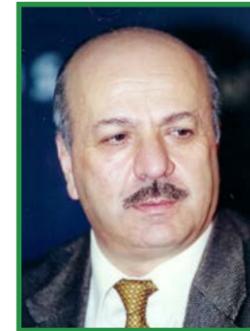


# The Greek Health Care System: Highlights



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healthcare sector, which now accounts for more than half of healthcare expenditure. Up to 2009, therefore, the healthcare system in Greece was a mixed one where the NHS, public insurance funds and the private sector were all involved significantly in the funding and provision of healthcare services.

After 2009, the Healthcare spending in Greece was severely affected by the economic crisis, leading to a decrease of approx. 40% during the period 2009-2015; mainly due to the contraction in Government and Social Security coverage as well as the impact of refugees.

In Greece, there is a total of 283 hospitals, both private and public. These hospitals operate 46,200 beds. International Benchmarks suggest that there is a 18%-28% oversupply of beds in Greece.

The drop was mainly a result of further decreases in government spending. The government's annual bill for pharmaceuticals alone was cut by EUR 1.8 billion between 2009 and 2013, notably by cutting the prices paid for drugs and promoting the increased use of generics.

## Historical Perspectives

Historically, like in many other countries, social insurance played an important role in the development of Greek healthcare services. In particular, the Social Insurance Fund (IKA) established in 1937 and the Farmers' Social Insurance Fund (OGA) established in 1961 contributed significantly to the development of the healthcare system. However, despite early efforts by the government and other parties, the healthcare system in Greece remained one of the least developed amongst OECD countries until the beginning of the 1980s, with many gaps in the delivery, organization and funding of healthcare. The system was characterized by lack of infrastructure or adequate funding, with great inequalities in access to healthcare.

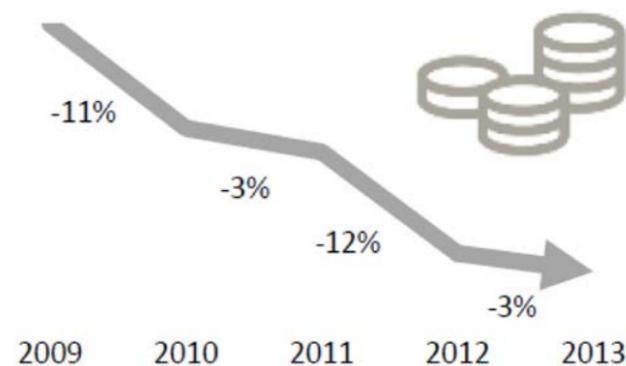
In this context, the healthcare reforms introduced in 1981 were much needed. At that time, a National Health System (ESY) was established, aiming at providing free, equitable and comprehensive health coverage to the entire population. The 1980s were primarily devoted to the implementation of the reforms and saw significant improvements in the capital, human and technological infrastructure of the public healthcare sector.

In the period between the early 1990s and today, investment in the public sector continued, with greater emphasis placed on managerial and organizational reform to increase the efficiency of the system. An important development in this period was the evolution of the private



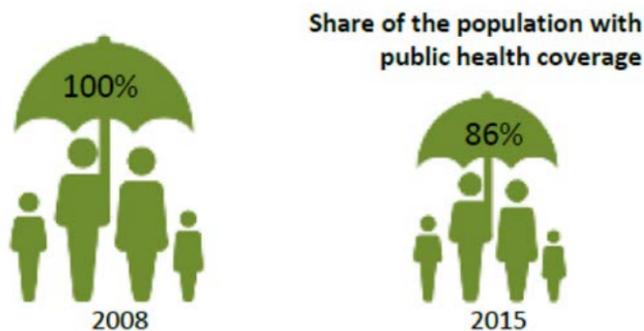
PASSIONATE ABOUT MEDICINE  
COMPASSIONATE ABOUT PEOPLE





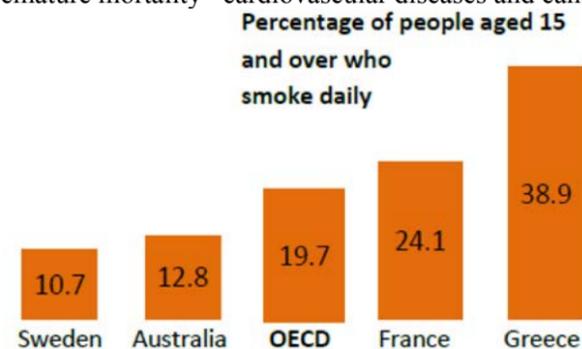
**Falls in per capita health spending**

The economic crisis significantly reduced health insurance coverage among the population. Those who were most affected were the long-term unemployed, as well as self-employed workers who decided not to renew their health



insurance plan because of reduced disposable income. Since June 2014, uninsured people are covered for prescribed pharmaceuticals, services in emergency departments in public hospitals, as well as for non-emergency hospital care under certain conditions.

