

COVID-19 IMPACT ON GREECE'S HEALTH SECTOR

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Abstract

The crisis of the pandemic of Covid-19 is considered as a direct threat not only to the global economy, but to the global health systems as well, especially to nations with small and weaker health systems, such as Greece's. The effects were felt by both health professionals and patients. This article analyzes the general impact on Covid-19 on health sector, the financial impact of COVID-19 on health sector, refugees' health during Covid and the impact of Covid-19 on mental health services.

Keywords: Covid-19; health sector; Greece

JEL Codes: I15, G01

1. Introduction

The crisis of the pandemic of Covid-19 is considered as a direct threat not only to the global economy, but to the global health systems as well, especially to nations with small and weaker health systems, such as Greece's. According to an essay of Amnesty International (2019) which was dedicated and emphasized on the recent pandemic of Covid-19 and its consequences, it is mentioned that the effects were felt by both health professionals and patients. Amnesty International interviewed seventy-five people seeking public health care and a total number of fifty-five health care employees. An approximate percentage of 90% of the respondents declared, while interviewed, that they had experienced long delays and many described difficulties in accessing healthcare due to the high cost of health care services. Indicatively, some of the answers given during these interviews are the following ones:

One person declared to Amnesty International that "If you do not have money, you cannot get medical care today", while another one pointed out that "If it is not an emergency, you just wait for the pain". The general existing environment is attributed to the statement of one more person: "The groups that have paid for this crisis are the low-income people and the employees. They have paid with their taxes, with their social benefits and with their health" (Amnesty International, 2019).

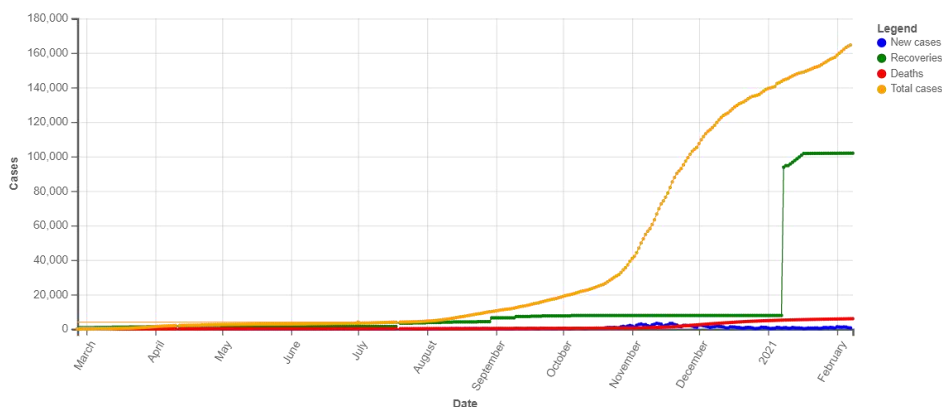
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The aim of this article is to analyze the impact of COVID-19 on health sector of Greece.

2. The general impact of COVID-19 on health sector

As Greece emerged from a long period of deep economic and social crisis (Tsobanoglou, 2014), with the public health care system on the verge of collapse, COVID-19 erupted. The first case of COVID-19 was diagnosed in Greece on February 26. On March 1, the first step taken by the Greek government, the cancellation of the carnivals, was considered excessive by the public, as at that time only three cases were confirmed by COVID-19. On March 10, with 89 officially confirmed cases and 0 deaths, all schools and universities closed. Since that day, new regulatory measures have been gradually introduced to reduce the risk of exponential virus transmission. About 4 weeks after the pandemic, with 695 confirmed cases and 17 deaths, on March 23, strict national lock-in measures were implemented. In early April, a health worker pointed out to Amnesty International that "During the financial crisis, when there were cuts in the health sector, this resulted in most hospitals the operation with the half of the required staff... [In our hospital] we work with the half of the required staff and if the [coronavirus] cases increase, it would be impossible [to cope]" (Amnesty International, 2019).

