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## ***NEWS RELEASE: Evidence on health effects of financial crisis in Greece***

**There are new and clear signs today that health outcomes in Greece have worsened during the financial crisis, especially in vulnerable groups of people. These concerns are detailed in a report published today in *The Lancet*, written by Alexander Kentikelenis and Dr David Stuckler, University of Cambridge, UK, and Professor Martin McKee, London School of Hygiene and Tropical Medicine, UK, and colleagues. EuroHealthNet finds this worryingly predictable and avoidable.**

Based on EU Statistics on Income and Living Conditions, the data show that Greek citizens were 15% more likely not to consult a doctor in 2009 than before the crisis began in 2007 due to factors such as longer waiting times, travel distance to care, and waiting to feel better. Since Greece's universal health system entitles people to free consultations with a general practitioner and very cheap visits to outpatient clinics (0 to 5 Euros per visit), the authors say these noted reductions in access probably reflect supply-side problems: there were cuts of around 40% in hospital budgets, understaffing, reported occasional shortages of medical supplies, and bribes given to medical staff to jump queues in overstretched hospitals.

Admissions to public hospitals increase by 24% in 2010 compared with 2009, and by 8% in the first half of 2011 compared with the same period of 2010. Alarming, there has been a 14% rise in the proportion of Greek citizens reporting that their health was "bad" or "very bad" in 2009 compared with 2007. Suicides rose by 17% in 2009 from 2007 and unofficial 2010 data quoted in parliament mention a 25% rise compared with 2009. The Minister of Health reported a 40% rise in the first half of 2011 compared with the same period in 2010.

Other alarming indicators include the rise in violence, and homicide and theft rates nearly doubled between 2007 and 2009. The number of people able to obtain sickness benefits declined by around 40% between 2007 and 2009, probably due to budget cuts. A significant increase in HIV infections occurred in late 2010. The latest data suggest that new infections will rise by 52% in 2011 compared with 2010 (922 new cases versus 605), with half of the currently observed increases attributable to infections among intravenous drug users. Data for the first 7 months of 2011 show more than a 10-fold rise in new infections in these drug users compared with the same period in 2010. The prevalence of heroin use reportedly rose by 20% in 2009, from 20 200 to 24 100, according to estimates from the Greek Documentation and Monitoring Centre for Drugs. Budget cuts in 2009 and 2010 have resulted in the loss of a third of the country's street-work programmes.

The authors highlight that as usual in recessionary times there have been marked reductions in alcohol consumption and, according to police data, drink-driving has decreased. These trends were not due to reduced detection owing to budget cuts in the police force, since police checks remained the same and more drivers were screened in 2009 than 2008.

The authors conclude: *“Overall, the picture of health in Greece is concerning. It reminds us that, in an effort to finance debts, ordinary people are paying the ultimate price: losing access to care and preventive services, facing higher risks of HIV and sexually transmitted diseases, and in the worst cases losing their lives. Greater attention to health and health-care access is needed to ensure that the Greek crisis does not undermine the ultimate source of the country’s wealth—its people.”*

Clive Needle, Director of EuroHealthNet, commented today: *“this is valuable and important new evidence about the impact of economic decisions on the health of people, and on the societal impacts of not protecting health in all policy choices that are made. The EU should help make sure the people of Greece know the factual truth. It can use a health and economy task group to support national governments in providing evidence for the troika working on economic changes. The EU treaty calls on the EU and states to protect health in all their programmes, whatever the economic position: this is the time to do just that.”*

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*EuroHealthNet is a not-for-profit network of regional and national agencies responsible and accountable for health promotion, public health and disease prevention in Europe. Its aim is to improve the health of European citizens by striving for a healthier Europe with greater health equity between and within countries. EuroHealthNet does that by supporting projects and policy development together with its members and the EU institutions; by exchanging information and by communication in and beyond its network.*