

**EDITORIAL****The Greco Report: Forward in Health 2014 Remembering the Past****Jeffrey Levett, PhD**

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**Abstract**

A brief overview of the past three decades of the Greek NHS (1983) and some insights into current thinking are given. Attention is paid to stumbling blocks on the way to a more effective future function and weaknesses in policy decision making. Several courses of action are prescribed and specific actions are suggested. That that is recorded, will remain.

**Introduction**

Greece was dealt the biggest shock from the global financial crisis. Government-imposed austerity measures set in motion a creeping disaster of uncertain dynamics which is impacting population health and health sector function. At the present time there is no discernible route to full recovery, only a stumbling beginning while it is far from clear if the overall health leadership can improve the quality of affordable care within a framework of social justice and do so without mixing system management with politics.

An already compromised national health system (NHS, 1983) now carries additional burdens including budget cuts of up to 30% and significant human resource downsizing. While the causes of financial crisis reflect external factors, the crisis in health is essentially an internal affair. Blame, can be widely apportioned to all actors but politics takes the largest share. However, emergency care is still available to all at the point of need but the health safety net is in need of repair and reinforcement (Levett, 2014).

**A Complex Problem Space**

Plagued by fiscal crisis and by past and present political abuse, the Greek health sector presents a

complex problematic space which undergoes little rational or scientific evaluation. It is "uncontrolled to uncontrollable", "unmanaged to mis-managed". Although it enjoys limited public trust: more confidence in physicians, less in the system, it is also a prized possession. Corrupt practices have been clearly identified and unused and misused biomedical technologies liberally litter hospitals. The NHS originally referred to as the «bright point» in the health firmament, is now wrapped in a muddle of unapplied to misapplied remedial laws of reform, to new reform. Health professionals often perform beyond the call of duty with restricted resources, within a framework of limited organization and ineffective health service management, while patient care and patients themselves, run up against large obstacles. Remote areas still show limited coverage.

**Current Events**

Attempts now being tried and with great fanfare to project a more healthy future are important especially in the midst of crisis, but the ghosts of crises past, refuse to leave the Greek health sector. The month of December, 2013 recorded two noteworthy events, first a Congress conducted by the National School of Public Health to mark the passage of 30 years since the

establishment of the National Health System (NHS, 1983) and second, a High-Level Conference sponsored by the Ministry of Health on reform measures in its catchment area of responsibility, targeting improved population health and health care. The first addressed the NHS trajectory over three decades while the second outlined a political vision for the future. (Tountas et al, 2002; Tsakas, 2011). Both provided insights and helpful information while leaving unanswered questions and many untouched issues.

### **Dealing with the Past**

During the Congress (5-7 December), interesting aspects of the NHS were examined but little attention was given to describe the fights and disagreements that occurred over the course of a 30 year conflict. Unanswered queries include the why's, where's and how's of a stumbling NHS, as well as several what's, such as, what were the forces that precipitated the situation we see today. No serious explanation was given as to how several "unannounced goals" of definitive but undeclared purpose, were able to push aside legitimate political goals passed by parliamentary law or to overthrow some basic choices in health for patients. How was this even possible with so many doctors in parliament? There are many unexamined contradictions: non-recruitment of biomedical engineers as new technology was being scattered irrationally throughout hospitals; promising projects turned into opportunities lost, one being the acquisition of computers by fifteen hospitals and more than once. Of note was an unsuccessful attempt to launch a training programme for the management of appropriate technologies, including pharmaceuticals and a still functioning post-graduate programme in health services management (1984) to reinforce health sector management. New insights were introduced coming from systems theory, health economics and sociology and the interdisciplinary or multidisciplinary approach of public health was reinforced. (Levett, 1990; Papagounas & Levett, 1990)

As the NHS unfolded deficiencies in organization and function emerged and citizen's out-of-pocket health expenses grew. One result was low patient satisfaction with service quality at higher cost for Greeks' compared to other Europeans. Policies, structures, interventions and innovations considered necessary were set aside, delayed or are still missing. Periodic requests by the World

Health Organisation for the development of a national policy for health were left in limbo. (Levett, 1996).

### **A Case of Unannounced Goals**

The Greek National Health System was created by a team of socially oriented scientists. In concept and by design it was a remarkable socio-political achievement. In its application however, it was a case of some forward movement with many steps back. (Sissouras, 2012). Training in health service management and the improvement of clinical practice were forward looking movements as were steps to develop supportive tools, service by appointment, day surgery, new clinical treatments, development of specialized laboratories, partial application of clinical guidelines, improved medical histories, applied techniques in medical imaging, electronic prescriptions and the digitized health book. Although not much was needed, nothing was done to improve the efficiency of some specific hospitals, for example through training, the reduction of beds and/or the duration of hospital stay or by the modification of their input-output profiles or by networking of specialized clinics. Reducing waste in all spheres and improving sanitation in public areas are even today simple and useful options for most hospitals. A difficult but useful option is to invest in technologies used in industry, such as checklists, simulation and six-sigma to monitor procedures, improve clinical functions and support management. Some efforts are underway to introduce innovation into the Greek health sector with respect to clinical investigations in pharmacology and in therapeutics, on environmental factors in health and environmental impact on disease as well as for gene therapy and cancer. This latter has been designated the Bionian cluster. From a population health point of view public health genomics is important.