Figure 1. COVID-19 cases in Greece



Source: <https://lab.imedd.org/covid19/?lang=en>

The study by Stephens et al. (2020) is an attempt to provide guidance and advisory dimension of the decision-making process, in the context of the effort to manage the crisis of the Covid-19 pandemic by the Greek health system and in particular by the cardiovascular disease units. The researchers, themselves, say that the challenges facing a pandemic are incomparable, especially in the context of congenital heart surgery to be provided during this kind of crisis. In fact, these

challenges are called to face in an environment full of successive and rapid changes and developments.

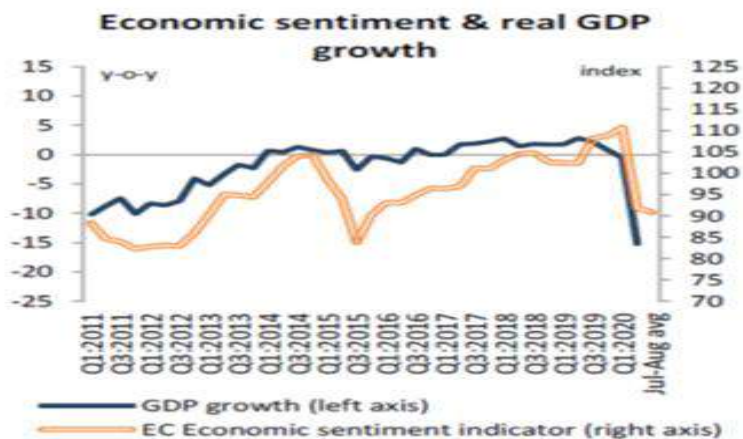
The effort of Stephens et al. (2020) is a list and analysis of a series of principles, which on the one hand are feasible in their application and flexible, which means that they can be easily adapted to any new conditions that may apply at any time. Through these principles, which are proposed by the researchers, it is even possible to prioritize the functions of the cardiovascular units, when the available resources are insufficient and when there are insufficient human resources. In the end, they conclude that the measures to be taken, for the effective response of the cardiovascular diseases units of the Greek health system, are unprecedented. Priority should be given to the proper timing and prioritization of tasks in terms of their degree of importance and necessity. The practical guidance to be given is aimed at ensuring the good health of patients and maintaining a balance in the mental health of the staff in these units. The human resources employed in the Greek health system have always staffed positions that require solidarity and care. The cooperation and teamwork of the employees is also important. Likewise, their flexibility, their easy adaptation to new conditions and their readiness. This is a series of qualities that do not exist to a satisfactory degree but must begin to be adopted immediately and urgently in the human resources, which are employed in the Greek health units.

One more problem that is specified by Hargreaves et al. (2020) is the immigration. This is another aggravating point and an additional challenge that health units in all the nations, especially those suffering from severe immigration problems, such as Greece, are called upon to face it. This issue is a challenge for the health systems of the countries that have a large number of immigrants, due to the increasing number of candidates admitted for hospitalization. In addition, immigrants are serious potential outbreaks of Covid-19 due to their living conditions. In addition to the urgent need to address the living conditions of the migrant population, in countries with an immigration problem, solving the problem of universal access to health care by all, regardless of nationality, age, religion, gender, family state, other factors and differentiations. This is a key UN principle, which is being developed in the light of sustainable development. However, it is a fact that millions of migrants are left out of national health systems and forced to depend on services provided by non-governmental organizations (Hargreaves et al., 2020).

