workers working in the public

---

[109] WHO, TOMYS and the rapid growth of primary health care in Greece, 2019, http://www.euro.who.int/en/countries/greece/news/news/2019/4/tomys-and-the-rapid-growth-of-primary-health-care-in-greece; http://athina984.gr/wp-site/2020/02/10/dianeosis-ena-neo-ethniko-systima-ygeias/

[110] C. Lionis et all, "Integrated people-centred primary health care in Greece: unravelling Ariadne's tread" *Primary Health Care Research and Development,* July 2019, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683235/

[111] Interview with Amnesty International, 31 January 2019, Athens

[112] Interview with Amnesty International, 9 February 2019, Thessaloniki

[113] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 33, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.

[114] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 22, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.

[115] See Greece: Reducing the number of public servants – Latest Developments, 23 June 2016, https://www.eurofound.europa.eu/publications/article/2016/greece-reducing-the-number-of-public-servants-latest-developments.

[116] Law 4093/2012 introduced further cuts in the salaries of ESY doctors. In 2018, the Council of State Plenary found these cuts unconstitutional. Concerns have been raised by doctors' unions over reforms introduced by Law 4472/2017 resulting a lower net income. In March 2019, the provisions of this law were also found to be unconstitutional by First Instance Courts. See Law 4093/2012 approving the medium-term fiscal strategy 2013-2016 and introducing emergency measures implementing Law 4046/2012 and the medium-term fiscal strategy 2013-2016, available in Greek: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/99876/119456/F1056585399/GRC99876%20Grk.pdf; and Council of State Judgement

health system across a variety of positions, including physicians, nurses, and nursing assistants. All of them raised concerns about the cuts in their salaries and benefits, and some expressed how this caused financial pressure at home. Y*, a nurse in a renal dialysis unit in Athens told Amnesty International "We lost a lot of money because of cuts to our salary. This has an impact on our everyday life and ability to manage our homes. There is no justice in this … [the] situation is not getting better, it's getting worse".[117] Another nurse in Thessaloniki said, "My salary has been cut, my parents help me with my child and that is how I can cope with my obligations…I pay utility bills with instalments".[118] A doctor in Chania echoed this sentiment saying, "Doctors with families cannot manage … I am married with a small child and we just manage. I am young, and I can cope but older doctors find it difficult".[119] Many spoke with concern about the 'brain drain' of physicians that has resulted in a significant gap of trainee doctors in the ESY.[120] Panos Papanikolaou, a neurosurgeon and General Secretary of the Board of the Greek Federation of the Unions of Hospital Doctors (OENGE) said: "The working conditions have been affected by the insufficient numbers of staff and specifically by the mass migration of young doctors. From 2010 until now, around 20,000 young doctors have emigrated".[121]

Health workers also told Amnesty International how the cuts in their salaries and benefits were accompanied by an increase in their workloads, due to a combination of fewer filled positions and greater demand for public health care. As one doctor in Athens said, "We lost a lot of doctors and we have a lot more people". She noted that she saw about 25 people a day before the crisis started, and now sees around 45 people a day.[122] Another doctor in Thessaloniki said she felt she saw 20% more patients now than before the crisis.[123] This was echoed by a nurse in Thessaloniki, who said "The number of staff remained the same and no recruitment was taking place for the staff that were retiring. This meant more difficult and longer hours (for me)".[124]

> **"I felt anger [re the cuts] … "As the time passes by I feel … how can I explain it … I feel not just anger, but disappointment. Of how the government has dealt with workers and pensioners."**
>
> Doctor in an interview with Amnesty International[125]

Health workers further shared the emotional impact of working through the economic crisis and austerity measures and trying to provide quality care for patients at an extremely difficult time. "We've had a sense of insecurity and uncertainty. Emotionally we've found it difficult to respond to the needs of patients", one health worker said.[126] "As a doctor, we wanted to try to treat society. We felt very bad. People came to us, they told us all their problems. We were all like psychiatrists … [at this time] I felt a lot of depression, but it prompted me to act … They are destroying the health, education, and social security system when people need it the most", another doctor said.[127]

---

No/431/2018, available in Greek at: http://www.dsanet.gr/Epikairothta/Nomologia/steol%20431_2018.htm; Law 4472/2017, available in Greek: https://www.e-nomothesia.gr/suntaksiodotika/nomos-4472-2017-fek-74a-19-5-2017.html

[117] Interview with Amnesty International, 1 February 2019, Athens

[118] Interview with Amnesty International, 11 February 2019, Thessaloniki

[119] Interview with Amnesty International, August 2018, Chania

[120] https://www.capital.gr/epikairotita/3329860/pano-apo-17-500-ellines-giatroi-ergazontai-sto-exoteriko.

[121] Interview with Amnesty International, 14 September 2018, Athens

[122] Interview with Amnesty International, 5 February 2019, Athens

[123] Interview with Amnesty International, 8 February 2019, Thessaloniki

[124] Interview with Amnesty International, 11 February 2019, Thessaloniki

[125] Interview with Amnesty International, 2 February 2019, Patras

[126] Interview with Amnesty International, 8 February 2019, Thessaloniki

[127] Interview with Amnesty International, 5 February 2019, Athens

### G'S STORY[128]

G* is a psychiatric nurse. "During the whole period of the crisis, I worked in one of the main psychiatric hospitals in Greece," he told Amnesty International. "Regarding our salaries we experienced what every average public servant did, huge cuts. There was also a huge reduction in staff with the measures of voluntary retirements. And measures given non-hiring, the staff was not replaced". G* believes that the cuts led more people to seek treatment in public hospitals, which, coupled with reducing resources, has led to overcrowding. "There was a point when a ward designed for 27 individuals, admitted 45. Also, in the same ward you had to treat people with serious mental health issues such as schizophrenia and at the same time people with [less serious issues] like addictions ... It is a shameful picture".

Some health workers also explained how the increased workload and staffing gaps could impact the quality of care people received. "There are days where we run everywhere, and we never manage it. Patients get angry. I can be the only paramedic during a shift [in the whole hospital]. Our salary is reduced all the time and our work increases. I do everything, I carry patients, I get the blood to the lab. There are days when there is only one paramedic for the whole hospital",[129] one governmental hospital paramedic said. A nurse told Amnesty International, "As a nurse, they owe me several days off and a lot of vacation time … You can imagine how tired we are … it is also becoming very dangerous for the patient, who's needs are not being met".[130] Health workers also noted other barriers that increased workloads created for patients. One health worker explained how she had seen doctors in emergency care prescribe medicines by hand due to lack of time. These medicines would not be free, since they would need to be electronically prescribed to be free. This meant that patients would need to go back to their primary care doctors to get a prescription, and that could take an additional week.[131]

It is also crucial to note that the onset of the COVID-19 pandemic has gravely impacted the health, safety, and working conditions of health workers in several countries, including in Greece. Many of the challenges identified in the sections above have been exacerbated in the current context. Amnesty International spoke with some health workers, including some involved in the COVID-19 response in Greece, who explained the challenges they were facing including difficulties due to low numbers of staff, lack of adequate personal protective equipment for health workers, and lack of adequate medical equipment including ventilators and ICU beds.[132] Further, on 1 April 2020, the Greek Federation of the Unions of Hospital Doctors (OENGE) expressed serious concerns over the insufficient numbers of ICU beds and staff that will be hired, the short-term contracts of those that would be hired, and the lack of protective equipment.[133] Health workers emphasised the lack of adequate protective equipment, saying: "We do not have materials" and "We have a lack of protective equipment like in all hospitals".[134] Media reports have also echoed many of these concerns.[135] Some drew links between the impact of austerity measures on the health system and its capacity to respond to the COVID-19 pandemic. One doctor said, "We do not have capacity. Over the last decade, the system has been grounded".[136] Another nurse said, "'We are paying [for] the cuts introduced by austerity".[137] Another health worker echoed this saying, ""During the financial crisis when there were cuts in the health sector this resulted in most hospitals operating with half the personnel required and …it is nearly impossible to cope…[W]e are not at all protected as far as the provision of health care and the security of staff is concerned. [In our hospital] we work with half the required staff and if [COVID-19] cases patients increase it would be impossible." ".[138] At the time of writing, the government had announced the hiring of 4,200 health workers and procurement of medical equipment and protective equipment.[139] The number of ICU beds had also been increased from 565 to 870 at the end of March.[140]

---

[128] Interview with Amnesty International, 25 September 2019, Athens
[129] Interview with Amnesty International, 16 February 2019, Kefalonia
[130] Interview with Amnesty International, 2 February 2019, Patras
[131] Interview with Amnesty International, 7 February 2019, Thessaloniki
[132] Interviews with 8 health workers in Greece's mainland and islands between 26 March 2020 and 1 April 2020.
[133] Public interview of President of OENGE Board, Afrodite Retziou, 1 April 2020, https://www.youtube.com/watch?v=bwR_kqIF438.
[134] Interviews with 8 health workers in Greece's mainland and islands between 26 March 2020 and 1 April 2020.
[135] A Fotiadis, "Doctors, Nurses Question Greek Government's Coronavirus Response" *Balkan Insight,* 6 April 2020, https://balkaninsight.com/2020/04/06/doctors-nurses-question-greek-governments-coronavirus-response/
[136] Phone interview with a doctor working in the COVID-19 emergency wards, 30 March 2020, mainland hospital
[137] Phone interview with nurse, 31 March 2020, mainland hospital.
[138] Phone interview with health worker, 1 April 2020, island hospital
[139] IMF, Policy Responses to COVID-19, https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR0h49sYY5heyrdmD00nJkwSte_rGB-yszIBY8TD29XXsdSahceWqqjNExY#G; COVID-19, Health system Response Monitor, https://www.covid19healthsystem.org/countries/greece/countrypage.aspx
[140] See information on health system responses to the covid-19 crisis, Greece updates: C Economou et al, https://www.covid19healthsystem.org/mainpage.aspx. "In February 2020, there were a total of 565 ICU public beds in Greece with no

# 4.4 HOW THE AUSTERITY MEASURES WERE IMPLEMENTED

International human rights standards prescribe certain procedural obligations that states must comply with, when developing and implementing austerity measures. The manner in which Greece implemented the austerity measures described above was inconsistent with these obligations.

*First*, States should ensure that austerity measures are not directly or indirectly discriminatory, either in intent or effect.[141] One way by which the possibly discriminatory effects of austerity measures can be identified and corrected is through conducting human rights impact assessments of these measures before and after they are developed and implemented. States should therefore carry out human rights impact assessments of economic reform policies considered and taken in response to acute economic and financial crises that are likely to cause adverse human rights impacts.[142] There was strong reason to believe the scale of austerity and fiscal consolidation in Greece could risk adverse human rights consequences. Over the past decade, multiple news reports, academic studies, civil society activism, and observations by regional and international human rights bodies have emphasised how people in Greece have struggled because of these measures. Amnesty International interviewed representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance. None of them were aware of any human rights impact assessments conducted of the austerity measures and fiscal consolidation processes described in the chapters above, either before they were introduced or after they were implemented. This includes, both, the general measures and the measures specific to the public health sector. Had these human rights impact assessments been conducted, potentially adverse human rights impacts may have been identified early, and mitigation measures could have been put in place.

*Second,* international human rights standards demand that austerity measures must be based on transparency and the genuine participation of affected groups.[143] In Greece, however, these measures were largely devised by governmental and official agencies and implemented as a matter of urgency, with limited opportunity for any public consultation. The austerity measures were met by huge protests and strong opposition.[144] Amnesty International interviewed representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance. None of them were aware of any process by which the participation of people affected was solicited during the development and implementation of the austerity measures. None of the people Amnesty International interviewed said anything about having participated in how the austerity measures were developed and implemented. In 2015, the government held a referendum asking whether the bail out conditions in the third financial assistance program (discussed more in detail later in this report) should be accepted, and the result was a "no" with 61% of the votes.[145] Two United Nations human rights experts "welcomed the referendum" saying it decided "by democratic process the path to follow to solve the Greek economic crisis without deterioration in the human rights situation".[146] However, ultimately, the government participated in the program and accepted the conditions that had been voted against in the referendum.[147]

*Third*, as per international human rights standards, the government must show that the austerity measures are necessary, in that they must be justifiable after the most careful consideration of all other less restrictive

---

availability for potential required hospitalisation of COVID-19 cases. By March 31st, the total number of ICU beds increased to 870, with majority of them (n=703) being in public hospitals; private hospitals have 137 beds, and military hospitals have further 30 beds".

[141] OHCHR, "Report on austerity measures and economic and social rights", https://www.ohchr.org/Documents/Issues/Development/RightsCrisis/E-2013-82_en.pdf

[142] UN Human Rights Council, Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of human rights, particularly economic, social and cultural rights, "Guiding principles on human rights impact assessments of economic reforms", A/HRC/40/57, 19 December 2018

[143] UN Human Rights Council, Report of the Independent Expert on the effects of foreign debt, A/HRC/37/54, 20 December 2017

[144] For example, see - N Kitsantonis and R Donadio, "Greek Parliament Passes Austerity Plan After Riots Rage" *New York Times*, 12 February 2020, https://www.nytimes.com/2012/02/13/world/europe/greeks-pessimistic-in-anti-austerity-protests.html; E Labropoulou, "Thousands protest austerity measures in Greece" *CNN News,* 26 September 2012, https://edition.cnn.com/2012/09/26/world/europe/greece-protests/index.html; "Thousands protest against Greek government's austerity measures" *Independent,* 1 May 2013, https://www.independent.co.uk/news/world/europe/thousands-protest-against-greek-governments-austerity-measures-8599669.html

[145] I Traynor et al, "Greek referendum no vote signals huge challenge to eurozone leaders" *The Guardian,* 5 July 2015, https://www.theguardian.com/business/2015/jul/05/greek-referendum-no-vote-signals-huge-challenge-to-eurozone-leaders; "Greece debt crisis: Greek voters reject bailout offer" *BBC News,* 6 July 2015, https://www.bbc.co.uk/news/world-europe-33403665

[146] OHCHR, "UN human rights experts welcome Greek referendum and call for international solidarity", 30 June 2015, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16170&LangID=E

[147] M Lowen, "Greek debt crisis: What was the point of the referendum?" *BBC News,* 11 July 2015, https://www.bbc.co.uk/news/world-europe-33492387

alternatives.[148] There has been no public explanation of what other options were considered before cuts in public health spending and other social spending were introduced. Instead, these cuts began at the start of the austerity period, in 2009. As previously noted, just within the health sector, public health expenditure in Greece fell from €15412.18 million in 2009 to €8815 million in 2017, a reduction of 42.8%.[149] In the early years of austerity, because of the pressure Greece was under, commentators noted how these cuts were implemented in a blanket, horizontal manner.[150] Less restrictive mechanisms, like the pharmaceutical clawback, which led to significant savings, were only introduced in 2012. Therefore, measures that this report describes had a retrogressive impact on the right to health (that is, worsened right to health protections) - including horizontal cuts to the health budget, reductions in health worker remuneration, and increase of co-payments - were implemented before some other measures that saved costs in the public health system without unduly compromising the right to health.

[148] UN Human Rights Council, Report of the Independent Expert on the effects of foreign debt, UN Doc. A/HRC/37/54, 20 December 2017
[149] Interview with Amnesty International, 8 February 2019, Thessaloniki.
[150]See for example, European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 145, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf: "Cost-containment measures have taken the form of horizontal cuts rather than a more sophisticated and strategic approach targeting resource allocation, partially because of the pressure exerted by the EAP to achieve immediate results in health expenditure cuts".

# 5. IMPACT OF AUSTERITY ON THE RIGHT TO HEALTH

> **"Figuratively speaking, one could say that the excessive austerity in the public health care sector first killed the nurses and doctors before even getting to the patients. Although efforts were made to minimize the impacts on health service delivery to rights holders, it was impossible to undertake such drastic cuts in such a short period without jeopardizing the right to health in all its dimensions, including accessibility, affordability, acceptability and quality."**
>
> UN Independent Expert on the effects of foreign debt, Report on Greece, 2016[151]

This chapter discusses how the austerity measures resulted in a deterioration of the accessibility and affordability of health care in Greece. It is based on over 130 interviews Amnesty International conducted with people using the public health system and health workers, as well as on quantitative data on unmet health needs and catastrophic health spending, and interviews with public health experts. It describes the multiple barriers people face accessing the public health system today, including lengthy waiting times and the high costs of care, and discusses the urgent challenges the public health system must resolve in the immediate future.

## 5.1 EARLY YEARS OF AUSTERITY

During the early years of the austerity measures, between around 2009 and 2013, commentators have noted that blanket, horizontal cuts were imposed across the health sector to achieve quick savings.[152] For example,

---

[151] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to Greece, A/HRC/31/60/Add.2, 21 April 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/083/81/PDF/G1608381.pdf?OpenElement

[152] See for example: A Kentikelenis, M Karanikolos, et al, "Greece's health crisis: from austerity to denialism" 383 *Lancet* 2014, http://crisisobs.gr/wp-content/uploads/2014/02/Kentikelenis-et-al-Greece-health-Crisis.pdf: "*In health, the key objective of the reforms was to reduce, rapidly and drastically, public expenditure by capping it at 6% of GDP*"; WHO, "The impact of the financial crisis on the health

as Kentikelenis and Papanicolas note, "Reflecting the intense pressures to reduce expenditure, the Ministry of Finance imposed blanket cuts in budgets for public hospitals, agencies tackling illicit drug use and other public health organizations".[153] According to the health system review conducted by the European Observatory on Health Systems and Policies,[154] "Cost-containment measures have taken the form of horizontal cuts rather than a more sophisticated and strategic approach targeting resource allocation, partially because of the pressure exerted by the EAP [economic adjustment program] to achieve immediate results in health expenditure cuts … cuts were made across the board in order to achieve targets rather than to increase efficiency in the long term".[155]

Reports showed how the health system in Greece was crumbling as a result of the deep budget cuts. The public health system was described as being "on the brink of catastrophe",[156] a "humanitarian emergency",[157] and "in dire straits".[158] At public hospitals, health workers reported shortages in basic supplies, including drugs, key vaccines,[159] toilet paper, catheters, stents, bandages, and syringes.[160] They also described an increase in the numbers of people accessing the public health system, and the long waiting lists for even key procedures, such as cancer care.[161] Reports spoke of the serious overcrowding in hospitals and emergency rooms, concerns about hygiene standards,[162] and in some, shortages of food for patients.[163] People described their experiences of the difficulties they faced paying for health care,[164] basic medication, and even the ancillary costs of care, such as transport to health centres[165] and telephone calls to book appointments.[166] Their stories also highlighted the bureaucratic difficulties involved in accessing free health care, even when one was eligible for it.[167] As the years progressed, the crisis deepened and unemployment soared. People whose health coverage was linked to their employment status began to lose health insurance, and thereby, access to the public health system [this is discussed in more detail below]. In

---

system and health in Greece", http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf: "*So far, the process of reform has been somewhat fragmented and a number of strategies, procedures and methods for the optimization of the national health service still need to be put in place. Adopted reform measures have decreased public health expenditure across the board (leading to some curtailed services and longer waiting times), increased user charges and reduced health worker numbers by cutting salaries, without taking into account allocative efficiency during the resource allocation process*"; Editorial, "Greece - the cost of recovery", *Lancet* 2018, https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30146-4/fulltext: "… *the implementation of large and indiscriminate cuts, short-term responses to a crisis in the country's finances with little consideration for long-term effects on quality of care and health equity, might well have harmed the population to an extent we still have yet to understand*".

[153] A Kentikelenis & I Papanicolas, "Economic crisis, austerity and the Greek public health system" *European Journal of Public Health*, 22 (1) 2012, https://academic.oup.com/eurpub/article/22/1/4/490107

[154] The Observatory is a partnership, hosted by WHO/Europe, which includes other international organizations (the European Commission, the World Bank); national and regional governments (Austria, Belgium, Finland, Ireland, Norway, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the Veneto Region of Italy); other health system organizations (the French National Union of Health Insurance Funds (UNCAM), the Health Foundation); and academia (the London School of Economics and Political Science (LSE) and the London School of Hygiene & Tropical Medicine (LSHTM)).

[155] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 145, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf .

