



State of Health in the EU

Greece Country Health Profile

Conference on the Future of Healthcare in Greece, Athens, 22 March 2018



Country Health Profiles

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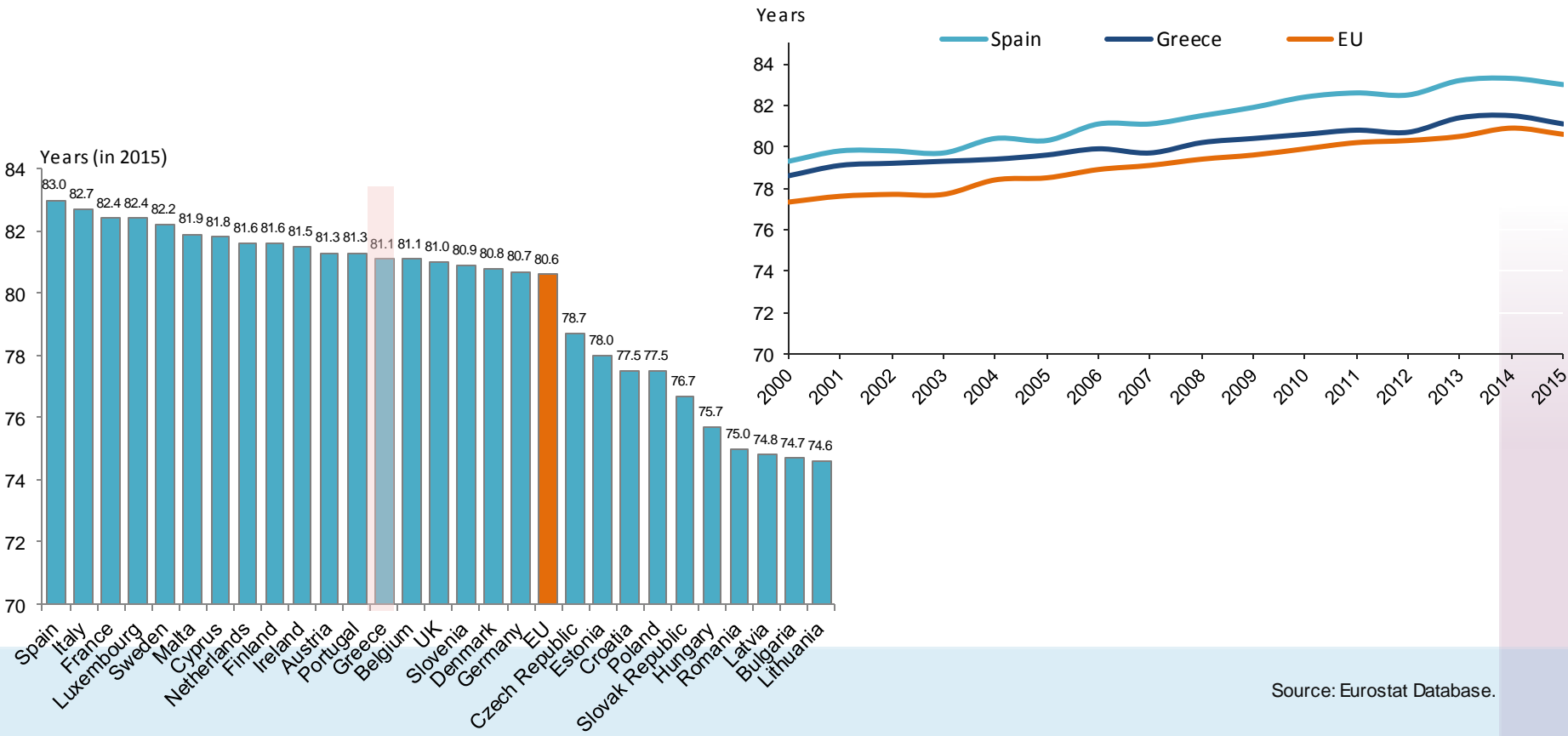


- Released in November 2017 (in English and native language)
- This presentation focuses on sections highlighted in bold

What are the trends in the health status of the population in Greece?