3. The financial impact of COVID-19 on health sector

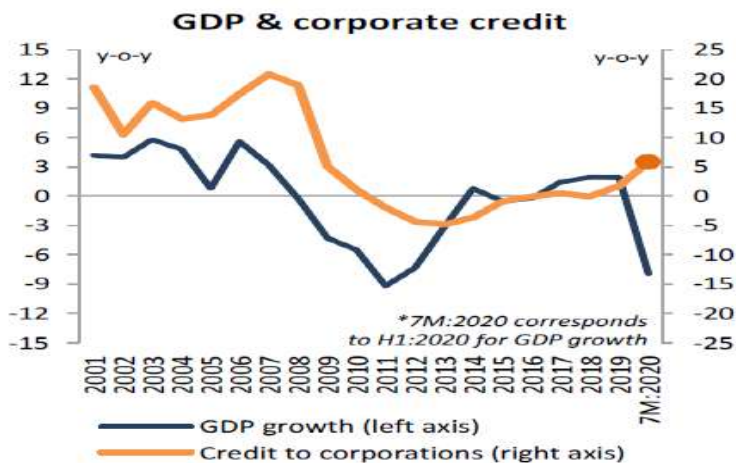
General GDP contracted by 15.2% y-o-y in Q2:2020 when the impact of the lockdown had peaked. The impact of the Covid-19 shock could be further amplified by “financial frictions”. However, so far, there are encouraging signs of a countercyclical response of bank credit.

Figure 2. Economic sentiment & real GDP growth



Source: NBG, 2020

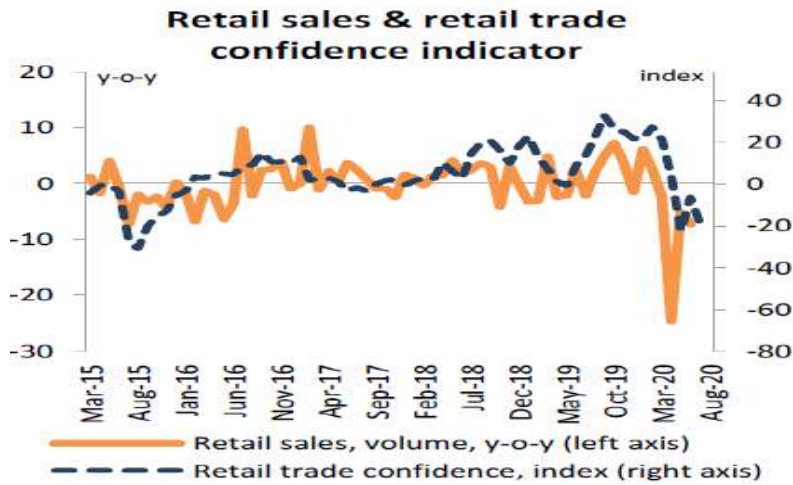
Figure 3. GDP & corporate credit



Source: NBG, 2020

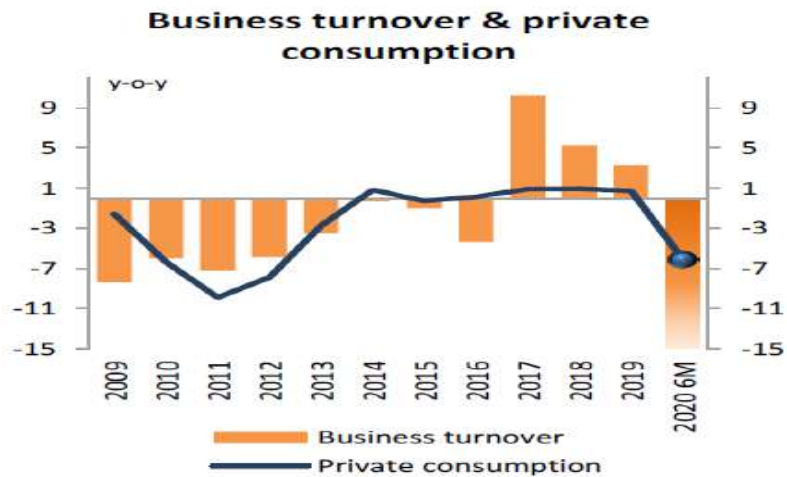
High uncertainty and containment measures took their toll on domestic spending in Q2:2020, leading to an unprecedented decrease in business turnover, which is the main transmission channel of the shock.

