EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX

6 May 2024

Case Document No. 3

Amnesty International v. Greece
Complaint No. 217/2022

RESPONSE FROM AMNESTY INTERNATIONAL TO THE GOVERNMENT'S SUBMISSIONS ON THE MERITS

Registered at the Secretariat on 19 April 2023

EUROPEAN COMMITTEE OF SOCIAL RIGHTS

AMNESTY INTERNATIONAL V. GREECE

COMPLAINT No. 217/2022

WRITTEN RESPONSE OF AMNESTY INTERNATIONAL TO THE OBSERVATIONS BY THE GREEK GOVERNMENT ON THE MERITS OF THE COLLECTIVE COMPLAINT

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19 APRIL 2024

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I. INTRODUCTION

1. On 2 November 2022, Amnesty International filed a Collective Complaint with the Council of Europe's European Committee of Social Rights ("the Committee"), alleging that the Government of Greece violated provisions of the European Social Charter concerning the rights to health and non-discrimination because of the impact of austerity measures introduced following the economic crisis of 2009/2010.[1]

2. The arguments in the complaint were based on an Amnesty International report, issued in 2020, titled "*Greece: Resuscitation required – The Greek health system after a decade of austerity*" (*"Resuscitation Required*") and follow-up research conducted after the Covid-19 pandemic.[2] The report *"Resuscitation Required"* found that the austerity measures undermined the accessibility and affordability of health care in Greece, with many people finding it harder to afford health care and access the public health system when they need to. The measures also increased the burden on health workers. 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. The impact of these measures continued for more than a decade after many of them were introduced, including impacting the ability of the health system to respond to Covid-19.

3. On 12 September 2023, the complaint was found admissible.[3] On 17 January 2024, the Committee provided Amnesty International with the Written Observations of the Greek government ("Government's observations") on its observations on the merits of the complaint.[4] The European Committee invited Amnesty International to submit a written response in reply to the Greek government's observations by 15 March 2024. Amnesty International requested and was granted an extension to respond by 19 April 2024.

   Amnesty International has reviewed the Government's Observations and respectfully submits its comments in response. In its response, Amnesty International addresses the merits of the Collective Complaint only to the extent that they need to be expanded upon or clarified considering the Government's Observations. The details of Amnesty International's reasons for filing the collective complaint are set out in the November 2022 Collective Complaint. Accordingly, Amnesty International respectfully requests the Committee to read this response in conjunction with the collective complaint.

4. In its response, Amnesty International does not purport to address all the issues raised by the Greek government in its Observations because it considers that either they have been adequately addressed in the Collective Complaint or that they are not relevant to the

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[1] 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 of In Conjunction with Article E, Amnesty International v. Greece, 2 November 2022.

[2] *"Greece: Resuscitation required – The Greek health system after a decade of austerity"*, 28 April 2020 (Index: EUR 25/2176/2020).

[3] European Committee of Social Rights, Decision on Admissibility, 12 September 2023, Amnesty International v. Greece Complaint No. 217/2022.

[4] Submissions of the Greek Government on the merits of Amnesty International v. Greece, Complaint No. 217/2022, 17 January 2024, available at: [1680af2ad5 (coe.int)](1680af2ad5 (coe.int)).

allegations raised within it. Respectfully, Amnesty International requests the Committee not to interpret its silence on any of these issues as agreement with the Greek Government's Observations.

II. GENERAL REMARKS

A. CRITICISMS OF AMNESTY INTERNATIONAL'S RESEARCH SUPPORTING THE COMPLAINT IN THE GREEK GOVERNMENT'S OBSERVATIONS

5. On page 1 of the Greek Government's response, it is stated that, "As to the Annex to the Complaint, i.e. the report of the Complainant titled *"Resuscitation Required*", it is noted that it compiles a large amount of information based on anonymous individual cases that lack a solid and broadly acknowledged survey methodology".[5]

6. Contrary to what the Greek government has alleged, and as detailed in the methodology section of the report,[6] the findings of Amnesty International's 2020 report were evidenced by:

    a. 201 qualitative interviews with people in Greece, including people using the public health system, health workers, public health experts, and government representatives.
    b. a survey of 20 social pharmacies (pharmacies operating alongside the public health system, providing free medicines to people with limited economic resources) who were active during the economic crisis;
    c. extensive literature reviews and quantitative data.

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

    Five independent experts also reviewed an early draft of the report.

8. In the process of writing the report, Amnesty International met with representatives of the Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Finance, the European Commission's Directorate General for Economic and Financial Affairs, Directorate-General for Health and Food Safety, and the Directorate-General for Employment, Social Affairs &

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[5] Submissions of the Greek Government on the merits of Amnesty International v. Greece, Complaint No. 217/2022, 17 January 2024.
[6] Resuscitation required, pp. 13 – 15.

Inclusion.

9. Amnesty International has not named a number of people interviewed in the report and subsequent updates in the reply to the Greek government's response in accordance with both internal organisational guidelines on informed consent and the wishes of people who were interviewed. Participants of research often chose not to be identified, either because they had shared sensitive and personal information with Amnesty International or because they feared they may face adverse consequences and repercussions as a result of what they shared or for even participating in the research. This is standard practice in several studies, where identities of people interviewed are anonymised in line with their wishes.

B. LACK OF ENGAGEMENT WITH HUMAN RIGHTS LAW AND STANDARDS IN STATE REPLY

10. In its collective complaint, Amnesty International explained that Greece has accepted to be bound by Article 11 of Part II of the Revised European Social Charter that guarantees the right to protection of health and article E of Part V of the Charter on the prohibition of discrimination. The complaint alleges that the Greek government has violated Article 11 of the Revised Charter, in conjunction with, Article E in four interconnected ways listed in Part 3 of the complaint. The accompanying legal standards related to the violations identified were all listed in Part 4 of the complaint.

11. In its response to the complaint, the Greek government has asked for the Committee to find the complaint to be unfounded whilst inadequately engaging with the violations alleged and the accompanying human rights obligations as detailed in the complaint.

12. Apart from providing generalised information about some of the issues raised in the complaint, the Greek government response does not directly provide any specific submissions on the four alleged violations, including on whether they believe them to be justified. Amnesty International further notes that the Greek government does not refute the accuracy of the allegations raised in the Complaint.

13. From Amnesty International's reading of the Greek government's response, they have especially not provided any information as to the practical (de facto) effects of any of the legal or policy measures taken by the Greek Government on the lived experiences of rightsholders in response to Amnesty International's allegations that austerity measures taken resulted in (1) reduced accessibility of health care; (2) reduced affordability of health care; (3) had a particular impact on marginalised groups, and were (4) developed and implemented in a manner inconsistent with international human rights and standards.

III. MERITS: RESPONSE TO THE SPECIFIC GOVERNMENT OBSERVATIONS

A. METHODOLOGY

14. For the purpose of this response to the Greek authorities and the update provided therein, Amnesty International conducted literature review of reports and studies on Greece's health care system and on refugee and asylum-seekers' access to health care in Greece. Between

December 2023 and April 2024, the organization conducted in person or remote interviews with 28 individuals working in the Greek National Health Service (so-called ESY) and one public health policy expert. The interviewees were from Region of Central Macedonia, the Region of East Macedonia and Thrace, the Region of Attika, Peloponnese, Crete and four other islands. The organization also interviewed five representatives of non-governmental organizations and one public health policy expert. In their vast majority, health workers chose not to be identified, either because they had shared sensitive and personal information with Amnesty International or because they feared they may face adverse consequences and repercussions as a result of what they shared.