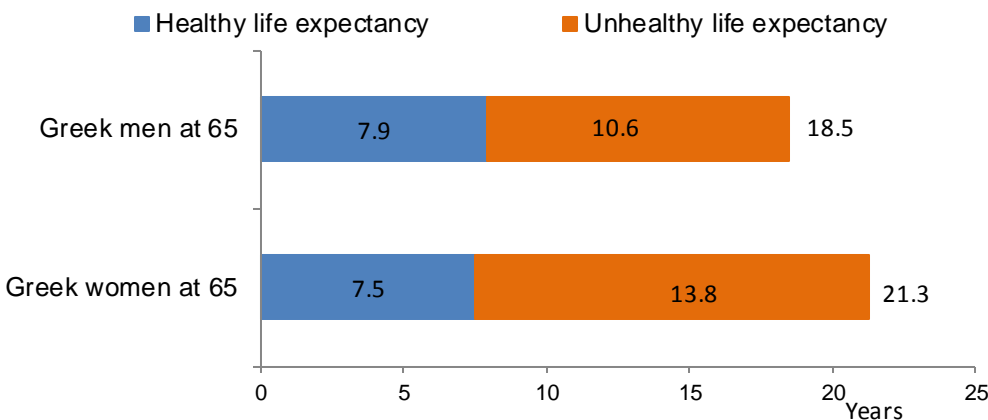
Life expectancy in Greece has increased less rapidly than in many other EU countries

Only ½ year higher now than EU average, 2 years lower than in Spain and Italy



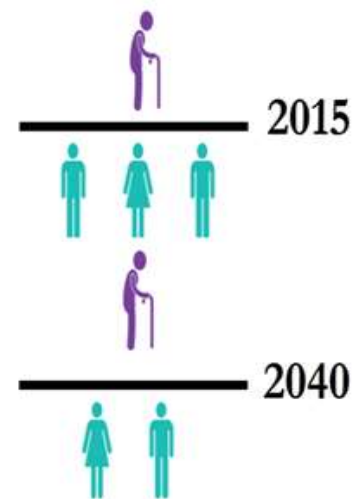
Source: Eurostat Database.

People live longer, but less than half of remaining years of life at age 65 is free of health problem and disability



Note: Healthy life expectancy: Number of years that people can expect to live free of disability.
Source: Eurostat Database (data refer to 2015).

Number of working-age people (15-64) per person aged 65+



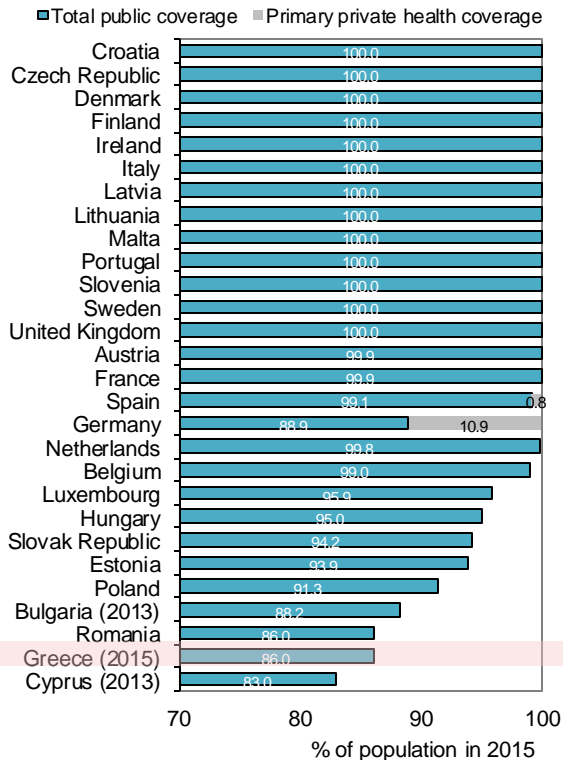
- Population ageing will increase the needs for health and long-term care, while there will be fewer working-age people to respond to these needs

How to ensure universal access to health care in a context of population ageing, now and in the future?

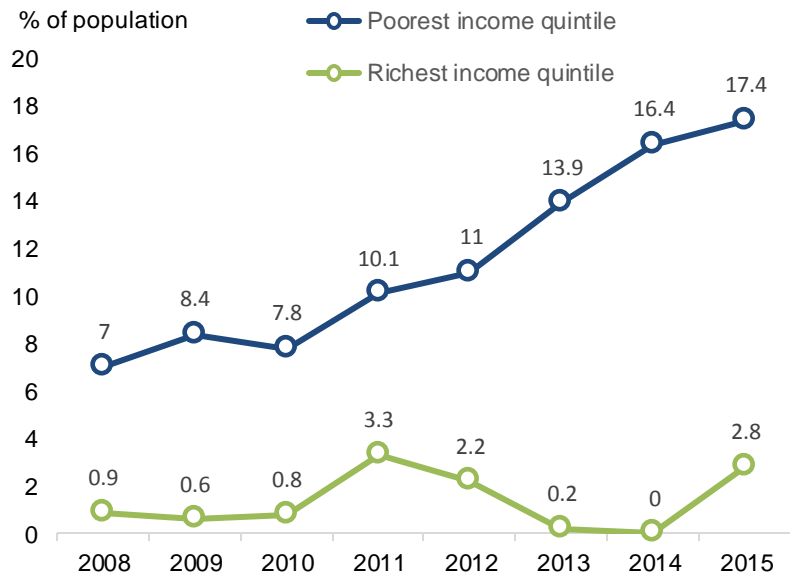
(Access = Affordability + Accessibility to services)