[156] P Beaumont, "Greece's health care system is on the brink of catastrophe" *The Guardian,* 5 August 2011, https://www.theguardian.com/world/2011/aug/05/greece-healthcare-brink-catastrophe

[157] W Kremer & Z Badawi, "Greece's life-saving austerity medics" *BBC News,* 10 July 2013, https://www.bbc.co.uk/news/magazine-23247914

[158] K Kelland, "Basic hygiene at risk in debt-stricken Greek hospitals" *Reuters,* 4 December 2012, https://www.reuters.com/article/us-greece-austerity-disease/basic-hygiene-at-risk-in-debt-stricken-greek-hospitals-idUSBRE8B30NR20121204

[159] E Karamanoli, "5 years of austerity takes its toll on Greek health care" *Lancet* 286 (10010) 2015, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01163-0/fulltext

[160] P Beaumont, "Greece's health care system is on the brink of catastrophe" *The Guardian,* 5 August 2011, https://www.theguardian.com/world/2011/aug/05/greece-healthcare-brink-catastrophe; S Daley, "Fiscal crisis takes toll on health of Greeks" *New York Times* 26 December 2011, https://www.nytimes.com/2011/12/27/world/europe/greeks-reeling-from-health-care-cutbacks.html; A Faiola, "In Greece, fears that austerity is killing the economy" *Washington Post*, 10 January 2012, https://www.washingtonpost.com/world/europe/in-greece-fears-that-austerity-is-killing-the-economy/2012/01/09/gIQA9hAFpP_story.html; E Karamanoli, "Debt crisis strains Greece's ailing health system" *Lancet*, 23 July 2011, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61152-5/fulltext

[161] L Alderman, "Amid Cutbacks, Greek Doctors Offer Message to Poor: You Are Not Alone" *The New York Times*, 24 October 2012, https://www.nytimes.com/2012/10/25/world/europe/greek-unemployed-cut-off-from-medical-treatment.html?mtrref=www.google.com&assetType=REGIWALL

[162] K Kelland, "Basic hygiene at risk in debt-stricken Greek hospitals" *Reuters,* 4 December 2012, https://www.reuters.com/article/us-greece-austerity-disease/basic-hygiene-at-risk-in-debt-stricken-greek-hospitals-idUSBRE8B30NR20121204

[163] P Cockburn, "Starved of funds, now starved of food: pain bites at Greek hospital" *The Independent,* 14 June 2012, https://www.independent.co.uk/news/world/europe/starved-of-funds-now-starved-of-food-pain-bites-at-greek-hospital-7848855.html

[164] C Hadjimatheou, "Greek hospitals tighten payment rules" *BBC News Magazine,* 22 May 2012, https://www.bbc.co.uk/news/magazine-18073793

[165] S Daley, "Fiscal crisis takes toll on health of Greeks" *New York Times* 26 December 2011, https://www.nytimes.com/2011/12/27/world/europe/greeks-reeling-from-health-care-cutbacks.html

[166] Interviews with people using the health care system in Thessaloniki and Athens, January and February 2019.

[167] P Beaumont, "Greece's health care system is on the brink of catastrophe" *The Guardian,* 5 August 2011, https://www.theguardian.com/world/2011/aug/05/greece-healthcare-brink-catastrophe

interviews with Amnesty International, several people recalled how difficult the sudden and extensive budget cuts were.

K* whose father was treated for cancer at the last stage in a public hospital in Athens recalled the experience: "Our first close contact as a family … with the national health system was in the period of 2012 and 2013, when my father was diagnosed with final stages of metastatic cancer (in the lungs). During the approximately 6 months of his hospitalization where he managed to hold on to life, what I remember most vividly is the superhuman efforts of the hospital's medical and nursing staff, given the circumstances and the means they had at their disposal, to offer relief to patients and their families in the best possible way. On the other hand, it was a period when there were shortages of chemotherapy drugs and something I remember very vividly was the agony we experienced as a family, trying to find the drugs, through people we knew from various regions of Greece and from friends abroad. I remember the agony on my father's face, waiting to hear [when] he would have his medicine [available] in order to undergo his planned palliative treatment".[168]

During this time, a number of social solidarity clinics opened in Greece to cater to the medical needs of people who were unable to get care from the public health system, either because they were not insured or because they could otherwise not afford it.[169] Social solidarity clinics were set up by active citizens and volunteers to respond to the health needs of people affected by the crisis, who had limited financial resources and were therefore often unable to access the health care they needed. These clinics were typically staffed by health worker volunteers and received medicines and other medical products through donations. Some were initially designed to cater to the new refugee and migrant population in Greece, but gradually opened their services to everyone who needed it. Others were formed with the express intent to fill the gap in health coverage the crisis and austerity measures had created. Some social solidarity clinics operated simply as pharmacies, and dispensed free medication. Others functioned as full health clinics, offering appointments with doctors, mental health professionals, dentists, etc. to those who needed it. For many people severely affected by the crisis, who were uninsured, unemployed, living in poverty, and/or irregular migrants, these social solidarity clinics acted as a lifeline and provided necessary health care when there were no other options. As an article on this issue stated, "In the absence of the solidarity clinics, and lacking funds for attending private practice, many patients would simply have no care or medication".[170]

# 5.2 ONGOING IMPACT ON PEOPLE'S LIVES

This section discusses the on-going impact of the economic crisis and austerity measures on people's access to health care. It is based primarily on interviews we conducted with 75 people using the health system and 55 health workers over 2018 and 2019, a decade after the crisis started and austerity measures were introduced. Many people we interviewed lived in extremely vulnerable situations: they were either unemployed, uninsured, or homeless, and more likely to experience challenges accessing health care. We conducted most of our interviews through referrals from social solidarity clinics and civil society groups. Therefore, people interviewed had access to some health care through these clinics or civil society groups but spoke to Amnesty International specifically about the difficulties they faced accessing care in the public health system. There are likely people living in more vulnerable circumstances, who may not be associated with such organizations and are not receiving even this level of support.

While Amnesty International asked people what difference they experienced in their access to health care before and after the crisis and austerity measures, interviewees were sometimes not able to accurately compare their experiences before and after, as 10 years is a long time. Sometimes they did not remember what things were like in 2008, and at other times, they had only gotten sick after the 2009 and had not used the health care system to the same degree before the crisis. Wherever possible, therefore, Amnesty International has used available quantitative data and studies by international organizations and academics to corroborate how these experiences are corelated, if not caused by the economic crisis and austerity measures. Furthermore, Amnesty International worked with GIVMED (a non-profit organization aiming at facilitating access to medicines for all) to distribute a survey to social pharmacies, asking about how they believe the crisis and austerity continue to impact their work. The responses to this survey are included in the analysis below.

---

[168] Interview with K*, Athens, 30 November 2018

[169] A survey conducted in 2014-2015 identified 92 active solidarity clinics. See I Evlabidou and M Kogevinas, "Solidarity outpatient clinics in Greece: a survey of a massive social movement", *Gazeta Sanitaria*, 33(3), 2019, pp. 263-267: https://www.sciencedirect.com/science/article/pii/S021391111830013X

[170] I Evlabidou and M Kogevinas, "Solidarity outpatient clinics in Greece: a survey of a massive social movement", *Gazeta Sanitaria*, 33(3), 2019, pp. 263-267: https://www.sciencedirect.com/science/article/pii/S021391111830013X

## 5.2.1 REDUCED ACCESSIBILITY OF HEALTH CARE

### THE CRISIS OF BEING UNINSURED AND THE 2016 LAW

As access to ESY in Greece was linked to people's occupation,[171] when unemployment started to soar after the economic crisis, many people found that they could either no long afford to pay their SHI contribution or that they did not have health cover because they were no longer working. EOPYY only provided coverage for two years after people stopped working, meaning that by 2016 over 2.5 million people were uninsured and did not have access to the public health system as before;[172] they would need to pay for it out of pocket. Becoming uninsured was one of the biggest barriers to accessing health care people faced during the crisis. Governments introduced schemes starting from 2013 to address the health needs of uninsured people: this included a ministerial decision introducing a health voucher program in 2013,[173] and two subsequent ministerial decisions in 2014.[174] However, people continued to face administrative barriers in accessing health care because of multiple difficulties in implementing the schemes.[175] Finally, in 2016, the government passed Law 4368/2016, which sought to ensure universal access to health care for people who were uninsured and so-called 'vulnerable social groups'.[176] The law covers those uninsured who are legal residents in Greece and individuals belonging to 'vulnerable social groups' irrespective of their legal status such as asylum-seekers, pregnant women, children and persons with disabilities.

Almost all people interviewed by Amnesty International appreciated the importance of the 2016 Law, and said it made a significant difference to their ability to access health care. This is illustrated by the case of Y* below. Some social pharmacies told us that the burden on them reduced after the 2016 Law, and today they advised people whenever possible to seek care in the public health system.[177] While noting the positive impact of the 2016 Law, a report by the European Observatory on Health Systems and Policies said "it should be noted that there was a remarkable delay of more than five years in finding a solution to cover the uninsured and poor. It is likely that the pressure imposed by the EAP (economic adjustment programs) to implement health expenditure cuts created additional obstacles to responding in a timely manner and finding appropriate solutions to reinstate universal access to health care".[178]

#### Y*'S STORY[179]

Y*, a 54-year-old man, was unemployed, uninsured, and homeless when he spoke with Amnesty International at a shelter run by a civil society group. "I was destroyed. Before the crisis, I had a family with 4 children. I was an engineer; my wife was an architect. We were self-employed and had our own company. After the crisis, a lot of my clients didn't make their payments to me, and I wasn't paid a lot of the money I was owed. I wasn't able to pay my workers … they say poverty creates fights. I had a lot of problems with my wife. We ended up separating and she kept our children", he told Amnesty International. Y* explained how difficult it had been for him and his family to access health over the past decade. In 2014, his family had chicken pox but none of them could afford to see a doctor. "I was angry. Not just for me, but also for my children. I was angry with the government. I was angry with the MoU

[171] Prior to the crisis, people who were unemployed in Greece had a separate health insurance fund that was financed by the central government budget. People living in poverty were entitled to free health care. See European Observatory on Health Systems and Policies, "Greece: Health System Review 2010", *Health Systems in Transition*, at page 54, http://www.euro.who.int/__data/assets/pdf_file/0004/130729/e94660.pdf

[172] For example, European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 76, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[173] Ministerial Decision No. 724/4.10/2013, Replacement of Ministerial Decision No. 654/12.8.2013 'Terms and procedures of implementation of a Program to ensure free access to primary health care services of uninsured citizens': https://www.taxheaven.gr/laws/circular/view/id/17279. Only a small number of vouchers were distributed raising doubts about the efficacy of the program. European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 50, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[174] Joint Ministerial Decision Υ4α/ΓΠ/οικ.48985/3.6.2014 'Amendment and additions to Joint Ministerial Decision No. 139491/2006 'Determination of requirements, criteria and procedures of accessing the system of nursing, medical and pharmaceutical care for uninsured and financially weak citizens', available at: https://www.taxheaven.gr/laws/circular/view/id/19131; and Joint Ministerial Decision No. 56432/2014, available at: https://www.e-nomothesia.gr/kat-ygeia/perithalpse/kya-gp-oik-56432-2014.html.

[175] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at pages 50 and 51, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[176] Article 33 of Law 4368/2016; and Joint Ministerial Decision NO. Α Α3(γ)/ΓΠ/οικ.25132 Provisions for ensuring access of those uninsured to the National Health System: https://www.moh.gov.gr/articles/health/anaptyksh-monadwn-ygeias/3999-prosbash-twn-anasfalistwn-sto-dhmosio-systhma-ygeias.

[177] For example, interview with social pharmacies, 3 February 2019, Corinth

[178] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 51, http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

[179] Interview with Y*, 30 Jan 2019, Athens

[Memorandum of Understanding between the government of Greece and the lenders]", he said. Y* has a chronic health condition, for which he needs regular medication and medical attention. He initially did not see a doctor because he could not pay the €5 charge and survived by asking his friends for medicines. The 2016 Law has made access to the public health system possible. He still needs to pay for some medicines in the public health system, such as painkillers, and therefore he gets these free from social pharmacies.

While the 2016 Law sought to provide universal access to health care for almost 2.5 million people who had previously been uninsured, it was not accompanied by sufficient budgetary allocations. Health workers told Amnesty International how the 2016 Law increased the burden on the public health system without a corresponding increase in resources. There was an urgent need for additional staffing and funding. As one doctor said: "Everyone is generally affected, despite the fact that the 2016 Law has increased access. There has been no equivalent increase of funding and personnel. So, hospitals can't cope with this increased demand. We face a 30%-40% increase in patients with the same personnel and resources … it places health workers in a very difficult position. It doubles their work and the time for which they work … it is not enough for patients to enter hospitals. Doctors need to be able to help them".[180] Similarly, a volunteer at a social solidarity clinic told Amnesty International: "The 2016 Law is good. However, such a strong crisis exists, and hospitals are not able to operate properly. The public health system can't even support the insured people, what sort of help do you think they can give the uninsured?".[181] This is illustrated in S*'s story below.

**S*'S STORY[182]**

S*, a 58-year old man, is unemployed and uninsured. About a decade ago, he had a heart attack, and needs regular medication since then. His medicines cost him about €80 a month. In the early years of the crisis, he was reliant on social solidarity clinics. However, following the 2016 law, he has started using the public health system. "But there are long waiting lists and it's difficult to get an appointment", he said. For example, it took him eight weeks to get an appointment with a doctor for his eyes, and six months to get a colonoscopy. About the general situation he said, "[While] I see things improving … the government says we are out of the crisis, but we are not".

Furthermore, for many months groups who can technically have universal access to healthcare under the 2016 Law have faced increasing hurdles. Article 33 of the 2016 Law provides access to health care to asylum-seekers and children irrespective of their legal status. Until July last year, individuals belonging to these groups were required to have a Social Security Number ("AMKA") to be able to access healthcare in the public health system. NGOs working with asylum-seekers in Greece told Amnesty International of the barriers many asylum-seekers faced in accessing the public health system because they were unable to get an AMKA. For example, we were told about cases where people were refused an AMKA because officials said their asylum-seeker's card was not translated in Greek. These barriers significantly worsened after 11 July 2019, when the Ministry of Labour and Social Affairs withdrew the circular that regulated how AMKA was to be granted to non-Greek nationals. As a result, thousands of asylum seekers and unaccompanied children and children of irregular migrants who did not already have an AMKA faced difficulties in accessing health care. Amnesty International spoke to the doctors of two asylum-seekers living with HIV (one man and one woman), who are being treated in a major hospital in Athens, and also met with their patients. They all explained that if these patients were discharged, they would not have been able to access their anti-retroviral medicines, as they had not been able to get an AMKA. A new Asylum Law (Law 4636/2019) adopted by the Greek Parliament at the end of November 2019 tried to overcome the issue, providing that asylum-seekers would have had access to public healthcare through a 'Temporary number for insurance and healthcare for third-country nationals' (so-called P.A.A.Y.P.A). However, this law guarantees access to public health services only to those asylum seekers who have completed the registration of their asylum claims and have been issued an asylum card as a result, whereas the 2016 Law guarantees access to healthcare to asylum-seekers from the day they express their intention to seek asylum. The 2019 law also excludes certain categories of asylum-seekers who had their asylum claim rejected and whose appeal against the negative decision would not halt a possible return. Children of irregular migrants also continue to be excluded in

[180] Interview with a doctor, 3 February 2019, Patras
[181] Interview with a volunteer at a social solidarity clinic, 30 January 2019, Athens
[182] Interview with S*, 5 February 2019, Athens

practice, as procedures implementing their access to healthcare have not been implemented. Irrespective of the new law, the temporary insurance and health care number system lacked practical implementation for several months, exposing many to uncertainty and health risks. It was not until 31 January 2020, that the Greek authorities proceeded with the issuance of an implementing Joint Ministerial Decision granting a 'temporary number for insurance and health-care' to asylum-seekers and until 1 April 2020 that the Ministerial Decision began to be implemented.[183] However, the implementation of the Decision has not fixed existing concerns for some categories such as asylum-seekers who have not managed to lodge an asylum claim, particularly at a time when the Greek Asylum Service has suspended many of its activities due to the Covid-19 pandemic including the registration of asylum claims.

## LENGTHY WAITING TIMES

### AG*'S STORY[184]

AG* is a single parent with a five-year-old son. She works as a carer for four hours daily and earns around €500 a month. She has multiple health problems and uses the public health system. "I keep my money for my son, in case I have to sometimes pay privately for a paediatrician … for me I wait", she said. She told Amnesty International how the long waiting lists had impacted her: "I had a bad flu, and so I called to see my doctor. They said there is an appointment a month later. So, I went to emergency care instead, and waited four hours [after which] I said it's better to go home and die in my bed". Similarly, she has a problem with her eye. "I need a specialist to check my eyesight. I called in October 2018 and got an appointment in February 2019 … [while waiting] I get tired when I have to write and read", she said.

Amnesty International interviewed 75 people who used the public health system in Greece for this report. Lengthy waiting times emerged as a key concern regarding the accessibility of the heath system. Several people noted that waiting times to see doctors, specialists, and to have tests done at hospitals had increased during the crisis. Around 90% of those interviewed said that lengthy waiting times were one of the biggest challenges they faced to access health care when they needed it in the public health system. While some European countries record data on waiting times for health services at the national level, Greece does not do so.[185] It is therefore not possible to quantitatively verify the extent to which waiting times have increased, and whether specific services have been particularly impacted. However, health workers, volunteers at social solidarity clinics, and government representatives that Amnesty International researchers met, all confirmed that waiting times had indeed increased during the crisis and posed a significant challenge. This is consistent with the findings of a WHO report on this issue, which stated "Although there are no official data, anecdotal evidence from health care personnel suggests that waiting times to receive public health services have increased".[186] There are many reasons why this has happened: the reduced number of health workers, the lack of resources in the health sector, and the larger number of people accessing the public health system.

People reported having to wait for many months to see doctors, get diagnostic tests done, and access treatment. For example, P* told Amnesty International about the difficulties she faced getting appointments for her auto-immune condition. "I needed a blood test in January and only got a date for March … I'm worried because when I have a problem, I just want to get treatment for it".[187] Similarly, ST*, a 73-year old woman, was experiencing severe pain in her leg when she spoke with Amnesty International. She had to wait a month for an appointment. She said, "There has to be some care from the government, but they don't

[183] Joint Ministerial Decision 717/2020, Government Official Gazette 199/B/31-1-2020, Provisions to ensure asylum-seekers access to health services, medical and pharmaceutical care, social insurance and labor market, Issuance of P.A.A.Y.P.A, available at https://www.e-nomothesia.gr/kat-allodapoi/prosphuges-politiko-asulo/koine-upourgike-apophase-717-2020.html. Urgent Action: Migrant Children and Asylum-Seekers still denied healthcare, 12 February 2020, UA: 2/20 Index: EUR 25/1801/2020 Greece, available at https://www.amnesty.org.uk/urgent-actions/migrant-children-and-asylum-seekers-still-denied-healthcare; and Granting of Temporary Insurance and HealthCare number of Third-Country National, Statement of 1 April 2020, available at: https://www.mitarakis.gr/gov/migration/1975-dt-yma-apodosi-paaypa.

