EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX

7 November 2022

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Amnesty International v. Greece
Complaint No. 217/2022

COMPLAINT

Registered at the Secretariat on 2 November 2022

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Council of Europe
Directorate General Human Rights and Rule of Law
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COLLECTIVE COMPLAINT

ON THE VIOLATION OF THE RIGHT TO PROTECTION OF HEALTH AND THE PRINCIPLE OF NON-DISCRIMINATION

VIOLATION OF ARTICLE 11(1), READ ALONE OR IN CONJUNCTION WITH ARTICLE E

AMNESTY INTERNATIONAL

V

GREECE

Date: 2 November 2022

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1. ADMISSIBILITY

1.1 COMPETENCE OF AMNESTY INTERNATIONAL

1. Amnesty International hereby submits this collective complaint to the Executive Secretary, acting on behalf of the Secretary General of the Council of Europe, pursuant to the collective complaint mechanism established by the Council of Europe on 9 November 1995 in the Additional Protocol to the European Social Charter Providing for a System of Collective Complaints (the Additional Protocol) with the purpose of ensuring the full realization of social rights by all.

2. Under Article 1(b) of the Additional Protocol, the High Contracting Parties recognise the right of international non-governmental organizations holding consultative status to submit collective complaints. Amnesty International is on the Governmental Committee list of international non-governmental organisations currently registered until June 2023 to submit collective complaints.

3. International non-governmental organisations are entitled to submit complaints, unlike bodies coming under Article 1(c) and Article 2(1) of the Additional Protocol, need not come within the jurisdiction of the High Contracting Party. Amnesty International is therefore entitled to bring a collective complaint against those countries having ratified the European Social Charter or Revised European Social Charter or both that have also agreed to be bound by the collective complaints mechanism, without prejudice to any other admissibility requirement.

4. Amnesty International is an international non-governmental organization dedicated to protecting and promoting the rights enshrined in the Universal Declaration of Human Rights and other international treaties throughout the world. Amnesty International Charity is registered in England and Wales as both as a company limited by guarantee (company number 2007475) and as a charity (charity No. 294230).

5. The organization is a movement of over 10 million members, activists and supporters in more than 150 countries worldwide. It is independent of any government, political ideology, economic interest or religion.

6. Amnesty International is recognized as an accurate, unbiased and credible source of research and analysis of human rights conditions around the world. Amnesty International conducts research and leads efforts to advance international human rights at the international, regional and national levels. It has formal relations with a number of human rights actors internationally and regionally.

7. Amnesty International has consultative status with the United Nations (UN) Economic and Social Council (ECOSOC) and the UN Educational, Scientific and Cultural Organization (UNESCO). Amnesty International has observer status before the African Commission of Human and People's Rights and is registered with the Organization of American States as a civil society organization. It has working relationships with the Organization for Security and Cooperation in Europe (OSCE), the European Union (EU) and the Inter-Parliamentary Union. At the Council of Europe, Amnesty International is a member of the International Non-Governmental Organization Conference (the INGO Conference) and has observer status at the steering Committee for Human Rights (CDDH). In 1977, Amnesty International was awarded the Nobel Peace Prize.

8. Amnesty International has long been at the forefront of protecting internationally recognized social and economic rights worldwide. For instance, under its global Demand Dignity Campaign (2009-2014),[1] Amnesty International contributed to strengthening the legal enforcement of economic,

[1] For more information on this campaign, see here: https://www.amnesty.org/en/documents/act35/003/2009/en/#:~:text=To%20protect%20the%20rights%20of,move%20from%20acknowledgement%20to%20action.

social and cultural rights and to advancing the right to health through research, campaigning and litigation. Subsequently, the organisation has carried out research, produced reports, written submissions and conducted strategic litigation on a range of economic and social rights issues including rights to health, adequate housing, education and labour rights in many countries across Europe and beyond.[2] As a result, Amnesty International has extensive and global experience and expertise in human rights including on states' obligations under international law to respect, protect and fulfil all rights guaranteed in international treaties and the principle of non-discrimination and equality in the enjoyment of all rights, including the right to health.

9. Amnesty International has previously filed another complaint, No. 178/2019 Amnesty International v. Italy,[3] alleging that the housing situation of Roma and Sinti in Italy is in violation of Article 31 (right of housing), read alone or in conjunction with Article E (non-discrimination), due to the continued perpetration of forced evictions, segregated and substandard housing, and use of discriminatory criteria for the allocation of social housing. This is currently pending.

10. Specifically, in Greece, Amnesty International has conducted research on various issues related to economic, social and cultural rights such as the impact of austerity measures on the right to health, concerns over asylum-seekers' free access to the public health system, forced evictions of Roma, and their segregation in education including the following:
    - A report in April 2020 - Greece: Resuscitation required – The Greek health system after a decade of austerity - Amnesty International,[4]
    - A public statement in May 2020 on Greece - Authorities must ensure that public spending in health care in the COVID-19 context effectively responds to crisis,[5]
    - A public statement in October 2019 titled – Greece must immediately ensure that asylum-seekers, unaccompanied children and children of irregular migrants have free access to the public health system;[6] and
    - A report titled - Greece: Out of the spotlight: The rights of foreigners and minorities still a grey area in October 2005.[7]

1.2APPLICATION OF THE REVISED EUROPEAN SOCIAL CHARTER AND COLLECTIVE COMPLAINT SYSTEM TO THE STATE PARTY: GREECE

11. Greece is a State party to the 1996 Revised European Social Charter (Revised Charter) and to the Additional Protocol Providing for a System of Collective Complaints. Greece ratified the 1961 European Social Charter on 6 June 1984. Greece signed and ratified the Revised European Social Charter on 18 March 2016 is bound by its provisions since the entry into force of this treaty in its

[2] See Research Archives - Amnesty International
[3] https://www.coe.int/en/web/european-social-charter/pending-complaints/-/asset_publisher/If8ufoBY2Thr/content/no-178-2019-amnesty-international-v-italy?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Feuropean-social-charter%2Fpending-complaints%3Fp_p_id%3D101_INSTANCE_If8ufoBY2Thr%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-4%26p_p_col_count%3D1.
[4] Amnesty International, Greece: Resuscitation required – The Greek health system after a decade of austerity, 28 April 2020 (Index: EUR 25/2176/2020), available at: https://bit.ly/3t16iS8.
[5] Amnesty International, Greece: Authorities must ensure that public spending in health care in the COVID-19 context effectively responds to crisis, Public Statement, 15 May 2020 (Index: EUR 25/2338/2020), available at: https://bit.ly/3PFuViU.
[6] Greece must immediately ensure that asylum-seekers, unaccompanied children and children of irregular migrants have free access to the public health system, Public Statement, 14 October 2019 (Index: EUR 25/1213/2019), available at: https://bit.ly/3S9Apnu; and Migrant Children and Asylum-Seekers still denied healthcare, Urgent Action 2/20 (Index: EUR 25/1801/2020), 12 February 2020, available at: https://bit.ly/3zCAlW3.
[7] Amnesty International, Greece: Out of the spotlight: The rights of foreigners and minorities still a grey area, October 2005 (Index: EUR 25/022/2005), available at: https://bit.ly/3bd1sO4; also Segregation, bullying and fear: The stunted education of Romani children in Europe, 8 April 2015, available at: https://bit.ly/3PXNiz9; and Forcible eviction of Halandri Roma imminent, Urgent Action, UA: 35/14 (Index: EUR 25/003/2014), available at: https://bit.ly/3vlrvcK.

respect on 1 May 2016. With this ratification Greece accepted 96 of the 98 Articles and sub-Articles including Article 11.