The 2016 Law to provide minimum public health insurance coverage for all the population has been an important step towards universal health coverage

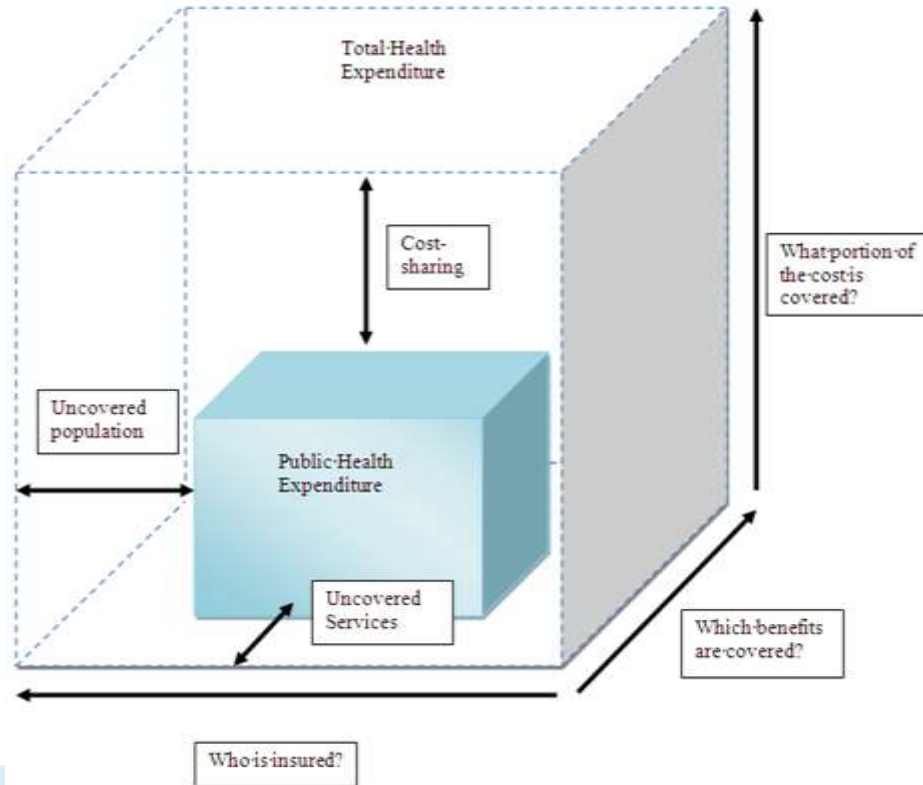
Before, 2016, Greece was lagging behind nearly all EU countries in health insurance coverage...



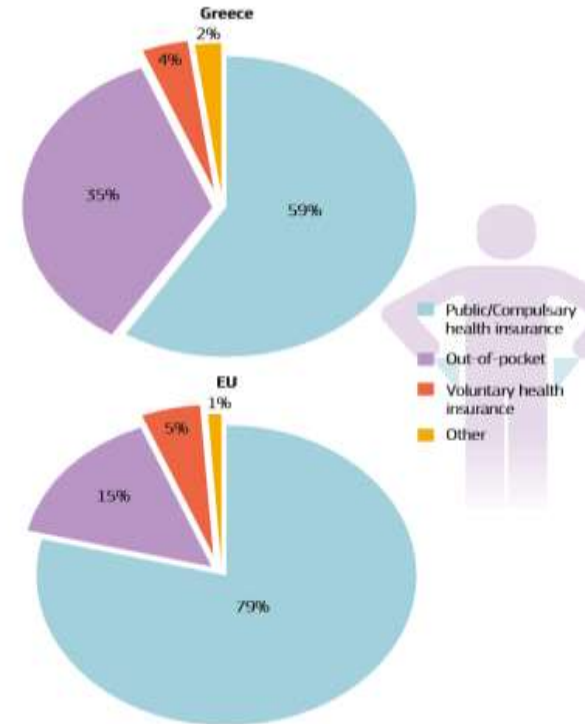
And a growing proportion of poor people was reporting unmet health care needs due to cost



But it is also important to consider the comprehensiveness of health insurance coverage: what is covered and what proportion is covered?