[184] Interview with AG*, 31 January 2019, Athens

[185] For example, the OECD collates data on waiting times for specific health services in countries where this data is collected. Data is collected in Denmark, Sweden, Norway, Spain and the UK. There is no data available for Greece on the OECD database. Amnesty International requested this information from Greek authorities in the course of researching this report. We had not received any information on this at the time of publishing. The OECD statistics are available here: https://stats.oecd.org/Index.aspx?QueryId=49344#

[186] World Health Organization, "The impact of the financial crisis on the health system and health in Greece" 2014 at page 38, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf

[187] Interview with P*, 1 February 2019, Athens

care".[188] CG*, a 68-year old man, explained difficulties he had getting an appointment in the health system: "My difficulty now is to book an appointment. I have to call, and that costs €1.20/minute. I don't have the internet at home. And I don't have this kind of money … and then, you have to wait four months to see a doctor".[189] Others told Amnesty how they gave up trying after some time. One 23-year old woman told Amnesty International how she "asked to make a TOMY [primary health care] appointment in December. They asked me to call in January. When I called then, they asked me to call in February. And then I just gave up".[190]

Health workers and social solidarity clinics confirmed that waiting lists had grown longer in recent years. A volunteer at a social solidarity clinic in Athens dealing specifically with mental health told Amnesty International, "There are long waiting lists in the public health system. But if someone has depression or panic attacks, you can't tell him he must come in three to four months".[191] A doctor at a hospital in Thessaloniki confirmed that waiting lists were getting longer, particularly in certain specialities: he noted anaesthesiology, neuro-surgery and radiology.[192] Health workers from another hospital explained how they were over-subscribed. They had about 2500 slots for specialist appointments every 3 months, and they got between 50,000 and 60,000 calls for these slots.[193]

Users of the public health system and health workers told Amnesty International about how lengthy waiting times to access health care adversely impacted the people left waiting for care. Lengthy waiting times increased the time people spent living with painful and avoidable symptoms. They prolonged people's stress and worry about what illness they had. And most seriously, in some cases, these waiting times increased the risk of illnesses and the worsening of untreated health conditions. As the cases below indicate, interviewees told Amnesty International how the lengthy waiting times meant that they sometimes paid out of pocket for an afternoon appointment in the public health system or sought treatment in a private hospital contracted with EOPYY, with this additional burden coming at a difficult financial time. Others continued to rely completely on social solidarity clinics. The stories below illustrate how people in different circumstances – people who were unemployed, self-employed but uninsured, pensioners – are all impacted.

A* is a 63-year-old man living in Athens.[194] He has been unable to find work since 2008 and is uninsured. "From 2008 we are unhappy, we are not ok, there are no jobs. I don't work, no one in my family works. If you have many kids, you have more problems", he said. A* lives with his wife and four children and is glad he does not need to pay rent. His only income is a €200 allowance from the government. "Before the law of 2016 it was hard to access hospitals, and now it's much better," he told Amnesty International. However, there are still many problems. A while ago, A* fell sick and thought he had symptoms of hepatitis. "We wanted to have a test for hepatitis but had to wait four months," he said. During this time, A* continued to experience symptoms and tried his best to avoid his family, since he did not want to infect them. Finally, he learned he did not have hepatitis, but still needed medicines to treat his condition. He told Amnesty International he was asked to pay for his medicines, and since he could not afford the cost, he had to spend 20 days asking for money from people he knew before he was able to buy them. "I frequently need to see a doctor, but I don't have money to go", he said.

M*, a 63-year-old man, was extremely impacted by the economic crisis.[195] While he is currently working, he is not insured, because he cannot afford the health insurance contribution. He works as a freelancer in the insurance sector. Last year, he earned €12,000 before taxes. €4500 went into taxes, and he has to pay a €500 fee to be registered as a salesperson. He was left with €7000 that year, which is approximately €585 a month. "I have my own personal needs: electricity, rent, food, etc. Once I pay for all this, I have zero money left. I can either pay for my health insurance – around €350 [annually] – or have something to eat," he told Amnesty International. He has type 1 diabetes. Between social pharmacies and the public health system, he is able to access his medicines and testing equipment free of charge. However, he faced difficulties accessing doctors for regular appointments because of the waiting lists. As a result, he often pays €60 to see a doctor during the afternoon, when they charge patients. "If I wait the diabetes will worsen," he said.

AK*, a 68-year old woman, spoke with Amnesty International at a social solidarity clinic.[196] "Before the crisis, we were well-off financially. But we have been completely destroyed. My husband used to have a business. But we now have had to take loans, mortgage our houses … I would have liked to leave something to my

[188] Interview with ST*, 6 February 2019, Athens
[189] Interview with CG*, 30 January 2019, Athens
[190] Interview with woman using the health care system, 7 February 2019, Thessaloniki
[191] Interview with volunteer at a social solidarity clinic, 4 February 2019, Athens
[192] Interview with doctor, 9 February 2019, Thessaloniki
[193] Interview with doctor, 8 February 2019, Thessaloniki
[194] Interview with A*, 5 February 2019, Athens
[195] Interview with M*, 5 February 2019, Athens
[196] Interview with AK*, 7 February 2019, Thessaloniki

children, but it's all gone. We are going to leave them debt", she said. AK* had a stroke following the crisis and the collapse of her husband's business, which she blames on the stress of these events. She was hospitalized for three months. Since then, she has been seeking care through social solidarity clinics, because she has struggled to find appointments in the public health system. Her current health needs include care for a thyroid problem, glaucoma, blood pressure, as well as regular MRI scans. For example, AK* tried to book an appointment with an eye specialist in January 2019, but there was no availability until March 2019. "In reality things are really bad," she said. "The health system is not working. Thankfully social solidarity clinics and community centers exist".

TH* lives with his wife, and they are both dependant on a €300 benefit from the government, as they have no steady employment.[197] They are both uninsured. He had a stroke 15 years ago, and his leg is partially paralysed. "I've had great difficulty accessing doctor because of money," he said. "I've not been able to access a doctor many times when I need it". For example, there is a two-month wait for appointments in the public sector. The afternoon appointments (which are more easily available) cost €70, and he cannot always afford them. Similarly, he can have to pay up to €90 a month for medicines. He tries to get them for free whenever possible, but some months he's had to pay. "I hope the situation doesn't get worse. I hope it gets better in the future … I want an improved health system: without having to wait a long time, without having to pay," TH* said.

Amnesty International asked the Ministry of Health about their plans around reducing waiting lists and improving access to care.[198] The Deputy Minister acknowledged that the waiting lists could be very long - particularly in certain medical specialities (he mentioned anaesthesiologists and nursing staff) – and said the waiting lists were linked to shortages in staff in the health sector. He explained that the government's plans to increase the recruitment of health workers in coming months were also intended to reduce the waiting lists.

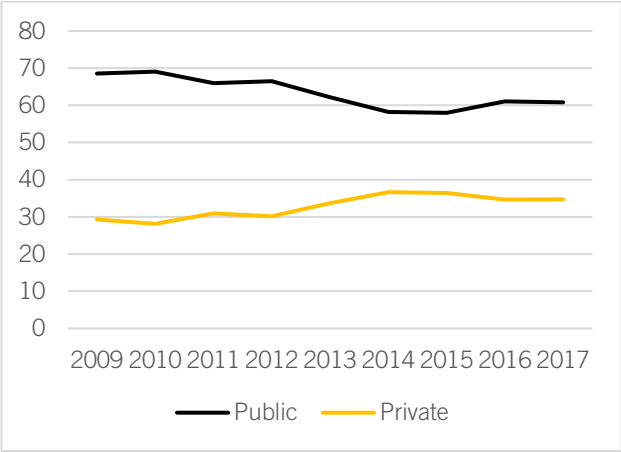
## 5.2.2 REDUCED AFFORDABILITY OF HEALTH CARE

### X*'S STORY[199]

X*, an 89-year old woman, lives with her daughter. Her daughter does not work, and they are both dependant on X*'s pension of approximately €700. X* has diabetes and osteoarthritis. "I spend between €50 and €60 a month for health care and every three months I pay €10 for my prescriptions. We paid less before the crisis," she told Amnesty International. "I avoid private doctors because they require €50 … I suffer from noise in my ears and to see a specialist will take three months. I cannot afford to pay for a private doctor as I do not have €50". X* told Amnesty International that her pension was reduced by €50 since the crisis. "We do not have any extra income since my daughter is unemployed. What we can do – we have no other resources. We do not starve, but we find it difficult."

As this report has already described, the economic crisis meant that people in Greece were more financially vulnerable and at greater risk of poverty, making it harder for them to afford health care. In general, between 2009 and 2017 [the last year for which data is available], total health spending – which includes both public and private health spending - in Greece has fallen. It was €22490.9 million in 2009, and fell to €14492.2 by 2017, a drop of 35.56%. However, as the graph below indicates, public health spending fell as a share of total health spending, while private health spending increased as a percentage of total health spending.[200] In other words, the share of out of pocket health expenditure was growing and the government's contribution was declining.

[197] Interview with TH*, 5 February 2019, Athens
[198] Interview with Ministry representative, 8 September 2019, Athens
[199] Interview with X*, 31 January 2019, Athens
[200] Eurostat, Health care expenditure by financing scheme [Last update: 24-02-2020]




The fact that households are now picking up a greater share of total health spending is linked to other data showing the adverse consequences of this trend, including on the affordability of health care. WHO has analysed the incidence of impoverishing[201] and catastrophic health spending in EU countries. Catastrophic health spending in Greece increased steadily between 2010 and 2015. The share of catastrophic spending[202] increased from 7 % in 2010 to 10 % in 2016.[203] Around 2% faced impoverishing health spending.[204] This data is also closely linked to the increased unmet health needs in Greece for financial reasons. The graph below – with the time period on the X axis and percentage of unmet health needs on the Y axis - shows how average self-reported unmet health needs in Greece have almost doubled between 2009 (4.2%) and 2018 (8.3%), reaching a high of 12% in 2016. This is much higher than the EU-27 average, which was 1.7% in 2016 and 1% in 2018. This has particularly impacted people on the lowest quintile (lowest incomes), and the difference between the lowest and highest quintiles has also increased by 12.3% over the past decade.[205] Unmet health needs are also higher for women than for men: it was 2.9% for men and 5.1% for women in 2009 and 7.3% for men and 9.3% for women in 2018 across quintiles.[206]

[201] A household is considered to be impoverished if its consumption or income is above the poverty line before spending out of pocket and below it after spending out of pocket. A household can also experience impoverishing health spending if its consumption or income before spending out of pocket was already below the poverty line; it is further impoverished after spending out of pocket

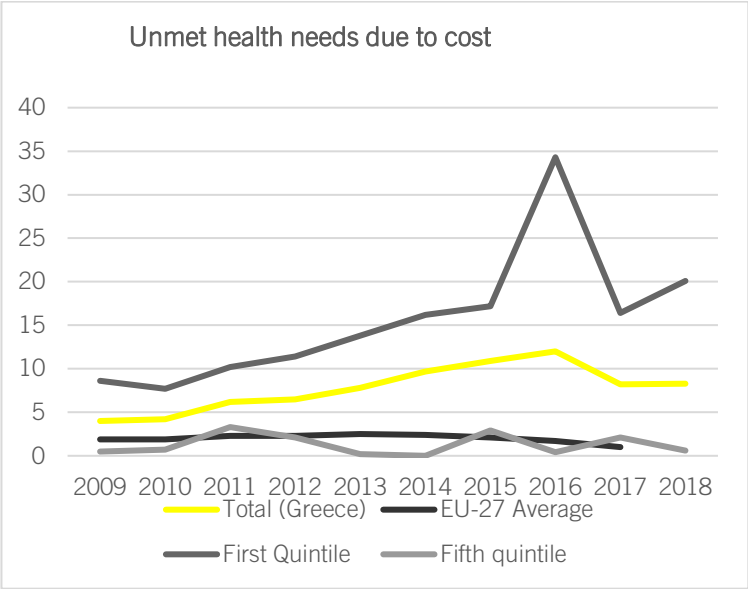
[202] Catastrophic health spending occurs when the amount a household pays out of pocket exceeds a predefined share of its ability to pay. This may mean the household can no longer afford to meet other basic needs like food, housing and heating or cannot afford to meet basic needs without drawing on savings, selling assets or borrowing.

[203] OECD, "Greece Country Health Profile 2019" *State of Health in the EU,* https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_gr_english.pdf

[204] World Health Organization Regional Office for Europe, "Can people afford to pay for health care?" *Regional Report,* 2019, at page 30, https://apps.who.int/iris/bitstream/handle/10665/311654/9789289054058-eng.pdf?sequence=1&isAllowed=y

[205] Statistics provided by the Hellenic Statistics Authority are slightly different and show that the average self-reported unmet healthcare needs was 4.2% in 2010 and 10.4% in 2018. It reached a high of 14.4% in 2016, Available at: https://www.statistics.gr/documents/20181/16865455/LivingConditionsInGreece_0320.pdf/8a3983e0-821a-5551-df1c-2c115477c386

[206] Eurostat, Self-reported unmet needs for medical examination by sex, age, main reason declared and income quintile [Last Update: 30-3-2020]




According to WHO, data indicates that the increase in catastrophic spending was concentrated among the second, third, fourth and richest quintiles, and the increase in unmet need for health and dental care was concentrated among the poorest quintile.[207] In other words, during this period, everyone had to spend more in health care, with 'catastrophic' amounts for people on higher incomes,[208] whereas people on lower incomes tended to not access the health care they needed because they couldn't afford it.

A 2019 profile of Greece's health system conducted by the OECD and European Observatory on Health Systems and Policies noted that "Cost presents the main barrier to accessing care, particularly for people on low incomes [in Greece]. One in ten households experience catastrophic spending on health, and the practice of making informal payments persists".[209] It found that "A very large share of spending comes from households, including informal payments … High levels of cost-sharing are … mainly due to co-payments for pharmaceuticals and direct payments for services outside the benefit package, visits to private specialists, nursing care as well as dental care … raising serious concerns about equity and access barriers to health care services". It also noted that "For medicines, measures introduced to lower government expenditure on pharmaceuticals resulted, in part, to shifting costs towards patients". It ultimately noted that these figures "highlight the need to establish robust mechanisms to protect vulnerable groups and patients with high health care needs, especially during times of economic crisis".

> **"People lost their jobs, homes, everything, very quickly. They couldn't afford their medicines. If they had to take a pill every day, they'd take it every three days. This is still happening."**
>
> Doctor, Athens, February 2019[210]

[207] World Health Organization Regional Office for Europe, "Can people afford to pay for health care?" *Regional Report,* 2019, at page 69, https://apps.who.int/iris/bitstream/handle/10665/311654/9789289054058-eng.pdf?sequence=1&isAllowed=y

[208] Catastrophic health spending occurs when the amount a household pays out of pocket exceeds a predefined share of its ability to pay. This may mean the household can no longer afford to meet other basic needs like food, housing and heating or cannot afford to meet basic needs without drawing on savings, selling assets or borrowing.

[209] OECD, "Greece Country Health Profile 2019" *State of Health in the EU,* https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_gr_english.pdf

[210] Interview with doctor, 5 February 2019, Athens

People's difficulties in affording health care was in part linked to the reduction in their disposable incomes during this period, both, due to the economic crisis and broader austerity measures. Studies have confirmed this. For example, one study looking at 189 people with chronic obstructive pulmonary disease (COPD) found that the cost of treatment was high, and that "many patients struggle to afford their medication because of the large income decrease".[211] This is consistent with what several people Amnesty International interviewed said and is discussed in more detail later in this section. However, the austerity measures specific to the health sector, in particular the measures that shifted costs to patients, are also at play. According to a report by the WHO on the impact of the crisis on health care in Greece: "The crisis exacerbated existing problems, and many of the policy measures introduced under pressure from bailout conditions have made health sector financing more inequitable … Other burdens on the population, particularly the poorer strata of society, include the increase in user charges, particularly for outpatient health care; private physician consultations in the afternoon surgeries of public hospitals on a fee-for-service basis; patient fees for admission to public hospitals; increases in co-payments for medicines; and the removal of certain laboratory and other tests from EOPYY reimbursement".[212]

The high costs of health care emerged as a theme in almost all of the 130 interviews Amnesty International conducted with people using the health system and health workers. As is detailed below, several people noted that even though percentage contributions towards medicines seemed small – between 10% and 25% - since there was no upper cap on the amount to be paid, co-payments for medicines could add up to high amounts. For example, E* is a recently retired pharmacist who was working until a few months ago. She told Amnesty International: "I know people who pay up to €150 in co-payments: for example, an older person who has a heart condition, cholesterol, and a respiratory condition".[213] Others explained additional reasons for which they ended up making payments for medicines and medical durables such as mobility aids, protheses etc. For one thing, if specific generic drugs were not available, or if a brand name drug had been prescribed by the doctor, the patient would have to pay the difference in cost between the branded drug and its generic version. Furthermore, some people needed medicines that were no longer being covered by the public health system following austerity measures, and therefore had to be paid for completely out of pocket. FA* has been tetraplegic since she was 12 years old and receives a disability benefit that she does not find adequate for her needs. "Previously we had access to medicines … I mean we received them without co-payments. During the crisis, this stopped … Now apart from the burden of co-payments in medicines, there is an additional financial burden for disposable materials (since they are not free any longer) and orthopaedic products".[214] A significant majority of the people Amnesty International spoke with would not be able to afford to pay for health care in the private sector. Therefore, if they were unable to afford health care in the public health system, they were likely to rely on social pharmacies for care, delay their access to health care, or not access it at all.

> **"Most people come to this clinic because they cannot afford the co-payments … many old people will have to pay €50 out of a €300 benefit [or pension], so it's really not affordable for them."**
>
> Doctor at a social solidarity clinic, Athens, January 2019[215]

Several social pharmacies explained how they continue to cater to people on lower incomes, who were not able to afford medicines. A volunteer at a social solidarity clinic explained, "There are families who need to spend €5 for medicines, but they can't afford it".[216] This was echoed at another social solidarity clinic, where a volunteer told Amnesty International how they distributed over such 18,000 prescriptions in 2018, pointing

[211] E Stafyla et al, "The pharmacological cost of COPD during Greek economic crisis" *International Journal of Chronic Obstructive Pulmonary Disease*, Vol 12, pages 461–466, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293366/
[212] C Economou et al, "The impact of the financial crisis on the health system and health in Greece", European Observatory on Health Systems and Policies, 2014, page 27 and 28, http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf.
[213] Interview with E*, 1 February 2019, Athens
[214] Interview with FA*, 12 February 2019, Thessaloniki
[215] Interview with doctor, 31 January, Athens
[216] Interview with volunteer at a social solidarity clinic, 7 February 2019, Thessaloniki

to the large number of people who cannot afford even a €5 contribution for medicines .[217] A volunteer at a different social solidarity clinic said, "Most people who come to us are freelancers or older people. They have been ruined [due to the crisis] … if you are paid €400 a month, you will have to make contributions, and this can be up to €100 for some".[218] Another clinic confirmed to Amnesty International that they still served several low-income pensioners who could not afford the co-payments. As per their calculations, the average contribution a person made to their medicines was 35% of the cost (including the prescription fee, co-payment, and difference between generic and brand name).[219]

### FEEDBACK FROM THE SURVEY TO SOCIAL PHARMACIES

Amnesty International, in collaboration with GIVMED (a non-profit organization aiming at facilitating access to medicines for all), administered a questionnaire to 20 social pharmacies in Greece. Details of the survey and the pharmacies are in the methodology section. The survey aimed at understanding why people were still using social pharmacies, instead of the ESY, even though all persons should have had universal access to the ESY after the 2016 Law.

The survey asked pharmacies whether they catered to people who were eligible to access free health care through the ESY. Of the 19 pharmacies who answered, all said yes, they did cater to people who could access free health care through the ESY. Some said that people eligible for care through the ESY constituted a small percentage of the people they served (for 6 pharmacies, it was between 2% and 10%). However, for many others, there were several such people, reaching up to 80% of the people they served. All the pharmacies said that people came to them for their services because their household income was low, their pension or benefits were not enough, or because the amount they had to contribute for their prescription was too high. This indicates that social pharmacies are still a crucial source of care for people who are financially vulnerable. Many of the social pharmacies also supported refugee camps, public hospitals, and civil society groups with medicine donations.

The questionnaire asked social pharmacies why people relied on them when they were eligible for free public health care. Several answers were given. The most common answer was that people always had to financially contribute for their prescription, and this amount was too high for them. This could be because they were prescribed a brand name drug, and hence had to pay the difference between the brand name and generic; or no generic was available; or had to pay the prescription fee; or needed medicines that were not covered by the public health system. About 30% of the materials social pharmacies dispensed were durables that people needed to apply medicines, which were often not covered by the public health system. Other reasons included that people trusted social pharmacies more; that the social pharmacy may be more conveniently located for some people and did not involve transport; that people could not afford medical consumables (such as colostomy bags and incontinence products) that were not available free of cost in the public health sector; that social pharmacies accepted hand written prescriptions which other pharmacies did not; and that people did not have the necessary information and didn't know they could access the public health system free for what they needed.

Social pharmacies were asked what medicines and products people requested from them most frequently. The purpose of this question was to get a sense of which medicines and medical products people found hard to access to through the public health system. A vast majority of pharmacies mentioned that medicines for blood pressure, and diabetes were the most common medicines they dispensed. Anti-depressants, analgesics, and painkillers were also commonly mentioned. A few pharmacies noted that they provided health materials and durables, like cotton, gauze, catheters, and incontinence products. Social pharmacies covered on average 60% of the medicine needs of each one of their beneficiaries.