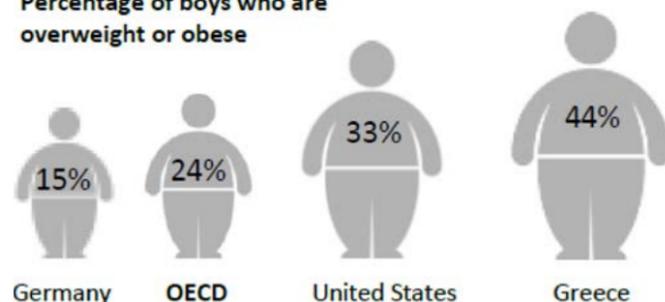
Greece has the highest smoking rate in the OECD with almost one in two men smoking daily. Tobacco is a major risk factor for at least two of the leading causes of premature mortality – cardiovascular diseases and cancer.



While smoking rates across most OECD countries have shown a marked decline, Greece is the only country that has seen smoking rates increase since 2000. In 2013, nearly 40% of adults in Greece could be considered as daily smokers – twice the OECD average.

While adult obesity rates in Greece are around the OECD average, childhood obesity is worryingly high. Children who are overweight or obese are at greater risk of poor health in adolescence, as well as in adulthood. Among young people, orthopaedic problems and psychosocial problems such as low self-image, depression and impaired quality of life can result from being overweight.

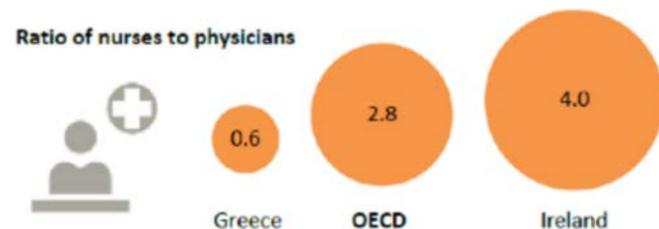
**Percentage of boys who are overweight or obese**



Almost one in two boys aged 10-12 in Greece were classed as overweight or obese in 2010. This is the highest in the OECD and almost twice the average.

Current doctor-nurse imbalances imply that the division of tasks in delivering health services is not optimal.

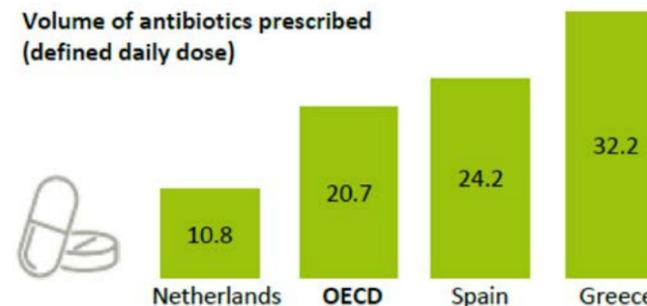
**Ratio of nurses to physicians**



Nurses play a critical role in providing health care not only in traditional settings such as hospitals and long-term care institutions but increasingly in primary care (especially in offering care to the chronically ill) and in-home care settings. While nurses greatly outnumber physicians in most OECD countries, the opposite is true in Greece, where there are twice as many doctors as nurses.

Greek GPs prescribe more antibiotics than GPs in nearly all other OECD countries

**Volume of antibiotics prescribed (defined daily dose)**



Antibiotics should be prescribed only where there is an evidence-based need, to reduce the risk of resistant strains. The total volume is seen as an indicator of quality in the primary care sector. Greece reports volumes of prescribed antibiotics more than 50% above the average of OECD countries.