B. ON THE WAY THE MEASURES WERE ISSUED IN A MANNER INCONSISTENT WITH INTERNATIONAL HUMAN RIGHTS STANDARDS

15. On page 1 of the Greek government's response, it is stated that "Contrary to the arguments of Amnesty International, austerity measures were not taken in a state of emergency. The legislative procedure was followed and respected the letter of the Constitution".[7]

16. Amnesty International emphasises that the collective complaint does **not** argue that the austerity measures were taken in a manner inconsistent with Greek law on the issue but instead, that the measures were inconsistent with international human rights law and standards including the specific pleaded provisions of the Social Charter. For example, Amnesty international argued in connection with Violation 4 that the way the measures were implemented was not consistent with the Greek government's obligations under international human rights law and standards for a number of reasons.

    a. *First,* according to international human rights law and standards, states should ensure that austerity measures are not directly or indirectly discriminatory, either in intent or effect. One way in which this can be done is to conduct human rights impact assessments before introducing austerity measures. Amnesty International interviewed representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance. None of them were aware of any human rights impact assessments conducted with respect to the austerity measures and fiscal consolidation processes described in the chapters above, either before they were introduced or after they were implemented. This includes both, the general measures and the measures specific to the public health sector. The government has not disputed this.

    b. *Second*, international human rights standards demand that austerity measures must be based on transparency and the genuine participation of affected groups. Amnesty International interviewed representatives of the Ministry of Health, Ministry of Labour and Social Affairs, and Ministry of Finance. None of them were aware of any process by which the participation of people affected was solicited during the development and implementation of the austerity measures. None of the people Amnesty

[7] Submissions of the Greek Government on the merits of Amnesty International v. Greece, Complaint No. 217/2022, 17 January 2024.

International interviewed said anything about having participated in how the austerity measures were developed and implemented. In 2015, the government held a referendum asking whether the bail out conditions in the third financial assistance program should be accepted, and the result was a "no" with 61% of the votes. However, ultimately, the government ignored this result and participated in the program whilst accepting the conditions that had been voted against in the referendum. The government has not disputed this.

c. *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. There has been no public explanation of what other options were considered before cuts in public health spending and other social spending were introduced. Less restrictive mechanisms, like the pharmaceutical clawback, which led to significant savings, were only introduced in 2012. Measures that had a retrogressive impact on the right to health - including horizontal cuts to the health budget, reductions in health worker remuneration, and increase of co-payments - were implemented before some other measures that saved costs in the public health system without unduly compromising the right to health. The government has not disputed this.

17. The Greek government's response does not address whether the measures complied with its human rights obligations.

C. ON MACROECONOMIC INDICES

18. Amnesty International would like to frame the information the government shared on macro-economic indices in Greece between 2008 and 2020 in the context of what was happening in the Greek economy at the time. Starting in 2008, there was a dramatic decline in economic activity, and real GDP growth in Greece dropped. Between 2008 and 2016, Greece's GDP shrank by about a quarter.[8] Greece had always had a higher level of government debt, as compared to European averages. In 2007, for example, this stood at 103.1% of GDP, when the EU (27 countries) average was 57.6% of GDP. However, during the years of the crisis, this consistently increased as well, and in 2018 it stood at 181.2% of GDP.[9] 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.[10] Meanwhile, in response to the crisis, public spending fell by 32.4%, that is, €41,723 million, between 2009 and 2018.[11]

19. The government has submitted that the percentage of GDP spent on health and social

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[8] Eurostat, Gross domestic product at market prices,
https://ec.europa.eu/eurostat/tgm/table.do?tab=table&plugin=1&language=en&pcode=tec00001

[9] Eurostat, General government gross debt - annual data,
https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=teina225&plugin=1

[10] Eurostat, General government deficit/surplus,
https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tec00127&plugin=1

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

protection stayed the same, and even increased marginally, during this time. **However, in a context where GDP had shrunk so dramatically (as mentioned above, by a quarter), in absolute terms, this still amounted to a reduction in real spending (as mentioned below, whereby public health expenditure in Greece fell from €15412.18 million in 2009 to €8815 million in 2017, a reduction of 42.8%). Similarly, stating that total general government expenditure increased as a ratio to GDP during this period masks the fact that absolute public spending fell during this period (its percentage with respect to GDP may have increased because GDP was also falling dramatically).**

20. While it is true that macroeconomic indices began to improve marginally from 2020, as did indices measuring people's quality of life, it is worth noting that this is a decade after the crisis had been in force, devastating people's lives. Below Amnesty International highlights some statistics on macroeconomic indices, focused on health spending and the health sector during this period, which emphasise just how dire the situation was **during this decade**. The complaint has intentionally focused on the years, during this decade, when the **impact of austerity was most severe, as there is a risk that looking at averages from 2008 to 2020 may mask when the impact was at its very worst**. Amnesty International has also focused on health spending, as this is the funding more relevant to people's access to health care, which is the focus of our complaint.

    a. In 2009, 27.6% of the population in Greece was at risk of poverty or social exclusion. This reached a high of 36% in 2014, and was at 31.8% in 2018, meaning about a third of the population remained at risk.[12] In 2008, the at-risk of poverty rate of unemployed persons was 37.9%, and this increased to 43% in 2018.[13] The severe material deprivation rate - an estimate of the proportion of people whose living conditions are severely affected by a lack of resources - increased from 11% in 2010 to 15.9% in 2018.[14]

    b. Household incomes fell during this period. Gross adjusted household disposable income fell by around 13% between 2009 (USD 24,586) and 2018 (USD 21,385). The percentage of households unable to meet an unexpected financial expense increased from 26.6% (2008) to 47.8%. (2019).[15]

    c. In general, between 2009 and 2017, total health spending – which includes both public and private health spending - in Greece had fallen. It was €22490.9 million in 2009, and fell to €14492.2 by 2017, a drop of 35.56%.[16]

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[12] Eurostat, People at risk of poverty or social exclusion by age and sex, [Last update: 16-04-2020].

[13] Eurostat, At-risk-of-poverty rate by poverty threshold and most frequent activity in the previous year [Last update: 30-03-2020].

[14] 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].

[15] Inability to face unexpected financial expenses - EU-SILC survey [Last update: 18-04-2020].

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

d. Public health expenditure in Greece fell from €15412.18 million in 2009 to €8815 million in 2017, a reduction of 42.8%.[17] During the same period, health spending per capita (that is, for each person), also fell by 40%.[18] 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.[19]

e. Average self-reported unmet health needs in Greece have almost doubled between 2009 (4.2%) and 2018 (8.3%), reaching a high of 12% in 2016. This is much higher than the EU-27 average, which was 1.7% in 2016 and 1% in 2018. This has particularly impacted people on the lowest quintile (lowest incomes), and the difference between the lowest and highest quintiles has also increased by 12.3% over the past decade.[20] Catastrophic health spending in Greece increased steadily between 2010 and 2015.[21] The share of catastrophic spending increased from 7 % in 2010 to 10 % in 2016.[22] Around 2% faced impoverishing health spending.[23]

21. With this opportunity to respond to the Government's Observations, Amnesty International also respectfully submits the following updates:

a. According to the 2023 Report on the State of Health in the EU, it was observed that "Total health spending and the public share of this expenditure increased in 2021. Nevertheless, at EUR 1 874 per capita, Greece has among the lowest rates of spending on health in the EU. Out-of-pocket payments remain high, accounting for one third of all spending on healthcare. This fuels unmet needs for medical care due to costs, and high levels of catastrophic spending on health, particularly among the

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[17] 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]

[18] 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]

[19] 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]

[20] 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.

