European Commission



State of Health in the EU

Greece

Country Health Profile 2021

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European Observatory on Health Systems and Policies
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The Country Health Profile series

The State of Health in the EU's Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policymakers and influencers with a means for mutual learning and voluntary exchange.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in cooperation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was completed in September 2021, based on data available at the end of August 2021.

Demographic and socioeconomic context in Greece, 2020

Demographic factors	Greece	EU
Population size (mid-year estimates)	10 718 565	447 319 916
Share of population over age 65 (%)	22.3	20.6
Fertility rate[1] (2019)	1.3	1.5
Socioeconomic factors		
GDP per capita (EUR PPP[2])	19 031	29 801
Relative poverty rate[3] (%, 2019)	17.9	16.5
Unemployment rate (%)	16.3	7.1

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat database.

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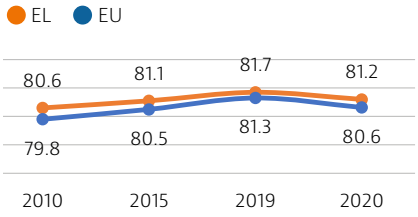
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1 Highlights

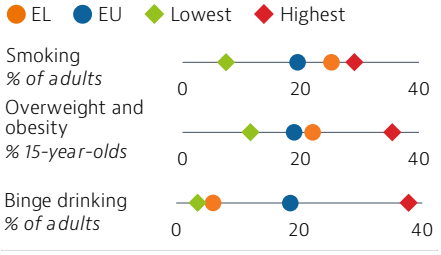
Overall, the Greek population enjoys good health, with a higher life expectancy than the European average. Extensive health system reforms have been ongoing since 2010, including the strengthening and expansion of publicly provided primary care services. There has also been reinvigorated focus on prevention and tackling risk factors through a new national public health plan. Challenges remain in ensuring accessibility and affordability of care, particularly in the light of high out-of-pocket payments and the impacts of the pandemic.



Life expectancy at birth, years

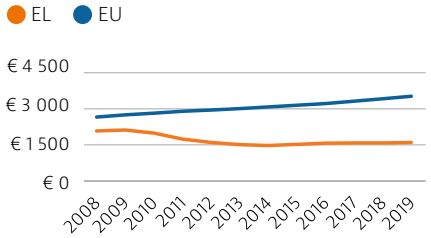
Health Status

Life expectancy in Greece in 2020 was about half a year higher than the EU average, although it fell temporarily by six months between 2019 and 2020 because of deaths due to COVID-19. The leading causes of death in 2018 were ischaemic heart disease, stroke and lung cancer. Prior to the pandemic, self-reported good health among the population was high, but Greek adults reported higher psychological distress than the EU average.



Risk factors

One in four adults is a daily smoker in Greece – one of the highest rates in the EU. Although tobacco smoking rates for 15-year-olds are lower than for adults, the growing popularity of e-cigarettes is a cause for concern. Adult obesity rates are equal to the EU average, but prevalence of childhood obesity has been growing steadily. In contrast, Greece has among the lowest binge drinking rates for adults in the EU.



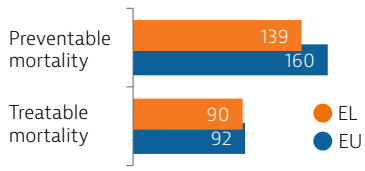
Per capita spending (EUR PPP)

Health system

Per capita health expenditure in Greece (EUR 1 603) continues to be well below the EU average. This equates to 7.8 % of GDP, compared to 9.9 % in the EU in 2019. Just under 60 % of Greece's health spending comes from public sources, while a very large share (35 %) is paid out-of-pocket by households, mostly as co-payments for pharmaceuticals and direct payments for services outside the benefits package.