Figure 4. Retail sales & retail trade confidence indicator



Source: NBG, 2020

Figure 5. Business turnover & private consumption



Source: NBG, 2020

Public health expenditure in Greece amounts to 5% of GDP, compared to the EU average of 7.2%. Formal or informal out-of-pocket payments account for 35% of total health expenditure, more than doubling the EU average (15%). The largest share of private spending on health (over 90%) for privately purchased services rather than subscriptions (OECD, 2017). The Greek health system is defined by a relatively weak

primary health care (PHC) in terms of access, inclusion in care and follow-up to care (Kringos et al, 2013). One to two-thirds of patients attend hospital emergency departments with problems that could be treated at PHC level (Tountas et al, 2020). Despite many efforts since the early 2000s to strengthen and standardize PHC, Greece continues to strive to achieve a sustainable integrated services model based on policy (Sifaki-Pistolla et al, 2017).

Since 2010, the public health system has been severely affected by the austerity measures implemented by the Troika. High levels of unmet health needs were reported among the unemployed (21.5%) and those in the low-income groups (34.3% in the lowest income versus 0.4% in the highest income quintile) (Baeten et al, 2018). In this context, the government refocused its efforts on improving national health services, enacting two acts in 2014 and 2017, with an emphasis on PHC restructuring and the creation of family care pathways with a family doctor. In addition, in 2016, health coverage was extended to the uninsured (approximately 2.2 million), who nevertheless continued to have access mainly to hospital-based health services (OECD, 2017). Citizens' participation in the PHC system is due to the "mandatory" registration with a family doctor (general practitioner, physician, pediatrician) who operates in any of the PHC facilities or with contracted private doctors. However, due to insufficient funding of the system, only the 20% of the population was recorded.

4. COVID-19 and refugee crisis

The general consensus on managing this national emergency, combined with the management of the refugee crisis - reinforced by Turkey's organized pressure to open the borders for "refugees" to enter Europe - has galvanized a sense of unity and confidence in government directives (Dianeosis, 2020). Thirteen hospitals have been designated as reference hospitals for COVID-19 cases. The clinics are closed and the wards are being evacuated. Some have been designed to care for infected patients, while others have been converted into COVID-19 ICU beds. Scheduled surgeries and outpatient appointments to outpatients have been canceled and only emergencies remain. The focus of the state's attention in dealing with the COVID-19 pandemic, especially at the level of hospitals and ICU beds, as well as the current interruption of "regular" services provided by hospitals, creates the risk of a significant increase in unmet health needs. In addition, the partial suspension of the regular operation of the rather inadequate PHC system, together with some private surgeries that had to be shut down due to insufficient protective equipment to keep it running, raises serious concerns about access and continuity of care.

On April 4, the "restructuring" of PHC services was announced, with ways to support a more effective targeted healthcare system. Special health centers in six large urban areas (Athens, Thessaloniki, Patras, Larissa and Heraklion) have been designated exclusively for the control of patients with respiratory infections. These COVID-19 Health Centers will be involved in the timely detection, monitoring and

management of potential and confirmed cases of mild symptoms that do not require hospitalization, and will provide voicemail service for these patients diagnosed with COVID-19. However, the long-term shortcomings of the PHC system pose significant challenges in meeting the needs of vulnerable populations, for example, the homeless, drug addicts, Roma, refugees and other socially excluded groups, in a way that requires coordination with prosperity agencies. At the moment, this is being done by a variety of political and religious NGOs and by the local government in a somewhat random way.

One of the most sensitive and difficult issues at the moment is related to the appalling living conditions of some 40,000 asylum seekers in refugee camps in the Aegean islands. The situation found in these camps makes it extremely difficult to take the necessary precautions, such as social distancing and hygiene vigilance. Specialized medical teams were sent to the camps to set up areas for self-isolation and mandatory temperature control. All visits to the camps have been suspended. So far, two refugee camps on the mainland have been quarantined. As of May 3, Greece, with a population of 10.7 million, has 2,620 confirmed cases, 144 deaths, 1,473 cases recovered and 37 hospitalized in the ICU.