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

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

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

poorest households".[24]

b. Unmet needs for medical care remain among the highest in the EU (9.0 % compared to 2.2 % across the EU) while "cost was the main driver of unmet needs, as reported by 8.8 % of respondents – by far the highest rate for unmet needs due to cost in the EU".[25]

c. A report published by Dianeosis, GivMed and the Health Policy Institute in March 2024 illustrates the obstacles that many patients, including vulnerable groups, face in accessing health services and medication.[26] More specifically, among a sample of 1,000 patients (51% women and 49% men) 22% of the respondents did not manage to use health services due to their inability to cover the related costs. In addition, despite the low percentage of patients without medical insurance (only 3.2% of the respondents), within a 12-month period, 16% of all respondents faced difficulties with receiving medication with the main reasons being difficulties with finding or getting prescribed medication, accessing doctor services, and covering the participatory costs for medication. It is worth noting that, as the report highlights, the aforementioned obstacles are strongly linked to patients' socioeconomic characteristics and especially those who belong to vulnerable groups.

D. ON THE OVERALL POLICY RESPONSES TO COVID-19

22. In its complaint, Amnesty International submitted that it had found that the impacts of the austerity measures continued to be felt during Greece's response to the COVID-19 pandemic.

23. Amnesty International wishes to draw attention to a 2023 report issued by the Centre for Research and Education in Public Health, Health Policy and Primary Health Care (CEHP) during the COVID-19 pandemic (2019-2022) which found that while there was an increase of more than 7,000 health staff positions in hospitals, this increase stemmed from the recruitment of auxiliary and fixed-term staff and there was no substantial change in the number of permanent staff.[27]

24. A 2021 research paper published in the Lancet noted that "despite calls for inclusion of refugees and asylum seekers in the COVID-19 response…. Greek authorities have consistently failed to integrate refugees and asylum seekers into national prevention and response plans and disease surveillance systems, and no coherent medical response plans have been put in

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[24] European Observatory on Health Systems and Policies, the Organisation for Economic Co-operation and Development (OECD) and the European Commission, *State of Health in the EU, Greece Country Health Profile*, December 2023, p. 22.

[25] European Observatory on Health Systems and Policies, the Organisation for Economic Co-operation and Development (OECD) and the European Commission, *State of Health in the EU, Greece Country Health Profile*, December 2023, p. 6.

[26] Διανέοσις, GiveMed and Health Policy Institute, Πρακτικές διαχείρισης, απόρριψης και δωρεάς φαρμάκου στην Ελλάδα: έκθεση αποτελεσμάτων, Μάρτιος 2024, https://www.dianeosis.org/wp-content/uploads/2024/03/Medicines_Posotiki.pdf.

[27] Kondilis, E, Daskalaki, A, Palantza, A, Misailidou, E, Tsapa, K, Terzakis, M, Benos. A, The development of health care personnel in ESY hospitals prior and during the pandemic. Policy Report 2023.1, Thessaloniki, Centre for Research and Education in Public Health, Health Policy and Primary Health Care (CEHP), 2023, available at: Η εξέλιξη του Υγειονομικού Προσωπικού στα Νοσοκομεία του Ε.Σ.Υ. πριν και κατά τη διάρκεια της πανδημίας - ΚΕΠΥ (healthpolicycenter.gr); also interview with E. Kondilis, 4 December 2023.

place in any of the island RICs".[28] In addition, a 2024 research paper found that the Covid-19 vaccine roll-out in reception facilities for refugees and migrants in Greece started with a 22-week delay, compared to the general population and that these delays and low vaccine uptake among refugees and migrants "are signs of low prioritisation and implementation failures" in the refugee and migrant vaccination strategy.[29]

E. ON THE MEASURES RELATED TO WELFARE PROGRAMS AND SOCIAL ASSISTANCE SCHEMES

25. Amnesty International welcomes the information that the government has shared on its welfare programs and social assistance schemes. It is noted however that Amnesty International's analysis was restricted to how the health system in Greece was affected by the economic crisis and austerity. This did not analyse the efficiency or gaps in the implementation of the measures the government has listed in their response.

26. Furthermore, in section 3.3.1 of the organization's report, "Resuscitation Required", Amnesty International presented several measures the government put in place to support people during the economic crisis. These are described in section 3.3.1 of the collective complaint. It is not the contention of Amnesty International that the government did nothing to support people during the economic crisis. Rather the complaint submits that the austerity measures introduced in the health sector during the economic crisis in Greece were not consistent with the Greek government's human rights obligations, notwithstanding what measures may have been introduced to support marginalised groups in other aspects of social policy.

27. Amnesty International argued in its report, *"Resuscitation Required"* and section 3.1.36 of the collective complaint, that several 'positive' or helpful measures were introduced very late by the government, or were introduced without sufficient budgetary allocations. One example of this was the Law 4368/2016, which sought to ensure universal access to health care for people who were uninsured and so-called 'vulnerable social groups' (discussed in detail below).

28. While Amnesty International has not analysed the specific policies the government has mentioned in its response, given experience with Law 4368/2016, it would be important to view claims of their 'success' critically, and assess whether they were adequate, well-funded, and well implemented. Importantly, the Greek government's response did not explain if and to what extent, these welfare programs mitigated the impact of the economic crisis and austerity on the health systems and ensured that it met its obligations as stated in the collective complaint.

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[28] See Kondilis, Papamichail, McCann, Carruthers, Veizis, Orcutt et al., The Impact of the Covid-19 pandemic on refugees and asylum-seekers in Greece: A retrospective analysis of national surveillance data from 2020, The Lancet, Volume 37 July 2021, available at: https://bit.ly/3POG3fv. A Reception and Identification Centre (RIC) is a type of reception facility for asylum-seeker preceding the Closed Controlled Access Centres.

[29] Puchner, Giannakou, Veizis, Bougioukas, Hargreaves, Benos and Kondilis, Covid-19 vaccination roll-out and uptake among refugees and migrants in Greece: a retrospective analysis of national vaccination routine data, available at: 10.1016/j.puhe.2024.01.010.

F. ON THE ACCESS TO MEDICAL SERVICES AND HEALTH CARE OF VULNERABLE SOCIAL GROUPS

29. The Greek government response has mentioned law 4368/2016 as a key measure to address barriers to accessing health care during the crisis. Amnesty International discussed this law in depth in both our collective complaint and the report, "Resuscitation Required". These submissions will not be repeated here. However, Amnesty International notes that the law covers those uninsured who are legal residents in Greece and individuals belonging to 'vulnerable social groups' irrespective of their legal status such as asylum-seekers, pregnant women, children and persons with disabilities. It was introduced to address a serious coverage gap that emerged in Greece as a result of the economic crisis.

30. As access to public health care in Greece was linked to people's occupation, when unemployment started to soar after the economic crisis, many people found that they could either no longer afford to pay their health insurance contribution or that they did not have health cover because they were no longer working. By 2016 over 2.5 million people were uninsured and did not have access to the public health system as before: 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, and Law 4368/2016 sought to address this.

31. The 2016 law was an overdue, welcome development, that has improved people's ability to access health care. However, Amnesty International has made two key criticisms of this law, which are relevant to this complaint.
    a. First: the 2016 Law was long overdue. The crisis meant that people were falling out of health coverage from 2012, and by 2016 over 2.5 million people were uninsured. The law was only passed in 2016, which meant that in the early 4-5 years of the crisis, several people could not access affordable health care through the public health system as detailed in the complaint especially under Violation 2. This is not Amnesty International's view alone. While noting the positive impact of the 2016 Law, a report by the European Observatory on Health Systems and Policies said: "it should be noted that there was a remarkable delay of more than five years in finding a solution to cover the uninsured and poor".
    b. Second: 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.