People who spoke with Amnesty International emphasised the difficulties they continued to face in accessing health care.

PK* is a 60-year old engineer. [220] He works freelance and is not insured. PK* told Amnesty International this was because he could not afford to make his social health insurance contribution. "Since the crisis, my business has worsened. I barely make any income, and paying for insurance is impossible," he said. PK* told Amnesty International that he has many health problems, including heart problems, trouble breathing, and a recent stomach ulcer. "I had a very serious problem in my stomach, and it took me a year to get the

[217] Interview with volunteer at a social solidarity clinic, 30 January 2019, Athens
[218] Interview with volunteer at a social solidarity clinic, 7 February 2019, Thessaloniki
[219] Interview with doctor at a social solidarity clinic, 3 February 2019, Corinth
[220] Interview with PK*, 31 January 2019, Athens

colonoscopy … In the year I was waiting, I was really worried. Time was passing, it was a really difficult time … If it is not an emergency, you just wait in pain", he said. Similarly, he had a glaucoma, which he had to wait eight months to get diagnosed. He then got referred to a specialist for treatment and is still waiting. While PK* should be paying a 25% co-payment, he always pays more. For example, one of his medicines for his heart costs €11 as a generic, but he said that his pharmacy does not stock the generic version. Therefore, he has to buy the branded version, which costs around €70. "I'm trying to save money to buy the medicines. If I take all my medicines, it will cost me €60 a month", he said.

P*, a retired woman living with an auto-immune condition, has felt the impact of health care costs.[221] "There is a problem with accessing the health system. If you don't have money, you can't have health care now days", she told Amnesty International. When P* retired in 2009, she received a pension of €1450, her only source of income. This has since been reduced to €1050 in 2019. The co-payments for her medicines cost between €40 and €50 a month. She needs to see a specialist about once a month, however, the free slots are usually booked out much in advance. Therefore, she pays €65 to see a specialist in the evenings. Furthermore, she attends physiotherapy regularly. She needs to pay €20 per session and attends about 15 sessions a month. This amounts to about €400 a month, almost 40% of her monthly income.

## PARTICULAR IMPACT ON CERTAIN GROUPS

Several studies have looked specifically at how austerity measures impacted particular groups of people. One example is people who were unemployed and / or on lower incomes. A 2014 study surveyed 1594 patients with chronic health conditions in Greece and found that 63.5% of them faced economic barriers to accessing health care, and 58.5% faced barriers due to lengthy waiting lists. People who were unemployed and with low incomes were found to be at greater risk of these barriers.[222] This is consistent with the experience of people who spoke with Amnesty International, who were unemployed and had with a wide range of health conditions.

Amnesty International met F*, a 55-year-old-woman, in a shelter for homeless people, run by a civil society organization in Athens. F* is unemployed and uninsured and has been struggling to find work since 2010. Recently, she has begun to work as a cook in the informal economy and earns between €2 and €3 an hour when she is able to find work. "I'm lucky I'm not sleeping in the street … If you don't have [health] insurance, it's very difficult. You have to pay for medicines," she said. F* has a chronic lung problem. She needs to spend around €45 a month on her regular medicines, so sometimes she doesn't take them, as a result of which she often finds it hard to breathe. "I feel angry whenever I see what the crisis did … We have to find a job. Not just try to survive. I have to be able to do things on my own, and make my dreams come true", she said.[223]

E*, a 51-year-old woman, was a teacher of classics in school.[224] She lost her job in 2012 in the public sector and her husband lost his job in 2014. They found themselves unemployed and uninsured. In 2014, E* needed insulin therapy but could not access the public health system since she was uninsured. "It cost €100 a month. I told my doctor I cannot afford it. Finally, I was referred to this social solidarity clinic, where I have been getting help". After the passage of the 2016 law, E* and her husband can access the public health system. "There are long waiting lists. For example, getting a breast screening takes a year: I waited 4 months waiting for the test and 8 months for the consultation. In Dec 2018 I had to see a specialist for my pancreas. There was a three-month waiting list. Another doctor referred me for an MRI, and there was no appointment in the public health sector until June [this year]". E* recently got a part-time job that pays her €3000 annually. As a result, she has to pay a co-payment for her tests and medicines in the public health system: 25% for test, and 10% for her diabetes medicines, which she cannot afford, and therefore relies on the social solidarity clinic. E* told Amnesty International "Many times I hear that poverty is an illness. In essence, I am sick in two ways. I'm diabetic. But also because of my economic situation".

Furthermore, a 2017 study found that persons with disabilities in Greece faced higher levels of unmet health needs than the general population following the austerity measures, with "transportation, cost and long waiting lists being the main barriers".[225] It observed that these barriers were "positively associated with low socio-economic indicators (such as income levels and employment status), which are becoming worse in the ongoing financial crisis", finding this "alarming, as the combination of increased health care needs and lower socio-economic status renders this population particularly vulnerable to health risks". The study particularly

---

[221] Interview with P*, 1 February 2019, Athens
[222] I Kyriopoulos et al, "Barriers in access to healthcare services for chronic patients in times of austerity: an empirical approach in Greece" *International Journal for Equity in Health*, 13 (54), 2014
[223] Interview with F*, 5 February 2019, Athens
[224] Interview with E*, 30 January 2019, Athens
[225] E Rotarou et al, "Access to health care in an age of austerity: disabled people's unmet needs in Greece" *Critical Public Health,* 29 (1), 2019, https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1394575

noted that persons with disabilities were 2.2 times more likely to experience unmet health needs due to costs and flagged the role of patient contributions / co-payments in this. As a part of this report, Amnesty International interviewed people with disabilities, and many explained the particular challenges they faced.

Niki Vaggelatou. a woman in her fifties, suffered from metastatic cancer and severe lymphoedema in one of her arms as a result of breast cancer.[226] She lived on a disability pension of approximately €590 a month. Niki had to travel to Athens from the island of Kefalonia in order to be monitored and receive appropriate treatment in a specialist public hospital. Her stay in Athens during the periods she was undergoing treatment would not have been possible without close family providing her with accommodation. She described how she had to pay twice for private MRI scans essential for the monitoring of her condition within few months. The first time, she was told that the next available appointment in her local hospital was a month after her scheduled appointment with her oncologist in Athens. The second time, the MRI scanner in her oncology hospital had broken down. "In December 2018, I paid €50 in co-payments and in March 2019, another €50". Niki also paid privately for special physiotherapy for her lymphoedema as this was not available in the ESY. Niki's additional expenses for her condition resulted in her being only able to cover her utilities and food costs.

M* has multiple sclerosis and explained how the crisis had impacted her ability to access health care.[227] M* used to work as a nurse until 2010, after which she quit because she was unable to work further due to her illness. She now receives a pension. While the medicines for managing her multiple sclerosis are exempt from copayments, medicines to treat the side-effects and other health conditions linked to multiple sclerosis are not. For example, M* pays a 25% copayment for medicines for depression, pain, urine infection, spasms, which she said used to be free before the crisis. "These are the results of my illness, why should I pay 25% for this medication?". She pays around €200 a month on health-related costs. She also noted that waiting times had increased following the crisis. "I wanted to book an appointment with an eye specialist in the hospital in February one year, and the next free one was only available for July. It can take three weeks to get an appointment with the family doctor. Is this health? If its urgent, I'll just go to the emergency".

K* has paraplegia and uses a wheelchair.[228] She works as a mechanical engineer and has always had public insurance. In her experience, the economic crisis has resulted in higher health care costs and increased bureaucracy to access health care. For example, she now has to pay for many products that were previously available free to her, which she needs regularly to manage her health. These include laxatives, hygiene products and sanitary products for incontinence. These can cost anywhere between €50 and €90 a month. Before the crisis, she received a subsidy of €1800 for a wheelchair every 4 years, and now she gets a €1080 subsidy every 5 years. Similarly, she is given between €210 and €240 for wheelchair cushions, which cost between €400 and €500. She used to see a physiotherapist. However, following the crisis, she was told that as a person who was paraplegic, she would need a monthly approval from a committee to access physiotherapy. She felt overwhelmed by the process and gave up.

This section has discussed how the economic crisis and austerity measures in the public health system impacted specific groups in Greece, including people on lower incomes, people who were unemployed, people who were homeless, people with disabilities, refugees and asylum-seekers, and people with chronic health conditions. As the COVID-19 pandemic continues to spread in Greece, it will impact the health and livelihoods of many people, and individuals in these groups are at particular risk. Some groups appear to be at greater risk of severe impact if they contract the virus, including older persons and persons with prior health conditions. Others are at greater risk of contracting the virus because of where they live and the accessibility of preventive measures, for example, people who are homeless, people in prisons, and people who live in camps. Similarly, people living in poverty may not be able to afford necessary preventive equipment or have access to adequate water and sanitation facilities. Quarantines and lockdowns imposed to reduce the spread of the virus will particularly adversely impact the livelihoods of people with precarious work arrangements and those with little or no social security protections, including people in the informal sector, working in the 'gig' economy, and irregular migrants. Women and girls are at risk of being disproportionately impacted by the closure of services with the lockdowns and travel restrictions for several reasons, for example, as the burden of unpaid care work at home may fall on them including domestic work, home schooling of children and care for elderly and sick family members. Travel restrictions also impact their ability to report gender-based violence. National women's groups have raised the alarm on the increase and intensification of domestic violence during the lockdown and urged for the inclusion of the reporting of such incidents to the police in lockdown permit documents.[229] Groups that have faced structural

[226] Interviews with Niki Vaggelatou, 15 February 2019, Kefalonia; and by e-mail in late March 2019.
[227] Interview with M*, 11 February 2019, Thessaloniki
[228] Interview with K*, 5 February 2019, Athens
[229] According to recent statistics provided by the General Secretariat of Family Policy and Gender Equality, in March 2020 calls on violent incidents in the SOS hotline increased by 16,4 % and those for domestic violence by 6.4 % in comparison to February 2020. Women's

discrimination and marginalisation may experience compounded effects in the context of the pandemic, including in terms of access to health care as well as social security protections. The government of Greece must account for the specific needs of particular groups while designing and implementing responses to the COVID-19 pandemic. No one should be left behind in the response to the pandemic.

## 5.3 IMPACT OF AUSTERITY ON PUBLIC HEALTH

While Amnesty International's interviews focussed on people's access to health care, several studies have documented the impact of the austerity measures on public health. In other words, they have argued that in addition to compromising access to health care, these measures have made people more ill and worsened their health.

- Earlier on in the crisis, reports and articles noted an increase in HIV infections in late 2010, around the same time as budget cuts led to street work programs being cut by almost a third.[230]
- Other trends in infectious diseases caused concern as well, such as an outbreak of Malaria in 2011 and West Nile virus infection in 2010. While the cause of these outbreaks is thought to be environmental factors, experts have expressed concern that inadequate preventive efforts due to the budget cuts increased the risk of transmission.[231]
- A study published in the *Lancet* in 2018 noted a reduced improvement in age-standardised mortality after the austerity measures were introduced.[232]
- Reports have also noted the increase in the number of suicides as well as increased mental health concerns during this period.[233]
- An article in the Journal of Public Health Policy found that while the economic crisis negatively impacted people's health, the austerity measures made this worse. This paper looked particularly at people participating in the labour market in Greece, including people who had become unemployed and people with precarious employment, finding that "Austerity therefore appears to have exacerbated the health effects of becoming unemployed".[234] The study also noted that women tended to experience poorer health than men did following job losses in 2008-2009.[235]

The studies described above are important indicators of how austerity has harmed people's health and open the possibility that future studies may discover more links between the austerity measures in Greece and people's health. There is often a time-lag between any real-world event and the publication of health data. Therefore, it might take some years for data to reflect any impact. The long-term health effects of austerity measures might also take years to manifest. Therefore, these studies also point to the need to closely monitor public health in Greece in the future, to make sure that any health impact of the economic crisis and austerity measures are noticed and addressed as soon as possible.

---

groups highlighted that the lack of a credible state registry of such incidents resulted in the real extent of domestic violence not being known. See Press release of 8 April 2020 by NGO Diotima, 'Immediate need for urgent measures for victims of domestic violence', available at: https://diotima.org.gr/ektakta-metra-gia-endoikogenaiki-via/ (in Greek); and See article by Konstantina Ioakeimidou, 'Coronovirus kills, violence against women also kills', 29 March 2020, available; https://tomov.gr/2020/03/29/skotonei-o-koronoios-skotonei-via-ton-gynaikon-2/ (in Greek).

[230] A Kentekelenis et al, "Health effects of financial crisis: omens of a Greek tragedy" *The Lancet,* Vol 378, 22 October 2011, http://www.kentikelenis.net/uploads/3/1/8/9/31894609/kentikelenis2011-health_effects_of_financial_crisis_omens_of_a_greek_tragedy.pdf

[231] E Kondilis et al, "Economic Crisis, Restrictive Policies, and the Population's Health and Health Care: The Greek Case" *American Journal of Public Health,* 103 (6) 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698730/

[232] "The burden of disease in Greece, health loss, risk factors, and health financing, 2000–16: an analysis of the Global Burden of Disease Study 2016" *Lancet Public Health*, 2018, https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667%2818%2930130-0.pdf

[233] M Economou et al, "Suicidal ideation and reported suicide attempts in Greece during the economic crisis" *World Psychiatry,* 12(1), 2013, https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20016; M Madianos et al, "Suicide, unemployment and other socioeconomic factors: evidence from the economic crisis in Greece", European Journal of Psychiatry, 28 (1), 2014, http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-61632014000100004

[234] P Barlow et al, "Austerity, precariousness, and the health status of Greek labour market participants: Retrospective cohort analysis of employed and unemployed persons in 2008–2009 and 2010–2011", *Journal of Public Health Policy,* Vol 36, pages 452-468, https://link.springer.com/article/10.1057/jphp.2015.25

[235] P Barlow et al, "Austerity, precariousness, and the health status of Greek labour market participants: Retrospective cohort analysis of employed and unemployed persons in 2008–2009 and 2010–2011", *Journal of Public Health Policy,* Vol 36, pages 452-468, https://link.springer.com/article/10.1057/jphp.2015.25. According to the article, "These results may reflect some of the structural inequalities experienced by women in terms of opportunities for employment and access to social protection".

# 5.4 FUTURE OF THE PUBLIC HEALTH SYSTEM

> **"What happened, and the impact of the crisis, will take many years to rectify. You build a house and it collapses. You have to start from scratch. This is where we are now. We have to start to build this sector from scratch."**
>
> Doctor, Thessaloniki, February 2019[236]

Given the challenges outlined above, an urgent issue is the need to ensure the public health system is adequately financed in coming years. While public health spending has been increasing in recent years (it increased from €8267.01 million in 2014 to €8815.85 million in 2017), in 2017 it was still 42.8% lower that it was in 2009, and per capita health spending was 40% lower over this period.[237] Even if there have been some efficiency gains and the public health system has become more cost effective over the past decade, many of the challenges and barriers identified in the chapter earlier require greater public health spending to be resolved, including better staffing levels, lower cost-sharing burdens on patients, and reduced waiting times. There are two additional factors to consider, one in the short term and one in the long term. In the next few years, many of the austerity measures introduced to balance the public health budget without compromising access to health care will be reversed. For example, the pharmaceutical clawback – money in excess of budget ceilings claimed back from pharmaceutical companies - has grown in volume and provides significant cover when the pharmaceutical budget exceeds pre-determined ceilings. The most recent EU report reviewing Greece's progress noted that high claw-back amounts may "soon become unsustainable", and the "need for more sustained efforts to implement structural measures designed to curb supply-induced demand".[238] The clawbacks are temporary, and if they are reversed, their contribution to the public health budget (around €736 million in 2015) will need to be covered by the government's health budget, or risk compromising access to health care. In meetings with Amnesty International, representatives of the European Commission dealing with Greece agreed that the clawbacks were a temporary solution and were currently quite high. In other words, clawbacks were contributing to balancing the health budget and since they were temporary, at some point in time in the near future, the public health system would need to be better funded to fill that gap. The EC agreed that Greece would need to increase its health budget.

The government has recently announced its plans to collaborate more with the private sector in health service delivery, as a part of its approach towards the public health system.[239] While it is difficult to assess exactly what this might imply without more details of the government's plan, according to the UN Special Rapporteur on extreme poverty and human rights, the widespread privatisation of public goods in many societies has systematically eliminated human rights protections and further marginalised those living in poverty.[240] The government of Greece must act in accordance with its human rights obligations while designing any collaboration with the private sector, including putting in place a regulatory framework that ensures health care is accessible and affordable to all, keeping in mind the needs of marginalized groups; establishing standards for public and private actors involved with privatization to ensure that data on human rights impacts are collected and published;[241] and develop effective monitoring and accountability mechanisms.

The rapid spread of the COVID-19 pandemic also presents significant challenges for Greece's public health system, both, in the short-term and in the long-term. Most urgently, there is a need to ensure that the health system is adequately funded and resourced, so it is able to provide timely and quality health care for all, free from discrimination. This includes ensuring that preventive care, goods, services and information is available and accessible to all persons; that there is equal access to testing; and that treatment, including any

---

[236] Interview with doctor, 8 February 2019, Thessaloniki
[237] See previous chapter for more details on changes in public health expenditure.
[238] European Commission, "Enhanced Surveillance Report Economic and Financial Affairs - Greece, June 2019", *Institutional Paper* 103, page 7, https://ec.europa.eu/info/sites/info/files/economy-finance/ip103_en.pdf
[239] See for example: "Public private cooperation in insurance and health cooperation" https://www.voria.gr/article/mitsotakis-sinergasia-dimosiou-idiotikou-tomea-se-asfalisi-ke-igia; "Mitsotakis: Public-private partnership in health" https://www.tanea.gr/2019/02/23/politics/antipoliteysi/mitsotakis-synergasia-dimosiou-kai-idiotikou-tomea-stin-ygeia/
[240] Report of the Special Rapporteur on extreme poverty and human rights, A/73/396, 26 September 2018, https://undocs.org/A/73/396
[241] Report of the Special Rapporteur on extreme poverty and human rights, A/73/396, 26 September 2018, https://undocs.org/A/73/396

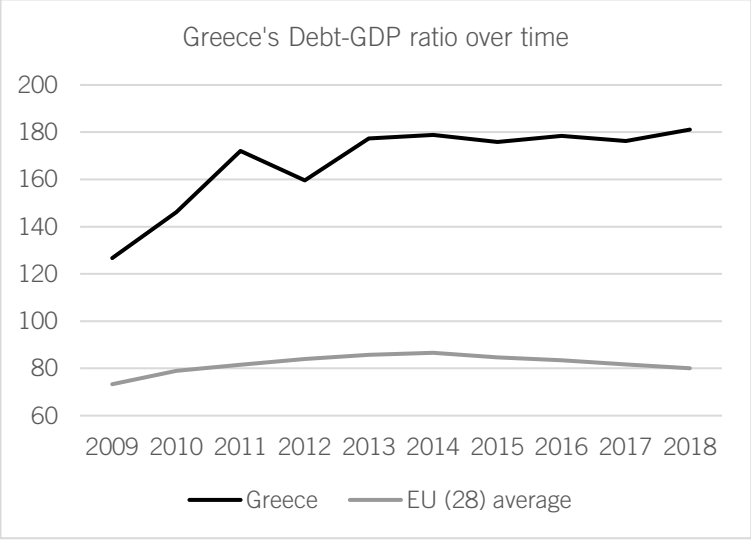
vaccines and cures developed for COVID-19 in the future, is affordable and accessible to all persons. Furthermore, health workers should also be supported and protected. Specific groups that were adversely impacted during the economic crisis may be further impacted because of the COVID-19 pandemic and its consequences. The government has allocated €200 million to the health system to address the pandemic.[242] While these measures are welcome, they should be assessed to ensure they are adequate at this time and directed to those most in need. In the long-term, there are already predictions of a possible economic crisis due to the pandemic and its consequences. Greece's experience of the last decade is testament to the need to keep human rights central while addressing economic crises. Already there are concerns that the austerity measures impacted health systems' capacity to respond to the present crisis. In the months and years following the COVID-19 pandemic, it is imperative that Greece learns from the painful experiences of the past decade and implements a just response to recovery from the COVID-19 pandemic and any economic crisis that may follow the pandemic, which ensures there is no return to the harmful austerity measures described in this report and that groups at particular risk of adverse impact are not left behind.