5. COVID-19 and mental health services

The psychological impact of long-term strict lock-in measures and the dangers associated with isolation suggest perhaps another side threat from the same invisible enemy of our physical health. The message of the campaign "We live at home has undoubtedly upset everyone's daily routine. What does this message mean for children and parents? As in any crisis, "renegotiation", "reorganization" and "redistribution of meanings" are the new challenges we all have to face. The psychological discomfort caused by prolonged lock-up, along with the evolving feeling of inactivity, boredom, frustration and uncertainty can lead to psychosomatic or psychological problems, alcohol consumption, dysfunctional personal and family coping strategies, increasing coping strategies. Staying at home has put some children and adults at increased risk of domestic violence, as evidenced by the increasing number of reported cases. However, some families have been able to mobilize resilience and functional coping strategies to manage the stress of home confinement and see positive changes in their lives (eg, spending more quality time with their children). The Hellenic National Organization of Public Health (EODY in Greek), Public Authorities and various political associations have set up hotlines for the COVID-19 crisis.

The provision of services to people with mental health problems and their families has been significantly affected. Currently, the Adult Mental Health (AMH) and Child and Adolescent Mental Health (CAMH) community services operate with reduced staff and provide mostly telephone counseling or counseling, with only a few face-to-face clinical work replacements. Skype. Emergencies are addressed to hospitals. Day Hospital / Units is down. Hospital-based AMH and CAMH services

have limited access to outpatient clinics, but continue to provide the necessary treatments (eg warehouse clinic) and emergency services. In addition, psychologists provide support to colleagues on the front line. The above measures, combined with the fear of human transmission, have led to a significant reduction in the number of referrals or evaluation requests, even within the psychiatric liaison service. Telematics health services are advertised and provided by a large number of different professional groups, often without the supervision or use of a system that complies with the General Data Protection Regulation (GDPR).

The Pediatric and Adolescent Psychiatry (CAP) units now apply stricter admission criteria. Only young people with serious mental health problems are accepted. In one hospital, part of the inpatient unit was closed and intended for emergency medical patients with COVID-19. This resulted in the early rejection of patients and the lack of hospital beds. Inpatient CAPs, and in particular their common areas, are not designed for physical distance, which poses a problem in managing patient care. Daily group activity and treatment programs have been suspended, resulting in increased levels of discomfort among young people. Policies have changed regarding patient leave and parental visits, which affects the stability of young people and, for many, feels punitive. Screening procedures for COVID-19 symptoms have been adopted, but no prior negative testing is required. If the patient shows signs of possible infection, he/she is placed in the designated self-isolation room in the ward until the test result returns (usually in 24-36 hours) and if the result is positive, the patient is transferred to a designated COVID-19 unit.

Parents of children with mental health problems have been advised to maintain long-distance, not face-to-face contact with their doctor. It is not clear, however, what percentage of young people and their families continue to receive psychological treatment, as about 80% of services provided by the private sector (reimbursed by the National Health Service) have stopped. It is safe to assume that a significant number have stopped receiving treatment. A minority of people with developmental disorders, including autism spectrum disorders, who, prior to the outbreak of COVID-19, attended psychoeducational intervention programs, continue to receive support either via video conference or through appropriate material sent to parents.

At this point in time, it is difficult to assess the impact of the pandemic on the mental health of children and families. It is expected in the long run, there is likely to be a dramatic increase in stress-related disorders, associated with increased levels of depression and anxiety in parents as a result of financial hardship. A recent survey showed that 63% of Greeks believe that the pandemic will have a negative impact on their mental health and 57.9% on their income (Dianeosis, 2020). The rising rate of Internet addiction and electronic gambling among young people is another side threat of the pandemic.