Effectiveness

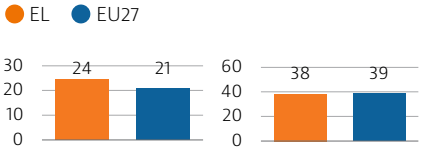
Mortality from preventable causes has remained stable in recent years and is lower than the EU average. New public health and prevention initiatives may help to reduce rates in the future. Greece also has slightly lower mortality from treatable causes than the EU average. New care co-ordination initiatives aim to improve detection and timely treatment.



Age-standardised mortality rate per 100 000 population, 2018

Accessibility

Despite declines since 2016, Greece recorded the second highest level of unmet needs for medical care before the COVID-19 pandemic. Around one in four people reported forgoing care during the first 12 months of the pandemic. Teleconsultations have been used to maintain access to services.

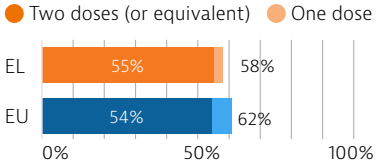


% reporting forgone medical care during first 12 months of pandemic

% using teleconsultation during first 12 months of pandemic

Resilience

To meet the demands presented by the COVID-19 crisis, Greece upscaled laboratory and intensive care unit bed capacities, along with the health workforce and disease surveillance. After a slow start, the vaccination rollout accelerated, with 55 % of the population receiving two doses by the end of August 2021.



Share of total population vaccinated against COVID-19 up to the end of August 2021

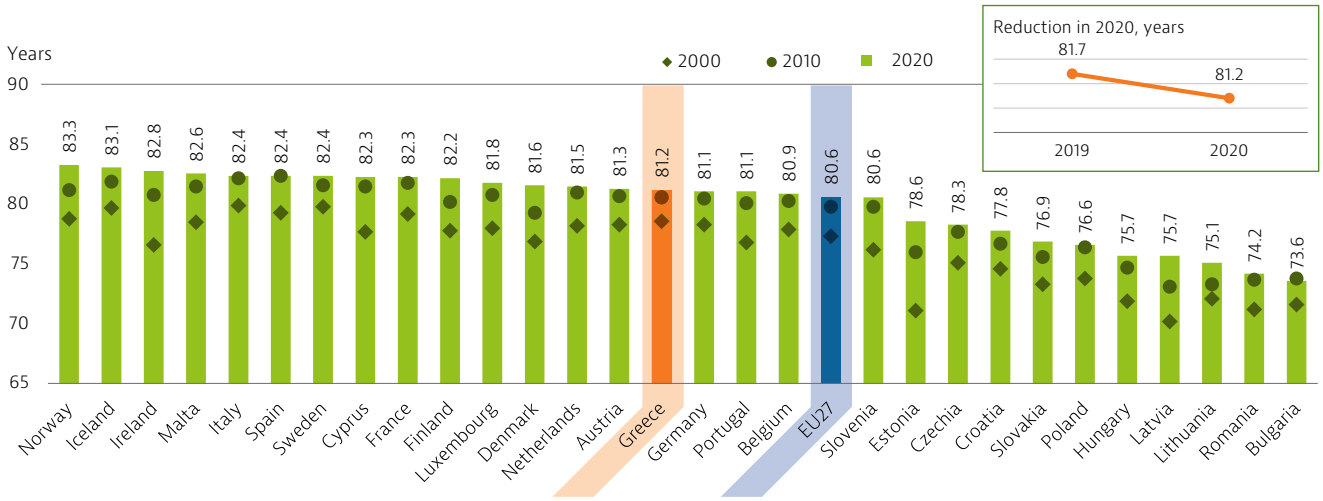
2 Health in Greece

Life expectancy in Greece is above average, but declined in 2020 due to the impact of COVID-19

In 2020, life expectancy at birth in Greece stood at 81.2 years, which is slightly above the average for the EU as a whole (80.6) but lower than in most southern and western European countries (Figure 1). As in many other EU countries, gains in life expectancy in Greece had slowed substantially between 2010 and 2019, increasing by only about one year compared with about two years in the previous decade. The stagnation is related in part to limited progress in reducing ischaemic heart disease and lung cancer – and to increased mortality due to diabetes among older people.