[242] OECD, Key country policy responses, http://www.oecd.org/coronavirus/en/#policy-responses. According to the Greek Minister of Finance it is estimated that the Greek NHS will receive additional funding that will exceed €200,000,000, see: https://www.minfin.gr/web/guest/-/anakoinose-tou-ypourgou-oikonomikon-k-chrestou-staikoura-gia-tis-parembaseis-ton-ypourgeion-oikonomikon-anaptyxes-kai-ergasias-gia-ten-antimetopise-to. Researchers estimate that as of 12 April the Ministry of Health has approved expenses of €195.500.000 to deal with the Covid-19 pandemic. See: https://www.healthpolicycenter.gr/el/topics/primary-health-care/sars-cov-2?fbclid=IwAR3HO9m4LiHwxei3nVtC3TNNyaIEBVk1AjmsMCLQAJLLt6gxXtm2D1YaICU). Among those at least 125.500.000 € additional funding from the State Budget to the Ministry of Health for hiring of staff, increasing ICU beds, buying of protective equipment, health materials and medicines. See generally, COVID-19 Health System Policy Monitor, https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=4.1%20Health%20financing&Type=Section

# 6. GREECE'S DEBT AND THE ROLE OF CREDITORS

## 6.1 NATURE AND EVOLUTION OF GREECE'S DEBT

In 2010, Greece signed the first of three Economic Adjustment Programs (EAP). The first EAP lasted from 2010 to 2011. This was structured as bilateral loans between certain EU countries through a mechanism called the Greek Loan Facility (GLF) and the IMF, to the Greek government. The GLF disbursed €52.9 billion and the IMF disbursed €20.1 billion.[243] The second economic assistance program ran from 2012 to 2015. The creditors were the IMF and the European Financial Stability Facility (EFSF), a temporary economic crisis resolution mechanism created by the euro area Member States in June 2010. The EFSF disbursed €141.8 billion to Greece over this period (€10.9 billion has been repaid since, so the outstanding debt amount is €130.9 billion), and the IMF disbursed €12 billion.[244] Finally, in 2015, the third financial assistance package was negotiated. This time, the creditor was the European Stability Mechanism, "an international financial institution set up by the euro area Member States to help euro area countries in severe financial distress".[245] Over the course of 2015 to 2018, the ESM disbursed loans worth €61.9 billion to the Greek government.[246] All three economic programs included conditionalities. The specifics of these conditionalities are discussed in detail below.




[243] See here: https://www.esm.europa.eu/assistance/greece/explainer-esm-and-efsf-financial-assistance-greece
[244] For more details, see https://www.esm.europa.eu/assistance/greece/efsf-programme-greece-expired
[245] https://www.esm.europa.eu/about-us
[246] For more details on the schedule of disbursement and loan maturity, please see: https://www.esm.europa.eu/assistance/greece

Greece's total public debt and its debt to GDP ratio have both increased over the past decade.[247] However, the profile of public debt in Greece has changed following the EAPs. In 2009-2010, when the crisis began, almost 84% of government debt was held by private creditors and only 16% was held by official, or state, creditors. Creditors were mostly private financial institutions who had invested in Greek government bonds. Through the course of the bailouts, debt held by private creditors was replaced by debt held by EU nations, the ESM, the EFSF and the IMF.[248] Studies have shown this transformation, finding less than 5% of the overall bailout funds went to the Greek fiscal budget, with most of the money going to existing creditors in the form of debt repayments and interest payments.[249] In 2018, therefore, the profile of Greek debt has changed dramatically from the start of the crisis. Currently 83% of the debt is held by the official sector and 17% is held by the private sector. Most of this debt is in fact held by a combination of the EFSF (36%), ESM (17%), IMF (3%), and GLF (15%) – a total of 71% of all Greek debt.[250]

# 6.2 THE FINANCIAL ASSISTANCE PROGRAMMES

There were a total of three financial assistance programmes for Greece in the period between 2010 and 2018. Each involved the disbursement of loan amounts and required the fulfilment of certain policy conditionalities by the Greek government. The programmes contained numerous and broad-ranging policy conditionalities, affecting several sectors of the Greek economy and society. This included reforms affecting the labour market, pension system, health care system, energy and transport, education system, public administration, and general fiscal policy recommendations, which included general taxation. Greece's compliance with the conditionalities was reviewed periodically, and the targets and specific conditionalities were then amended in line with the findings of the review.

Very early on, the public health system was seen as a sector that needed to be reformed in order to be "cost effective". The first economic adjustment programme for Greece stated that "The health care system, where there have been major expenditure overruns, will be overhauled through reforms in management, accounting and financing systems".[251] Each of the EAP documents and subsequent reviews contained detailed stipulations for how the public health system could be made more "cost effective". These are listed in Annex 1 of this report. Several health-sector specific conditionalities in the EAPs aimed at achieving savings in the health sector by eliminating inefficiencies and addressing long-standing, structural problems in the public health system, and were long overdue. Examples include implementing an e-prescribing system; reducing the prices of medicines; rationalizing the functioning of hospitals, including by increasing the mobility of healthcare staff within and across health facilities and health regions; promoting the use of generic medication; implementing pharmaceutical rebates and claw-backs; and encouraging centralized procurement for the health sector.[252] However, some of the conditionalities prescribed encouraged, or influenced, the austerity measures imposed by the government of Greece, described in previous chapters, that resulted in violations of the right to health in Greece. This section discusses those specific conditionalities in more detail.

## 6.2.1 FIRST ECONOMIC ADJUSTMENT PROGRAMME

The first Economic Adjustment Programme (EAP) for Greece lasted between 2010 and 2011. Based on an assessment conducted by a joint European Commission, European Central Bank, and IMF team, in May 2010, the Eurogroup approved €80 billion in loans on a bilateral basis by certain euro-area countries, through a mechanism called the Greek Loan Facility (GLF).[253] The European Commission signed the GLF loan agreement on behalf of the euro-area states. Additionally, the IMF approved a €30 billion Stand-By

[247] Eurostat, General government gross debt - annual data, https://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=teina225&language=en
[248] ESM, "Timeline of events: 2009-2018", https://www.esm.europa.eu/assistance/greece/timeline-greece-exit
[249] J Rocholl, "Where did the Greek Bail out money go", ESMT White Paper, http://static.esmt.org/publications/whitepapers/WP-16-02.pdf; Jubilee Debt Campaign, "At least 90% of the Greek bailout has paid off reckless lenders", 18 January 2015, https://jubileedebt.org.uk/press-release/least-90-greek-bailout-paid-reckless-lenders
[250] PDMA, Annual Debt Report 2018, http://www.pdma.gr/attachments/article/2316/PubDebt_Annual_2018_EN.pdf. The remaining debt is held through a combination of bank of Greece loans and other bilateral loans.
[251] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece" Occasional Papers 61, May 2010, page 53: https://op.europa.eu/en/publication-detail/-/publication/64c89a77-ddc4-46f4-9bb0-18d7e80f6f0c/language-en
[252] See Annex 1 of this report, available on the Amnesty International website, which lists the conditionalities in the economic adjustment programmes that pertained to the public health system
[253] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-financial-assistance/which-eu-countries-have-received-assistance/financial-assistance-greece_en#first-programme-for-greece

Arrangement.[254] The European Commission, European Central Bank, and IMF conducted five periodic reviews of the programme, and the policy conditionalities that Greece needed to implement were modified after each review. The European Commission, the ECB, and the IMF also assisted in negotiations. The loans were pooled by the European Commission, who also signed the loan agreement on behalf of the individual member states. No human rights impact assessments were conducted by the government of Greece, the European Commission, the IMF, or eurozone countries for the first EAP. Furthermore, the programme documents made no mention of Greece's human rights obligations, and how these were considered in the formulation of the fiscal targets and policy conditionalities.

The first EAP document did not contain many stipulations on how the public health system should be reformed. Following the first review, more details were added. The specific conditionalities of concern included the following: "The overarching objective is to keep public health expenditure at or below 6 percent of GDP, while maintaining universal access and improving the quality of care delivery. In the short-term, the main focus should be on macro-level discipline and cost-control";[255] "Regarding pharmaceuticals, the government implements measures yielding savings of at least EUR 2 billion";[256] "Apply the negative list of non-reimbursed medicines and the list of over-the-counter medicines";[257] "Government enforces the payment of EUR 3 for regular outpatient services in public hospitals";[258] "The new fund [EOPYY] will lead to a substantial reduction of administrative staff of at least 50 percent and of contracted doctors of at least 25 percent as compared to the four originating funds combined";[259] "The new system will lead to a reduction in the overall compensation cost (wages and fees) of physicians by at least 10 percent in 2011, and an additional 15 percent in 2012 as compared to the previous year";[260] and "The aim is to reduce hospital costs by at least 10 percent in 2011 and by an additional 5 percent in 2012 in addition to the previous year".[261]

In other words, the First EAP and its reviews contained specific provisions around keeping public health spending at or below 6% GDP, reducing the numbers of health workers, co-payments, enforcing a negative list of medicines, and ceilings on pharmaceutical expenditure and expenditure on hospitals. These overlap with the austerity measures introduced by the Greek government in the public health system, described in more detail above as causing or contributing to human rights violations.

The review documents provide more details of how the Greek government met the fiscal consolidation targets and the conditionalities in the EAP, indicating that the lenders were aware of how the savings had been achieved. For example, the third review mentioned an "Increase in co-payments for outpatient visits to NHS facilities from EUR 3 to EUR 5 … This should ensure an additional revenue of about EUR 30 million".[262] It also noted that "the publication of a negative list of medicines not reimbursed by the social

---

[254] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-financial-assistance/which-eu-countries-have-received-assistance/financial-assistance-greece_en#first-programme-for-greece

[255] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Second Review" Occasional Papers 72, December 2010, https://publications.europa.eu/en/publication-detail/-/publication/f1557fb3-aac4-4fb2-ac57-df1ed8146ba1/language-en; European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Third Review" Occasional Papers 77, February 2011, https://publications.europa.eu/en/publication-detail/-/publication/0c88313b-527c-420d-b1ef-d224af32da6e/language-en; European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[256] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Second Review" Occasional Papers 72, December 2010, https://publications.europa.eu/en/publication-detail/-/publication/f1557fb3-aac4-4fb2-ac57-df1ed8146ba1/language-en; European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[257] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Second Review" Occasional Papers 72, December 2010, https://publications.europa.eu/en/publication-detail/-/publication/f1557fb3-aac4-4fb2-ac57-df1ed8146ba1/language-en

[258] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – First Review" Occasional Papers 68, August 2010, https://publications.europa.eu/en/publication-detail/-/publication/0d77133c-9787-4dd9-bbe7-5f2e851254dd/language-en

[259] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[260] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[261] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[262] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Third Review" Occasional Papers 77, February 2011, https://publications.europa.eu/en/publication-detail/-/publication/0c88313b-527c-420d-b1ef-d224af32da6e/language-en; It also stated that "A system of exemptions ensures that those most vulnerable are not deterred from seeking necessary healthcare. However, the performance of this system needs to be carefully monitored to prevent possible misuses"

security funds … could result in savings up to EUR 140 million within one year".[263] The fourth review noted that cuts in health and pharmaceutical expenditure came from, among other things, a "reduction in the services provided to the non-insured".[264] It also found that "The fall in purchasing costs [in hospitals] by 11 percent in 2010 was mostly due to decreasing expenditure on supplies and pharmaceuticals".[265]

## 6.2.2 SECOND ECONOMIC ADJUSTMENT PROGRAMME

The second EAP for Greece lasted from 2012 to 2015. In March 2012, the euro area finance ministers approved financing of the second economic adjustment programme for Greece. Unlike the first EAP, this time there were no bilateral loans. Instead, the loan was financed by the European Financial Stability Facility (EFSF) and the IMF.[266] The EFSF was created as a temporary crisis resolution mechanism by the euro area Member States in June 2010. Between 2012 and 2015, the EFSF disbursed €141.8 billion to Greece, of which €130.9 billion is currently outstanding. The IMF contributed an additional €12 billion in loans. [267] Operationally, the second EAP was similar to the first, and disbursements were made following periodic reviews by the European Commission, European Central Bank, and IMF. No human rights impact assessments were conducted by the government of Greece, the European Commission, the IMF, or the EFSF for the second EAP. Furthermore, the programme documents made no mention of Greece's human rights obligations, and how these were considered in the formulation of the fiscal targets and policy conditionalities.

The second EAP and its reviews also contained many of the health-sector specific provisions found in the first EAP. These included the following: "The overarching objective is to keep public health expenditure at or below 6 percent of GDP, while maintaining universal access and improving the quality of care delivery";[268] "The Government will revise the co-payment system in order to exempt from co-payment only a restricted number of medicines related to specific therapeutic treatments";[269] "If the monthly monitoring of expenditure shows that the reduction in pharmaceutical spending is not producing expected results, additional measures will be promptly taken in order to keep pharmaceutical consumption under control. These include … increases of co-payments";[270] "reducing hospital operating costs by 8 percent in 2012 and an additional 5% in 2013 and reducing beds substantially";[271] "to improve the current financial situation of EOPYY and ensure that the budgetary execution is closer to a balanced budget in 2012 and 2013, a set of measures will be implemented, including … restricting the benefit package";[272] and "the Government updates the price list and the positive list of reimbursed medicines notably by reimbursing only the cost-effective packages for chronic diseases, by moving medicines from the positive to the negative and OTC".[273] As with the first EAP, these overlap with the austerity measures introduced by the Greek government in the public health system.

Like with the first EAP, the review documents provide important insight into how savings were achieved. The first review of the second EAP noted that "a revised co-payment structure for medicines exempting only a restricted number of products related to specific therapeutic treatments" was an important source of

---

[263] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Third Review" Occasional Papers 77, February 2011, https://publications.europa.eu/en/publication-detail/-/publication/0c88313b-527c-420d-b1ef-d224af32da6e/language-en

[264] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[265] European Commission DG for Economic and Financial Affairs, "The Economic Adjustment Programme for Greece – Fourth Review" Occasional Papers 82, July 2011, https://publications.europa.eu/en/publication-detail/-/publication/0a256be3-f327-4cd6-829a-b797d08365db/language-en

[266] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-financial-assistance/which-eu-countries-have-received-assistance/financial-assistance-greece_en

[267] https://www.esm.europa.eu/assistance/greece/efsf-programme-greece-expired

[268] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece" Occasional Papers 94, March 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp94_en.pdf

[269] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece" Occasional Papers 94, March 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp94_en.pdf

[270] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece" Occasional Papers 94, March 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp94_en.pdf

[271] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – First Review" Occasional Papers 123, December 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp123_en.pdf

[272] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – First Review" Occasional Papers 123, December 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp123_en.pdf

[273] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – First Review" Occasional Papers 123, December 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp123_en.pdf

savings,[274] and said that "Reductions in hospitals' expenditures, increase in co-payments in hospitals and a fee on prescriptions from 2014 onwards and the streamlining of the hospital network will also contribute to the expenditure reductions".[275] The third review found that the use of generic medicines was far below target, and that "Patients do not purchase the cheapest medicine available and often pay the 50 percent of the difference between the reference price and the actual price".[276] The problem of people who were not employed losing insurance was also noted in this review, and Greece committed to launch a voucher program to ensure coverage with funding from the European Social Fund.[277]

## 6.2.3 STABILITY SUPPORT PROGRAMME

After the second EAP ended, the Greek government made a request for financial support from the European Stability Mechanism (ESM), "an international financial institution set up by the euro area Member States to help euro area countries in severe financial distress".[278] The ESM alone provided the funding for the third programme, called the Stability Support Progamme, which lasted from 2015 to 2018. Greece signed a memorandum of understanding with the European Commission, acting on behalf of the ESM, and a total of €61.9 billion was disbursed over the programme period.[279] Unlike for the first two EAPs, a social impact assessment was conducted for the third EAP. The social impact assessment's focus on the sector reforms was brief. It found "The health system reforms in the previous programmes addressed long-standing weaknesses … [and] were designed to control expenditure in a way that would not compromise standards".[280] It noted that while co-payments had increased, exemptions were created for people on lower incomes. It also noted, approvingly, that measures to ensure uninsured persons access to health care had been put in place. In its conclusion, the assessment stated that the implementation of "universal and cost-effective health care" was a key objective, and the new programme included measures to achieve this.

There is no doubt that some prior evaluation of the programme is a welcome step. However, Amnesty International does not consider this as an adequate human rights impact assessment for several reasons. It did not assess how the austerity measures would potentially impact Greece's obligation to respect, protect and fulfil human rights. It did not refer to the statistics around Greece's growing unmet health needs. Aside from its comment on uninsured persons, it had no analysis on how different groups – such as women, persons with disabilities, migrants, older person, etc - were affected by the economic crisis and how the measures of the first and second EAPs may have exacerbated their situation. And finally, the social impact assessment made no reference to the growing literature, including by UN and regional human rights bodies, about the potentially harmful impacts of the austerity measures in Greece.[281]

In several ways, the third EAP did not contain many of the problematic prescriptions which were part of the first two EAPs. The programme documents noted the need for "social justice and fairness" in the recovery strategy. It did not contain an express requirement to keep public health expenditure under 6% of GDP. Authorities committed to "closely monitor and fully implement universal coverage of health care and inform citizens of their rights in that regard". There was some discussion about re-establishing the €5 fee for outpatient visits in hospitals (abolished in 2015), in case fiscal targets were not met.[282] The third review considered the possibility of a means-tested reduction in health co-payments.[283] In general, however, the

---

[274] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – First Review" Occasional Papers 123, December 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp123_en.pdf
[275] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – First Review" Occasional Papers 123, December 2012, https://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp123_en.pdf
[276] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – Third Review" Occasional Papers 159, July 2013, https://op.europa.eu/en/publication-detail/-/publication/11398044-8e4a-4c53-8adf-79421f2c190c/language-en
[277] European Commission DG for Economic and Financial Affairs, "The Second Economic Adjustment Programme for Greece – Third Review" Occasional Papers 159, July 2013, https://op.europa.eu/en/publication-detail/-/publication/11398044-8e4a-4c53-8adf-79421f2c190c/language-en
[278] https://www.esm.europa.eu/about-us
[279] https://www.esm.europa.eu/assistance/greece#programme_timeline_for_greece
[280] European Commission, "Assessment of the Social Impact of the new Stability Support Programme for Greece" *Commission Staff Working Document*, 19 August 2015, https://ec.europa.eu/info/sites/info/files/economy-finance/ecfin_assessment_social_impact_en_0.pdf
[281] See for example: Committee on the Rights of the Child, Concluding observations: Greece, CRC/C/GRC/CO/2-3, 13 August 2012, para 17; Committee on the Elimination of Discrimination against Women, Concluding observations: Greece, CEDAW/C/GRC/CO/7, 26 March 2013, para 31; Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, A/HRC/25/50/Add.1, 27 March 2014.
[282] Memorandum of Understanding between the European Commission acting on behalf of the European Stability Mechanism and the Hellenic Republic and the Bank of Greece, https://ec.europa.eu/info/sites/info/files/01_mou_20150811_en.pdf
[283] Supplemental Memorandum of Understanding, Greece Third Review of the ESM Programme, https://ec.europa.eu/info/sites/info/files/economy-finance/third_smou_-_final.pdf

third programme and the supplemental MoUs continued the trajectory of health-sector reform laid out in the first two EAPs.