G. ON REFORMS ON PRIMARY HEALTH CARE AND THEIR IMPACT ON AFFORDABILITY AND ACCESS OF HEALTH CARE

32. *"They [doctors in health centres] are fighting with what they have to get through daily".*[30]

33. In relation to the Greek Government's response of the measures taken to address the 2022 Country-Specific recommendations including "staffing of all primary health care units and

[30] Interview, doctor, East Macedonia and Thrace, 29 March 2024.

introducing effective gatekeeping by general practitioners" Amnesty International notes the following information to show that challenges in primary health care persist: [31]

a. Statistics show significant personnel shortages in the primary health care system. According to Elias Kondilis, Associate Professor of Primary Health Care -Health Policy, Department of Medicine, Aristotle University of Thessaloniki during the first period of the financial crisis, health centres lost 33.7 % of their medical personnel and while some vacancies were filled, they did not deal with the gaps. Elias Kondilis also noted that during the pandemic (2020-2022), medical personnel in health centres was reduced by 9%.[32]
b. Further, in relation to the 2022 reform introducing the institution of personal doctor, the 2023 Report on the State of Health in the EU notes "…the number of doctors in public units has not been sufficient to cover the needs of the population, and as of yet, private doctors have not signed contracts with EOPYY in sufficient numbers to fill the gap".[33]

34. In interviews with five doctors working in primary health care and a doctor who previously worked in primary health care, the following issues were raised:[34]
    a. shortages of staff in health centres and clinics; insufficient staff in the ambulatory service;
    b. the fragmentation of services;
    c. concern about rural doctors who are not specialised being on call due to staff shortages;
    d. concerns about patients being forced to pay out of pocket money when health centres lack diagnostic equipment and there is no appointment available in the private diagnostic centres contracted with EOPYY (National Organization for the Provision of Health Services);
    e. concerns on whether the reform of personal doctors could address the gaps in primary health care;
    f. very short slots for patients of personal doctors and doctors of other specializations in health centres and local health clinics; and
    g. a dysfunctional electronic health folder system shortening the time that personal doctors can dedicate to their patients and affecting the information that they can receive about the patients' profile and medical needs.

H. ON ACCESS OF REFUGEES, MIGRANTS AND ASYLUM-SEEKERS TO HEALTH CARE

35. In relation to the Greek Government's Observations in pages 11 and 12 of its response on

[31] See, 1680af2ad5 (coe.int), p. 5.

[32] See: Interview of Elias Kondilis at radio station 98.4, 2 November 2023, available at: https://bit.ly/3JaZ8EY; also interview with Amnesty International, December 2023.

[33] European Observatory on Health Systems and Policies, the Organisation for Economic Co-operation and Development (OECD) and the European Commission, *State of Health in the EU, Greece Country Health Profile*, December 2023, p. 17.

[34] Interview with doctor, Central Macedonia, 3 March 2024; Interview with doctor, Attika region, 7 March 2024; interview with doctor, Central Macedonia, 8 March 2024; interview with doctor, Central Macedonia, 9 March 2024; interview with doctor, island 14 March 2024; interview with doctor, island, 11 April 2024.

access to medical services and health care of asylum-seekers,[35] Amnesty International notes that significant concerns remain regarding access to medical services for people living in the Closed Controlled Access Centres, reception centres in mainland Greece and pre-removal centres.

36. In their Communication in July 2023 on the execution of the cases of *M.S.S. v. Belgium and Greece* and *Rahimi v. Greece*, NGOs Refugee support Aegean (RSA) and Stiftung PRO ASYL highlighted that '[n]o doctor is permanently present in several of the camps, including Samos, Chios and Kos'[36] and that 'critical gaps in services persist in pre-removal detention centres. Not a single doctor is present in Amygdaleza and Corinth, the two largest centres accounting for nearly 1,000 people'.[37]

37. Further, in its Submission during the same month, the Greek Council of Refugees (GCR) observed that '[a]ccess to medical and mental health support have continued being a cause of concern, with shortages in sufficient professionals being reported particularly on the islands' and that '[c]hallenges in accessing medical and mental health professionals, mostly related to difficulties and delays in accessing available professionals, have also been expressed on several occasions by beneficiaries of GCR's services residing in mainland camps, including by the survivors of the 14 June shipwreck off the Coast of Pylos".[38]

38. It should be noted that in its respective decision in September 2023 on the status of the execution of *M.S.S. v. Belgium and Greece*, *A.D. v. Greece* and *Rahimi v. Greece*, the Committee of Ministers asked the Greek authorities to "continue providing information on accommodation, material aid and health and welfare services provided to asylum-seekers". [39]

39. During a visit of an Amnesty International delegation to the Samos Closed Controlled Access Centre (CCAC) between 18-19 December 2023, the population of the CCAC stood at over 3,600 people.[40] According to a response by the Ministry of Migration to a Parliamentary question dated 5 March 2024, that at the end of 2023, the Hellenic National Public Health Organization "EODY" had a staff of seven in the camp, including one psychologist, and four nurses. [41] No permanent doctor was present in the camp at the time of the Amnesty

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[35] See: [1680af2ad5 (coe.int)]

[36] The state of the Greek asylum system, twelve years since M.S.S. RSA & Stiftung PRO ASYL Submission to the Committee of Ministers of the Council of Europe in the cases of M.S.S. v. Belgium and Greece & Rahimi v. Greece, July 2023, available at: https://bit.ly/3xn8YAP, p. 16. See also: INTERSOS, Gregory Kavarnos and Dr Apostolos Veizis, Trapped between Scylla and Charybdis: Asylum seekers and refugees and the Greek asylum procedure; impacts on mental health and psycho-social wellbeing, available at: https://bit.ly/4aFdI37.

[37] The state of the Greek asylum system, twelve years since M.S.S. RSA & Stiftung PRO ASYL, above, p. 19.

[38] Submission of the Greek Council for Refugees to the Committee of Ministers of the Council of Europe concerning the groups of cases of M.S.S. v. Greece (Application No. 30696/09) and Rahimi v. Greece (8687/08), available at: https://bit.ly/4aFtISS, pp. 10 and 3.

[39] Council of Europe Committee of Ministers, 1475th meeting (19-21 September 2023), available at: https://bit.ly/3VLqWaq.

[40] In a letter send to the Greek authorities, Amnesty International requested further information on the Samos CCAC (TG EUR 25/2024.5351, dated 27 March 2024). As of 18 April 2024, no response has been received.

[41] See also: Response by the Ministry of Migration to a Parliamentary question dated 5 March 2024, https://bit.ly/3vLwQgV. On the precarity of EODY staff contracts and uncertainty around their renewals see: https://re-union.gr/2023/07/04/epistolh-kravgi-apomakrynsh-eody/, https://www.2020mag.gr/themata/3762-sxedio-eksathliosis-ton-prosfygon-den-ananeonetai-i-symvasi-ton-ergazomenon-sta-camp / salary cuts: https://alterthess.gr/klevoyn-me-nomo-ta-dedoyleymena-ton-ergazomenon-ston-eody/.