12. According to Article B(2) of the Revised Charter, "*[A]cceptance of the obligations of any provision of this Charter shall, from the date of entry into force of those obligations for the Party concerned, result in the corresponding provision of the European Social Charter and, where appropriate, of its Additional Protocol of 1988 ceasing to apply to the Party concerned in the event of that Party being bound by the first of those instruments or by both instruments.*" Further, Article D of the Revised Charter provides that '*The provisions of the Additional Protocol to the European Social Charter providing for a system of collective complaints shall apply to the undertakings given in this Charter for the States which have ratified the said Protocol.*' Greece ratified the Additional Protocol Providing for a System of Collective Complaints on 18 June 1998.

13. This complaint therefore meets the admissibility criteria under Article 1 and 13 of the Additional Protocol.

14. Under Article 28(1) of the Greek Constitution: "*International conventions as of the time they are sanctioned by statute and become operative according to their respective conditions, shall be an integral part of domestic Greek law and shall prevail over any contrary provision of the law. The rules of international law and of international conventions shall be applicable to aliens only under the condition of reciprocity.*"

1.3APPLICATION OF THE REVISED EUROPEAN SOCIAL CHARTER AND COLLECTIVE COMPLAINT SYSTEM TO THE STATE PARTY: GREECE

15. This complaint concerns the impact of austerity on access to health and the prohibition of discrimination for all persons residing within the territory of Greece.

1.4ARTICLES CONCERNED

16. This complainant submits that Greece is in violation of Article 11(1), in conjunction with Article E, because austerity measures have eroded the accessibility and affordability of health care in Greece, with disproportionate impact on certain marginalized individuals and groups. Greece has accepted to be bound by the article 11 of Part II of the Revised European Social Charter that guarantees the right to protection of health. Greece is also bound by the article E of Part V of the Charter on the prohibition of discrimination.

2. BACKGROUND

17. In 2008, Greece experienced a severe economic crisis, the effects of which have lasted over the past decade. Starting in 2008, there was a dramatic decline in economic activity, and real gross domestic product (GDP) growth dropped. While GDP grew by 3.3% in 2007, it began to fall the following year, and in 2011, real GDP (that is, GDP adjusted for inflation) growth declined and was at its lowest, at -9.1%.[8] 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.[9] In 2010, Greece

[8] Eurostat, Real GDP growth rate by volume, available at:
https://ec.europa.eu/eurostat/databrowser/view/tec00115/default/table?lang=en.
[9] Eurostat, General government deficit/surplus,
available at: https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tec00127&plugin=1.

requested international financial assistance from the euro area countries (countries within the EU that have the Euro as their currency) and the International Monetary Fund (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.[10]

18. The economic crisis severely affected people in Greece, with huge increases in unemployment, poverty, and homelessness. Statistics indicate how, during the period covered by Amnesty International's initial report (2009 – 2020) poverty and inequality increased in the country. 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 29% in 2019, meaning that just less than a third of the population remained at this risk.[11] 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 16.5% in 2020.[12] Household incomes fell during this period. Gross adjusted household disposable income fell by around 9% between 2009 (USD 24,571) and 2019 (USD 22,431).[13]

19. The percentage of households unable to meet an unexpected financial expense increased from 26.6% (2008) to 50.4% (2020).[14] 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.[15] While things have improved since, in 2019 the unemployment rate was at 17.3%, more than twice as high as the pre-crisis rates,[16] and almost three times higher than the 2019 EU-28 average.[17]

20. 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.[18] The spending reduction affected several key sectors of the economy, 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. 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 included pension reforms, increased taxation, and a reduction in government expenditure on wages for public sector workers.[19]

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[10] For more details on these financial assistance packages, see Chapter 6, Amnesty International, Resuscitation Required: The Greek Health System After a Decade of Austerity (Index: 25/2176/2020).
[11] Eurostat, People at risk of poverty or social exclusion by age and sex [Last update: 16-04-2020]
[12] 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 instalments 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]. Rates of the population remaining at risk of poverty or social inclusion remained significantly high also in 2021. According to a study published by the Hellenic Statistics Authority (ELSTAT)on 27 July 2022, 28,3 % of the country's population were at risk of poverty or social exclusion. ELSTAT observed an increase of 0,9 % in relation to 2020. See: ELSTAT Press release, 27 July 2022, available at: https://bit.ly/3cH48nz.
[13] https://data.oecd.org/hha/household-disposable-income.htm
[14] Inability to face unexpected financial expenses - EU-SILC survey [Last update: 18-09-2021]
[15] Eurostat, Total unemployment rate [Last update: 1-4-2020]
[16] Eurostat, Total unemployment rate [Last update: 1-4-2020],
[17] The EU-28 average is 6.3% in 2019. Eurostat, Total unemployment rate [Last update: 1-4-2020]
[18] 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]
[19] 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

21. Amnesty International's initial report on the impact of austerity measures on health was based on comprehensive desk-research and interviews with over 210 people – including people using the public health system in Greece,[20] health workers in Greece, public health experts, and representatives of the Greek government.[21] It should be noted that following the spread of the coronavirus (COVID-19) pandemic, between 2020 and 2022, Amnesty International researchers conducted a further literature review and interviewed 17 people including 11 health workers to reflect how a decade of austerity may have impacted Greece's ability to respond to the COVID-19 pandemic.[22] This follow-up part of the research was conducted remotely due to travel constraints during the pandemic.[23] While the effects of austerity policies on pandemic preparedness are still being studied, initial reflections in published work, as well as expert opinions, have been included in this section as well.[24] Statistics used in the report in this submission are from between 2009 and 2020 and reflect the period when Amnesty International was trying to assess the impact of austerity measures.

2.1AUSTERITY MEASURES IN THE HEALTH SECTOR

22. Very soon after the economic crisis began in Greece, the government began to cut public health expenditure. Public health expenditure in Greece fell from €15412.18 million in 2009 to €8815 million in 2017, a reduction of 42.8%.[25] During the same period, health spending per capita (that is, for each person), also fell by 40%.[26] 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.[27] Additional data shows a more disaggregated picture of how specific sectors in the public health system were affected by 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.

[20] 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.

[21] 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. In December 2019, we sent relevant Greek authorities a summary of the findings of this report, requesting their response. Where authorities responded, and institutions shared information with Amnesty International, this has been included in our report.

[22] Between 26 March 2020 and 1 April 2020, Amnesty International conducted phone interviews with eight health workers in Greece's mainland and islands. These interviews were conducted in the framework of Amnesty International's initial report. Subsequently, Amnesty International conducted phone interviews with one health worker in September 2020; one health worker in March 2021; and four health workers, one public health expert, one individual using the public health system and four representatives of civil society between January and June 2022. Some individuals provided interviews at the early stages of the pandemic and in 2022.

[23] Several individuals were interviewed for the purposes of the initial report and the follow-up research.

[24] For more on the impact of the COVID-19 pandemic, and state responses, on marginalised groups, see: WHO Europe, Factsheet October 2020: Vulnerable populations during COVID-19 response, available at: https://bit.ly/3DNbxNn; European Center for Disease Prevention and Control, Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic, 3 July 2020, available at: https://bit.ly/3FwOkjy.