Life expectancy at birth declined temporarily (by six months) between 2019 and 2020 following the outbreak of the COVID-19 pandemic. This reduction is less than the average decline of approximately 8 and a half months across the EU. The gender gap in life expectancy is 5.1 years (78.6 years for men, 83.7 years for women), which is below the difference in the EU (5.6 years).

Figure 1. Greece has seen a six-month fall in life expectancy following the COVID-19 pandemic



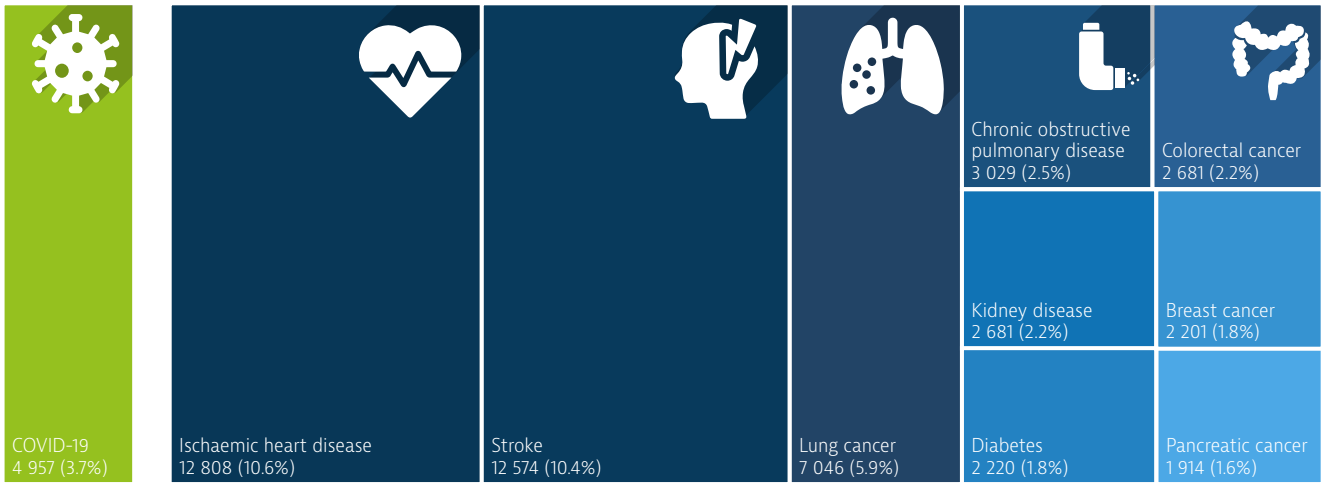
Note: The EU average is weighted. Data for Ireland refer to 2019.
Source: Eurostat Database.

Ischaemic heart disease and stroke are the leading causes of death

In 2018, circulatory diseases accounted for more than one in three deaths in Greece, followed by cancer (about one in four). Looking at more specific diseases, ischaemic heart disease was the leading cause of mortality in 2018 (accounting for almost 11 % of all deaths), closely followed by stroke (10 %). Lung cancer, at 6 % of all deaths, remained the most frequent cause of death by cancer (Figure 2).

In 2020, COVID-19 accounted for about 5 000 deaths in Greece (4 % of all deaths). An additional 8 680 deaths were registered by the end of August 2021. The overwhelming majority of deaths have been among people aged 60 and over. The cumulative mortality rate from COVID-19 to the end of August 2021 was about 20 % lower in Greece than the average across EU countries (1 270 per million population compared with an EU average of about 1 590). However, the broader indicator of excess mortality, defined as deaths from all causes above what would normally be expected based on previous years, suggests that the death toll related to COVID-19 could have been higher. The number of excess deaths from March to December 2020 (about 8 500) was 70 % higher than COVID-19 deaths, with more than half of excess deaths having occurred during the second wave of the pandemic in the autumn and winter of 2020.