International visit[42] and the organization understands that a doctor seconded by the army worked in the site temporarily, and that medical doctors from the local Samos hospital provided services in the CCAC voluntarily and on a non-stable basis. Amnesty International understands that the absence of a permanent doctor in the CCAC is a longstanding one.[43]

40. Amnesty International understands that difficulties have been reported in the recruitment of medical doctors in the CCAC.[44] Further, at the end of 2023 the EODY staff did not include midwives.[45] According to UNHCR statistics, women make up 20% of the CCAC population.[46] NGOs have previously flagged that the restrictions imposed on the movement of new arrivals in Samos, compounded by the lack of permanent doctors, had "significant potential repercussions" on people, including those with vulnerabilities and in need of "urgent sexual and reproductive health care".[47] The adequate staffing of healthcare and psychosocial services is also instrumental to the proper assessments of residents' special procedural or reception needs in the context of asylum and reception and identification procedures.[48]

41. It is also noted that since 2022, NGOs reported shortages of running water for residents of the CCAC.[49] Amnesty International's own observation during its visit in December 2023 confirmed that running water is only provided during certain hours of the day and with different frequency across different section of the CCAC.[50] While we understand that the availability of running water has fluctuated over time, it remains inadequate to meet the needs of the camp's population especially in view of the increased arrivals since the summer of 2023. We also understand that since September 2023, washing machines are not operated in the CCAC. NGOs have pointed out that this contributes to the deterioration of residents' hygiene and health standards.[51] We note that "[a]ccording to WHO, between 50 and 100 litres of water per person per day are needed to ensure that most basic needs are met and few health concerns arise. Access to 20-25 litres per person per day represents a minimum, but this amount raises health concerns because it is insufficient to meet basic hygiene and consumption requirements".[52]

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[42] See also: Response by the Ministry of Migration to a Parliamentary question dated 5 March 2024,https://bit.ly/3vLwQgV

[43]See: https://www.infomigrants.net/en/post/45256/centers-on-greek-islands-lack-psychological-and-medical-support-says-msf

[44] Mentioned in: https://www.europarl.europa.eu/RegData/questions/reponses_qe/2022/001573/P9_RE(2022)001573_EN.pdf

[45] See https://bit.ly/3vLwQgV; Amnesty International understands that the operations of the EODY Medical Care and Psychosocial Support Unit under PHILOS II will be superseded by the "Hippocrates" Project, in the first semester of 2024. Information published on the International Organization for Migration's (IOM) website, includes an "invitation to bid" until 26 March 2024 in a tender for the "Provision of Medical and Psychosocial Services in accommodation facilities throughout Greece for one (1) year with the possibility of extension for two (2) years". The bid covers the provision of services on the Aegean islands and specifies the composition of the medical staff expected to be employed in facilities there. Reports have suggested that it is expected that the management of the healthcare services for asylum-seekers will be assigned to IOM. See: https://rm.coe.int/comments-submitted-by-greece-on-grevio-s-final-report-on-the-implement/1680ad46c5, and https://www.europarl.europa.eu/doceo/document/E-9-2023-003570-ASW_EN.pdf; https://greece.iom.int/do-business-us-procurement;https://www.efsyn.gr/ellada/dikaiomata/425245_idiotikopoiisi-kai-stin-ygeia-ton-prosfygikon-domon

[46] See: https://data.unhcr.org/en/documents/details/106412

[47] See: https://www.fenixaid.org/articles/unlawful-detention-and-worsening-conditions-over-4-000- asylum-seekers-unlawfully-detained-on-samos-and-lesvos

[48] See: https://rsaegean.org/en/joint-statement-samos-ccac/; and relevant articles of the Greek law, i.e. Article 72 and Article 62 of Law 4939/2022 on special reception and procedural guarantees. Available at: Νόμος 4939/2022 (Κωδικοποιημένος) - ΦΕΚ Α 111/10.06.2022 (kodiko.gr).

[49] https://asylumineurope.org/reports/country/greece/reception-conditions/housing/conditions-reception-facilities/

[50] See also: https://rsaegean.org/en/disgraceful-conditions-samos-ccac/

[51] Not again in 2024: Call for upholding human rights in the Samos Closed Controlled Access Centre - R.S.A. (rsaegean.org)

[52] https://www.ohchr.org/sites/default/files/Documents/Publications/FactSheet35en.pdf

42. In addition, according to the response provided in Parliament by the Ministry of Migration, at the end of 2023, the Kos CCAC (including the pre-removal centre) had 3,650 residents and 4 EODY staff but there was no permanent doctor, psychologist and midwife;[53] Chios CCAC had 1,081 residents and 6 EODY staff but no doctor of any specialization; Lesvos CCAC had 5,360 residents and 16 EODY staff including two general doctors and two midwives; and Leros CCAC (including the pre-removal centre) had 2,057 residents and 6 EODY staff including one permanent general doctor and one nurse. None of the islands' CCACs had paediatricians in the EODY staff.[54]

43. According to GCR, Chios CCAC has had no stable presence of doctor since March 2021. As a result, the vulnerability assessment procedure has been conducted principally by the nursing staff. Doctors of medical units of other CCACs or the Chios General Hospital were visiting the Chios CCAC only to sign vulnerability assessment documents and medical cards, without carrying out a substantive assessment of the medical condition of the asylum applicants, who were not considered to meet the vulnerability criteria.[55] There was also no doctor on a permanent basis in Kos CCAC throughout 2023. According to GCR in the Lesvos CCAC, the medical and psychosocial division staff has been insufficient to cover needs which affected among others the quality of vulnerability assessment procedures.[56] In addition, on Kos, newly arrived persons de facto detained had very limited access to services, including medical support.[57] According to a Joint Statement signed by 22 NGOs in September 2023, on Lesvos CCAC new arrivals have reported that they have been denied medical and psychological care by EODY, due to their lack of documentation in Greece.[58] Amnesty International respectfully wishes to note that understaffing and significant shortages in various medical specializations have been reported in hospitals of islands where CCACs are based.[59]

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[53] According to the Greek authorities, a military doctor provided support between 14 December 2023 and 22 December 2023. See: https://bit.ly/3vLwQgV.

[54] See Response to Parliamentary question available at: https://bit.ly/3vLwQgV. In his recent PhD thesis. Political scientist Dimosthenis Papadatos-Anagnostopoulos documented the interpretations provided by stakeholders on the reasons behind the understaffing of reception facilities for refugees during the refugee crisis of 2015-2019. Respondents attributed understaffing to regional inequalities; on the impact of the financial crisis and austerity policies; on delays by public administration' on the competition between public and private sector; and on working conditions. See: Dr Dimosthenis Papadatos-Anagnostopoulos, Heath Governance and Refugee Crisis in Greece, - The role of state, non-governmental organizations and international organizations (2015-2019), Aristotle University of Thessaloniki, School of Health Sciences, Department of Medicine, Physiology, Pharmacology, Biological Sciences and Preventive Medicine (Year: 2023-2024) (unpublished).

[55] Interview and written exchange, 9 April 2024.

[56] Interview and written exchange, 9 April 2024. See also https://reliefweb.int/report/greece/human-rights-not-all-open-letter-access-food-and-medical-care-lesvos-closed-controlled-access-center.

[57] Interview and written exchange, 9 April 2024.

[58] Joint Statement 'Joint statement, unlawful detention and worsening conditions: over 4,000 asylum seekers unlawfully detained on Samos and Lesvos, 19 September 2023, available at: https://www.gcr.gr/en/news/press-releases-announcements/item/2187-unlawful-detention-and-worsening-conditions-over-4-000-asylum-seekers-unlawfully-detained-onsamos-and-lesvos'.