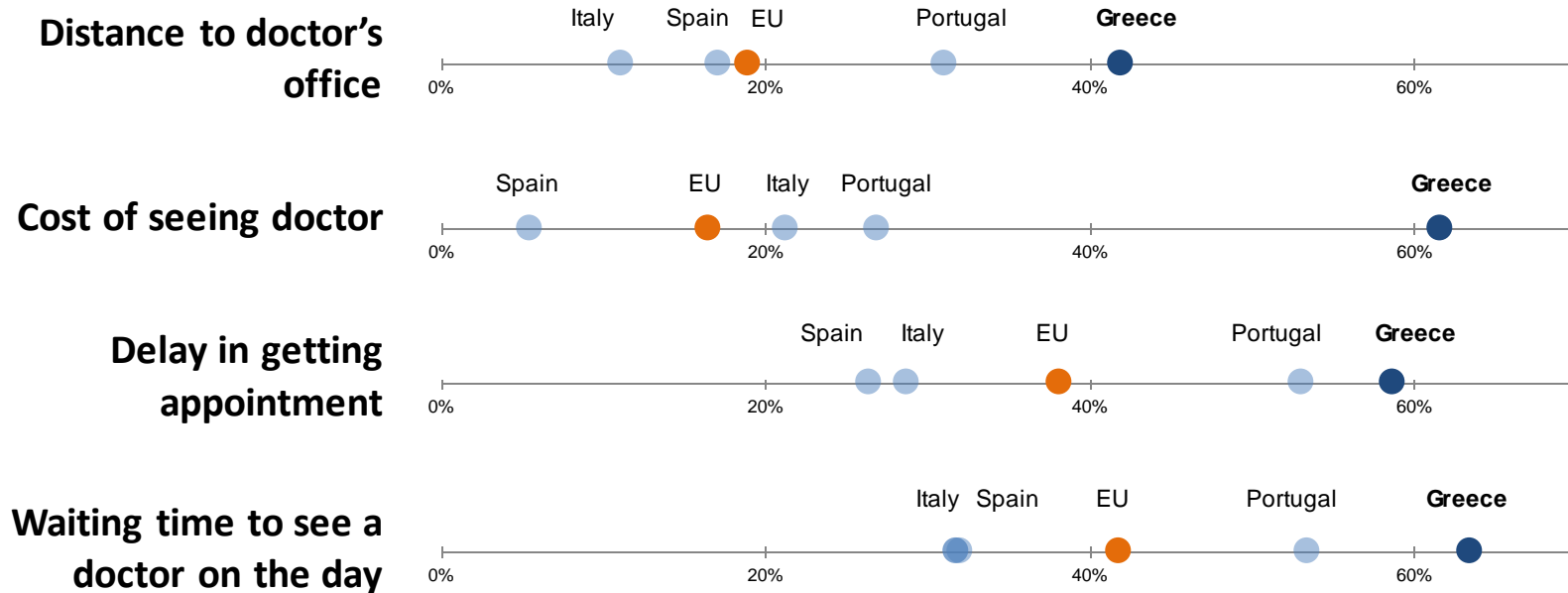


Only about 60% of health spending in Greece is publicly funded, compared with about 80% in the EU