[25] 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]

[26] 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]

[27] 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]

budget cuts.[28] '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.[29] Similarly, the expenditure on hospitals services reduced by 43% over the same period.[30] This period also saw a reduction in public health spending on health worker salaries, and on expenditure for preventive care. The latter fell by 33% between 2009 and 2016.[31]

23. The reductions in public health expenditure were accompanied by structural changes in the public health system, including the creation of the National Organization for the Provision of Health Services (EOPYY), the introduction of a compulsory e-prescription system (a system by which prescriptions were made electronically and not by hand, as was the case before), and the promotion of the use of generic medicines. While some of the measures introduced were aimed at improving the efficiency of the health system, some measures 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 the 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.[32] 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,[33] and from 10% to 25% for other drugs.[34] Furthermore, a €1 fee was introduced for all prescriptions.[35] Some groups have been exempted from these costs.[36] In general, average cost-sharing for pharmaceuticals rose from 13.3% in 2012 to 18% in 2013.[37]

[28] Eurostat, General government expenditure by function (COFOG), [Last updated 24-2-2020]
[29] Eurostat, General government expenditure by function (COFOG), [Last updated 24-2-2020]
[30] Eurostat, General government expenditure by function (COFOG), [Last updated 24-2-2020]
[31] Statistics available on data sheets here: Elstat, Health Accounts System / 2018, https://www.statistics.gr/el/statistics/-/publication/SHE35/-
[32] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 52, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf.
[33] 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, available at: 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.
[34] Medicines for coronary heart disease, hyperlipidaemia, 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, available at: 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.
[35] Law 4093/2012.
[36] 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% co-payment for medicines for some medicines.
[37] 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, available at: 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.

Third: now that doctors were 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.

Fourth: 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.[38]

Fifth: during the early years of the crisis, additional user charges were introduced for health system users: In 2011, an increase in user charges of from €3 and €5 was introduced for outpatient services in public hospitals and clinics. This was eventually abolished in 2015.[39] In 2012, a €25 admission fee was introduced for public hospitals, which was also abolished in 2014. While eventually abolished, when these were in force, these contributions were in addition to existing payments patients already made, for example, for afternoon clinic visits (these can cost between €16 and €72).[40]

Finally, the austerity measures also impacted health workers. 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.[41] Nearly all subsidies were abolished, and no performance related payments were made.[42] There was also a limit put on staff hiring, and for every five people who left or retired, only one person was hired.[43] Further cuts were introduced in ESY doctors' salaries in 2012 and 2017.[44]

24. Between January 2018 and April 2020, Amnesty International spoke with 55 health workers working in the public health system across a variety of positions, including physicians, nurses, and nursing assistants.[45] All of them raised concerns about the cuts in their salaries and benefits. 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. Some health workers also explained how the increased workload and staffing gaps could impact the quality-of-care people received. For example, a person working as a governmental hospital paramedic, told Amnesty International researchers that; "*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*

[38] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, Vol 19, No. 5, 2017, at page 52, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf.
[39] C, Economou,, Greece's health care system and the crisis: a case study in the struggle for the capable welfare state, December 2018, Anais do Instituto de Higiene e Medicina Tropical 17(Suplemento nº 1); also Crookes C, Palladino R, Seferidi P, et al. Impact of the economic crisis on household health expenditure in Greece: an interrupted time series analysis. BMJ Open 2020;10:e038158. doi:10.1136/ bmjopen-2020-038158.
[40] Crookes C, Palladino R, Seferidi P, et al. Impact of the economic crisis on household health expenditure in Greece: an interrupted time series analysis. BMJ Open 2020; 10:e038158. doi:10.1136/ bmjopen-2020-038158.
[41] 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, available at: 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.
[42] 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, available at: 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.
[43] See Greece: Reducing the number of public servants – Latest Developments, 23 June 2016, available at: https://www.eurofound.europa.eu/publications/article/2016/greece-reducing-the-number-of-public-servants-latest-developments.
[44] 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 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
[45] In general, these interviews were conducted on the phone and in-person. Where these are referenced in this document, footnotes indicate how and when specific interviews were conducted.

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",[46].

25. In interviews conducted since the onset of the pandemic with Amnesty International, some of the health workers and a public health expert who spoke to the organization noted how these austerity measures have also impacted Greece's response to the COVID-19 pandemic.[47] Several health workers also described how the health system in general was not well prepared for the pandemic.[48] As one doctor explained to Amnesty International, "*We do not have capacity. Over the last decade, the system has been grounded*".[49] A nurse also observed that , "*"We are paying [for] the cuts introduced by austerity*".[50] A further health worker echoed this concern 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.* "[51]

26. This is consistent with other recent research conducted by public health experts on this issue. For example, research looking at non-COVID related unmet health needs by Kondilis, Tarantilis and Benos stated, "*these early findings demonstrate how an ill-resourced health system, after years of austerity, can lose balance while coping with a public health threat, sacrificing access to essential health services for chronic patients that mostly depend on them in order to cope with the epidemic*".[52] Similarly, a study by Thomson, García-Ramírez and others looking at whether health system financing was resilient to economic shocks (including in Greece) noted, "*some health systems in Europe were weakened by policy responses to the 2008 global financial crisis. Austerity clearly undermined resilience and progress towards universal health coverage*". It also warned that "countries may need to spend significantly more on health in the medium term to meet multiple challenges arising from the pandemic … Countries will also need to invest in ensuring that health systems are better prepared to face future shocks".[53]

27. All six health workers including representatives of health workers' unions interviewed by Amnesty International following the publication of its initial report also continued to highlight lack of staff as one of the persistent challenges that the Greek Health System continues to face and that steps taken by the Greek authorities were not sufficient to address the pre-existing significant gaps.[54] Four of them shared their concerns about loss of staff for reasons such as: some staff retiring; or staff with short-term contracts not having their contracts renewed or quitting because of the very difficult working conditions; and a significant number of staff being suspended following their non-compliance with compulsory vaccination against COVID-19.[55] One of the doctors interviewed said:

[46] Interview with Amnesty International, 16 February 2019, Kefalonia.
[47] See note 22 above.
[48] See note 22 above.
[49] Phone interview with a doctor working in the COVID-19 emergency wards, 30 March 2020, mainland hospital. On file with Amnesty International
[50] Phone interview with nurse, 31 March 2020, mainland hospital. On file with Amnesty International
[51] Phone interview with health worker, 1 April 2020, island hospital. On file with Amnesty International
[52] E Kondilis, F. Tarantilis, A. Benos, "Essential public healthcare services utilization and excess non-COVID19 mortality in Greece", *Public Health* 198 (2021), available at: 10.1016/j.puhe.2021.06.025
[53] Sarah Thomson, Jorge Alejandro García-Ramírez, Baktygul Akkazieva,Triin Habicht,Jonathan Cylus,and Tamás Evetovits, How resilient is health financing policy in Europe to economic shocks? Evidence from the first year of the COVID-19 pandemic and the 2008 global financial crisis, Health Policy. 2022 Jan;126(1):7-15, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8591973/.
[54] Following the publication of its initial report in April 2020, Amnesty International conducted phone interviews with one health worker in September 2020; one health worker in March 2021; and four health workers, one public health expert, one individual using the public health system and four representatives of civil society between January and June 2022. Five of the health workers interviewed between September 2020 and June 2022, had also been interviewed previously for the purposes of the initial report. According to a 2021 OECD report, 7.500 new staff was added to the health system between March 2020 and February 2021. See OECD, State of Health in the EU, Greece: Country Health Profile 2021, available at: https://bit.ly/3UWS0Au. p. 20.
[55] See Article 206 of Law No. 4820/2021. An estimated 6.500 health care workers were suspended from their posts following the introduction of requirements for mandatory vaccination for health care workers in Greece. According to reports, approximately

"*Regional hospitals are collapsing and we are forced to admit a higher number of patients…. Doctors quit because the government does not hire permanent staff".*[56] *Another doctor said: "There are gaps in staff because of people applying for retirement and what happened with those suspended from work because they were not vaccinated. This is a number that cannot be filled…The nursing and other staff is with short-term contracts that are not sufficient to cover needs*".[57]

3. SUBSTANCE OF COMPLAINT

28. The present complaint alleges violations by the Greece of Article 11 of the Revised Charter, in conjunction with, Article E.