[59] Interview with health worker, island, 2 April 2024; Interview with health worker, island, 12 April 2024. See also news articles: https://www.ombudsman.europa.eu/pdf/en/167051 andhttps://www.kathimerini.gr/society/562857796/to-nosokomeio-samoy-anti-gia-31-eidikeyomenoys-echei-mono-dyo/ / https://samosvoice.gr/2024/01/31/sti-vouli-apo-ton-p-christidi-oi-elleipseis-sto-nosokomeio-samou/' /https://www.samos24.gr/%CE%BD%CE%BF%CF%83%CE%BF%CE%BA%CE%BF%CE%BC%CE%B5%CE%B9%CE%B1%CE%BA%CE%BF%CE%AF-%CE%B9%CE%B1%CF%84%CF%81%CE%BF%CE%AF-%CF%83%CE%AC%CE%BC%CE%BF%CF%85-%CE%B4%CE%B5%CE%BD-%CE%B8%CE%B1-%CE%B5%CF%80%CE%B9/; https://www.oloygeia.gr/health/politiki-ygeias/nosokomeio-samoy-tragikes-elleipseis-prosopikoy-kamia-proslipsi-sto-tep-ta-teleytaia-20-chronia/; https://www.lesvosnews.net/articles/news-categories/ygeia/tetarti-mesimeri-sto-nosokomeio-mytilinis-giati-nomimo-fakelaki-den and https://www.stonisi.gr/post/65277/apergoyn-oi-giatroi-toy-esy-kai-sth-lesvo

44. A 2024 report by the Greek Ombudsman demonstrated the challenges in accessing medicines, medical care and interpretation services that asylum seekers face in reception facilities in Greece.[60] The report's findings include gaps in staffing in the EODY medical and psychosocial units, significant shortages in medicines in specific facilities, difficulties with the coverage of participatory costs for medicines and the total absence or insufficient provision of interpretation services.[61]

45. In addition to the Greek Ombudsman's findings, in recent years, the ECtHR has issued a series of rulings and interim measures regarding the reception conditions of asylum-seekers in Greece including lack of access to health care. For example, in October 2023, the ECtHR condemned Greece for failing to grant adequate medical care to an HIV-positive asylum seeker in two reception facilities.[62] In April 2023, the ECtHR found violations of Article 3 in relation to the living conditions of a pregnant woman in the Samos RIC/Hotspot in 2019 referring to reports of "inadequate medical support and sanitation".[63] In December 2023, the ECtHR granted interim measures in a case concerning the living conditions including lack of medical personnel, in the Closed Controlled Access Centre of Kos (CCAC) for two Afghan women and their children.[64] Further, in February 2024, the ECtHR granted interim measures in relation to a case of an asylum-seeking single woman and her infant child who were confined in Samos CCAC and called the Greek authorities to "urgently accommodate the applicants in a safe and suitable accommodation and to ensure that both applicants are provided with adequate food, water, clothing and medical care". [65]

46. Concerns also arise in relation to the reported critical gaps in staff providing health care and interpretation in pre-removal centres. [66] According to information provided to GCR by the Hellenic Police in January 2024, as of 31 December 2023, pre-removal centres had 33.33% of doctors' vacancies covered; 31.71% of nurses' vacancies; 00.00% of psychiatrists' vacancies; 53.85% of psychologists' vacancies; and 25% of interpreters' vacancies.[67]

47. In relation to the access of beneficiaries of international protection to health care, in their

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[60] Specifically in closed controlled access centres, controlled access facilities for the temporary accommodation of asylum seekers, reception and identification centres, and facilities for the accommodation of unaccompanied minors.

[61] The Greek Ombudsman, "The Challenge of Migratory Flows and Refugee Protection – Reception Conditions and Procedures", 2024, https://www.synigoros.gr/el/category/default/post/ek8esh-or.

[62] *E.F. v. Greece* (Application 16127/2020), Judgement of 5 October 2023, available at: https://bit.ly/3PMOLMT.

[63] https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-223931%22]}

[64] See https://bit.ly/49pjapE

[65] I Have Rights, "Degrading conditions in Samos CCAC: The European Court of Human Rights grants Interim Measures", 7 February 2024, https://ihaverights.eu/european-court-of-human-rights-grants-interim-measures/#:~:text=The%20European%20Court%20of%20Human%20Rights%20has%20granted%20Interim%20Measures,in%20safe%20and%20suitable%20accommodation. For other interim measures see also https://hias.org/statements/european-court-human-rights-grants-interim-measures-afghan-family-legal-limbo/.

[66] See The state of the Greek asylum system, twelve years since M.S.S. RSA & Stiftung PRO ASYL Submission to the Committee of Ministers of the Council of Europe in the cases of M.S.S. v. Belgium and Greece & Rahimi v. Greece, July 2023, available at: https://bit.ly/3xn8YAP, p. 18: "pre-removal detention centres are marred by critical gaps in health care and support to detained people". On Kos pre-removal centre see detailed report of Equal Rights Beyond Borders documenting the severe lack of access to adequate healthcare for persons detained in the facility available at: Equal Rights Beyond Borders - Equal Rights Beyond Borders (equal-rights.org)

[67] Source: GCR.

recent March 2024 report, RSA and PRO ASYL documented the array of administrative barriers, lack of clear information and slow processing times that beneficiaries of international protection face in relation to the issuance and renewal of a residence permit (ADET) and the possibility of facing lengthy periods without a valid permit which results in the inability to access health care and the labour market.[68]

48. In an interview with GCR, Amnesty International was informed that in the region of Attika and Thessaloniki, the NGO observed cases where beneficiaries of international protection with a valid residence permit waited for several months and in some cases up to a year to obtain their AMKA due to bureaucratic obstacles.[69]

49. Further, the results of a UNCHR survey published in August 2023 found that of those asked, 60% had a social security number (AMKA) which is a pre-requisite for accessing public health care and 29% had difficulty accessing healthcare because of language barriers, challenges to securing appointments and lack of information on the national health care system and health specialists not available on location.[70]

50. GCR also observed that asylum-seekers who were waiting for the registration of their asylum claim in the Attika and Thessaloniki regions could wait for up to two months for their claim to be registered and to obtain a temporary social security number (so-called PAAYPA). GCR also highlighted that in many cases in the mainland, appointments were not available at all which forced people to remain undocumented for extensive periods of time without basic medical care, accommodation or essential services.[71]

51. Concerns were also expressed for lack of access to essential medicines for asylum-seekers with mental health issues whose claim was rejected at second instance and as a result did not have any longer a temporary social security number.

52. Another major cause of concern highlighted by GCR was the absence of interpreting services for refugees and asylum-seekers in primary and secondary public health care in the Attika and Thessaloniki regions with the exception of some paediatric hospitals. Similar concerns were expressed in an interview with a health worker in an island in the Aegean in April 2024. Amnesty International was informed that no interpreting resources existed for health workers at the local hospital to communicate with the refugees and migrants seeking treatment and of the risks that could arise in relation the provision of appropriate health care to refugees and migrants due to lack of interpreters. [72]

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[68] RSA and PRO ASYL, Beneficiaries of International Protection in Greece, access to documents and socio-economic rights, March 2024, available at: https://bit.ly/4aIp5Ho, see particularly pp. 20 and 21.

[69] Interview 5 April 2024.

[70] Document - UNHCR Greece PM Key findings August 2023.

[71] Interview and written exchange, 9 April 2024. In his 2024 Report, the Greek Ombudsman highlighted the challenges faced by asylum-seekers whose claim has not been registered or has been rejected and who do not have a PAAYPA (Temporary Number of Insurance and Healthcare for Foreigners) noting that it is impossible to schedule a hospital appointment and to cover the cost of medication. See The Greek Ombudsman, "The Challenge of Migratory Flows and Refugee Protection – Reception Conditions and Procedures", 2024, https://www.synigoros.gr/el/category/default/post/ek8esh-or.

[72] Interview, 2 April 2024.