Effective access to care also needs to address other barriers beyond coverage

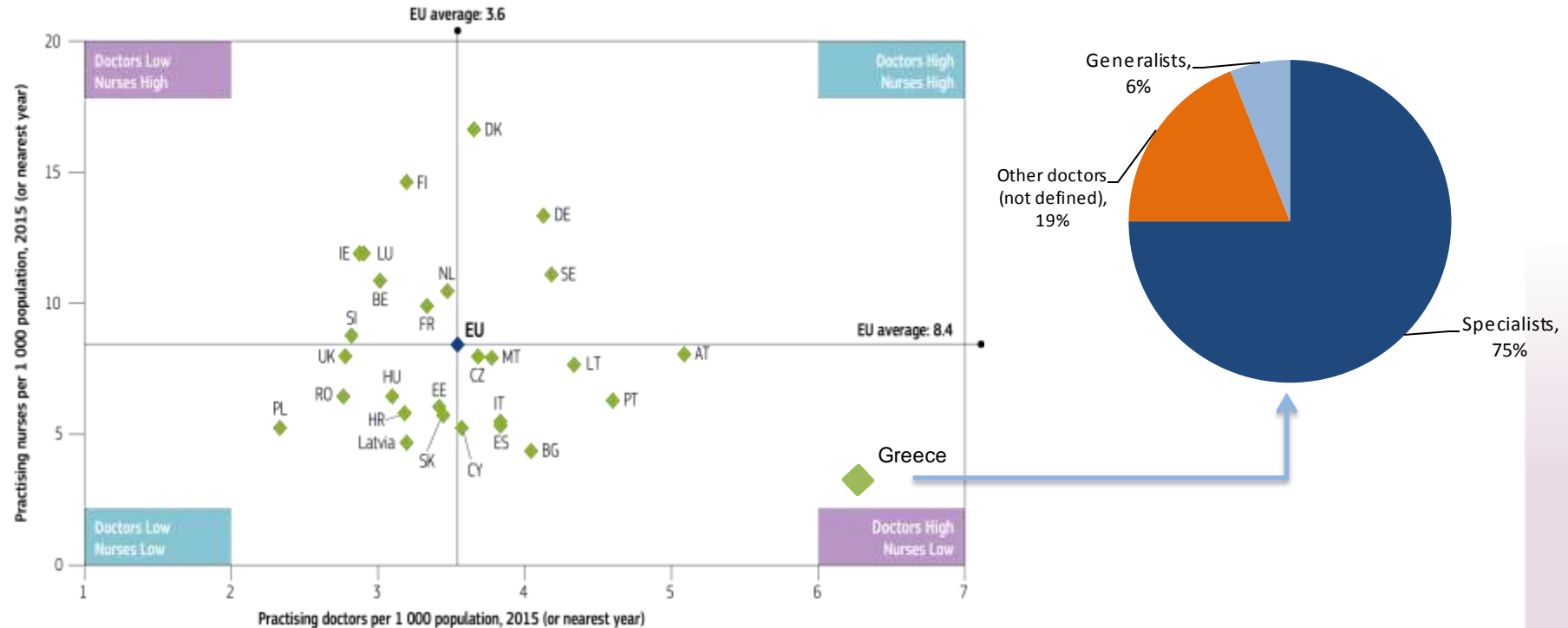
Many Greek people report having difficulties accessing doctors or a health centre not only because of cost, but also because of distance to the doctor's office and waitings to get an appointment and see a doctor



Response to the question: "Thinking about the last time you needed to see or be treated by a GP, family doctor or health centre, to what extent did any of the following make it difficult or not for you to do so?" (% of respondents answering "very difficult" or "a little difficult").

Source: Eurofound (European Quality of Life Survey 2016).

The main problem is not a lack of doctors, but a lack of generalists, the uneven geographic distribution of doctors, and the lack of doctors in public facilities



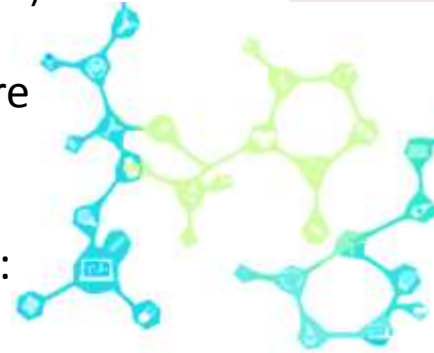
Note: In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large over-estimation of practising doctors (e.g. of around 30% in Portugal).

In Austria and Greece, the number of nurses is under-estimated as it only includes those working in hospital.

Sources: Eurostat Database and Health at a Glance 2017.

Primary Care Plan launched in 2017 is another step in the right direction

- Creating an effective network of primary care services is one of the most urgent priorities to respond effectively to the needs of (ageing) population and reduce over-crowding of emergency departments and unnecessary hospital admissions
- Other EU countries can provide some inspiration to strengthen primary care:
 - Portugal: Since 2007, a growing number of Family Health Units based on multi-professional teams (with 3-8 GPs and same number of nurses) responsible for delivering primary care to around 12000 people each (about 500 FHUs now)
- But there is probably “no one fits all” solution, and various primary care models probably need to coexist and continue to evolve over time
- The success of the primary care reform in Greece will likely depend on:
 - Having sufficient financial resources to support creation and development
 - Supporting innovative ways to deliver services effectively (e.g. telemedicine)
 - Coordinating effectively the various primary care units (regional authorities)