29. Article 11 states that "*Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable".* In Part 1 of the Revised Charter, it is stated that "*The Parties accept as the aim of their policy, to be pursued by all appropriate means both national and international in character, the attainment of conditions in which the following rights and principles may be effectively realised … [including] Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable"*. Article 11 of the Revised Charter states that "*With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia: to remove as far as possible the causes of ill-health*".

30. The European Committee of Social Rights has stated that Under Article 11, health means physical and mental well-being, in accordance with the definition of health in the Constitution of the World Health Organisation (WHO), which includes physical and mental health.[58] As per the Committee on Economic, Social and Cultural rights, the health care system must be accessible to everyone. The right of access to care requires that: (i) the cost of health care must not represent an excessively heavy burden for the individual. Steps must therefore be taken to reduce the financial burden on patients from the most disadvantaged sections of the community; (ii) arrangements for access to care must not lead to unnecessary delays in its provision, which includes the appropriate management of waiting lists and waiting times in health care; and (iii) the number of health care professionals and equipment must be adequate, given that "*that a very low density of hospital beds, combined with waiting lists, could be an obstacle to access to health care for the largest possible number of people*".[59]

31. *As per Article E, "the enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health, association with a national minority, birth or other status*".[60]

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half of them returned to their posts after receiving the Covid-19 vaccine. See: https://bit.ly/3DM9WHB; https://bit.ly/3SXg9oi. Panos Papanikolaou, Secretary General of the Panhellenic Federation of Hospital Doctors, (OENGE) said in a television interview: "The total number of staff working in the national primary and secondary health care sector is less in numbers compared to prior to the pandemic. Thousands are retiring. Leaving or being suspended because of the vaccination requirement". Available at: https://www.youtube.com/watch?v=mnfy0MjdvIc, January 2022.

[56] Interview, January 2022 on file with Amnesty International.

[57] Interview, January 2022 on file with Amnesty International.

[58] https://rm.coe.int/168049159f

[59] https://rm.coe.int/168049159f

[60] See articles 11 and E of the Revised European Social Charter, available at: https://www.coe.int/en/web/european-social-charter/charter-texts.

32. In this complaint, Amnesty International is presenting evidence of violations based on (i) comprehensive desk-research between 2018 and 2022 and (ii) interviews with over 217 people between 2018 and 2022 – including with 75 people using the health system; 56 health workers; 86 public health experts, human rights activists, non-profit service providers, experts on budget analysis, and academics; and government representatives. Some people were interviewed on multiple occasions. Many people interviewed lived in extremely vulnerable situations: they were either unemployed, uninsured, or homeless, and more likely to experience challenges accessing health care.

3.1 VIOLATION 1: AUSTERITY MEASURES RESULTED IN REDUCED ACCESSIBILITY OF HEALTH CARE CONTRARY TO ARTICLE 11

RESTRICTING ACCESS IN LAW AND PRACTICE

33. The first challenge regarding access to health care emerged in response to soaring unemployment in Greece in the aftermath of the crisis in 2009. Access to free public health care was linked to insurance provided by employment status. As a result of growing unemployment, by 2016 over 2.5 million people were uninsured and did not have access to the public health system as before;[61] 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. Successive 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, and two subsequent ministerial decisions in 2014. However, people continued to face administrative barriers in accessing health care because of multiple difficulties in implementing the schemes.[62]

34. Finally, in 2016, the government passed Law 4368/2016 (hereinafter referred to as the 2016 Law), which sought to ensure universal access to health care for people who were uninsured and so-called 'vulnerable social groups'.[63] It is of great concern that it took until 2016 – eight years after the economic crisis began - for the government to put in place measures to effectively ensure that people who were uninsured had equal access to health care. Article 33 of the 2016 Law also provides access to health care to asylum-seekers and children irrespective of their legal status. However, problems with access continue to persist for these groups due to both restrictions in legislation and implementation (see further below).

35. Serious concerns have been expressed by health workers, experts and public health care system users interviewed by Amnesty International as well as disability rights' groups about the detrimental impact of a reform introduced by Article 38 of Law 4865/2021 on the 2016 legislation in relation to the access of those uninsured to necessary pharmaceutical care.[64] Under this new provision,[65] uninsured persons will no longer be able to get prescriptions for medicines, medical treatments and diagnostic tests from private doctors but only from doctors of the Greek NHS. Their medicines will only be provided from pharmacies that are registered with the National Organisation for the Provision of Health Services (EOPYY). The reform is expected to make access to pharmaceutical care for the uninsured very difficult as waiting times for seeing a doctor in public hospitals or primary health

[61] For example, European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", Health Systems in Transition, at page 76, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf
[62] European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at pages 50 and 51, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf.
[63] 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.
[64] See National Confederation of Persons with Disabilities (E.SA.me.A), Open Letter to the Prime Minister of Greece, 8 December 2021, available at: esamea.gr; Interviews with Amnesty International, January 2022.
[65] Law 4865/2021.

care centres of the Greek NHS can be very long in a system that faces on-going issues of understaffing and the pressures of the COVID-19 pandemic. A doctor interviewed in January 2022 by Amnesty International researchers said: "*Now, (the uninsured) have to seek support from the public health system that is already burdened and now has to receive all the uninsured people to prescribe medicines. And in general, the 2016 Law gave access to the uninsured without every year the state providing the corresponding budget to hospitals…*".[66] At the end of May 2022, a Ministerial Decision set out the uninsured categories of patients that are exempted by the requirements of Law 4665/2021 and include uninsured people under 18 years-old, uninsured patients with intellectual or mental disabilities, severe or multiple disabilities and those who have a certified disability of 80%.[67]

INSUFFICIENT FUNDING

36. 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 shared with Amnesty International: "*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*".[68]

SIGNIFICANT INCREASES IN WAITING TIMES

37. The second means by which access to health care deteriorated following the austerity measures was the increase in waiting times to access health care. Amnesty International interviewed 75 people who used the public health system in Greece.[69] Lengthy waiting times emerged as a key concern regarding the accessibility of the health system. 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,[70] with several people explaining that waiting times to see doctors, specialists, and to have tests done at hospitals had increased during the crisis. People reported having to wait many months to see doctors, complete diagnostic tests, and access treatment. While some European countries record data on waiting times for health services at the national level, Greece does not do so. It is therefore not possible to quantitatively verify the extent to which waiting times have increased, and whether specific services have been particularly impacted.

[66] Interview, January 2022 on file with Amnesty International.
[67] Ministerial Decision for prescription of medicines to uninsured individuals, Greek Ministry of Health Press Release, available at: https://bit.ly/3t5FAdq.
[68] Interview with a doctor, 3 February 2019, Patras.
[69] Interviews conducted between 2018 and 2020 in Athens, Patras, Corinth, Chania, Thessaloniki, and Kefalonia. Based on consultations with civil society groups and public health experts, Amnesty International chose to focus on groups of people who were vulnerable to being 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 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.
[70] Amnesty International interviews. For more details, see Amnesty International, Greece: Resuscitation required – The Greek health system after a decade of austerity, 28 April 2020 (Index: EUR 25/2176/2020), page 38.

38. However, health workers, volunteers at 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 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*".[71] 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.