I. STAFF SHORTAGES, CONCERNING WORKING CONDITIONS AND IMPACT ON ACCESS TO MEDICAL SERVICES

53. The 2023 CEPH report issued by the Centre for Research and Education in Public Health, Health Policy and Primary Health Care (CEHP) highlighted the catastrophic consequences of the financial crisis in the staffing of the Greek National Health Service (ESY) hospitals and their on-going impact.[73] Specifically the report found that: during the first phase of the financial crisis (2009-2015), there was the loss of 20% of hospital staff (an estimated loss of 18,869 positions); [74] during the second phase (2015-2019), there was an increase of hospital staff by 7.4% but most of the new recruits were auxiliary and fixed-term staff who signed temporary contracts; between 2009-2019, more than 3,100 trained in Greece doctors sought employment in other countries (so-called brain drain);[75] in December 2022, the number of health workers in ESY hospitals were 8,626 less in comparison to the years before the financial crisis.[76]

54. Amnesty International wishes to note that 79.3% of the individuals interviewed for the purposes of this part of the submission between December 2023 and April 2024 spoke about staff shortages, often significant, in doctors, nurses, administrative staff and cleaners in primary health care and hospital care.[77] Shortages were reported in specializations such as anaesthetists, radiologists, oncologists, pathologists, paediatricians and surgeons.[78]

55. *"There is lack of radiologists. …In (our) hospital, half of the days in the week, there is no radiologist. If there is an urgent scan from a traffic accident, the incidents are referred to (a hospital in another prefecture) with an ambulance and with all dangers that are involved in this case. Another serious issue is that there is no psychiatric unit in any of the (prefecture) hospitals. In the whole prefecture, there is only one pathology clinic…Another serious issue is the lack of anaesthetists".*[79]

56. 58.6% of the interviewees reported doctors leaving ESY to seek employment in the private sector or abroad due to the difficult working conditions, burnout and insufficient wages. 51.7% also reported that vacancies arising from staff losses during the austerity period, resignations and retirements are not being filled or are filled very slowly. Some of the interviewees also pointed out that hospital or health centre organigrams do not correspond to current needs and said that poor working conditions and insufficient wages were a barrier for doctors accepting their appointment to ESY.

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[73] Kondilis, E, Daskalaki, A, Palantza, A, Misailidou, E, Tsapa, K, Terzakis, M, Benos. A, The development of health care personnel in ESY hospitals prior and during the pandemic. Policy Report 2023.1, Thessaloniki, Centre for Research and Education in Public Health, Health Policy and Primary Health Care (CEHP), 2023, available at: Η εξέλιξη του Υγειονομικού Προσωπικού στα Νοσοκομεία του Ε.Σ.Υ. πριν και κατά τη διάρκεια της πανδημίας - ΚΕΠΥ (healthpolicycenter.gr); also interview with E. Kondilis, 4 December 2023.

[74] The development of health care personnel in ESY hospitals prior and during the pandemic. Policy Report 2023.1, p. 15.

[75] The development of health care personnel in ESY hospitals prior and during the pandemic. Policy Report 2023.1, p. 15.

[76] The development of health care personnel in ESY hospitals prior and during the pandemic. Policy Report 2023.1, p. 16.

[77] Statistics are based on interviews conducted with 28 individuals working in the Greek National Health Service (so-called ESY) and one public health policy expert between December 2023 and April 2024.

[78] On the significant gaps on anaesthetists in ESY see: Ελλείψεις αναισθησιολόγων: η τέλεια υγειονομική καταιγίδα | ΕΦΣΥΝ (efsyn.gr).

[79] Interview, health worker, Greek island, 13 March 2024.

57. Further, 31% of the interviewees reported that shortages in hospitals were covered by doctors being sent from other hospitals to cover the gaps and several of the respondents said that this led to resignations due to the difficult working conditions.

58. 13.8% reported inability of hospitals or health centres to perform diagnostics due to lack of staff. 41% highlighted that staff shortages were covered by non-permanent staff.

59. *"Doctors are transferred from county to county to cover shifts because there are no doctors, doctors resign or do not accept notices, because (of) the working conditions"*.[80]

60. 31% of the respondents reported clinics merging, at risk of closure, not operating or operating at reduced capacity due to lack of staff and/or equipment. Over the last two years, between 2022-2024, various departments/clinics in multiple public health facilities across the country were according to news reports at the edge of closing. The most common reported reason for the departments' risk of closure is the shortage of staff, either due to the lack of recruitment, staff retirement or resignation or the mandatory appointment of doctors away from their base to cover gaps in other hospitals, while the already widely reported problems with infrastructure, equipment and shortage of medical residents have often been invoked as additional deteriorating factors. In addition, health workers have also highlighted the significant impact of closing essential clinics, such as the gastrologic, paediatric and pneumological clinics, on patients and, overall, local communities' safety and wellbeing.[81]

61. Some interviewees spoke about ICU beds not being used due to insufficient numbers of nurses. A health worker said: "*... Indicatively to mention that in recent years (that in the) intensive care unit, beds (are not used) due to lack of nurses...*".[82]

62. One interviewee reported that they discharged patients in intensive care units earlier than they would do due to lack of capacity and the need to admit new patients.[83] Another interviewee reported a significant reduction in the number of surgeries in their hospital as a

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[80] Interview, health worker, Greek island, 12 March 2024.

[81] Αργολικές Ειδήσεις, "Νοσοκομείου Άργους: Κλείνει και η Γυναικολογική Κλινική;", 4 July 2022, https://www.argolikeseidhseis.gr/2022/07/blog-post_26.html; Η Αυγή, "ΕΣΥ / Κινδυνεύει με λουκέτο και η παιδιατρική κλινική του νοσοκομείου Λαμίας", 16 January 2024, https://www.avgi.gr/koinonia/474105_kindyneyei-me-loyketo-kai-i-paidiatriki-kliniki-toy-nosokomeioy-lamias; Healthview, "Κλείνει η 9η Πνευμονολογική Κλινική του Σωτηρία: Αντιδρούν οι εργαζόμενοι", 30 March 2023, https://www.healthview.gr/kleinei-i-9i-pneymonologiki-kliniki-toy-sotiria-antidroyn-oi-ergazomenoi/; Ημέρα Ζακύνθου, "Τι θα γίνει με την Μαιευτική Κλινική; κ. Υπουργέ, κ. Ακτύπη, δώστε λύση, χθες!", 22 February 2024, https://www.imerazante.gr/2024/02/22/332360; Ημερόδρομος, "Συνεχής η υποβάθμιση και κίνδυνος κλεισίματος για τη Γαστρεντερολογική Κλινική του Γενικού Νοσοκομείου Λάρισας", 21 April 2023, https://www.imerodromos.gr/sunechhs-h-upovathmish-kai-kindunos-kleisimatos-gia-th-gastrenterologikh-klinikh-tou-genikou-nosokomeiou-larisas/; Parallaxi, "Καταρρέει το ΕΣΥ: Η περίπτωση του Γενικού Νοσοκομείου Ιεράπετρας", 1 February 2023, https://parallaximag.gr/epikairotita/reportaz/katarreei-to-esy-i-periptosi-toy-genikoy-nosokomeioy-ierapetras; The Press Project, "Ορθοπαιδική κλινική νοσοκομείου Ρεθύμνου ώρα μηδέν — Ντόμινο παραιτήσεων με καταγγελίες για τις συνθήκες εγκατάλειψης του ΕΣΥ", 11 January 2024, https://thepressproject.gr/orthopaidiki-kliniki-nosokomeiou-rethymnou-ora-miden-ntomino-paraitiseon-me-katangelies-gia-tis-synthikes-egkataleipsis-tou-esy/; The Press Project, "Το Βενιζέλειο Νοσοκομείο ουσιαστικά έχει κλείσει", 27 September 2023, https://thepressproject.gr/to-venizeleio-nosokomeio-ousiastika-echei-kleisei/; Χανιώτικα Νέα, "Σε κίνδυνο η Πνευμονολογική Κλινική στο Νοσοκομείο Χανίων", 12 April 2024, https://www.haniotika-nea.gr/se-kindyno-i-pneymonologiki-kliniki-sto-nosokomeio-chanion/.