### **Significant Success**

Nevertheless, the achievements of the NHS should be recognized, praised and celebrated. It ensured access to health services of people in the provinces. By 2008 it had added 2-3 years to life expectancy. Overall, its contribution to the individual's total health is not that much different from what is achieved by other systems. Like all significant social interventions (British NHS, 1948, Medicaid and Medicare, 1964) the start up

model differed from the original design and it evolved differently from what was envisioned. Though not unreasonable, nominal levies added to prescriptions and hospitalisation even with some scaling factor for chronic diseases will not save the NHS. A levy on many drugs prescribed in chronic disease has the potential to place a burden on the elderly already impoverished through the crisis. Loose cannons, media flattery or abuse of the health leadership or its own dramatics, are not of any substantial help. Certainly the health ministry culture and for many years has required new initiatives and new blood while health in all other policies must be applied in concert with other ministries. A conflict resolution instrument would be useful (Moisoglou, 2014).

### Looking to the Future

The High Level Conference (12-13 December) on the other hand was an impressive performance of public and international relations reminiscent of a past attitude, we will do this and when little was done. Important personalities from the World Health Organization, Troika and many other European organizations were present. A number of well known scientists presented. Necessary and reasonable actions were proposed such as utilization of e-Health and a new emphasis on prevention, but an assessment of deficiencies in the current health sector, its organizational weaknesses and functional blind spots were not touched upon. Indeed it would have been a reasonable and generous gesture although politically difficult to recognize the initiative that triggered the NHS.

In terms of action, primary health care which had been relegated to an early fictitious pillar of the NHS is now again high on the political agenda. However, actions to reinforce overall management capacity, to monitor the health damage coming with the crisis and to improve management processes within health, remain actions all too vague. The contribution of behavior to health was ignored even though smoking for example takes a very high toll and Greece is identified as a country of smokers. Little was said of child and third-age health problems and this in an ageing society with a low birthrate.

Although the health sector culture is deficient in systemic know-how and know-what, it was right to emphasize the cybernetic principle and to emphasize that all multidimensional challenges

must be addressed with multidimensional action plans, strongly backed by adequate expertise, ingenuity and policy instruments commensurate with the level of complexity of the problem space. Even so, the interdisciplinary dimension of public health was not even recognized even though we may see reinforcement attempted almost exclusively through a prism of drug therapy. Indeed, while touching upon the aim of a people centered health sector, a remnant value of the original NHS, in practice, a drug centered health sector is being profiled and promoted. Paradoxically, within that system, a citizen can not always access necessary medications even generics, which in itself, is a contentious and misunderstood subject that calls for better handling. Not dealt with were the pressing problems of the medical and the nursing fields and the issue of technological equipment renewal which should include more concern for installation of new expensive technologies in old and less than adequate facilities.

### Issues Arising

Several issues such as patient safety, quality of clinical testing and the management of waste (biological, chemical, radiological) are in need of better regulation and control. Medical waste is a widely variable hospital output in both quantity and type. Its processing is covered by disposal guidelines for each and every type. In application however limitations in waste management equipment (storage, separation, treatment) and in technical personnel as well as by irresponsible actions can hamper the best of intentions or guidelines. Reports that radiological waste from hospitals is being dumped in landfills raises questions of environmental pollution and of the overall security of the health sector, a serious but overlooked issue.

### Pertinent Questions

Questions arising from the High Level Conference include: which forces sociopolitical, professional, and educational will lead the current vision of the health leadership? When will parliament have the will to bypass vested interests and withstand the onslaught of loose ideas and attitudes when dealing with the issue of public health? When will a leader once again realize the important developmental role of a School of Public Health? When will the state better enhance equity in health, address patient rights and better assist vulnerable groups? When

will up-to-date evidence-based supersede fanciful fanfare?

We should neither lose sight of how bureaucracy and political interference have undermined progressive health policy nor of the general inability to embed the health sector with concepts and practices found in a just state. We should keep in mind that support for full blown reform (health and education) is impeded by unresolved conflict, and that the will to transform the image of healthcare through improved accountability in both patient care and system management is a limited commodity. We should recall that what might have been a catalytic relationship between public and private sector, developed in practice in a "parasitic» way, which is most probably a major contributor to the asymmetry seen today, between the respective status of technology in the two sectors.