**Greece and the Refugees**

Given all of the health and economic issues currently facing Greece, it begs the question of how the crisis has affected Greece's ability to support refugees. As is often the case, the people most affected are those with the least means, and this includes the refugees currently waiting out their fate in Greece. Refugees have some unique health needs when first entering the country, but those who are now long-term residents face many of the same barriers to health care as Greeks. While there has been an outpouring of support from local residents, barriers reduce refugee access to healthcare beyond basic first aid and triage, including access to mental health services.

The UNHCR estimates some 850,000 people landed on the shores of Greece from Turkey in 2015, mostly on the idyllic sunburnt islands of Kos, Chios, and Lesbos. Of those arriving almost 28% were children, more than half were Syrian, with the rest being from Afghanistan, Iraq, and other neighboring countries. There was a severe lack of government

infrastructure and resources to provide temporary housing and to meet refugees' basic needs. After all, the refugees arrived on the shores of tiny tourist havens with only a few hundred residents—not the expansive metropolis of Athens. During this time, humanitarian aid was focused on emergency response: search and rescue, clean water, ready-to-eat food, and emergency medical treatment upon arrival. Small NGOs and local residents provided what support they could; fishermen dragged half-sunk dinghies to shore while shopkeepers rushed to the beaches with towels and water. For this response, the Greek islanders were collectively nominated for the Nobel Peace Prize. When media attention brought the refugee crisis in Greece to the world stage, international outrage ensued and an outpouring of support led to establishment of larger NGOs and an influx of financial support to the critical islands in the Aegean. All the while in mid-2015 the European Banks were pressing Greece for loan repayments, capital controls had been put in place, and the government was in turmoil.

Given Greece's financial trouble, many refugees were eager to move on through Europe's open borders to countries where employment or education opportunities were more likely, and many did move on before long-term support such as housing, education, food, or healthcare was needed. Then in a twist of events, the Northern Balkan countries





closed their borders in early March 2016. Since this announcement there has been a massive drop in the number of new refugees entering Greece from 2,200 per day in February to 120 per day in April 2016. The government is now faced with shifting from emergency services to long-term services for those people effectively trapped in Greece until the asylum or resettlement process takes place.

The UNHCR estimates 57,000 refugees are currently in debt-strapped Greece needing long-term solutions for health and well-being. Greece has become an accidental host for the refugees and has been tasked with ensuring their safety and livelihood.

In a beautiful Mediterranean landscape such as Greece, it is easy to think that it isn't the worst place to be trapped for a while. Unfortunately, the government lacks the resources and perhaps even the energy for ensuring long-term solutions for these refugees. Where to house so many refugees? How will they get access to healthcare in an already strained healthcare system? Major NGOs such as The Hellenic Red Cross and Médecins Sans Frontières are providing basic medical needs, prenatal care, and vaccinations at refugee camps. Long-term camps have been setup in old military compounds, tent cities, hotels, and even resort towns. Outside funding remains meager, and aid pledged at the beginning of the refugee crisis has dwindled.

An important but often overlooked need of refugees is

access to mental health services. The World Health Organization and United Nations estimate that anxiety disorders and depression can double in the context of a humanitarian crisis. For what little mental health services there are, there is very little clinical follow-up or monitoring of medication use for a particularly vulnerable population. Fragmented care results in most cases going untreated, a common barrier to mental health care faced by Greeks and refugees alike.

### Conclusion

The public health crisis in Greece serves as a warning that economic stability and public health are tightly intertwined. Even the most apparently stable social and health care systems could be only a few turns from devastating humanitarian crisis. In the case of Greece, government efforts to meet austerity measures through cuts in healthcare spending have had startling costs for the Greek people and for the refugees trapped there. Mass exodus of healthcare workers and rampant drug shortages have reduced access to health services.

Meanwhile austerity has increased chronic stress, mental health needs, poverty, and poor nutrition. While refugees have unique issues and certainly increased need, their needs cannot be met by a health care system and an economy that cannot provide for the country's own citizens. The international community must recognize that successful resettlement of refugees hinges on ongoing support of host countries. Behind the sunny blue-sky tourist billboards and disheartening economic statistics are citizens going about their everyday lives, each fighting their own private battles. Despite this, many of these people offer hope even in the most difficult of circumstances.

The first months of 2017 presented a number of interesting developments, including the discussions about a new legislation on Primary Healthcare, the announced figures for healthcare statistics for 2015, which indicate a recovery of expenditure to €14.7b, as well as the demonstrated appetite for business agreements by international investors.

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