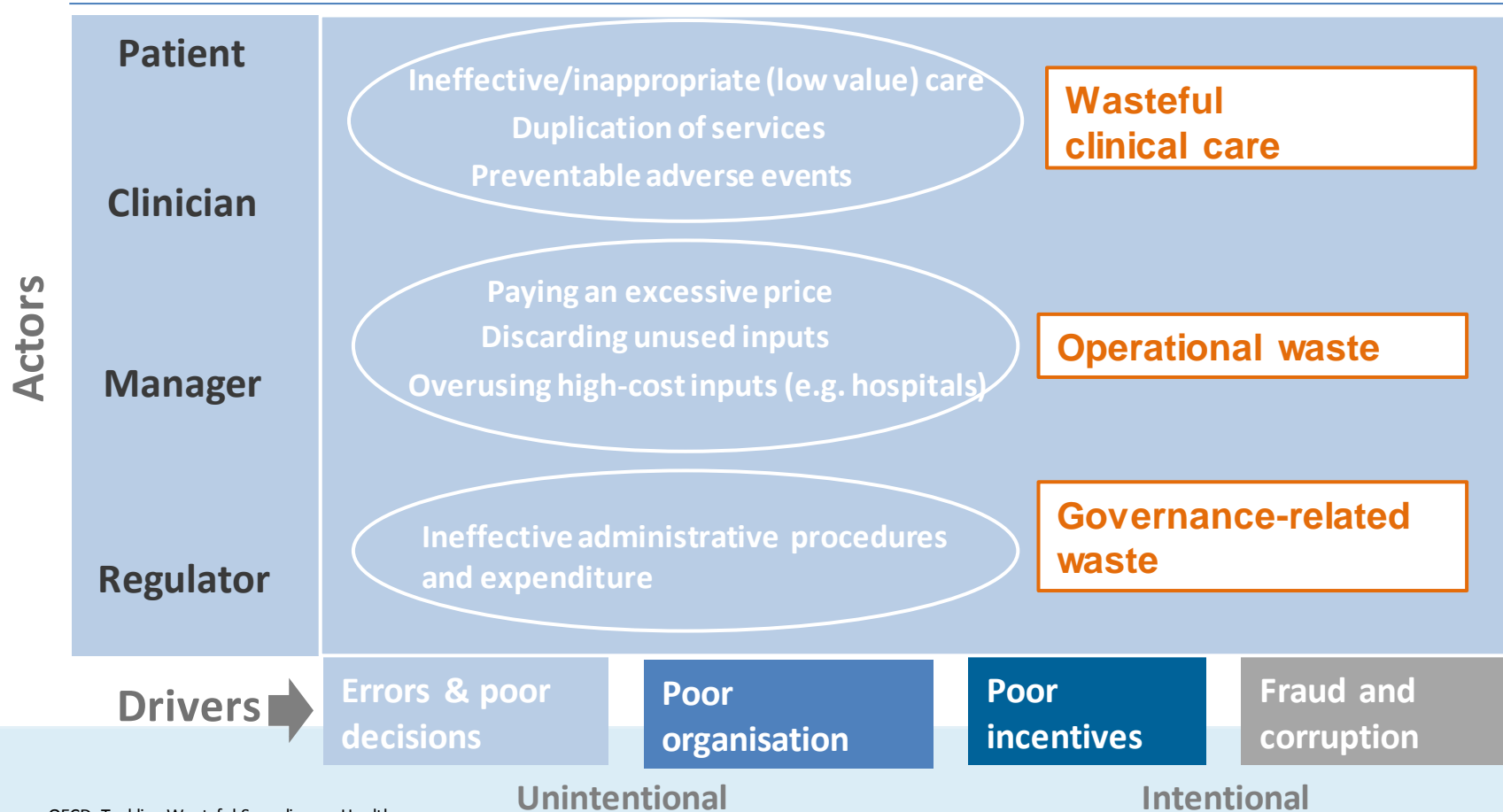


Universal and fairly comprehensive health coverage can be fiscally sustainable in Greece, provided that...

- Efforts continue to reduce waste in health spending to ensure that resources are used effectively to respond to changing needs and ensure continued support for publicly-funded system
- The revenue base to finance public spending on health is broadened to rely less on payroll taxes to raise sufficient resources to meet future needs