## 6.3 ROLE OF THE LENDERS

> **"International financial institutions may be held responsible for complicity in the imposition of economic reforms that violate human rights. The causal link between the assistance provided (in the form of loans, surveillance and technical assistance, and attached conditionalities) in the commitment of an internationally wrongful act (complicity) and the harm done (human rights violations) is evident and well documented. The knowledge of the wrongful nature of the act could be presumed if, even when advancing the implementation of economic reforms that normally lead to human rights violations, no ex ante impact assessment is undertaken."**
>
> Report of the Independent Expert on the effects of foreign debt[284]

### EUROPEAN COMMISSION

While the European Commission did not officially lend money to Greece in any of the programmes, it was heavily involved in the design and implementation of all three financial assistance programs. Representatives of the EC was part of the teams that provided the initial assessments into whether loans should be given and under what terms. The EC helped negotiate the first and second EAPs and the MoU in the third programme. It signed the first EAP and the third MoU on behalf of the Greek Loan Facility and the ESM. It was part of the regular monitoring process for all three programmes, based on which loan disbursements were made and policy conditionalities were amended. And it continues to play a monitoring role. The EC should have carried our human rights impact assessments for all programmes; however, only a social impact assessment was conducted for the third programme. It agreed to policy conditionalities and fiscal consolidation targets that, as this report has demonstrated in previous chapters, severely undermined the right to health in Greece, and facilitated a process that disbursed loan amounts on the fulfilment of these measures. It also did not do enough to mitigate against the likely adverse impact of these measures.

Amnesty International spoke with representatives of the European Commission's Directorate General for Economic and Financial Affairs, Directorate-General for Health and Food Safety, and the Directorate-General for Employment, Social Affairs & Inclusion about the Commission's role in the introduction and impact of austerity measures in Greece.[285] They stated that while the EC had provided guidance and targets, the specific austerity measures introduced during the crisis had been developed by the Greek government. It was also argued that most of the austerity measures in the health sector were intended to address structural problems and improve efficiency and were not likely to impact access to health care. For example, it was noted that measures such as increased co-payments, a negative list for medicines, etc were a common feature in most European countries. Officials also explained the breadth of investment by the European

[284] Effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, A/74/178, 16 July 2019, https://undocs.org/A/74/178
[285] Interview with European Commission representatives, October 2019, Brussels

Social Fund in Greece, which includes funding the reform of primary health care. The European Social Fund has invested in several programmes, particularly on 'boosting skills and jobs' and 'combating poverty and social exclusion'.[286]

## INTERNATIONAL MONETARY FUND

The IMF was heavily involved in the first two EAPs, both, as a lender and as a part of the team that monitored Greece's compliance with programme conditionalities. It loaned Greece money conditional on Greece meeting policy conditionalities and fiscal consolidation targets that, as this report has demonstrated in previous chapters, encouraged, or influenced, the austerity measures imposed by the government of Greece. No impact assessments were conducted for the first two EAPs. These actions and omissions are inconsistent with the human rights obligations described above.

## EUROPEAN FINANCIAL STABILITY FACILITY AND THE EUROPEAN STABILITY MECHANISM

The European Financial Stability Facility (EFSF) was created as a temporary crisis resolution mechanism by the euro area Member States in June 2010.[287] It no longer provides any financial assistance; this role is now performed by the ESM. Seventeen-euro area countries were considered 'share holders' of the EFSF when it was set up. The Board of Directors, comprised of one representative from each shareholder, made decisions for the EFSF, including "the disbursement of loans under existing loan facilities".[288] The European Stability Mechanism (ESM) – the only lender in the third programme - was set up as an independent legal entity in October 2012 and was designed to be a successor to the EFSF. It was established by the euro area member states and the finance ministers of these states sit on its Board of Governors. The ESM was designed to be a permanent solution to the difficulty EU member states faced in accessing credit when they could no longer access the markets. The ESM would be a permanent lender in these circumstances. According to the treaty setting up the ESM (ESM Treaty), its Board of Governors is the highest decision-making body of the ESM. It comprises government representatives of each of the 19 ESM shareholders with the responsibility for finance. Decisions to provide financial assistance are typically made by the Board of Governors.[289] ESM loans happen "under strict conditions. Countries must implement tough reform programmes before they get ESM money".[290] The ESM Treaty also clarifies how the EC is involved in the functioning of the ESM, including negotiating the memorandum of understanding and policy conditionalities,[291] signing the MoU on behalf of the ESM,[292] and monitoring compliance with these terms.[293] While the EFSF and ESM are technically different institutions, they consider themselves to have the same "mission" and share staff and an office space.[294]

The EFSF was the primary European lender in the second economic adjustment program, which contained several policy prescriptions and fiscal consolidation targets as a part of its programme conditionalities. These conditionalities heavily influenced the austerity measures in the public health sector and undermined the right to health in Greece. No human rights impact assessments were done, people affected had no opportunity to participate in how these provisions were formulated. Hence the EFSF's actions were inconsistent with its human rights obligations. The ESM funded the third program, did not conduct an adequate human rights impact assessment, or ensure adequate transparency, and participation of persons affected.

Amnesty International shared the findings of this report with the ESM for their response. In their response,[295] the ESM stated that "the EFSF and ESM disbursed €204 billion to Greece ... These programmes provided Greece with vital financing when it had no access to the markets … The benefits for the Greek citizens were significant not only in the long run, but also in the short term as the lack of financing to support even basic social benefits would have had a severe social impact". They clarified their loans had very long maturities and low interest rates, noted that Greece had received debt relief from European partners on several occasions, and said "in 2032 Greece's euro area partners will review whether additional debt measures are needed in order to maintain the sustainability of Greece's gross financing needs. If this is not the case,

[286] https://ec.europa.eu/esf/main.jsp?catId=382
[287] https://www.esm.europa.eu/efsf-overview
[288] https://www.esm.europa.eu/efsf-governance
[289] Article 5 (6), Treaty establishing the European Stability Mechanism between the Kingdom of Belgium, the Federal Republic of Germany, the Republic of Estonia, Ireland, the Hellenic Republic, the Kingdom of Spain, the French Republic, the Italian Republic, the Republic of Cyprus, the Republic of Latvia, the Republic of Lithuania, the Grand Duchy of Luxembourg, Malta, the Kingdom of the Netherlands, the Republic of Austria, the Portuguese Republic, the Republic of Slovenia, the Slovak Republic and the Republic of Finland [ESM Treaty], https://www.esm.europa.eu/sites/default/files/20150203_-_esm_treaty_-_en.pdf
[290] https://www.esm.europa.eu/about-us/how-we-work
[291] Article 13 (3), ESM Treaty.
[292] Article 13 (4), ESM Treaty.
[293] Article 13 (7), ESM Treaty.
[294] https://www.esm.europa.eu/efsf-overview
[295] ESM letter dated 10 February 2020 [on file with Amnesty International]

further debt relief measures could be considered". In terms of transparency, they said EFSF/ESM financial assistance programmes have been subject to independent evaluations. They also shared details about several measures that had been instituted to enhance programme transparency, including an interactive programme database (published in October 2019) and a stakeholder analysis tool that could be used in future programmes.

### EUROZONE COUNTRIES

Countries in the eurozone were involved in the financial assistance programmes for Greece in multiple ways. They were lenders through the Greek Loan Facility and were also member states of the other financial institutions that provided loans in subsequent programmes, including the EFSF (their representatives sat on the Board of Directors), the ESM (their representatives sit on the Board of Governors and Board of Directors) and the IMF. In these multiple capacities, they negotiated conditionalities and fiscal consolidation targets in the absence of human rights impact assessments that impacted the right to health in Greece, and also provided loans subject to these terms being fulfilled. These actions were inconsistent with their human rights obligations as outlined above.

## 6.4 FUTURE OF GREEK DEBT

The terms of the Greek bailouts as well the nature of the loans were met with protests in Greece. They have also been strongly challenged by civil society actors, academics, and human rights monitoring bodies, both, within Greece and in other countries. For example, over 100,000 people supported by 53 organizations across Europe signed a petition asking for the cancellation of Greek debt and ending austerity policies.[296] In 2015, the Greek government held a referendum on the terms of the third bail out agreement, and the public rejected the conditions with a majority of over 60%.[297] Also in 2015, the President of the Parliament of Greece set up the Truth Committee on Public Debt (Debt Truth Committee) to investigate "the creation and the increase of public debt, the way and reasons for which debt was contracted, and the impact that the conditionalities attached to the loans have had on the economy and the population". The Debt Truth Committee published a preliminary report, which concluded that the conditionalities in the bailout programs had violated "human rights legally protected at the domestic, European and international levels", including the right to work, the right to health, the right to education, the right to housing, and the right to social security.[298]

After almost a decade of bail-out programs, as of June 2019, Greek government debt amounts to €356.5 billion.[299] Latest statistics reveal that the Greek debt-GDP ratio is the highest in the EU.[300] As mentioned previously, a majority of this debt is held by a combination of the ESF (36%), ESM (17%), IMF (3%), and GLF (15%) – a total of 71% of all Greek debt.[301] Under the first program, loans of €80 billion were committed and €52.9 billion were disbursed. Under the second program, loans of €144.7 billion were committed and €141.8 billion were disbursed. And under the final program, loans of €86 billion were committed and €61.9 billion were disbursed.[302] These loans must be repaid over decades. For example, the current repayment plan requires IMF loans to be repaid between 2019 and 2024; GLF loans to be repaid between 2020 and 2041; EFSF loans to be repaid between 2023 and 2070; and ESM loans to be repaid between 2034 and 2060.[303] Furthermore, Greece is now subject to the IMF's Post-Program Monitoring and the EU's enhanced surveillance process, both of which involve regular monitoring of the Greek economy.

Following the end of the third program, in August 2018, the Greek government made a series of "specific commitments to ensure the continuity and completion of reforms adopted under the ESM programme", which include measures on social welfare, financial stability, labour and product market reforms, and privatization. On health care specifically, the government committed to rolling out the primary health care reform, including setting up 240 TOMYs by mid-2020. It also committed to increasing centralized

---

[296] Text of the petition is available here - https://jubileedebt.org.uk/actions/resolving-debt-petition
[297] I Traynor et al, "Greek referendum no vote signals huge challenge to eurozone leaders" *Guardian*, 5 July 2015, https://www.theguardian.com/business/2015/jul/05/greek-referendum-no-vote-signals-huge-challenge-to-eurozone-leaders
[298] Truth Committee on Public Debt – Preliminary Report, https://auditoriacidada.org.br/wp-content/uploads/2014/06/Report-Greek-Truth-Committee.pdf
[299] PDMA, Level - Debt Maturity Profile, http://www.pdma.gr/en/public-debt-strategy/public-debt/level-of-debt-en
[300] Eurostat, General government gross debt - annual data, https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=teina225&plugin=1
[301] PDMA, Annual Debt Report 2018, http://www.pdma.gr/attachments/article/2316/PubDebt_Annual_2018_EN.pdf
[302]Council of the European Union, "Financial assistance to Greece 2010-2018", https://www.consilium.europa.eu/en/infographics/financial-assistance-to-greece-2010-2018/
[303] PDMA, "Level - Debt Maturity Profile", http://www.pdma.gr/en/public-debt-strategy/public-debt/level-of-debt-en

procurement in the public health system, and reforming social safety nets.[304] Its fiscal commitments included "fully respect[ing] its commitment to ensure that its annual budget achieves a primary surplus of 3.5% of GDP over the medium-term".[305]

## 6.4.1 DEBT SUSTAINABILITY ANALYSES: HUMAN RIGHTS OBLIGATIONS NOT CONSIDERED

The European Commission and IMF both routinely conduct debt sustainability analyses (DSAs) as a part of their monitoring of the Greek economy. DSAs are a tool that are supposed to help assess the ability of a state to service and repay its debt.[306] While several indicators may be used for this assessment, the most commonly used indicators are the debt to GDP ratio and the general financing needs (GFN) to GDP ratio. There are no set thresholds for what debt-GDP ratio or GFN-GDP ratio is considered appropriate, and most DSAs acknowledge that a lot depends on the strength of specific economies. IMF documents suggest that a debt-GDP ratio that is above 85% and GFN-GDP ratio above 20% is cause for concern.[307]

The trajectory of the debt-GDP ratio or GFN-GDP ratio depend on several economic variables - such GDP growth, the primary surplus, inflation, revenues from privatization and interest rate. The assessment of a country's debt sustainability is based on projections of these variables, and how they are likely to impact the debt-GDP ratio or GFN-GDP ratio. In some cases, such as Greece, calculations of debt sustainability can be extremely sensitive to even small changes in the projections of the variables mentioned above. Therefore, DSAs usually contain what is considered a 'baseline scenario' [that assumes the baseline projections of the variables] and 'adverse scenarios' [that model what would happen if the variables behave differently compared to the baseline]. So, for example, in the most recent EC enhanced surveillance report at the time of finalization of this report, under the baseline scenario, the debt-GDP ratio continually decreases until 2060 and the GFN-GDP ratio remains under 20%, indicating the debt is sustainable. However, in the adverse scenario, the debt-GDP ratio begins to rise in the 2030s, and the GFN-GDP ratio increases to over 35% by 2060, making the debt unsustainable.[308] As DSAs are based on assumptions about the future trajectory of the macroeconomic variables, incorrectly forecasting these variables has an impact on the DSA indicators.[309]

In terms of process, these DSAs do not expressly demonstrate if and how a government's need for spending to deliver on their human rights obligations was considered while determining the sustainability of debt. Similarly, the DSAs did not make clear if and how the potential human rights impact of certain macro-economic assumptions underpinning the DSA were evaluated. In other words, the analyses only consider if the quantum of debt and the terms of repayment are 'economically' sound. The fact that the conditions under which debts are seen as sustainable effectively restrict the fiscal space available to the government to spend on sectors necessary to ensure the realization of human rights is not factored into the analysis of whether debt is sustainable. An example in the context of Greece is the requirement of a 3.5% primary surplus in the medium term. This requirement is discussed in more detail below and is key in the analyses that have found the Greek debt to be sustainable. However, the analyses do not explore the extent to which this requirement might risk reducing available spending for the protection of economic and social rights in Greece.

This general point was also noted by the Independent Expert on Foreign Debt, who recommended that EU institutions should "Incorporate human rights obligations into debt sustainability analysis to ensure that debt service does not undermine the fiscal space of States for ensuring social protection and accessible and

---

[304] Specific commitments to ensure the continuity and completion of reforms adopted under the ESM programme, https://www.consilium.europa.eu/media/35749/z-councils-council-configurations-ecofin-eurogroup-2018-180621-specific-commitments-to-ensure-the-continuity-and-completion-of-reforms-adopted-under-the-esm-programme_2.pdf

[305] Specific commitments to ensure the continuity and completion of reforms adopted under the ESM programme, https://www.consilium.europa.eu/media/35749/z-councils-council-configurations-ecofin-eurogroup-2018-180621-specific-commitments-to-ensure-the-continuity-and-completion-of-reforms-adopted-under-the-esm-programme_2.pdf

[306] A lot of the analysis in this section ("The Future of Greek Debt") is based on a forthcoming paper by Michalis Nikiforos "Crisis, austerity and fiscal expenditure in Greece: recent experience and future prospects," Forthcoming Paper in the Levy Economics Institute working paper series. We are grateful to him for his assistance

[307] IMF, "Staff guidance note for public debt sustainability analysis in market access countries", 9 May 2013, https://www.imf.org/external/np/pp/eng/2013/050913.pdf

[308] European Commission, "Enhanced Surveillance Report – Greece June 2019", *Institutional Paper 103,* https://ec.europa.eu/info/sites/info/files/economy-finance/ip103_en.pdf

[309] This is evident from the successive projections of the debt-GDP ratio in the financial assistance package documents between 2010 and 2018. The GDP growth rate turned out to be consistently below its projected level, which in turn required the debt-GDP projections to be periodically changed. For example, the May 2010 agreement forecasted that GDP growth rate would be -2.6% and 1.1% in 2011 and 2012 respectively. The actual numbers for these years turned out to be -9.2% and -7.3%. See OECD, Real GDP forecast, https://data.oecd.org/gdp/real-gdp-forecast.htm#indicator-chart and Michalis Nikiforos "Crisis, austerity and fiscal expenditure in Greece: recent experience and future prospects," Forthcoming Paper in the Levy Economics Institute working paper series.

affordable public services in the field of education and health care".[310] In a different report on Greece, the Independent Expert asked that "estimates of the resources required for social protection and investment [be included] in debt sustainability assessments".[311]

## 6.4.2 RISKS OF THE PRIMARY SURPLUS REQUIREMENT

This section describes the human rights risks associated with one of the assumptions of the Greek DSAs, which also forms part of the 2018 commitments to debt mitigation: the 3.5% GDP primary surplus requirement. A primary surplus is the difference between a government's revenues and expenditure, excluding any interest payments.[312] A primary surplus of 3.5% of the GDP means that the Greek government must have an annual budget surplus of this value, not including interest payments. There are two risks around Greece's primary surplus requirement. The first is linked to its economic feasibility and impact on economic recovery. This has been the basis of disagreement between the IMF and EU lenders, since the former has stated that it believes Greece will not be able to maintain such "exceptionally high primary surpluses for a very extended period. Although developments in recent years have shown that Greece is able to run large surpluses if required to do so, they have also shown that this takes a heavy toll on growth".[313] The EC, however, believes that these targets are feasible. In a meeting with Amnesty International, they stated that Greece had meet, and sometimes exceeded, this target in recent years. According to them, therefore, Greece had the fiscal space necessary to budget appropriately for social spending, if it chose to.[314]

The second and linked concern has to do with human rights protections. In order to ensure these high primary surplus balances, the government would need to constrain public expenditure, which necessarily limits the fiscal space available to the government to spend on sectors necessary to ensure human rights protections, such as health care. In a meeting with Amnesty International, representatives from the Greek Ministry of Health agreed that the high primary surplus targets constrained the amount they could spend on health.[315] These concerns are also reflected in the IMF's latest report on Greece in September 2019. The report recommended that "the government and European partners build consensus around a lower primary balance path, given ample economic slack and critical unmet social spending and investment needs" and also found that Greece should "significantly scale up social spending (e.g., the means-tested guaranteed minimum income and public health) and investment".[316] A 2019 profile of Greece's health system conducted by the OECD and European Observatory on Health Systems and Policies made similar observations, noting that "Greece's continuing obligations following its exit from the EAP require it to maintain a budget surplus of 3.5 % at least until 2022. This means that growth in public spending on health will likely remain bound by fiscal constraints. This may mean that OOP [out of pocket] spending is unlikely to drop in the short term".[317]

In its enhanced surveillance report on Greece (June 2019), the EC noted Greek authorities had announced their intention to revisit the agreement reached with European partners in June 2018 as regards the annual primary surplus targets of 3.5% of GDP, which "would need to be discussed at the Eurogroup in the context of an updated debt sustainability analysis".[318]

## 6.4.3 OTHER POSSIBLE HUMAN RIGHTS RISKS OF GREECE'S DEBT

The final review of the ESM program in June 2018 contained a debt sustainability analysis that reflected the impact of the debt-mitigating measures implemented that year, as well as the debt repayment schedule and

---

[310] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to institutions of the European Union, A/HRC/34/57/Add.1, 28 December 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/442/13/PDF/G1644213.pdf?OpenElement

[311] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to Greece, A/HRC/31/60/Add.2, 21 April 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/083/81/PDF/G1608381.pdf?OpenElement

[312] ECB, "Monthly Bulletin", March 2011, https://www.ecb.europa.eu/pub/pdf/other/mb201103_focus10.en.pdf

[313] IMF, Greece Country Report No. 18/248, 31 July 2018, https://www.imf.org/en/Publications/CR/Issues/2018/07/31/Greece-2018-Article-IV-Consultation-and-Proposal-for-Post-Program-Monitoring-Press-Release-46138

[314] Interview with European Commission representatives, October 2019, Brussels

[315] Interview with Ministry representatives, September 2019, Athens

[316] IMF, "Greece: Staff Concluding Statement of the 2019 Article IV Mission", 27 September 2019, https://www.imf.org/en/News/Articles/2019/09/27/Greece-Staff-Concluding-Statement-of-the-2019-Article-IV-Mission

[317] OECD, "Greece Country Health Profile 2019" *State of Health in the EU,* https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_gr_english.pdf

[318] European Commission, "Enhanced Surveillance Report – Greece June 2019", *Institutional Paper 103,* https://ec.europa.eu/info/sites/info/files/economy-finance/ip103_en.pdf

monitoring for the next few years.[319] Before the 2018 debt mitigation measures, a DSA based on these assumptions revealed that Greece's future debt-to-GDP and GFN-to-GDP levels were high and of concern, and "point[ed] to serious concerns regarding the sustainability of Greek public debt".[320] In this context, the Eurogroup agreed a series of debt mitigation measures in 2018.[321] Once these were factored into the DSA, in the baseline scenario, debt was deemed to be sustainable with future debt-to-GDP decreasing and GFN-to-GDP levels staying under 20%. However, in the adverse scenario, debt levels remained unsustainable. The only difference in assumptions between the baseline and adverse scenarios was a slight decrease in projected nominal GDP growth (2.8% as opposed to 3% in the baseline), and a slight decrease in the primary surplus (1.5% as opposed to 2.2% in the baseline).[322] In other words, even very small divergences from the baseline projections of Greece's GDP growth and its primary surplus will make the debt unsustainable.

