

**TEXT OF SPEECH DELIVERED BY THE DELEGATION OF GREECE**

**(Mr Xanthos) Third plenary meeting, 23 May**

**Agenda item 3: Address by Address by Dr Margaret Chan, Director-General**

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Mr XANTHOS (Greece):

Dear Director-General, Dr Chan, dear President, dear colleagues, A crucial political question is addressed: How should we transform a national health system at a time of crisis?

It is known that the economic crisis not only “produces” unemployment and poverty but also causes disease. All social determinants of health are affected in a negative way, whereas, vulnerability as well as psychosomatic morbidity increase, especially amongst the economically weaker and marginalized segments of the population. The dominant “recipe” of fiscal discipline led to unmet needs, healthcare-related poverty and exclusion from access to adequate medical and pharmaceutical care. Such health care inequities are morally, socially and politically unacceptable and also oppose the fundamental principles of WHO on universality and equity in health. In Greece we have experienced in a traumatic manner the side-effects of this neoliberal plan and we have now the strong political will to gradually overcome it, through the following priorities:

1. The strategic response to the health crisis is to be “biased” in favor of public healthcare, turn to primary health care and prevention, addressing the healthcare needs of the citizens through universal and equal access, increasing the “capacity” of the public system. A very critical political choice of the Greek government has been the universal healthcare coverage of the population with guaranteed free access for the uninsured to public health services, a crucial intervention for approaching Health as a social commodity that is provided with a guaranteed manner to everyone, regardless of their working- insurance-income status. The bet now is to reduce the financial constraints on universal coverage created by austerity programs, investing in health as a crucial point of development and overall prosperity.

2. In Greece, the great reform still pending in the Health sector, is the development of the Primary Health Care as the nucleus of an upgraded Public Health System. We are at the starting point of a major reform inspired by the principles of WHO and the Alma-Ata Declaration of 1978, which have been over the years a point of reference as well as a political demand for progressive doctors-health personnel throughout the world. We have recently launched a public consultation – in the presence of the Director of the WHO Regional Office for Europe, Dr Jakab – on a political reorganization plan of the Primary Health Care, based on decentralized structures (local health unit), on the family doctor and the multidisciplinary team with a specific reference population, on sectoral services and

their community orientation, on prevention and health promotion.

3. In order to implement this plan, we are upgrading the level of cooperation with WHO, by supporting the operation of a permanent country office in Greece.

4. Public Health is the only truly democratic health policy since it affects citizens in an equal manner. It limits risks associated with globalized threats such as climate change, microbial resistance, chronic non-communicable diseases, new infections (Zika virus), and agreements such as TTIP that leads to a retreat of existing levels of protection in the areas of food security, natural and working environment, genetically modified organisms, etc. Environmental degradation has a “hidden health cost”; therefore, investing in Public Health means investing in quality of life and human well-being, as well as in the sustainability of the Public health systems.

5. Our basic assumption is that medicines are not simple trade products but major social commodities that may not be left in market without taking into account social parameters. The accessibility of patients to genuinely innovative medicines with evidence-based clinical benefit is a crucial political priority and presupposes international cooperation and joint negotiation with the pharmaceutical industry.

6. Healthcare for refugees- migrants currently provided in Greece with the support of the state sector, the NGOs and the volunteers is absolutely reliable and based on international scientific standards. We do what we must in conditions of major humanitarian crisis. We cooperate with the most reliable scientific forces in the field of epidemiological surveillance, we implement for the first time a National Action Plan giving emphasis on Public Health measures, improvement of the living and personal hygiene conditions for the refugees and on preventive interventions such as providing universal immunization for the children and on infection avoidance measures transmitted by mosquitoes.

As a conclusion, in a time of crisis, a different public health system is necessary and feasible, by a radical reversal of the policy priorities: from the evidence-based health need to the Political Economy of Health.