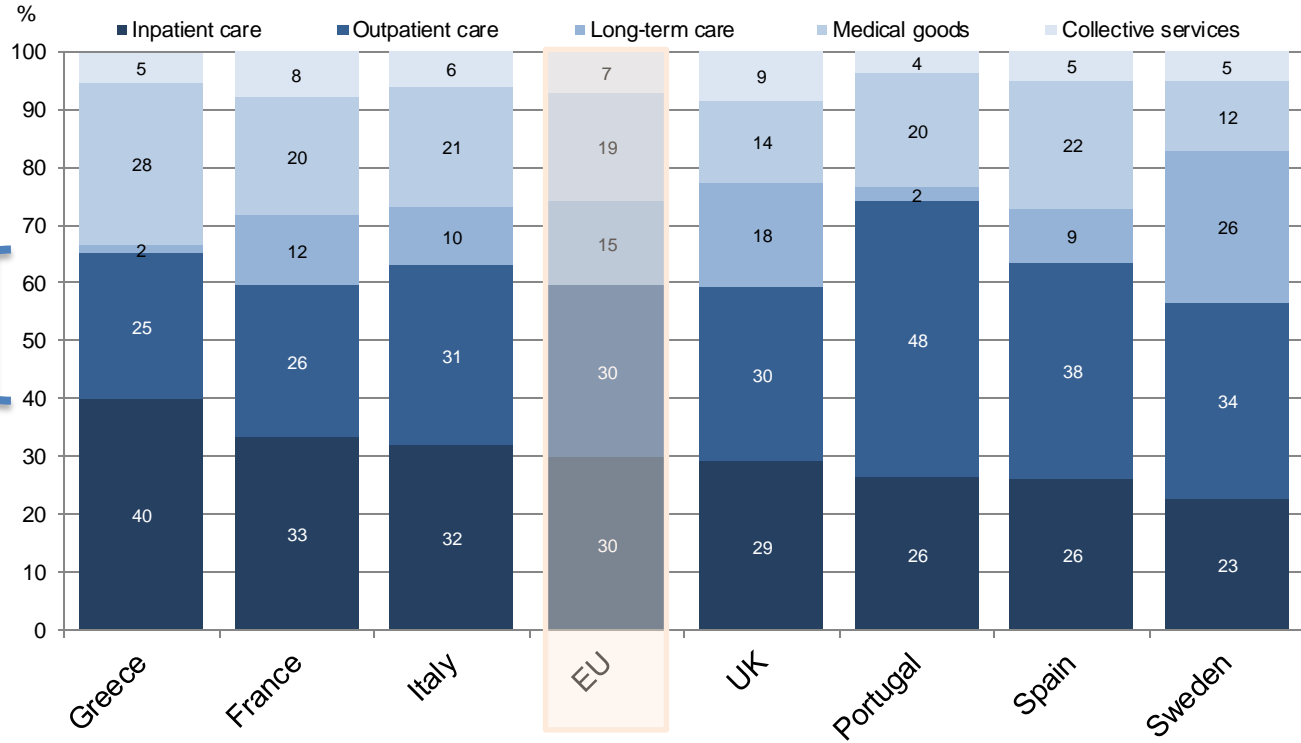


Wasteful spending can occur at all levels of the system for many reasons



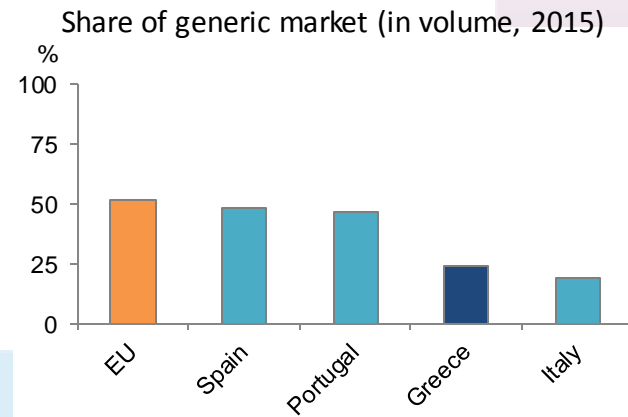
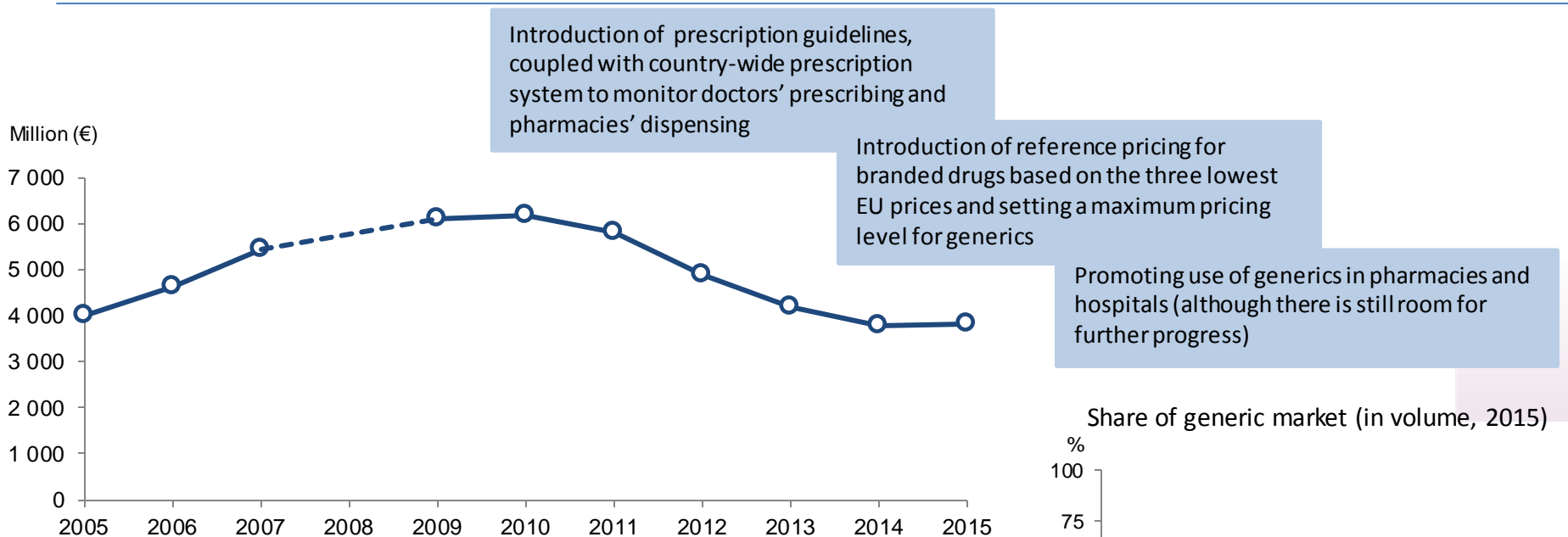
Despite many recent efforts to reduce hospital and pharmaceutical cost, most health spending in Greece continues to be allocated for these two big spending items