39. 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.
    - Amnesty International heard from S* is a 58-year-old unemployed and uninsured man. About a decade ago, he had a heart attack, and needs regular medication and healthcare to manage his health 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 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.[72]
    - Further from AG*, a single parent with a five-year-old son. She works as a carer for four hours a day and earns around €500 a month. She has multiple health problems and relies on 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.[73]

40. A volunteer at a social solidarity clinic in Athens dealing specifically with mental health told Amnesty International that, "*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*".[74]

3.2VIOLATION 2: AUSTERITY MEASURES RESULTED IN REDUCED AFFORDABILITY OF HEALTH CARE

41. The economic crisis meant that people in Greece were more financially vulnerable and at greater risk of living in poverty, making it harder for them to afford health care. In general, between 2009 and 2017, total health spending – which includes both public and private health spending - in Greece fell. It was €22490.9 million in 2009, and fell to €14492.2 by 2017, a drop of 35.56%.[75] Public health spending fell as a share of total health spending, while private health spending

[71] World Health Organization, "The impact of the financial crisis on the health system and health in Greece" 2014 at page 38, available at: http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-inGreece.pdf.
[72] Interview with S*, 5 February 2019, Athens on file with Amnesty International.
[73] Interview with AG*, 31 January 2019, Athens on file with Amnesty International.
[74] Interview with volunteer at a social solidarity clinic, 4 February 2019, Athens on file with Amnesty International.
[75] Eurostat, Health care expenditure by financing scheme [Last update: 24-02-2020]

increased as a percentage of total health spending.[76] In other words, the share of out-of-pocket health expenditure was growing as the government's contribution was declining.

42. Health expenditure in Greece continues to be well below the EU average equating to 7.8 % of GDP, compared to 9.9 % in the EU in 2019.[77] Just under 60 % of Greece's health spending comes from public sources, while a very large share (35 %) is paid out-of-pocket by households, mostly as co-payments for pharmaceuticals and direct payments for services outside the benefits package.[78]

43. 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 and catastrophic health spending in EU countries. Catastrophic health spending in Greece increased steadily between 2010 and 2015. The share of catastrophic spending increased from 7 % in 2010 to 10 % in 2016. Around 2% faced impoverishing health spending.[79]

44. This data is also closely linked to the increased unmet health needs in Greece for financial reasons. 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.[80] This is much higher than the EU-27 average, which was 1.7% in 2016 and 1% in 2018.[81] This has particularly impacted people on the lowest quintile (lowest incomes), and the difference between the lowest and highest quintiles has also increased by 2.3% over the past decade.[82] 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.[83] 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.[84]

45. Despite some improvements since 2016[85], Greece recorded the second highest level of unmet needs for medical care immediately before the COVID-19 pandemic in 2019, whilst the country still displayed the widest disparity by far in unmet needs across income groups in the EU.[86] The rate for

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[76] Eurostat, Health care expenditure by financing scheme [Last update: 24-02-2020]

[77] OECD and European Observatory on Health Systems and Policies, State of Health in the EU – Greece: Country Health Profile 2021, December 2021, page 8, available at: https://www.oecd-ilibrary.org/docserver/4ab8ea73-en.pdf?expires=1646576441&id=id&accname=guest&checksum=09D5E524A3AE07C0F682F47686C86C5B.

[78] OECD and European Observatory on Health Systems and Policies, State of Health in the EU – Greece: Country Health Profile 2021, December 2021, page 8, available at: https://www.oecd-ilibrary.org/docserver/4ab8ea73-en.pdf?expires=1646576441&id=id&accname=guest&checksum=09D5E524A3AE07C0F682F47686C86C5B.

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

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

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

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

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

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

[85] Unmet needs for medical care peaked at 13.1 % in 2016, after which they steadily decreased by about 15 % every year. See OECD and European Observatory on Health Systems and Policies, State of Health in the EU – Greece: Country Health Profile 2021, December 2021, page 13, available at: https://www.oecd-ilibrary.org/docserver/4ab8ea73-en.pdf?expires=1646576441&id=id&accname=guest&checksum=09D5E524A3AE07C0F682F47686C86C5B.

[86] In 2019, Greece recorded the second highest level in the EU after Estonia: 8.1 % of the Greek population reported unmet needs due to cost, travel distance or waiting times, compared to an EU-wide average of 1.7 %. See OECD and European Observatory on Health Systems and Policies, State of Health in the EU – Greece: Country Health Profile 2021, December 2021, page 13, available at: https://www.oecd-ilibrary.org/docserver/4ab8ea73-en.pdf?expires=1646576441&id=id&accname=guest&checksum=09D5E524A3AE07C0F682F47686C86C5B.

households in the lowest income quintile (18.1 %) was 20 times higher than that for households in the highest (0.9 %). Cost was the main driver of unmet needs, as reported by 7.5 % of respondents – the highest rate in the EU where the average is 0.9 %. Around one in four people reported forgoing care during the first 12 months of the pandemic. [87]

46. In other words, whilst everyone has had to spend more in health care, with 'catastrophic' amounts for people on higher incomes, people on lower incomes have tended to not access the health care they needed at all because they could not afford it. People's difficulties in affording health care were in part linked to the reduction in their disposable incomes during this period, both, due to the economic crisis and broader austerity measures. However, the austerity measures specific to the health sector, in particular those that shifted costs to patients, are also very relevant. 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*".[88]

47. The high costs of health care emerged as a theme in almost all of the 130 interviews Amnesty International conducted in the initial report of April 2020 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*".[89]

48. 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)*".[90]

49. About 70% of the people Amnesty International spoke with would not be able to afford to pay for health care in the private sector and were likely to rely solely on social pharmacies (pharmacies operating alongside the public health system, providing free medicines to people with limited access to health care) for any health care (despite this being inappropriate in many cases), delay their access to health care, or not access it at all.

[87] See OECD and European Observatory on Health Systems and Policies, State of Health in the EU – Greece: Country Health Profile 2021, December 2021, page 3, available at: https://www.oecd-ilibrary.org/docserver/4ab8ea73-en.pdf?expires=1646576441&id=id&accname=guest&checksum=09D5E524A3AE07C0F682F47686C86C5B.
[88] 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, available at: http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financialcrisis-on-the-health-system-and-health-in-Greece.pdf.
[89] Interview with E*, 30 January 2019, Athens on file with Amnesty International.
[90] Interview with FA*, 12 February 2019, Thessaloniki on file with Amnesty International.

50. P*, a retired woman living with an auto-immune condition, has felt the impact of health care costs. "*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 available are usually booked out much in advance. Accordingly, 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.[91]

3.3VIOLATION 3: AUSTERITY MEASURES HAD A PARTICULAR IMPACT ON CERTAIN MARGINALISED GROUPS, WHICH IS INCONSISTENT WITH ARTICLE E

51. Several studies have looked specifically at how austerity measures have impacted particular groups of people in Greece, including people on lower incomes and those with disabilities, those who were unemployed and/or homeless, refugees and asylum-seekers, and people with chronic health conditions. 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.[92]

52. Amnesty International's interviews with people experiencing the impacts of austerity measures also illustrated the particular impacts of these measures on people who already experienced discrimination and marginalization. In many instances, people experienced unique, and more severe, impacts due to a combination of different forms of discrimination they are subjected to, also known as intersectional discrimination.
    - For instance, E*, a 51-year-old woman, was a teacher of classics in school. 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 could access the public health system but still have to navigate challenges when seeking to do. E* has explained that "*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 December 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* eventually 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 each 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".[93] E*'s experience was made more severe by the fact that she had a chronic health condition, and was not employed.