### **Health Care Beware**

In what promises to be a new phase for health in Greece, more attention must be given to the separation of powers (technical, managerial and political) and more support given for legitimate academic freedom within the context of institutional autonomy and professional responsibility with operational rules and accountability. In these respects the initial values of the NHS should be revisited even though they all too early fizzled out after being abandoned by the government that gave them life.

### **Global Cracks, Local Problems**

The global cracks in health arising from the financial crisis will not disappear easily without a global approach to health and the use of health diplomacy. (Togo & Levett, 2009) Cracks appearing in Greek population health cannot be alleviated without national development, which first means putting an end to austerity measures and investing in the competence and skills acquisition by health professionals in medicine and nursing, in management and informatics, and in biomedical technologies.

The evidence of general harm to population health damage is real. So far however, it has been viewed mainly through increasing suicide, which while growing, is still small, when compared with other societies. (Economou et al., 2013). Driven by politics as usual, unemployment, poverty, and suicide will continue to grow while the indicators for infant mortality and life expectancy will erode. Additional manifestations of accruing

damage include, growing numbers of deprived children, a weakening middle class, sustained unemployment in middle-age, the just surviving elderly, as well as Greek youth in flight. Health damage unrelated to crisis dynamics but linked to lifestyle, behavior and environmental factors may also grow. A question hanging in the air is: do the powers that be, internal and external, have a grasp of reality on the ground? Another disaster should not be ruled out. (Levett & Mavrokefalos; 2014; Levett & Mavrokefalos, 2013)

### **Crisis Debited to the Vulnerable**

In a crisis immersed health sector, working under duress, there are still available options open for development. There is a fast-ebbing kick-start opportunity for public health renewal and development in the Balkan region through Greece and within the Greek and Italian Presidencies of the European Union ((January 2014, Greece). As suggested by the Association of Schools of Public Health in the European Region (ASPHER) and the writer, Croatia's entry into the EU (2013) together with the aspirations for access to the European family of the entire Balkan region, ongoing regional activities in public health should be closely inter-linked and amalgamated into a useful well packaged stimulus to the agenda of the Italian EU Presidency (July, 2014).

There is a need to repeat the earlier Balkan public health forum (Athens, 1992) conducted by the Athens School of Public Health within the framework of ASPHER and sponsored by the Greek Ministry of Health, WHO, and the EU. At that time an overview of the European Nervous System, an informatics project of WHO was given, a public health response to the Maarstricht Treaty was formulated and the future of Balkan public health was debated, which included the establishment of public health institutions were discussed. (Levett, 2014) Since then with the help of the Athens School, Balkan public health has been strengthened. (Levett& Kyriopoulos, 2005)

### **Past Perfect - Future Forward**

In 1929, Eleftherios Venizelos, Prime Minister and Minister of Health set in motion a policy "revolution" which for one glorious moment placed Greek public health on the world map. It helped stimulate interactions with the international community and helped elevate Greece to the league of progressive European nations. It occurred as Greece dealt with large numbers of refugees, endemic malaria, and a

pandemic of dengue fever, which besides sending waves of panic throughout Europe, gave birth to the Athens School of Public Health. This short-lived revolution was brought down by behaviors similar to those at work in Greece today. (Giannuli, 1988;Theodorou & Karakatsani, 2008). The complexity of the contemporary problem set is so great that only a similar revolution commensurate to current challenges will be equal to the task. Certainly a new health sector ethic and a different mindset are now demanded.

### The Way Forward

Immediate actions should include: 1) institutional renewal of public health and an investment in competence training 2) establishment of an independent research group to develop and refine new health policy and strategy 3) use of more effective tools to aid policy implementation and health service management and 4) elaboration of multidimensional action plans to ensure human safety and health protection within the context of both public health and crisis management.

### Conclusions

Greece demonstrates a measurable pulse of social resentment, pockets of latent rage and a degree of family desperation, which send out alarm signals of social danger. In parallel, a general pervasive feeling to remain within the European Union exists. Whether Greece can reverse the current health trajectory and put health back on track, rejuvenate the failing NHS to the benefit of citizen wellbeing, are open questions.

Greece might be well served if it sponsors another high level conference-project to address the question: what would the absence of its cradle mean for Europe and undertake serious scholarship on the political determinants of health. Greece deserves an opportunity to conduct research on public health and disaster management through “natural experiments”. Public 2002health security is a lamp whose flame when turned up can ease back the dark shadows in our complex world. If Greece makes it in public health, Greece will make it in Europe! For Europe to survive, public health must be seen as a European strategy to preserve human security and to protect health.

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