Figure 2. Circulatory diseases and lung cancer make up the three main causes of mortality in Greece



Note: The number and share of COVID-19 deaths refer to 2020, while the number and share of other causes refer to 2018. The size of the COVID-19 box is proportional to the size of the other main causes of death in 2018.
Sources: Eurostat (for causes of death in 2018); ECDC (for COVID-19 deaths in 2020, up to week 53).

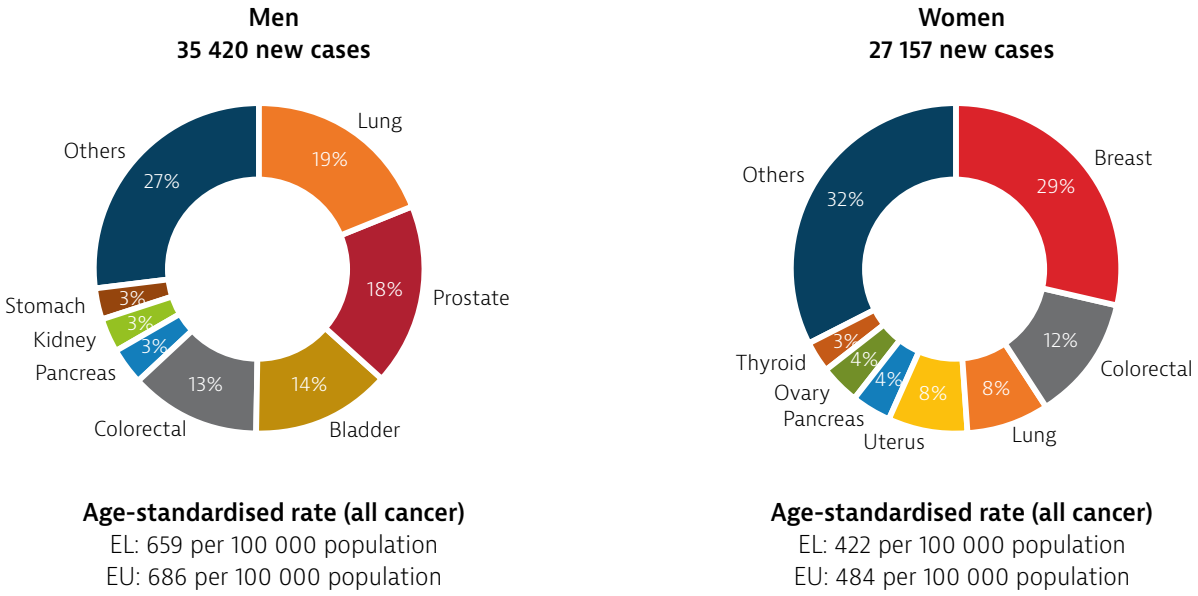
Most Greek people report being in good health, yet a high proportion report psychological distress

In 2019, nearly 80 % of the Greek population reported being in good health, a proportion well above the average for the EU as a whole (69 %). At the same time, a greater proportion of adults reported symptoms of psychological distress in 2018 than in most other EU countries (15 % in Greece compared with 11 % in the EU).

The burden of cancer in Greece is large

According to estimates from the Joint Research Centre based on incidence trends from previous years, around 62 000 new cases of cancer were expected in Greece in 2020, and about 33 000 deaths from cancer during that year[1]. Figure 3 shows that the main cancer sites among men are lung (19 %), closely followed by prostate (18 %), bladder (14 %) and colorectal (13 %), while among women breast cancer is the leading cancer (29 %), followed by colorectal (12 %), lung (8 %) and uterus cancer (8 %).