A relatively small share of spending is allocated to outpatient care and long-term care



Note: Countries are ranked by inpatient care as a share of health expenditure.
Source: OECD Health Statistics 2017 and Eurostat Database (data refer to 2015).

A lot of efforts have been made in recent years to reduce pharmaceutical spending



Note: The dotted line between 2007 and 2009 indicates estimates to fill missing data.

Source: OECD Health Statistics 2017.

Broadening the revenue base to pay for growing public spending on health

- Payroll taxes have historically been the main source of public funding in social health insurance systems, but:
 - Rationale to rely on employee and employer contributions is reduced when health insurance coverage becomes universal (not linked to employment status)
 - Excessive reliance on payroll taxes reduces incentives for people to work and employers to recruit (negative impact on employment)
 - May not provide sufficient revenue base to respond to future health care needs given demographic changes (shrinking size of working-age population)
- In France, recent tax reform (since 1 January 2018) eliminated employee contributions for health care and replaced it by increase in a more general taxation covering broader revenue sources (capital gains, pensions, others)
- But tax reforms are never easy to implement (there are “winners” and “losers”)

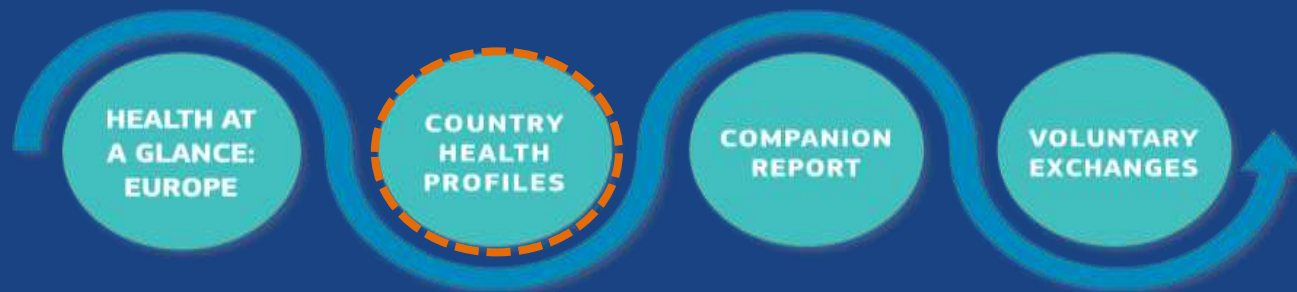


Key Findings from Greek Country Health Profile

- Life expectancy has continued to increase in Greece, but population ageing will continue to add pressures on health and long-term care systems
- Despite difficult economic and budgetary context, recent important reforms have started to address many barriers to access to care:
 - The 2016 Law has been an important step forward to provide minimum health insurance coverage to previously uninsured people
 - The 2017 Primary Care plan has started to address an urgent priority to strengthen access to primary care, but successful implementation will require sufficient funding over several years and innovative ways to deliver primary care services efficiently for the whole population
- Looking forward, universal and fairly comprehensive health coverage can be financially sustainable, provided that efforts continue to be made to reduce wasteful health spending and the revenue base to finance public spending on health continues to be broadened



For more information on State of Health in the EU



ec.europa.eu/health/state

oecd.org/health/health-systems/country-health-profiles-EU.htm

euro.who.int/en/about-us/partners/observatory/publications/country-health-profiles-EU