53. Similarly, a 2017 study by academics Rotarou and Sakellariou found that persons with disabilities in Greece faced higher levels of unmet health needs than the general population following the

[91] Interview with P*, 1 February 2019, Athens on file with Amnesty International.
[92] 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
[93] Interview with E*, 30 January 2019, Athens on file with Amnesty International.

austerity measures, with "*transportation, cost and long waiting lists being the main barriers*". This study 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*". It 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.[94]

54. This is consistent with the experience of people who spoke with Amnesty International.

55. M* has multiple sclerosis and explained how the crisis had impacted her ability to access health care. 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 co-payments, medicines to treat the side-effects and other health conditions linked to multiple sclerosis are not. For example, M* pays a 25% co-payment 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".[95]

56. K* has paraplegia and uses a wheelchair. 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 which has significantly impact how quickly she could access the service. She felt overwhelmed by the process and gave up.[96] Despite continuing to be employed, K* access to healthcare deteriorated because of increasing costs that she had to pay herself that she ordinarily did not have to pay.

THE SPECIFIC IMPACTS ON PEOPLE SEEKING ASYLUM

57. In 2019, Greece's International Protection Act (Law 4636/2019) linked access to free public health care with the issuance of a Foreigner's Temporary Insurance and Health Coverage Number (P.A.A.Y.P.A). Under Article 55 of the 2019 International Protection Act only people who have completed the registration of their asylum claims and have been issued an asylum card can be issued with a P.A.A.Y.P.A. The 2019 International Protection Act also excludes from P.A.A.Y.P.A certain categories of asylum-seekers who had their asylum claim rejected and whose appeal against the negative decision would not halt a possible return, as well as children of irregular migrants.[97]

[94] 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, available at: https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1394575.
[95] Interview with M*, 11 February 2019, Thessaloniki on file with Amnesty International.
[96] Interview with K*, 5 February 2019, Athens on file with Amnesty International.
[97] P.A.A.Y.P.A remains active for unaccompanied minors who receive a rejection of their asylum claims until the return decision is implemented or until they reach the age of majority (Article 55 of IPA). In a decision adopted in January 2021 and published in July 2021, the European Committee of Social Rights found a violation of Article 11 paras. 1 and 3 of the Charter due to the failure of the Greek authorities to provide appropriate accommodation and sufficient health care to accompanied and unaccompanied children on the islands. See European Committee of Social Rights, Decision on the Merits, Adoption: 26 January

More generally, access to healthcare for people seeking asylum had been seriously limited between 2019 and 2020 due to legal gaps and months-long delays in the implementation of P.A.A.Y.P.A.[98] In June 2021 in European Council on Refugees and Exiles (ECRE) Asylum Information Database (AIDA) country report on Greece, the Greek Council for Refugees (GCR) noted that: *"…even though challenges persist…by February 2021, the issue of P.A.A.Y.P.A seems to have been increasingly resolved, with 80% of eligible beneficiaries holding a P.A.A.Y.P.A and efforts being made to cover the rest of the population*".[99]

58. Still, reported delays and obstacles in the registration of asylum claims continue to affect asylum-seekers' access to health care. As observed by GCR in the June 2021 AIDA report "…*as access to P.A.A.Y.P.A is inter alia dependent on a full registration of a claim, and considering ongoing relevant delays particularly on the mainland, the extent to which and the time it takes for unregistered asylum seekers or applicants with police notes and/or only an initial registration of their claim to enjoy access to Greece's healthcare system should be further assessed"*. [100]

59. Beneficiaries of international protection also face challenges in access health care due to reported delays in obtaining the required documentation. In a report published in 2022, Refugee Support Aegean (RSA) and Stiftung PRO ASYL documented the chronic delays that beneficiaries of international protection face in the issuance and renewal of their residence permits (so-called ADET) and the consequent lack of access to a social security number (AMKA) and thus access to free public health care.[101]

60. In addition, during 2021 NGOs campaigning for the opening of access to Covid-19 vaccines for undocumented people reported persisting challenges.[102] A legal provision adopted in October 2021 expanded the possibilities for undocumented migrants to register for Covid-19 vaccination and obtain the relevant certificate and introduced safeguards against deportation.[103] In December 2021,

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2021, Notification: 11 March 2021, Publicity: 12 July 2021 on Complaint No 173/2018 submitted by the International Commission of Jurists (ICJ) and the European Council for Refugees and Exiles (ECRE) v. Greece, available at: https://bit.ly/3sSmB5I.

98 Prior to the introduction of P.A.A.Y.P.A, access to healthcare for these groups was guaranteed through the granting of a Social Security Number (AMKA) or, for those who do not fulfil the requirements for AMKA or do not have one, through a special Foreigner's Health Care Card (K.Y.P.A). With a decision of July 2019, the Ministry of Labour and Social Affairs withdrew the circular that regulated how AMKA was to be granted to non-Greek nationals, leaving no procedure in place to grant AMKA to asylum-seekers and children of irregular migrants. In October 2019, a new circular regulated the situation of recognised refugees, but not that of asylum-seekers and children of migrants without a regularised status. The process to grant K.Y.P.A cards also remained inactive. In January 2020, Amnesty International launched an Urgent Action, calling on the Greek authorities to address these gaps. It was not until 31 January 2020, that the Greek authorities issued an implementing Joint Ministerial Decision granting P.A.A.Y.P.A and until 1 April 2020 that the Ministerial Decision began to be implemented. Amnesty International welcomed the January 2020 decision but flagged that it failed to address the situation of children of irregular migrants and asylum-seekers that have not managed to complete a formal application, in contrast with the Greek Law 4368/2016, which provides access to healthcare to minors irrespective of their legal status and asylum-seekers from the day they express their intention to seek asylum. See: 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, at https://www.enomothesia.gr/kat-allodapoi/prosphuges-politiko-asulo/koine-upourgike-apophase-717-2020.html and Granting of Temporary Insurance and HealthCare number of Third-Country National, Statement). See also: Amnesty International, Greece: Resuscitation required, p. 37-38 and sources at footnote n. 138.

99 For more details see AIDA, Country Report Greece, June 2021, available at: https://bit.ly/3NwS59L, p. 187. On the basis of IOM statistics, as of January 2022, 14.9 % of the asylum-seeking population residing in the 24 camps in the mainland did not have a social security number and thus access to free public health care. See Supporting the Greek Authorities in Managing the National Reception System for Asylum-Seekers and Vulnerable Migrants, IOM Factsheets, January 2022, p. 3.

100 For more details see AIDA, Country Report Greece, June 2021, available at: https://bit.ly/3NwS59L, p. 187. In June 2021, following a report by Médecins Sans Frontières (MSF) and Equal Rights Beyond Borders, the Greek Ombudsman called the Greek Asylum Service to extend "…the validity of the P.A.A.Y.P.A. in correspondence with the validity of all asylum cards, and suggested its equal implementation to applicants who have not received P.A.A.Y.P.A.". See: https://bit.ly/3PyC5FW.

101 RSA and Stiftung PRO ASYL, Beneficiaries of International Protection in Greece, March 2022 – Access to documents and socio-economic rights, available at: https://bit.ly/3MxCEhe.

102 Amnesty International Report 2021/22: The state of the world's human rights, 29 March 2022 (Index: POL 10/4870/2022), available at: https://bit.ly/3Iu8Ki1, p. 180.

103 In April 2021, a legal provision (Article 97 of Law 4796/2021) introduced the possibility for people without AMKA or P.A.A.Y.P.A to obtain a temporary AMKA (so-called PAMKA) in order to register for COVID-19 vaccination and to obtain the relevant vaccination certificate. The possibility for the vaccination of undocumented people was enhanced with further legal

a Ministerial Decision allowed civil society actors to administer Covid-19 vaccines to vulnerable people including those who are undocumented.[104] In practice, the vaccination of undocumented people reportedly only started taking place in May 2022.

