Chronicle of deaths foretold

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Introduction

In Nov 2015 George Nikolaidis[2], Director of Department of Mental Health and Social Welfare, Institute of Child Health, Athens gave a presentation to the 12th Annual Historical Materialism Conference, London.

This is a summary of that presentation, which details

- The common features of the experience of other countries who have experienced economic crisis and IMF debt programmes in the 1990s and early 2000s, predictors of what has happened in Greece
- Evidence of impact of austerity policies on the health of the Greek people and on the health system from 2010
- Proposed development of alternative health systems based on grass roots activity and experience

Background

Up to a certain threshold of average population income, the main determinant of health is income. Above this threshold the major determinants of health are relative income and social inequality.

In developed societies it is evidenced that, more than any other intervention, reducing social inequality will reduce mortality and the prevalence of ill health.

It is also established in evidence that the main pathway via which inequalities affect health indicators in developed societies are psychosocial burden and stress (hence the modern preoccupation among UK and other European health policy makers with 'wellbeing').

Relationship between population health and economic crisis

Scientific reviews of evidence[3] show that economic crisis increases the general rates of mortality in the population.

These show specifically increases rates of mortality for cardiovascular disorders, suicides, perinatal mortality, homicides, alcohol related disorders and respiratory infections including tuberculosis (TB).

There is a similar correlation between unemployment rates and the cutting down of

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[3] Falagas et al 2009

spending on social protection for unemployment with increased mortality rates from suicides, homicides, alcohol- related disorders and coronary artery disease.[4]

The World Health Organization recognized the anticipated impact of economies on health of following the banking crisis in 2008.[5]

The experience of countries with IMF loans

IMF loans and public health

In addition to the impact of economic crisis, there is a particular relationship between countries in receipt of IMF loans and population health.

A study[6] of 21 eastern European countries compared morbidity (disease prevalence) and mortality (death) from TB among those countries with IMF contractual loan agreements between 1992-2001 and those that didn't.

The study took account of prior economic development, prior TB rates, extent of lending and public debt, level of overall health and health care development.

Even after taking account of all these factors there were marked differences in morbidity and mortality rates consequential to being a country with an IMF loan agreement:

- Countries with IMF loans had 16.6% higher TB mortality
- For every additional year under IMF's loan contracts, mortality from TB raised by 4.1%
- For every additional 1% IMF credit, morbidity and mortality from TBC raised by 0.9%
- Countries with IMF repayment programs had better TB health indicators the years before IMF loans; after that indicators collapsed
- Countries exiting IMF's loans decreased TB mortality rates by 30.7%.
- Countries having loan agreement with other parties apart from the IMF had statistically better TB health indicators

Features of economies post IMF loans

Common features of the economies of IMF loan countries are as follows:

- Gross Domestic Product decreases
- Socioeconomic inequality increases
- Urbanization and destruction of traditional society's resources
- Reorientation of agricultural and overall production into specific and limited sectors resulting in economic stagnancy and problems of availability of basic

[4] Stuckler et al 2009
[5] Financial Crisis and Global Health 2009, WHO
[6] Stuckler et al 2008

goods and commodities
- Adherence to IMF low inflation targets and high exchange reserves, often resulting in diversion of external aid into currency reserves
- It has been estimated that for every 1$ of IMF's loan, eventually only 1% ends up for health and welfare
- IMF's officials ongoing pressure to reduce public spending – little option but to cut health, education and/or social expenditure to meet conditions

Health policy in countries with IMF loans

Five common features of changes to health policy in countries with IMF loans:

1. Downsizing of health spending[7]:
   - Countries with IMF's loans in the 90ties either decreased spending on health as a proportion of GDP, flat lined or at best, increased by 0.25% - this at a time when GDP was reducing as economies shrunk.
   - Other countries of the same socioeconomic level during the same period on average increased health expenditure by 0.6% of GDP annually

2. Cutting back on public health programmes, like vaccinations, screening, monitoring

3. Primary care and hospitals: privatization and underfunding of state provision

4. Transition from universal health systems towards co-payments with patients with changes to social insurance systems that paid for health
   - Sharply decreasing middle class service coverage
   - More programmes for the extremely poor
   - Increasing of private insurance portion of the market
   - Decreasing of social insurance and welfare coverage (ie for the insured, more things are excluded from being paid for)
   - Increase of the uninsured (i.e. in Argentina from 63% insured in 1991 to 48% insured after IMF programme in 2002)
   - Unification of pre-existing insurance funds and organizations then gradual decrease up to elimination of social insurance's contributions in health expenditure e.g. in Latvia initial decrease in 50%, then in 25% and finally abolition of social funds' copayment in most of health costs

5. Changes to workforce related to health policy
   - Decrease in health workers' wages e.g. Argentina 40%, Latvia up to 60%
   - Scientific migration and "brain drain" as a result
   - Decrease of social insurance payments to reduce labor costs

[7] Baker 2008

What's happened in Greece since 2010 Memoranda with Troika

Public health indicators in Greece since 2010[8]