Figure 3. An estimated 62 000 people in Greece were expected to be diagnosed with cancer in 2020



Age-standardised rate (all cancer)
EL: 659 per 100 000 population
EU: 686 per 100 000 population

Age-standardised rate (all cancer)
EL: 422 per 100 000 population
EU: 484 per 100 000 population

Note: Non-melanoma skin cancer is excluded. Uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

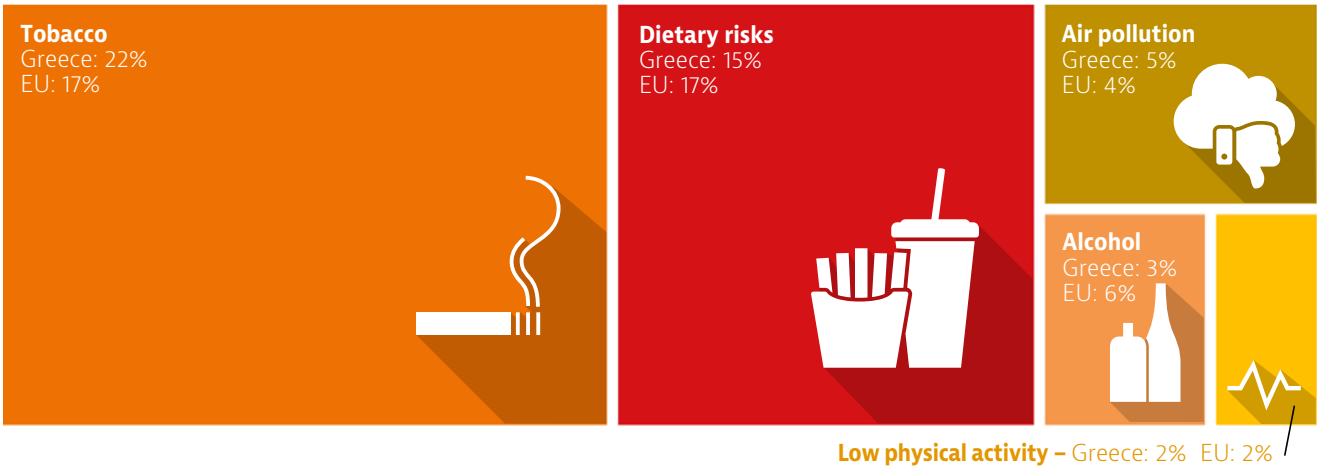
1. It should be noted that these estimates were made before the COVID-19 pandemic; this may have an effect on both the incidence and mortality rates of cancer during 2020.

3 Risk factors

Behavioural and environmental risk factors are major drivers of mortality

About 40 % of all deaths in Greece in 2019 can be attributed to behavioural risk factors, a proportion similar to the EU average (Figure 4). Some 22 % of all deaths were attributed to tobacco smoking (including direct and second-hand smoking) in 2019, a share well above the EU average. Dietary risks (including low fruit and vegetable intake, and high sugar and salt consumption) are estimated to account for about 15 % of all deaths in Greece, which is slightly lower than the EU average (17 %). Notably, air pollution in the form of fine particulate matter ($PM_{2.5}$) and ozone exposure alone accounted for 5 % of all deaths in 2019. About 3 % of all deaths can be attributed to alcohol consumption, while about 2 % are related to low physical activity.

Figure 4. Tobacco and dietary risks are major contributors to mortality in Greece



Note: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to $PM_{2.5}$ and ozone.
Sources: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

Smoking rates among Greek men and women have decreased but continue to be high

The prevalence of smoking has declined in the last two decades: in 2000 over one third of the population were regular smokers. In 2019, one in four Greek adults smoked daily, which is still one of the highest rates in EU countries (Figure 5). As in many other countries, Greek men are much more likely to smoke than women (31 % compared with 19 %). Tougher legislation designed to expand and enforce smoking bans in both indoor and designated outdoor public spaces, including restaurants and bars, was introduced in 2019 (see Section 5.1).

Fewer than one in five (18 %) 15-year-olds in Greece reported that they had smoked in the past month in 2018, a proportion that has slightly declined over the past decade and is similar to the EU average. However, use of e-cigarettes has become more popular among adolescents, and about one in ten 15- and 16-year-olds in Greece reported smoking e-cigarettes in 2019, although this proportion was lower than the EU average (11 % in Greece compared with 14 % across EU countries, according to the ESPAD survey).