3.4VIOLATION 4: AUSTERITY MEASURES WERE NOT DEVELOPED AND IMPLEMENTED IN A MANNER CONSISTENT WITH INTERNATIONAL HUMAN RIGHTS STANDARDS

61. 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.

62. *First*, States should ensure that austerity measures are not directly or indirectly discriminatory, either in intent or effect.[105]
    - One way by which the possibly discriminatory effects of austerity measures can be identified and mitigated 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.[106]
    - There was a strong reason to believe the scale of austerity and fiscal consolidation in Greece could cause 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.[107]
    - 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.[108] 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.

63. *Second,* international human rights standards demand that austerity measures must be based on transparency and the genuine participation of affected groups.[109]

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safeguards in October 2021. See also Amnesty International Report 2021/22: The state of the world's human rights, 29 March 2022 (Index: POL 10/4870/2022), available at: https://bit.ly/3lu8Ki1, p. 180. In his 2021 Report, the Greek Ombudsman identified difficulties that third country nationals residing permanently in the country faced in obtaining a PAMKA and the inability of those that were issued with a PAMKA to book a COVID-19 vaccine appointment via the electronic platform of the Ministry of Health. Available at: https://bit.ly/38Km0MC, p. 90.

[104] Joint Ministerial Decision 75769/2021, Specific issues implementing the vaccination procedure of vulnerable persons against COVID-19 from civil society actors and Municipal Health Centres, 14 December 2021.

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

[106] 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.

[107] See for example, 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 and 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.

[108] Interviews with ministry representatives in February and September 2019 on file with Amnesty International

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

- 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.[110]
- Amnesty International interviewed representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance.[111] 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.[112] None of the people Amnesty International interviewed said anything about having participated in how the austerity measures were developed and implemented.[113]
- 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 complaint(?)) should be accepted, and the result was a "no" with 61% of the votes.[114] 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*".[115] However, ultimately, the government participated in the program and accepted the conditions that had been voted against in the referendum.[116]

64. 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 alternatives.[117]
    - 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%.[118] 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.[119]
    - Less restrictive mechanisms, like the pharmaceutical clawback, which led to significant savings, were only introduced in 2012. Therefore, the measures had a retrogressive impact on the right to health (that is, worsened right to health protections) - including horizontal cuts to the health

[110] For example, see - N Kitsantonis and R Donadio, "Greek Parliament Passes Austerity Plan After Riots Rage" *New York Times*, 12 February 2020, available at: 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, available at: https://www.independent.co.uk/news/world/europe/thousands-protest-against-greek-governments-austerity-measures-8599669.html.

[111] 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.

[112] Interviews with ministry representatives in February and September 2019 on file with Amnesty International.

[113] I Traynor et al, "Greek referendum no vote signals huge challenge to eurozone leaders" The Guardian, 5 July 2015, available at: 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, available at: https://www.bbc.co.uk/news/world-europe-33403665.

[114] Traynor et al, "Greek referendum no vote signals huge challenge to eurozone leaders" *The Guardian,* 5 July 2015, available at: 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, available at: https://www.bbc.co.uk/news/world-europe-33403665.

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

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

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

[118] Interview with Amnesty International, 8 February 2019, Thessaloniki on file with Amnesty International

[119] See for example, European Observatory on Health Systems and Policies, "Greece: Health System Review 2017", *Health Systems in Transition*, at page 145, available at: 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".

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.

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. While Amnesty International 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.[120]
- 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.[121]
- The government also introduced a guaranteed minimum income (previously known as the Social Solidarity Income (SSI)) - during the later years of the crisis.[122] The SSI was targeted at people and families living in extreme poverty, and gave them a cash benefit.[123] While the SSI is an extremely important program, it is also very limited. A 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".[124]

In interviews with Amnesty International, people noted that they had accessed these schemes, and had found them beneficial. However, as Amnesty International interviews and data indicated, despite these measures people continued to face socio-economic challenges, including with respect to accessing health care (see sections 3.1 and 3.2 above).

4. APPLICABLE LEGAL STANDARDS

4.1 RIGHT TO HEALTH

65. The Revised Charter sets out the obligation on state parties towards the right to health. In Part 1 of the Revised Charter, it is stated that "*The Parties accept as the aim of their policy, to be pursued*

[120] 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. See here: https://www.moh.gov.gr/articles/health/anaptyksh-monadwn-ygeias/3999-prosbash-twn-anasfalistwn-sto-dhmosio-systhma-ygeias.
[121] For details see here: https://opeka.gr/oikogeneies/epidoma-stegasis/.
[122] 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/.
[123] The amount of benefits that eligible persons are entitled to are available here: https://data2.unhcr.org/en/documents/download/5129.
[124] The World Bank Social Protection and Jobs Global Practice, "A Quantitative Evaluation of the Greek Social Solidarity Income" January 2019, available at: http://documents.worldbank.org/curated/en/882751548273358885/pdf/133962-WP-P160622-Evaluation-of-the-SSI-Program-Jan-2019.pdf.

by all appropriate means both national and international in character, the attainment of conditions in which the following rights and principles may be effectively realised … [including] Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable". Article 11 of the Revised Charter states that "*With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia: to remove as far as possible the causes of ill-health*".

66. The European Committee of Social Rights has stated that Under Article 11, health means physical and mental well-being, in accordance with the definition of health in the Constitution of the World Health Organisation (WHO), which includes physical and mental health.[125] As per the Committee on Economic, Social and Cultural rights, the health care system must be accessible to everyone. The right of access to care requires that: (i) the cost of health care must not represent an excessively heavy burden for the individual. Steps must therefore be taken to reduce the financial burden on patients from the most disadvantaged sections of the community; (ii) arrangements for access to care must not lead to unnecessary delays in its provision, which includes the appropriate management of waiting lists and waiting times in health care; and (iii) the number of health care professionals and equipment must be adequate, given that "*that a very low density of hospital beds, combined with waiting lists, could be an obstacle to access to health care for the largest possible number of people*".[126]

67. Furthermore, states' duties are not limited to the taking the specific measures highlighted in Article 11 of the Charter. Instead, the notion of the protection of health incorporates an obligation that the State refrain from interfering directly or indirectly with the enjoyment of the right to health.[127] This interpretation of Article 11 is consistent with the legal protection afforded by other important international human rights provisions related to health, which Greece must comply with as well. The Committee has held that the Charter must be seen as a "living instrument whose purpose is to protect rights not merely theoretically but also in fact".[128] 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;[129] the Convention on the Elimination of All Forms of Discrimination against Women;[130] the International Convention on the Elimination of All Forms of Racial Discrimination;[131] the Convention on the Rights of the Child;[132] and the Convention on the Rights of Persons with Disabilities.[133] 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

[125] https://rm.coe.int/168049159f
[126] https://rm.coe.int/168049159f
[127] 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
[128] International Commission of Jurists v. Portugal, Complaint 1/1998, Decision on the merits, 9 September 1999, para. 32, available at: http://hudoc.esc.coe.int/fre?i=cc-01-1998-dmerits-en.
[129] 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.
[130] 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
[131] 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.
[132] 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.
[133] 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".

care: "*Everyone has the right to timely access to affordable, preventive and curative health care of good quality*".[134]

68. 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 culturally appropriate; and of good quality.[135] 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.[136] The "*participation of the population in all health-related decision-making at the community, national and international levels*" is also key.[137]

69. The right to health also intersects with the obligations to protect the right to life in certain instances,[138] which is guaranteed by a range of instruments including the European Convention on Human Rights and the International Covenant on Civil and Political Rights. The UN Human Rights Committee has stated that "The measures called for addressing adequate conditions for protecting the right to life include, where necessary, measures designed to ensure access without delay by individuals to essential goods and services such as … health-care …".[139]

4.2EQUALITY AND NON-DISCRIMINATION

70. Article E of the Revised Charter states that "*The enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health, association with a national minority, birth or other status*".