6. Conclusion

Greece, as one of the countries hardest hit by the economic crisis, after 10 years of recession, is entering another crisis, the COVID-19 pandemic. The current situation has dramatic negative effects on the economy with a relative risk to people's mental health. However, the limited resources and gaps in the health system exposed during the COVID-19 epidemic give us a great opportunity to reconsider how services are organized and provided. Maybe now is the time to implement the cardinal changes that will achieve a complete and integrated health care system with procedures for horizontal and vertical connections and coordination between the various levels of care (primary, secondary and tertiary) and the development of a multidisciplinary system.

It is striking that Greece with the highest per capita percentage of licensed specialists among EU Member States (6.2 per 1000 population) has the fourth lowest percentage of healthcare staff employed in hospitals (Economou, 2015). The imposed freeze on recruitment has led many doctors to seek work abroad or in private practice. Greek doctors based in the hospital work daily under "emergency" conditions, as there is no control over patient flows, given the inadequate PHC system, the lack of a gate guard mechanism and inadequate facilities in the provinces, ie outside the big cities. The lack of support staff, the large number of patients (the largest hospitals in Athens receive about 1,000 in a single 24-hour shift), the excessive congestion in the wards (with beds placed in the corridors after the shift) a "normal" working environment for doctors who based on the NHS hospital, especially during seasonal "flu" or on weekends due to endemic road accidents. These working conditions and large volumes, although they may be considered excellent for other countries, are "normal" in Greece, perhaps placing medical staff in Greece in a better position in the current pandemic crisis. Their experience of working under arduous and very difficult conditions, with low pay and insufficient resources at their disposal, may ironically have contributed to the effective management and successful containment of cases, combined with the imposed national lock.

The pandemic, with the introduction of "social distance", can lead to dramatic changes in clinical practice, including the way our treatments are going to be provided in the near future and the extent to which technology can be used to ensure the quality of the services provided. It is important to note that prior to this COVID-19 pandemic, telemedicine was only available on some hospital-based CAMH services, with the possibility of real-time teleconferencing only with connected Health Centers or provincial hospitals. The Ministry of Health recently announced that it is introducing telephone services for patients with COVID-19. This could become a potentially durable tool that allows remote monitoring at home of the elderly and those with chronic illnesses and disabilities. The COVID-19 pandemic is an opportunity to extend the telemedicine system to reach those in remote areas or islands where CAMHS are rare and to provide advice / guidance to PCH providers. To this end, it

would be necessary in our country to enhance training in information and telecommunications technologies, along with the development of protocols and standards, as well as health promotion programs. In dealing with the pandemic, it is considered necessary and urgent to develop telemedicine guidelines and address various legal issues that will allow physicians to work without the threat of liability in the provision of e-care services. Telemedicine technology provides the opportunity for mental health professionals in Greece to develop effective interventions and electronic therapies using digital applications, which today are particularly important in the conditions imposed by the practice of social distance. To this end, there is a need to create evidence for the types of cases where telemedicine may be a preferred treatment alternative and in cases where face-to-face contact cannot be replaced.

In conclusion, the COVID-19 pandemic brought to light the long-term shortcomings and gaps of Greece's underfunded public health system, due to the fundamental imbalance between public and private interests (Tountas et al, 2020). Inadequate job security, a high number of unemployed doctors and a significant informal economy in a "free" market political system define an outdated and ultimately expensive healthcare system. Investing in health should not be seen as a cost but as a priority social investment.

Lockdown has been a successful public health measure, but with the gradual resumption of free movement and activity, every effort should be made to maintain and strengthen the healthcare system by strengthening Community care and establishing its usability. "Reserve army" of health professionals at primary and secondary care level. The pandemic, as a threat to all, must be the reason for the disadvantage of the main Hippocratic method of prevention. It will be a much-needed return to the land that developed it centuries ago (Perlstadt, 2019).

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