- Death from homicides – documented increase since 2011
- Suicide – documented increase since 2007 with far biggest rise (40%) 2010-2011, 36% increase in suicide attempts[9], increase in self-reported suicidal thoughts,[10] increase attribution of suicidal thoughts to socioeconomic causes[11] and correlation of suicide rates with unemployment, debt and personal finance[12]
- Alcohol and drug misuse – documented increase in mortality rates since 2011, increase use of opioed drugs (e.g. methodone) 20% in 2011
- TB and other infections communicable diseases – documented rise in HIV positive (52% rise of new infections 2010) and hepatitis, scattered reports of TB and other infectious diseases – expected rising trend to continue
- Perinatal - in 2010 for the first time since 1950 that rates of infant mortality started to go up, after 6 decades of consistent decline
- Long term conditions/chronic conditions– since 2011 documentation of more people not attending, postponing or neglecting to undertake care
- Cardiovascular – early signs of increase in mortality rates, predicted to rise from 2015 (5 years from 2010)
- Cancer – mortality rates predicted to rise from 2020

In the Lancet medical journal [13]a review of the impact of the economic crisis in Europe, with a special focus on countries like Greece predicted a further increase in illness and mortality rates from cardiovascular disease, suicide and cancer, which might last longer than current generations.

It showed that by contrast, societies like Iceland, who have strengthened social systems seem less affected by the crisis in terms of health and welfare indicators

The increase in child mortality is in line with the modeling in the 1990s that predicted an increase in perinatal mortality in areas of increasing social inequality, even when taking into account income levels of the population.

It is also worth noting that this has happened in Greece but not yet in the other PIIGS countries, indicating the magnitude of the change in Greece.

Unemployment rates[14]:

[8] IMF, World Bank and ECB
[9] Stuckler et al 2011 and Economou et all 2011)
[10] Economou et all 2011
[11] Economou et all 2011
[12] Skroubelos et all 2014
[13] Financial crisis, austerity, and health in Europe, the Lancet March 2013
[14] Hellenic Statistic Authority (ELSTAT), 9.5.2013

- 2008 – 2013 increase from 8% to 27% in adult population
- 2008 – 2013 increase among 16-25 year olds from 23% to 64.2%.
- So overall has more than tripled.
- Unemployment levels currently stagnating at that level

Reduction in health spending[15]:

- 2009 – 2011 reduced by 24.58%
- 2011 – 2013 – further cuts
- More than 35% in total cuts to public health system 2009 - 2013
- IMF target is to reduce to maximum of 6% GDP, now below this
- GDP since 2009 has shrunk by 25% - reducing further actual spending

So an increase in health needs and decreased resources of public sector services to address them and personal finances to contribute additionally.

Health policy and health system changes

- Merging public Hospitals' Plan from 137 into 83 (from 46.000 beds to 35.000) within 2 years' time has already caused severe shortcomings in health services delivery especially in rural areas
- August 2011 merging of public welfare organizations (from 94 into 22), ending some universal monitoring of public health
- Almost half of the 151 public sector organizations had 10% redundancy of their personnel and were health or welfare sector organizations
- Unification of social insurance funds from 2010, including merger of primary care and hospital funding in 2013
- 2010-2012 two revision of the list of covered by social security funds medications – resulting in less medications covered
- Since 2010 ending of coverage of social insurance for certain services previously covered – including benefits for pregnancy and maternity, physiotherapies, speech therapies, psychotherapies
- Radical decrease in using or introducing new technology in surgery[16] – 25% reduction in endoscopic operations, abandoning of robotic surgery programme from 2010, and significant reduction of intra-vascular cardiovascular operations due to lack of materials e.g. spending on this at Laiko hospital in Athens reduced from 350 000 euros to 7-8000 euros.
- Primary care privatized, resources given to public hospital system
- Health care services geared to deal with emergency care in life threatening cases, all other care directed to private sector

[15] Souliotis et al. 2013

[16] Global Financial Crisis and Surgical Practice: The Greek Paradigm, Karidis et al World Journal of Surgery 2011

All of these changes – cuts in spending, structural changes to system, changes to entitlement and privatisations – written into the memoranda concerning the debt between successive Greek governments and IMF/World Bank/ECB.

The response of the radical movement to the health crisis

Response to date
The presentation outlines the response of the radical anti-austerity movement in Greece so far:

- Actively participating in the development of a whole range of newly emerging social solidarity structures based on voluntary work mainly by politically mobilized citizens.
- Organizing struggles against privatization and deconstruction of public health care
- Promoting alternative care plans i.e. in primary health care or social welfare especially during the first period of SYRIZA administration

It summarises that there have been small victories, but most of the movement's struggle hit an impassable barrier on the question of the bigger picture on Greek society's choices – currently whether to be in or out of the EU.

According to all opinion polls there are significant feelings of insecurity around the possibility of being outside the EU, in particular insecurity around energy, food and health care sufficiency.

Proposed next step – the Surrounded Health Care project
Nikolaides proposes the following questions need to be answered by the left in response to this situation:

- Is a health system for the people possible and can society support it?
- Is it possible for the movement in the health sector to align with overall popular demands?
- How can traps faced in the past be avoided? An example of this is the upward trend in areas of health expenditure (e.g. technological) that maximise costs to benefit health industries?
- What experiences are there by different countries/societies and what can we learn out of those?

To help answer these he announced a new initiative from early 2016 - the "Surrounded Health Care" project

This entails setting up an independent working group by all interested natural persons from any non-establishment version of the Hellenic radical left

Aim will be to prepare a comprehensive plan for “how else” health care can be provided in the society even in circumstances of total blockade and embargo by the big economic powers outside of Greece

The objective will be to develop a budgeted and detailed account of how current health and welfare needs of the people could be met with the minimum dependency on imported goods and with the maximum self-containment based on the existing workforce and expertise

Outcomes will be shared with any interested party to be used