71. Furthermore, the European Committee of Social Rights has stated that "*states should take as their main criterion for judging the success of health system reforms effective access to health care for all, without discrimination, as a basic human right*".

72. Other international legal instruments also reinforce the prohibitions against discrimination. In General Comment 20, the Committee on Economic, Social and Cultural rights reaffirmed that "Non-discrimination is an immediate and cross-cutting obligation in the Covenant … States parties must therefore immediately adopt the necessary measures to prevent, diminish and eliminate the conditions and attitudes which cause or perpetuate substantive or de facto discrimination". The Committee further stated that discrimination on the basis of "race and colour", gender identity, disability, age, nationality, health status, and "Economic and social situation", were all prohibited grounds of discrimination. It further asked states to "take concrete, deliberate and targeted measures to ensure that discrimination in the exercise of Covenant rights is eliminated".[140]

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[134] European Commission, The European Pillar of Social Rights in 20 principles, available at: 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.
[135] 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.
[136] 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.
[137] 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.
[138] See for example, International Federation of Human Rights Leagues (FIDH) v. France, Complaint 14/2003, Decision on the merits, 8 September 2004, para. 31, available at: http://hudoc.esc.coe.int/eng/?i=cc-14-2003-dmerits-en.
[139] UN Human Rights Committee, General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life, CCPR/C/GC/36, 30 October 2018, para. 26
[140] Committee on Economic, Social and Cultural rights, General Comment 20: Non-discrimination in economic, social and cultural rights, E/C.12/GC/20, 2 July 2009.

73. There is also increased recognition that addressing intersectional discrimination is a necessary aspect of guaranteeing equality and non-discrimination. The Council of Europe has noted that intersectional discrimination "happens when two or multiple grounds operate simultaneously and interact in an inseparable manner, producing distinct and specific forms of discrimination".[141] The Committee on the Rights of Persons with Disabilities has also said that "Intersectional discrimination" refers to a situation where several grounds operate and interact with each other at the same time in such a way that they are inseparable and thereby expose relevant individuals to unique types of disadvantage and discrimination.[142]

4.3HUMAN RIGHTS AND AUSTERITY MEASURES

74. 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*". 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.[143]

75. 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; and
    h) Subject to meaningful review and accountability procedures.[144]

76. In 2015, the Committee of Ministers of the Council of Europe supported these criteria, saying that "*The fact that the European Court of Human Rights grants a wide margin of appreciation to States when introducing austerity measures does not necessarily mean that the Council of Europe could*

[141] https://www.coe.int/en/web/gender-matters/intersectionality-and-multiple-discrimination.
[142] Committee on the Rights of Persons with Disabilities, General comment No.6 on equality and non-discrimination, CRPD/C/GC/6, 26 April
2018, available at: https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no6-equality-and-nondiscrimination, para. 19.
[143] 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.
[144] 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.

not recommend certain guidelines which States should take into account when adopting such measures, in particular by avoiding that certain measures disproportionally affect human rights. In this respect, the Committee of Ministers could draw on a number of general principles which are used by the Court when applying and interpreting the Convention. Examples of relevance are "public interest", "necessity", "proportionality", "effectiveness" or "discriminatory measures" (for example, with regard to public cuts which particularly affect women, young persons, children or disabled persons). In this respect, some inspiration could also be taken from other international forums, such as the United Nations".[145]

77. In its review of Greece in 2015 on Article 11 the Committee of Social Rights noted that the government's report did not provide any information on health indicators, including access to health care and the impact of austerity measures that the Committee needed to assess the situation. Consequently, the Committee, whilst citing other sources, including the National Human Rights Commission, reserved its position. However, it requested that government's next report provide comprehensive information on access to health care: reforms undertaken, or measures taken in the above-mentioned areas, health expenditure and out-of-pocket costs, average waiting times for health care (primary and specialized health care, inpatient and outpatient care) and changes in waiting times. [146]

78. 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*".[147]

79. Over the past decade, several UN treaty bodies have applied these standards to how Greece's austerity measures were implemented and noted their impacts.

    a) 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*".[148]
    b) 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*".[149]
    c) 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".[150]
    d) 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*

[145] https://rm.coe.int/the-impact-of-the-economic-crisis-and-austerity-measures-on-human-righ/16806f2030.
[146]https://hudoc.esc.coe.int/eng#{%22sort%22:[%22ESCPublicationDate%20Descending%22],%22ESCDcIdentifier%22:[%22XXI-2/def/GRC/11/1/FR%22]}.

[147] 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.
[148] Committee on the Rights of the Child, Concluding observations: Greece, CRC/C/GRC/CO/2-3, 13 August 2012, para 17.
[149] Committee on the Elimination of Discrimination against Women, Concluding observations: Greece, CEDAW/C/GRC/CO/7, 26 March 2013, para. 31.
[150] Committee on Economic, Social and Cultural Rights, Concluding observations: Greece, E/C.12/GRC/CO/2, 27 October 2015, para. 7 & 8.

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*".[151]

e) In 2019, the Working Group on discrimination against women and girls noted that the austerity measures in Greece "have had particularly detrimental effects on women".[152] They concluded that "Given the persistence of discriminatory norms and stereotypes and the lingering impact of the crisis and austerity measures, the realization of women's rights in Greece is lagging behind compared with other European Union countries".[153]

80. 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".*[154] 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*".[155]

5. CONCLUSIONS AND RECOMMENDATIONS

81. This collective complaint has set out comprehensive evidence of the multiple barriers people have faced and continue to face in Greece in accessing the public health system, including lengthy waiting times and the high costs of care. The austerity measures resulted in a retrogression in the right to health with a particular disproportionate impact on certain marginalised groups. 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. These impacts continue to be felt during Greece's response to the COVID-19 pandemic. This leads Amnesty International to conclude that Greece is not in compliance with Article 11(1), read alone or in conjunction with Article E, of the revised European Social Charter.

82. For these reasons, Amnesty International ask the European Committee of Social Rights to declare this collective complaint as admissible and find violations of Article 11(1), read in conjunction with Article E, of the revised European Social Charter.

83. Amnesty International had made the following recommendations to the Government of Greece [a full list of recommendations is contained in the Amnesty International report "Greece: Resuscitation required – The Greek health system after a decade of austerity":

[151] Committee on the Elimination of Racial Discrimination, Concluding observations: Greece, CERD/C/GRC/CO/20-22, 3 October 2016, para. 6 & 7.
[152] Human Rights Council, Visit to Greece: Report of the Working Group on discrimination against women and girls, A/HRC/44/51/Add.1,29 June 2020, para. 3.
[153] Human Rights Council, Visit to Greece: Report of the Working Group on discrimination against women and girls, A/HRC/44/51/Add.1, 29 June 2020, para. 86.
[154] 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
[155] 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.

i. Explore alternative options for accessing the maximum available resources to fulfil human rights obligations, including for example, through effectively addressing tax evasion and tax fraud;

ii. 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;

iii. Urgently reduce unmet health needs and the high burden of out-of-pocket health spending, especially amongst people on lower incomes;

iv. Urgently remove all administrative and other barriers for persons entitled to access the public health system, including those marginalized groups disproportionately impacted;

v. 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 and intersectional analysis of the impacts. Make the results of this assessment public;

vi. 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;

vii. 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;

viii. 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.