This was clearly reflected in the IMF's analysis in July 2018, which said "The debt relief recently agreed with Greece's European partners has significantly improved debt sustainability over the medium term, but longer-term prospects remain uncertain … this improvement in debt indicators can only be sustained over the long run under what appear to be very ambitious assumptions about GDP growth and Greece's ability to run large primary fiscal surpluses, suggesting that it could be difficult to sustain market access over the longer run without further debt relief".[323] The uncertainties underlying these DSAs is also evident from the fact that the IMF's DSA had different conclusions about the sustainability of Greek debt, saying that even after the debt mitigation measures, debt-to-GDP and GFN-to-GDP levels would begin to rise in the 2030s and additional debt relief would likely be necessary.[324] The DSAs are periodically updated as a part of the enhanced surveillance procedure that Greece is subject to.

There have been developments in the context of Greece's debt and meeting the primary surplus requirement since the COVID-19 epidemic. In early March 2020, Greece requested more fiscal space to respond to the growing pandemic. Following a Eurogroup meeting, Greece was given flexibility on meeting the 3.5% primary surplus requirement in the current context. Furthermore, the Eurogroup agreed that any spending on the COVID-19 response would not be reflected in assessments of the country's fiscal performance during this period.[325] Following the impacts of the COVID-19 pandemic, there have been several reports of the possibilities of a future recession and economic crisis. This combined with the scale of Greece's debt is a cause of concern. There is a risk that another crisis may involve additional austerity measures and cuts in public spending, which could lead to a further erosion of human rights obligations. Plans to recover from any future economic crisis due to the COVID-19 pandemic cannot be once again based on austerity measures introduced without adequate safeguards and due regard for human rights. Instead, they should be based in fairness, human rights and ensuring that all persons are protected.

---

[319] European Commission, "Compliance Report ESM Stability Support Programme for Greece – Fourth review" July 2018, https://ec.europa.eu/info/sites/info/files/economy-finance/compliance_report_4r_2018.06.20.docx.pdf

[320] European Parliament, "Greece's financial assistance programme - June 2018", https://www.europarl.europa.eu/RegData/etudes/IDAN/2018/624415/IPOL_IDA(2018)624415_EN.pdf

[321] These included "the abolition of the step-up interest rate margin related to the debt buy-back tranche of the 2nd Greek programme from 2018 onwards. The use of 2014 SMP profits from the ESM segregated account and the restoration of the transfer of ANFA and SMP income equivalent amounts to Greece (as of budget year 2017). A further deferral of EFSF interest and amortization by 10 years and an extension of the maximum weighted average maturity (WAM) by 10 years, respecting the programme authorized amount". https://www.consilium.europa.eu/en/press/press-releases/2018/06/22/eurogroup-statement-on-greece-22-june-2018/

[322] European Commission, "Compliance Report ESM Stability Support Programme for Greece - Fourth Review" July 2018, https://ec.europa.eu/info/sites/info/files/economy-finance/compliance_report_4r_2018.06.20.docx.pdf

[323] IMF, Greece Country Report No. 18/248, 31 July 2018, https://www.imf.org/en/Publications/CR/Issues/2018/07/31/Greece-2018-Article-IV-Consultation-and-Proposal-for-Post-Program-Monitoring-Press-Release-46138

[324] IMF, Greece Country Report No. 18/248, 31 July 2018, https://www.imf.org/en/Publications/CR/Issues/2018/07/31/Greece-2018-Article-IV-Consultation-and-Proposal-for-Post-Program-Monitoring-Press-Release-46138

[325] Remarks by Mário Centeno following the Eurogroup meeting of 16 March 2020, 16 March 2020, https://www.consilium.europa.eu/en/press/press-releases/2020/03/16/remarks-by-mario-centeno-following-the-eurogroup-meeting-of-16-march-2020/; Z Petrou, "Eurogroup meeting grants key Greek request amid COVID-19 crisis" *Independent Balkan News Agency,* 17 March 2020, https://balkaneu.com/eurogroup-meeting-grants-key-greek-request-amid-covid-19-crisis/; E Chrysolora, "Budget target is all but waived", *Ekathimerini,* 17 March 2020, http://www.ekathimerini.com/250766/article/ekathimerini/business/budget-target-is-all-but-waived

# 7. HUMAN RIGHTS LAW AND STANDARDS

## 7.1 GREECE'S HUMAN RIGHTS OBLIGATIONS

### 7.1.1 THE RIGHT TO HEALTH

Greece has ratified a range of international and regional human rights law treaties that require the right to health be respected, protected and fulfilled. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Optional Protocol to the ICESCR;[326] the Convention on the Elimination of All Forms of Discrimination against Women;[327] the International Convention on the Elimination of All Forms of Racial Discrimination;[328] the Convention on the Rights of the Child;[329] the Convention on the Rights of Persons with Disabilities,[330] and provisions of its Constitution.[331]

Greece also has obligations under regional instruments that protect the right to health. It has ratified the European Social Charter (revised), which states that everyone has the right to benefit from any measures enabling them to enjoy the highest possible standard of health attainable. Article 11 describes other measures that states should take to protect health.[332] Greece has also committed to delivering on the rights and principles contained in the European Pillar of Social Rights, which includes Principle 16 on health care: "Everyone has the right to timely access to affordable, preventive and curative health care of good quality".[333]

Realisation of the right to health requires that health care facilities, goods and services are available in sufficient quantity; accessible to everyone without discrimination, which includes physical accessibility, affordability, and information accessibility; acceptable to all persons, that is, respectful of medical ethics and

[326] Article 12, International Covenant on Economic, Social and Cultural Rights. Article 12 (1) states: The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health
[327] Article 12, Convention on the Elimination of All Forms of Discrimination against Women. Article 12 (1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning
[328] Article 5, International Convention on the Elimination of All Forms of Racial Discrimination. Article 5 (e) states: In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights … Economic, social and cultural rights, in particular … The right to public health, medical care, social security and social services.
[329] Article 24, Convention on the Rights of the Child. Article 24 (1) states: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
[330] Article 25, Convention on the Rights of Persons with Disabilities. Under Article 25, "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation".
[331] Articles 5 (5)a; Article 21 (3), Greek Constitution
[332] Article 11, European Social Charter (Revised), https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007cf93
[333] European Commission, The European Pillar of Social Rights in 20 principles, https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en#chapter-iii-social-protection-and-inclusion

culturally appropriate; and of good quality.[334] It also extends to the underlying determinants of health, which include food and nutrition, housing, safe water, adequate sanitation, safe and healthy working conditions, and a healthy environment.[335] The "participation of the population in all health-related decision-making at the community, national and international levels" is also key.[336]

Greece has an obligation to progressively realise the right to health, and there is a strong presumption that retrogressive measures taken in relation to the right to health are not permissible.[337] If any deliberately retrogressive measures are taken, Greece must show that "they have been introduced after the most careful consideration of all alternatives and that they are duly justified by reference to the totality of the rights provided for in the Covenant in the context of the full use of the State party's maximum available resources".[338]

## 7.1.2 HUMAN RIGHTS AND AUSTERITY MEASURES

Austerity measures usually involve reductions in public spending and structural changes in welfare systems to save costs. These often have the effect of causing a retrogression in the enjoyment of economic, social and cultural rights. Human rights monitoring bodies have noted, both, the human rights risks associated with austerity programmes and that states continue to have human rights obligations even "in times of economic crisis, [when] adjustments in the implementation of some Covenant rights might be inevitable".[339] On this basis, they have developed criteria for how austerity measures should be developed and implemented. There is growing international recognition based on general comments, concluding observations and statements of human rights mechanisms, that potentially retrogressive measures could only be regarded as consistent with economic, social and cultural rights obligations if these criteria are fulfilled.[340]

Briefly, austerity measures should be (a) Temporary and only cover the period of the economic crisis; (b) Legitimate, with the ultimate aim of protecting the totality of human rights; (c) Necessary, in that they must be justifiable after the most careful consideration of all other less restrictive alternatives; (d) Reasonable, in that the means chosen are the most suitable and capable of achieving the legitimate aim; (e) Proportionate, in the sense that, the adoption of any other policy or failure to act would be more detrimental to the enjoyment of economic, social and cultural rights; (f) Not discriminatory and can mitigate the inequalities that can emerge in times of crisis; and they ensure that the rights of disadvantaged and marginalized individuals and groups are not disproportionately affected; (g) Protective of the minimum core content of economic, social and cultural rights; based on transparency and genuine participation of affected groups in examining the proposed measures and alternatives; (h) Subject to meaningful review and accountability procedures.[341]

The guiding principles on human rights impact assessments of economic reforms provide guidance based in international human rights law about the importance of impact assessments and how they should be conducted, including when austerity measures are developed and implemented. According to these principles, States should carry out human rights impact assessments of economic reform policies considered and taken in response to acute economic and financial crises that are likely to cause adverse human rights impacts. They should be carried out before and after the measures are implemented. Human rights impact assessments should include the extent to which the proposed measures, in combination with other economic measures and policies being or to be implemented, could contribute to fulfilling the State's human rights obligations or potentially undermine them; identify retrogressive measure as well as alternative economic policy options that could be the least restrictive of human rights and avoid any impermissible

[334] Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health, E/C.12/2000/4, 11 August 2000 ["CESCR General Comment 14"]
[335] CESCR General Comment 14
[336] CESCR General Comment 14
[337] CESCR General Comment 14
[338] CESCR General Comment 14
[339] CESCR Letter, 16 May 2012.
[340] The following experts have all developed and endorsed these criteria: The Independent Expert on the question of human rights and extreme poverty (appointed by the UN Human Rights Council); CESCR; OHCHR; and the Independent Expert on the effects of foreign debt. See: UN Human Rights Council, Report of the Independent Expert on the question of human rights and extreme poverty, UN Doc. A/HRC/17/34, 17 March 2011. CESCR Letter, 16 May 2012; See also CESCR, Public debt, austerity measures and the International Covenant on Economic, Social and Cultural rights, UN Doc. E/C.12/2016/1, 22 July 2016, which developed these standards further. OHCHR, Report on austerity measures, 2013. These criteria have also been referred to with approval by a Council of Europe study on this issue, "The impact of the economic crisis and austerity measures on human rights in Europe: A Feasibility Study", Adopted by the Steering Committee for Human Rights (CDDH) on 11 December 2015
[341] UN Human Rights Council, Report of the Independent Expert on the effects of foreign debt, UN Doc. A/HRC/37/54, 20 December 2017, para 29

retrogression; and establish preventing and mitigating measures to ensure compliance with human rights obligations.[342]

## 7.1.3 GREECE'S OBLIGATIONS AS A BORROWING STATE

The Guiding Principles on Foreign Debt and human rights provide guidance on Greece's human rights obligations as a state that was borrowing money in the context of a financial crisis.[343] According to the Guiding Principles, "states should ensure that their rights and obligations arising from external debt agreements or arrangements do not hinder the progressive realization of economic, social and cultural rights",[344] and "states should ensure that their rights and obligations arising from external debt, particularly the obligation to repay external debt, do not lead to the deliberate adoption of retrogressive measures.[345] Furthermore, as per the Guiding Principles, transparency, participation and accountability "are core values" that should be observed in the lending and borrowing decisions by States, international financial institutions and other actors. This includes the full disclosure of all relevant information regarding loan agreements, debt repayments, debt management, outcomes of public debt audits and other related matters; effective and meaningful input from all stakeholders in loan policy and resource utilization decisions; and remedial measures that ensure decision-makers are answerable, if warranted, for their actions inconsistent with these obligations. [346]

## 7.1.4 GREECE'S OBLIGATIONS DURING THE COVID-19 PANDEMIC

The right to health includes the obligation to take steps necessary for the "prevention, treatment and control of epidemic, endemic, occupational and other diseases". The CESCR Committee has spelled out in detail states' duties flowing from this right, saying "Measures to prevent, treat and control epidemic and endemic diseases" are "obligations of comparable priority" to core obligations (or "the minimum, essential levels") of the right to health.[347] All affected individuals and communities are entitled to easy, accessible, timely and meaningful information concerning the nature and level of the health threat, the possible measures to be taken to mitigate risks, early warning information of possible future consequences and information on ongoing response efforts. Preventive care, goods, services and information should be available and accessible to all persons, as should treatment and if necessary, supportive care to manage the symptoms and consequences of the virus. The right to health includes the obligation to provide international cooperation and assistance, as well as request this assistance when necessary. Governments that have the financial and technical capacity to do so must aid those states with fewer resources to prepare for and deal with any outbreak. Furthermore, in designing responses to COVID-19, states should be conscious of the particular impact of the virus on specific groups of people and ensure that their needs and experiences are fully accounted for in plans and strategies.[348]

Any measures introduced to protect public health during these circumstances that impact on people's rights – such as travel bans, movement restrictions, and quarantines, should be consistent with international human rights. They should not be discriminatory; must respond to a pressing public or social need, pursue a legitimate aim, and be proportional to that aim; and should not be more restrictive than required. Furthermore, the burden of justifying any limitation on rights lies with the state; and every limitation imposed shall be subject to the possibility of challenge to and remedy against its abusive application.[349]

---

[342] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of human rights, particularly economic, social and cultural rights, Guiding principles on human rights impact assessments of economic reforms, A/HRC/40/57, 19 December 2018, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/443/52/PDF/G1844352.pdf?OpenElement
[343] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, Cephas Lumina, Guiding principles on foreign debt and human rights, A/HRC/20/23, 10 April 2011, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/128/80/PDF/G1212880.pdf?OpenElement ["Guiding Principles on foreign debt and human rights"]
[344] Para 16, Guiding Principles on foreign debt and human rights
[345] Para 20, Guiding Principles on foreign debt and human rights
[346] Principles 28, 29, and 30, Guiding Principles on foreign debt and human rights
[347] CESCR General Comment 14
[348] For more details on state obligations during the COVID-19 pandemic, see Amnesty International Public Statement, Responses to COVID-19 and States' human rights obligations: Preliminary Observations, Index Number: POL 30/1967/2020, 12 March 2020
[349] Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights, UN Doc. E/CN.4/1984/4 (1984)

The right to an adequate standard of living underpins many socio-economic rights and includes access to adequate food, clothing, housing, medical care and social services.[350] Some measures to protect public health in the COVID-19 context could undermine this right, particularly when they impact people's livelihoods and ability to work. States should ensure that all people have access to social security – including sick pay, health care and parental leave – when they are unable to work because of the COVID-19 epidemic.[351] In order to fulfill the right to an adequate standard of living in this context, states must also provide economic/financial support, to people who need it.

## 7.1.5 HUMAN RIGHTS MONITORING BODIES AND THE UPR

Over the past decade, several UN treaty bodies have applied these standards to how Greece's austerity measures were implemented and noted their impacts. In 2012, the Committee on the Rights of the Child expressed "its deep concern at the negative effects that [the crisis] is having on public spending affecting services provided to children and on subsistence costs incurred by families for basic needs such as food, fuel and housing, including increasing demands on payments for public services such as health care".[352] In 2013, the CEDAW committee expressed concern that "that budget cuts in the health sector will mainly affect women's and girls' health" and recommended that it "increase the percentage of the health budget allocated to sexual and reproductive health services".[353] In 2015, the Committee on Economic, Social and Cultural rights recommended that Greece review future crisis-related policies and programmes "with a view to ensuring that austerity measures are progressively waived and the effective protection of the rights under the Covenant is enhanced".[354] And in 2016, the Committee on the Elimination of Racial Discrimination observed that "austerity measures taken to address the economic crisis in the State party generated a disproportionate impact on minority groups, such as Roma, migrants, refugees and asylum seekers" and recommended that "the State party carry out impact assessments before adopting such austerity measures to ensure that they are not discriminatory to those vulnerable to racial discrimination".[355]

Furthermore, the UN Independent Expert on the effects of foreign debt published two reports on Greece, which included his observations on the impact of austerity measures on the right to health. In 2014, the Independent Expert said he "consider[ed] that the massive cuts to public funding to the health sector and the introduction of user fees, which have resulted in a large section of the population being unable to enjoy the minimum essential levels of the right to the highest attainable standard of health, as enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights, constitute retrogressive measures".[356] In his 2016 report, he noted that "Unprecedented cuts to the public health system have resulted in critical understaffing in parts of the public health system, an increase in co-payments and waiting lists, and difficulties in providing effective and affordable access to the right to adequate health care for all".[357]

In 2018, the Commissioner of human rights of the Council of Europe released a report on the impact of austerity measures on access to health in Greece and stated as follows: "The Commissioner is concerned about the reported shortages in staff and equipment and disruptions in the Greek healthcare system resulting from the successive austerity measures adopted since the beginning of the economic crisis. She considers that these measures and their concrete implications undermine the right to health enshrined in Article 11 of the European Social Charter, to which Greece is a party".[358]

The Greek National Commission for Human Rights (GNCHR) has repeatedly pointed that the human rights impact of austerity measures imposed on Greece has not been assessed, 'as it should in consultation with

---

[350] Article 11, International Covenant on Economic, Social and Cultural Rights
[351] For more details see Committee on Economic, Social and Cultural Rights, General Comment 19, The Right to Social Security (art. 9), UN Doc. E/C.12/GC/19 (2008).
[352] Committee on the Rights of the Child, Concluding observations: Greece, CRC/C/GRC/CO/2-3, 13 August 2012, para 17
[353] Committee on the Elimination of Discrimination against Women, Concluding observations: Greece, CEDAW/C/GRC/CO/7, 26 March 2013, para 31.
[354] Committee on Economic, Social and Cultural Rights, Concluding observations: Greece, E/C.12/GRC/CO/2, 27 October 2015, para 7 & 8.
[355] Committee on the Elimination of Racial Discrimination, Concluding observations: Greece, CERD/C/GRC/CO/20-22, 3 October 2016, para 6 & 7.
[356] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, A/HRC/25/50/Add.1, 27 March 2014
[357] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to Greece, A/HRC/31/60/Add.2, 21 April 2016.
[358] Commissioner for Human Rights, Report of the Commissioner of Human Rights of the Council of Europe following her visit to Greece from 25 to 29 June 2018, CommDH(2018)24, 6 November 2018, https://rm.coe.int/report-on-the-visit-to-greece-from-25-to-29-june-2018-by-dunja-mijatov/16808ea5bd

relevant stakeholders'.[359] Regional bodies and domestic courts also found that Greece failed to conduct thorough assessments before the introduction of some austerity measures.[360] In its reports and a meeting with Amnesty International,[361] GNCHR noted that while national legislation (Law 4048/2012)[362] provided for certain assessment procedures before any legislative draft, this was not an equivalent to a human rights impact assessment and is 'formality without a substance'.[363] It reiterated its call for the creation of a permanent mechanism that would evaluate and assess the impact of austerity measures.[364]

Greece's austerity policies also came up in the second cycle of the Universal Periodic Review (UPR) in 2016. Greece said that "the austerity measures it had had to take within the framework of the programme of assistance of the European Central Bank and the International Monetary Fund had been found by international and European treaty bodies to be in violation of human rights treaties".[365] Several recommendations were made to "mitigate the negative results of the economic crisis and the austerity measures that primarily affect the most disadvantaged groups of the population".[366]

# 7.2 CREDITORS' HUMAN RIGHTS OBLIGATIONS

## EUROPEAN COMMISSION

EU institutions – including the European Commission - have human rights responsibilities. They are bound by the EU Charter on Fundamental Rights, which affirms economic and social rights. In particular, Article 35 states that "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities". Article 9 of the Treaty on the Functioning of the European Union (TFEU) provides that, in defining and implementing its policies and activities, the European Union should take into account the protection of human health. Article 6 of the TEU also states that the European Convention on Human Rights, which prohibits discrimination, "shall constitute general principles of the Union's law". The EU has ratified the Convention on the Rights of Persons with Disabilities (CRPD), Article 25 of which protects the right to health of persons with disabilities. These obligations include the responsibility to take all necessary steps to ensure that human rights are respected in the economic and fiscal policies promoted as a part of the EU's economic governance function, and the financial assistance programmes supported by the EU.[367] Additionally, EU institutions should respect the regional and international human rights law obligations of EU member states. In the words of the UN Independent Expert on the effects of foreign debt and other related international financial obligations of States, "Obligations enshrined in these [human rights] treaties need to be respected by the … European Union institutions when they stipulate conditionalities for a State

[359] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to Greece, A/HRC/31/60/Add.2, 21 April 2016, paras. 26 and 27. See, GNCHR Statement on the Impact of the continuing austerity measures on human rights, 2015, available at: http://www.nchr.gr/images/English_Site/CRISIS/GNCHR_Statement_%20impact_of_austerity_measures_on_HR_2015_.pdf; URGENT GNCHR STATEMENT on labour and social security rights in Greece, 28 April 2017, available at: http://www.nchr.gr/images/English_Site/NEWS/GNCHR%20Statement_labour_social%20security_2017.pdf.