[82] Interview, health worker, Greek island, 12 March 2024.

[83] Interview with doctor, Attika region, March 2024.

result of the hospital having one anaesthetist while a third interviewee described the challenges for patients' safety due to their hospital having only one anaesthetist.[84]

63. 55% of interviewees reported staff burnout potentially linked with physical and emotional symptoms. 37.9 % reported long working hours and multiple consecutive shifts. 20.7% reported difficulty and/or inability of health staff to take leave or take leave accumulated from previous years. Some interviewees also reported of health workers being expected to work while feeling unwell.

64. One health worker said: *"Two colleagues in my department had to be transferred to the increased care unit after collapsing while they were performing surgeries".*[85] Another health worker said: *"Mainly from 2015 onwards with the financial crisis where many resident doctors went abroad I had to work, [despite my position as a clinic director] 7 to 10 consecutive twenty four hour shifts in a month on my own without a resident doctor and to be [in the clinic] and to be called in A and E for the [new cases] and for cases related to my specialization in the whole hospital. Doctors in the current health system are [destroyed]…".*[86]

J. CONCERNS OVER AFTERNOON SURGERIES AND THEIR EFFECT ON ACCESS TO AND AFFORDABILITY OF HEALTH CARE

65. Amnesty International wishes respectfully to draw the attention of the Committee to a recent further measure introduced by the Greek authorities which according to health workers' unions, experts, and individual health workers, places additional burdens of funding onto patients whilst failing to address continuing gaps such as long waiting lists for surgery. Amnesty International wishes to note that staff shortages are one of the prime causes of such waiting lists and that such shortages have also been the result of austerity policies.[87] Specifically, the decision with respect to afternoon surgeries was published on 5 March 2024 by the Greek government. According to the decision, surgeries can take place in public hospitals outside of the hospital's normal working hours of both medical and auxiliary - staff, when hospitalisation of patients is needed for longer than one day. Article 2 of the decision provides that the fees of staff and hospital expenses are to be covered by patients who will undergo afternoon surgeries; the Ministry of Health has published a pricing list for different categories of surgeries based on severity.[88] The Minister of Health, Adonis Georgiadis, argued that afternoon surgeries were introduced as an effective strategy to tackle the existing long waiting times for surgeries in public hospitals, the demotivation of health staff, and the

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[84] Interview, health worker, Greek island, 13 March 2024; Interview, health worker, Greek island, 2 April 2024.

[85] Interview, doctor, Central Macedonia, 29 March 2024.

[86] Interview, health worker, Greek island, 12 April 2024.

[87] According to recent media reports, persons waiting surgery lists in Greece exceed 100.000. See: https://parallaximag.gr/ygeia/esy-fiasko-ta-apogeymatina-cheiroyrgeia-18000-astheneis-stis-listes-anamonis-sti-v-ellada?fbclid=IwZXh0bgNhZW0CMTEAAR1NJqNkvuowjN-8ltKgNkHXsz0ULqoiJeQKVKWvdv1IHHEFjwXGHshnGQ_aem_ATvcLsSXhLFSm86YZAXuZr6hu7Kr8LUXg9WVZQS3W2mHsL3m5UtcDhyDe4Gr2Q7Ys__iX3Kcp0e5n_eOsxkCW-1o.

[88] Ελληνική Δημοκρατία, Υπουργείο Υγείας, «Κοινή Υπουργική Απόφαση από τα Υπουργεία Υγείας και Εθνικής Οικονομίας και Οικονομικών για χειρουργικές επεμβάσεις και άλλες επεμβατικές πράξεις που διενεργούνται πέραν του τακτικού ωραρίου λειτουργίας των νοσοκομείων του Ε.Σ.Υ», 5 Μαρτίου 2024, https://www.moh.gov.gr/articles/ministry/grafeio-typoy/press-releases/12235-koini-ypourgiki-apofasi-apo-ta-ypourgeia-ygeias-kai-ethnikis-oikonomias-kai-oikonomikwn-gia-xeirourgeia.

unaffordable costs of surgeries in the private sector.[89]

66. However, health workers' unions have protested and expressed their strong objections towards the governmental decision and called for the immediate recruitment of healthcare staff to cover the gaps. They stressed that the measure leads to the privatisation of public health and the exacerbation of medical staff's burnout. They also highlighted that this downgrades further the regular operation of hospitals.[90,91]

67. Similarly, sixteen respondents interviewed in the period following the introduction of the measure expressed concerns over the afternoon surgeries with respect to privatisation of the public health system and the normalisation of patients covering the costs of the provided care in public facilities. One health worker particularly argued that reducing waiting times for surgeries was a façade, since the current delays are due to staff shortages, and that the measure further promotes socio-economic inequalities in accessing healthcare services. Professor Elias Kondilis observed: "*Afternoon surgeries move the burden of funding to the patients themselves and do not respond to the problem of increased waiting times for morning surgeries*".[92]

IV. CONCLUDING REMARKS

68. In light of the information presented in the collective complaint and the follow-up information presented above, Amnesty International respectfully calls on the European Committee of Social Rights to find Greece in violation of Article 11(1), read in conjunction with Article E, of the revised European Social Charter.

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[89] Ελληνική Δημοκρατία, Υπουργείο Υγείας, «Το πλαίσιο λειτουργίας των απογευματινών χειρουργείων παρουσίασαν σε συνέντευξη τύπου ο Υπουργός Υγείας Άδωνις Γεωργιάδης και ο Υφυπουργός Υγείας Μάριος Θεμιστοκλέους», 19 February 2024, https://www.moh.gov.gr/articles/ministry/grafeio-typoy/press-releases/12205-to-plaisio-leitoyrgias-twn-apogeymatinwn-xeiroyrgeiwn-paroysiasan-se-synenteyksh-typoy-o-ypoyrgos-ygeias-adwnis-gewrgiadhs-kai-o-yfypoyrgos-ygeias-marios-themistokleoys.

[90] See: https://www.tovima.gr/2024/03/19/society/apogeymatina-xeirourgeia-antidraseis-me-stasi-ergasias-se-attiko-kai-pagni/; On 16 April 2024, the Federation of Unions of Hospital Doctors in Greece (OENGE) challenged the decision introducing afternoon surgeries before Greece's Council of State see: Προσφυγή νοσοκομειακών γιατρών στο ΣτΕ κατά των απογευματινών χειρουργείων (ieidiseis.gr).

[91] See: https://www.skai.gr/news/greece/patra-premiera-apogey%C2%B5atinon-xeirourgeion-me-antidraseis. In recent weeks, Hospital Doctors' Unions also reported that the majority of cases in Thessaloniki that have undergone afternoon surgeries so far were not in waiting lists but were new cases and expressed concerns about an emergency case in Irakleion, Crete that was operated in an afternoon surgery. See: https://www.lifo.gr/now/greece/ep-amoibi-apogeymatino-heiroyrgeio-se-epeigon-peristatiko-kataggellei-i-enosi-giatron; and https://parallaximag.gr/ygeia/esy-fiasko-ta-apogeymatina-cheiroyrgeia-18000-astheneis-stis-listes-anamonis-sti-v-ellada?fbclid=IwZXh0bgNhZW0CMTEAAR1NJqNkvuowjN-8ltKgNkHXsz0ULqoiJeQKVKWvdv1IHH-EFjwXGHshnGQ_aem_ATvcLsSXhLFSm86YZAXuZr6hu7Kr8LUXg9WVZQS3W2mHsL3m5UtcDhyDe4Gr2Q7Ys__iX3Kcp0e5n_eOsxkCW-1o.

[92] Interview 15 April 2024.