[360] In a 2017 decision (Greek General Confederation of Labour v. Greece), the European Committee of Social Right noted that it has found ' ….no evidence, especially from the side of the Government, that a thorough balancing analysis of the effects of the legislative measures has been conducted by the authorities, notably of their possible impact on the most vulnerable groups in the labour market nor are there any indications that a genuine consultation has been carried out with those most affected by the measures…'. Available at: https://hudoc.esc.coe.int/eng#{%22ESCDcIdentifier%22:[%22cc-111-2014-dmerits-en%22]}, para. 90; see also Council of State Plenary Judgment No 2287/2015 on social security including pension cuts. The Court noted that the legislator was not justified to proceed with the introduction of measures without special study in order to identity their compatibility with the relevant constitutional provisions. Available at: https://www.taxheaven.gr/laws/circular/view/id/21132/, para. 24.

[361] Submission by the Greek National Commission for Human Rights, Guidance on human rights impact assessments for economic reform policies, July 2017, https://www.ohchr.org/Documents/Issues/IEDebt/impactassessments/GNCHR.pdf; Amnesty International Interview with GNCHR President, Professor Maria Gavouneli and experts, Athens, September 2019.

[362] Law 4048/2012, Principles, Procedures and Means of Good Legislature, 23 February 2012,available at: https://www.kodiko.gr/nomologia/document_navigation/64889/nomos-4048-2012

[363] Submission by the Greek National Commission for Human Rights, Guidance on human rights impact assessments for economic reform policies, July 2017, https://www.ohchr.org/Documents/Issues/IEDebt/impactassessments/GNCHR.pdf.

[364] Submission by the Greek National Commission for Human Rights, Guidance on human rights impact assessments for economic reform policies, July 2017, https://www.ohchr.org/Documents/Issues/IEDebt/impactassessments/GNCHR.pdf

[365] Report of the Working Group on the Universal Periodic Review – Greece, A/HRC/33/7, 8 July 2016, para 126, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/146/45/PDF/G1614645.pdf?OpenElement

[366] Recommendations by Cuba, Nepal, Poland and Egypt. Armenia and Iran said Greece should also raise these issues in their negotiations with international lenders. Report of the Working Group on the Universal Periodic Review – Greece, A/HRC/33/7, 8 July 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/146/45/PDF/G1614645.pdf?OpenElement

[367]Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to institutions of the European Union, A/HRC/34/57/Add.1, 28 December 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/442/13/PDF/G1644213.pdf?OpenElement

that is party to the respective human rights instrument".[368] There was initially some debate as to whether the EU Charter on Fundamental Rights would apply to EU actions outside the formal EU framework (e.g. in the context of the ESM). In 2016, the European Court of Justice clarified that measures in memorandums of understanding signed by the European Commission should be consistent with the Charter of Fundamental Rights.[369]

## INTERNATIONAL MONETARY FUND

The IMF has human rights obligations. As a specialized agency of the United Nations, is bound by the general aims and principles of the United Nations Charter, including respecting human rights. Furthermore, the IMF is bound by obligations incumbent upon it under general rules of international law, which includes human rights as listed in the Universal Declaration of Human Rights, that are part of customary international law, or of the general principles of law.[370] The Guiding Principles on foreign debt and human rights note that international financial organizations have an obligation to respect international human rights, which implies a duty to refrain from formulating, adopting, funding and implementing policies and programmes which directly or indirectly contravene the enjoyment of human rights; that lenders should not finance activities or projects that violate, or would foreseeably violate, human rights in the borrower states; and lenders should satisfy themselves that, borrowing states are still capable of servicing their external debt without compromising their ability to perform their international human rights obligations.[371] A 2019 report of the Independent Expert on the effects of foreign debt found that international financial institutions may be held responsible for complicity in the imposition of economic reforms that violate human rights, and that knowledge of the wrongful nature of the act could be presumed if, even when advancing the implementation of economic reforms that normally lead to human rights violations, no ex ante impact assessment was undertaken.[372]

## EUROPEAN FINANCIAL STABILITY FACILITY AND THE EUROPEAN STABILITY MECHANISM

As international organizations that are subjects of international law, the human rights obligations of the ESM and the EFSF stem from customary law and the general principles of international law.[373] All member states of the ESM and EFSF are party to certain human rights treaties, including the ICESCR, and therefore the EFSF and ESM have to ensure that measures proposed or enforced by it respect the human rights obligations binding on its member States.[374] Furthermore, as the Independent Expert on foreign debt has noted, certain procedural obligations should be respected when designing, negotiating and implementing adjustment policies, including the obligations to undertake a meaningful human rights impact assessment and to ensure transparency, participation and accountability. As lenders, they have an obligation to respect international human rights, which implies a duty to refrain from formulating, adopting, funding and implementing policies and programmes which directly or indirectly contravene the enjoyment of human rights; and should satisfy themselves that, borrowing states are still capable of servicing their external debt without compromising their ability to perform their international human rights obligations.[375]

---

[368] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to institutions of the European Union, A/HRC/34/57/Add.1, 28 December 2016, para 31, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/442/13/PDF/G1644213.pdf?OpenElement

[369] See Ledra Advertising Ltd. and Others v. European Commission and European Central Bank, judgment of 20 September 2016, para. 67: "Moreover, in the context of the adoption of a memorandum of understanding such as that of 26 April 2013, the Commission is bound, under both Article 17(1) TEU, which confers upon it the general task of overseeing the application of EU law, and Article 13(3) and (4) of the ESM Treaty, which requires it to ensure that the memoranda of understanding concluded by the ESM are consistent with EU law (see, to that effect, judgment of 27 November 2012, Pringle, C-370/12, EU:C:2012:756, paragraphs 163 and 164), to ensure that such a memorandum of understanding is consistent with the fundamental rights guaranteed by the Charter"

[370] Statement by the Committee on Economic, Social and Cultural Rights, Public debt, austerity measures and the International Covenant on Economic, Social and Cultural Rights, E/C.12/2016/1, 22 July 2016, paragraphs 7 and 8.

[371] Guiding principles on foreign debt and human rights, available here: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/128/80/PDF/G1212880.pdf?OpenElement

[372] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, A/74/178, 16 July 2019, https://undocs.org/A/74/178

[373] O Schutter and M Saloman, "Economic Policy Conditionality, Socio-economic rights, and international legal responsibility: The Case of Greece 2010-2015", p 12, http://www.lse.ac.uk/humanRights/documents/2015/SalomonDeSchutterGreekDebtTruth.pdf

[374] Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to institutions of the European Union, A/HRC/34/57/Add.1, 28 December 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/442/13/PDF/G1644213.pdf?OpenElement

[375] Guiding principles on foreign debt and human rights, available here: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/128/80/PDF/G1212880.pdf?OpenElement

# 8. CONCLUSIONS AND RECOMMENDATIONS

> **"Are you serious? It's a shame, that people say the crisis is over. Thousands of people are suffering. Don't believe what you hear. People in my neighbourhood have no food, no water, no health care."**
>
> 51-year-old man, Athens, February 2019[376]

The economic crisis severely affected people in Greece, with huge increases in unemployment and poverty. The impacts of the crisis have been on-going, and even today, these levels remain worse than before the crisis began. In response to the economic crisis, starting in 2010, the Greek government began to reduce public spending and introduce a series of austerity measures. Public spending fell by 32.4%, including on public sector salaries and other sectors that negatively impacted household incomes at a time of economic crisis, contributing to financial vulnerability. Public health expenditure in Greece fell by 42.8%, and health spending per capita (that is, for each person), also fell by 40%. Additional structural reforms were introduced to make the public health system more efficient, some of which resulted in patients having to bear a greater proportion of their health care costs. These measures were introduced at a time when people in Greece were experiencing high levels of unemployment and financial impoverishment, which increased their risk of ill-health and made them simultaneously less able to access the health care they needed.

This report has discussed the on-going impact of these measures at a time of economic crisis: the deterioration in the accessibility and affordability of health care in Greece. Based on over 210 interviews with people using the public health system, health workers, and experts, as well as quantitative data on unmet health needs and catastrophic health spending, it describes the multiple barriers people face accessing the public health system today, including lengthy waiting times and the high costs of care. The austerity measures resulted in a retrogression in the right to health. Furthermore, Greece implemented the austerity measures in a manner inconsistent with its human rights obligations. No human rights impact assessments were conducted, the levels of participation and consultation in how the austerity measures were developed and implemented were inadequate, and all alternatives were not exhausted before Greece implemented retrogressive austerity measures. This leads Amnesty International to conclude that Greece is in violation of the right to the enjoyment of the highest attainable standard of physical and mental health.

Many of the reforms and fiscal consolidation targets that applied to the public health sector were linked to the conditionalities imposed by Greece's creditors through the financial assistance programs. The three economic adjustment programs for Greece required the fulfilment of certain policy conditionalities by the

[376] Interview with a man using the public health system, 5 February 2019, Athens

Greek government. These also affected the public health sector and included limits on public health spending and the introduction of measures that increased costs for users of the health system. The report examined the role of the lenders – the ESM, EFSF, the IMF, EU institutions, and Eurozone governments – and found their actions inconsistent with their human rights obligations as well.

Many of these lessons seem particularly relevant in a context where Greece and its health care system are responding to the COVID-19 pandemic. There are already concerns that the austerity measures introduced over the last decade have adversely impacted the ability of health systems to respond to this crisis. In the words of the Committee on Economic, Social and Cultural rights, "Health-care systems and social programmes have been weakened by decades of underinvestment in public health services and other social programmes, accelerated by the global financial crisis of 2007–2008. Consequently, they are ill equipped to respond effectively and expeditiously to cope with the intensity of the current pandemic."[366] Now, more than ever, there is a need to ensure that the public health system is adequately resourced and able to respond to the looming challenge. Furthermore, necessary investments in health care, the social sector, and people's livelihoods at this time should be the foundation of recovery from this crisis. There is no going back to the injustices of the past. Plans to recover from this crisis cannot be once again based on austerity measures introduced without adequate safeguards and due regard for human rights. Instead, they should be based in fairness, human rights and ensuring that all persons are protected.

Given the urgent and exceptional circumstances surrounding the response to the COVID-19 pandemic, Amnesty International makes the following recommendations to the Government of Greece:

- Ensure access to health care, free from discrimination, for all persons – including preventive care, testing, treatment, and any future vaccines and cures for COVID-19. Remove all financial barriers to healthcare; inability to pay should never be a barrier to accessing prevention, treatment or care;
- Ensure the dissemination of accessible, accurate and evidence-based information about how people can protect themselves, ensure that any goods necessary to ensure prevention are available and affordable for all persons, and that all people are equally able to protect themselves;
- Ensure that health workers have access to adequate and quality personal protective equipment, information, training and psychosocial support;
- Urgently put in place measures to ensure that, at a minimum, people who are homeless, showing symptoms of and infected with COVID-19 and those who belong to 'high risk' groups are provided with emergency accommodation where they are able to protect and isolate themselves
- Account for the needs of particular groups while designing responses to the COVID-19 pandemic. No one should be left behind in the response.
- Provide support – including financial, social and fiscal - to people and groups particularly affected, including to those working in the informal sector and who have no health insurance or social security. The assistance and benefits provided must be sufficient to guarantee at the minimum, the right to an adequate standard of living, and last for as long as needed in the context of the pandemic
- Conduct an urgent assessment of its fiscal and administrative capacity to effectively respond to the pandemic including in terms of health care, social security and essential infrastructure like emergency accommodation for people who are homeless and water and sanitation to help protect people from COVID-19.
- Ensure that public spending in key sectors in the COVID-19 context like health care and social security is adjusted and adequate to effectively respond to the crisis and protect human rights.
- As a part of its efforts to use the maximum available resources for fulfilling the right to health, immediately request assistance from the international community for where it sees gaps or may be unable to guarantee necessary protections.

International financial institutions and Greece's creditors should periodically review Greece's obligations to repay sovereign debt, particularly where the repayments prevent Greece from ensuring essential levels of people's health, livelihoods, and human rights. Where this is the case, creditors – including states and international financial institutions – should urgently renegotiate the terms of this debt, and all options, including a moratorium on payments, changed interest rates, and debt cancellation, should be considered.

Furthermore, in light of the findings and conclusions in the report above, Amnesty International recommends:

To the Greek Ministry of Finance:

- Explore alternative options for accessing the maximum available resources in order to fulfil human rights obligations, including for example, through effectively addressing tax evasion and tax fraud
- Ensure that Greece's human rights obligations, and the fiscal space necessary for human rights-related spending, is a key factor in future negotiations on Greece's debt, including while evaluating possible debt relief and changes to the terms of repayment; and that any future commitments around Greece's debt do not undermine the government's ability to fulfil its human rights obligations
- Conduct an official public audit of Greek debt to assess, amongst other things, its impact on the fulfilment of human rights, in a transparent manner, that involves the genuine participation of people in Greece.

To the Greek Ministry of Health:

- Urgently reduce unmet health needs and the high burden of out of pocket health spending, especially amongst people on lower incomes, including by:
    - Revising the current structure of co-payments and prescription fees to increase the categories of people and illnesses exempted;
    - Placing a cap on the amount that one individual would have to pay as a co-payment in any given month;
    - Assessing what non-reimbursed medication people are prescribed most often and are unable to afford and taking steps to make these affordable.
    - Assessing the implementation of the 2016 Law and make sure that there are no costs for groups who have been exempted from co-payments (such as having to pay the difference in cost of the generic and brand name drugs), and that their contribution is in fact 0%.
    - Ensuring that any groups bearing a disproportionate financial impact of the austerity measures are supported through targeted measures, so that health expenditure remains affordable and does not cause undue financial burdens
- Urgently remove all administrative and other barriers people eligible to access the public health system face when trying to access health care;
- Ensure that all persons are informed about their rights to access the public health system, the effects of the 2016 Law, and any further changes in entitlements that are introduced;
- Take urgent action to reduce the lengths of waiting lists and numbers of people waiting for care in the public health system, including by:
    - Ensuring that adequate numbers of health workers are hired to meet the demand for health services;
    - Monitoring waiting times for accessing health care for specific services in the public health system
- Urgently conduct a human rights impact assessment to assess how austerity measures have impacted the right to health in Greece, particularly the rights of marginalized groups and groups at risk of greater impact, including people living in poverty, people with lower incomes, persons with disabilities, people who are unemployed, people who are uninsured, people with chronic health conditions, and older persons. The assessment should contain a gender analysis. Make the results

of this assessment public.

- Improve the working conditions of health workers including those that impact the accessibility and quality of healthcare. In particular, restore benefits, reduce the precariousness of health worker contracts, and ensure that adequate numbers of health workers are hired to meet the demand for health services.

- Increase budgetary allocations to the public health system with a view to, at a minimum, ensuring that retrogressive measures introduced during the imposition of austerity are reversed as soon as possible.

- Develop a plan to ensure that the public health system is adequately funded in the medium to long term. This should include a detailed assessment of the amount of public health spending necessary to ensure that all persons in Greece can enjoy the right to health, and options to finance increased public health spending;

- Ensure that any collaboration with the private sector in health service delivery is consistent with Greece's human rights obligations, including: including putting in place a regulatory framework that ensures health care is accessible and affordable to all, keeping in mind the needs of marginalized groups; establishing standards for public and private actors involved with privatization to ensure that data on human rights impacts are collected and published; and develop effective monitoring and accountability mechanisms;

- Ensure the the participation of the population in all health-related decision-making, and that future health sector reforms are based on principles of accountability and transparency and are fully consistent with Greece's human rights obligations.

- Ensure that human rights impact assessments are carried out in the future for the development and implementation of any austerity measures and / or fiscal consolidation programmes, in line with the guidelines published by the UN Independent Expert on Foreign Debt.

To the Greek Ministry of Labour and Social Affairs:

- Strengthen and adequately resource the Social Solidarity Income programme, to increase the quantum of benefit and the numbers of people able to benefit from it;

To the IMF, ESM, and European Commission:

- Ensure that human rights impact assessments of financial assistance programmes are prepared before, during and after their implementation in line with the guidance issued by the Independent Expert on the effects of foreign debt, and that financial assistance programme are regularly reviewed and evaluated, not only in relation to their economic and fiscal targets, but also against states' human rights obligations. Make the results of this assessment public.
- Engage in negotiations and discussions around economic reform programs and programs likely to impact economic, social and cultural rights in a transparent manner;
- Ensure that in program design, monitoring and implementation, governments put in place processes that allow for the genuine and effective participation of all persons potentially affected by such measures;
- Incorporate human rights obligations into debt sustainability analysis and ensure that debt servicing obligations do not undermine the fiscal space of States to ensure adequate social spending for the fulfilment of a state's economic, social and cultural rights obligations;
- Ensure that the human rights obligations of Greece, as well as the international institutions involved, are considered and central to any future commitments around Greece's debt, including while evaluating possible debt relief and changes to the terms of repayment, and ensure that these future commitments do not undermine the government's ability to fulfil its human rights obligations

- Refrain from stipulations in economic reform programs, loan contracts, debt repayments, and other aspects of fiscal policy programming that may undermine countries' ability to guarantee economic, social and cultural rights; and ensure that countries have the fiscal space necessary to this end.

To the ESM:

- Put in place human rights policies that apply to decisions to grant and implement financial assistance, with the aim to mitigate against adverse human rights impacts, and monitor their implementation;

To the European Commission:

- Revise existing Social Impact Assessment Guidelines to ensure that impact assessments evaluate how particular policies will impact human rights protections, including the ability of countries to respect, protect and fulfil the full range of their economic and social rights obligations;

To EU member states:

- Exercise functions as members of the ESM, IMF and EU in line with human rights standards; demand that institutions have human rights policies and, where these exist, monitor their implementation; and push for human rights impact assessments of financial assistance programs

# AMNESTY INTERNATIONAL IS A GLOBAL MOVEMENT FOR HUMAN RIGHTS. WHEN INJUSTICE HAPPENS TO ONE PERSON, IT MATTERS TO US ALL.


CONTACT US

info@amnesty.org

+44 (0)20 7413 5500

JOIN THE CONVERSATION

www.facebook.com/AmnestyGlobal

@Amnesty

# RESUSCITATION REQUIRED

## THE GREEK HEALTH SYSTEM AFTER A DECADE OF AUSTERITY

The economic and financial crisis that started in 2008 had a severe impact in Greece, with people facing increasing levels of financial vulnerability, poverty and inequality. The government began to introduce austerity measures, including cutting public spending on health, changing the working conditions of health workers, and introducing some structural changes to limit the costs of the Greek public health system. Based on comprehensive desk-research and interviews with over 210 people – including those using the public health system, health workers, public health experts, and government representatives – this report finds that the austerity measures have eroded the accessibility and affordability of health care in Greece, with many people finding it harder to afford health care and access the public health system when they need to, increased the burden on health workers, and that the impact of these measures has continued a decade after many of them were introduced. It raises human rights concerns associated with Greece's debt and the role of Greece's creditors. Given the challenges posed by the COVID-19 pandemic, this report highlights the need to urgently support and resource Greece's health and social sectors at this key moment.

INDEX: EUR 25/2176/2020
APRIL 2020
LANGUAGE: ENGLISH

amnesty.org

AMNESTY INTERNATIONAL