Overweight and obesity among adolescents are a particular public health concern

Around one in six adults (16 %) were obese in Greece in 2019 – a higher percentage than in Italy (11 %) or France (14 %) but on par with some other Mediterranean countries such as Cyprus (15 %), Spain (15 %) and Portugal (17 %), and equal to the EU average. In contrast, more than one in five 15-year-olds were overweight or obese in Greece in 2018, which is a higher proportion than in most other EU countries, and a significant rise since 2001-02. Boys are more likely to be overweight or obese than girls.

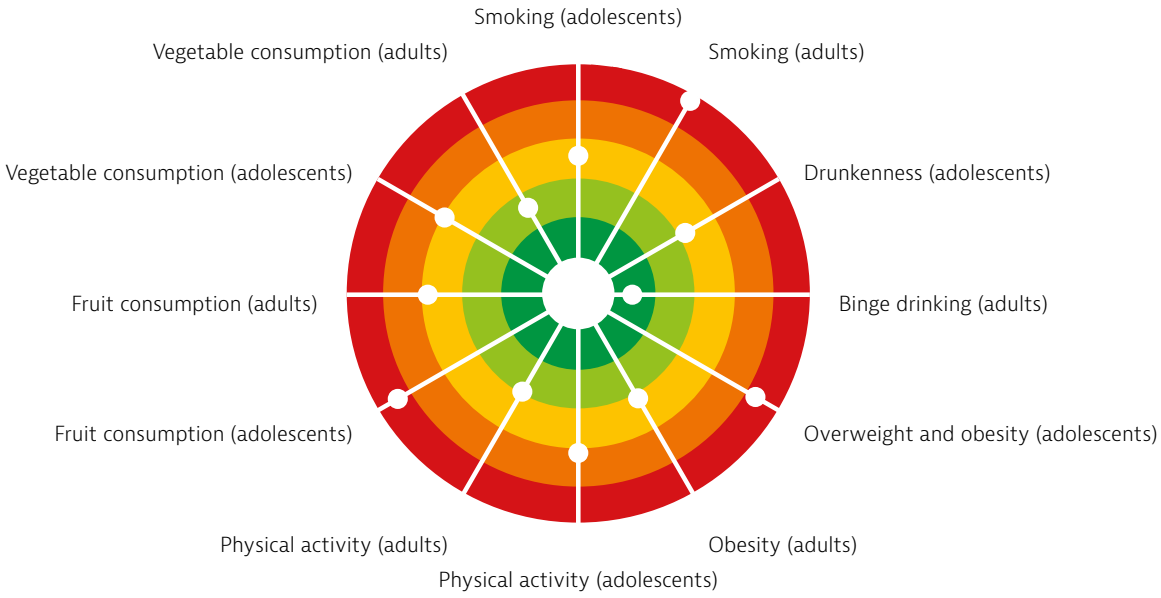
In Greece, as in other countries, poor nutrition is the main factor contributing to being overweight or obese. Around half of adults reported eating fruit and vegetables every day in 2019, shares that are relatively lower than many other EU countries. In addition,

fewer than one in three 15-year-olds reported eating vegetables daily and only about one in four 15-year-olds reported eating fruit daily in 2018. Low physical activity also contributes to obesity. While two thirds of adults reported doing at least some moderate physical activity each week in 2014, only one in eight 15-year-olds reported doing moderate to vigorous physical activity each day in 2018.

Binge drinking and drunkenness are among the lowest in EU countries

In contrast to the high tobacco consumption, only 6 % of Greek adults reported binge drinking[2] in 2019, which is one of the lowest levels among EU countries. Men report binge drinking more often than women (9 % compared with 3 %). As for adolescents, the proportion of 15-year-olds reporting that they have been drunk at least twice in their life has been fairly stable in the last two decades, at around 20 % in 2018 – lower than in most EU countries.

Figure 5. Tackling smoking among adults and obesity in adolescents are important public health issues



Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: OECD calculations based on HBSC survey 2017-18 for adolescents indicators; EHIS 2014 and 2019 for adults indicators.

4 The health system

A unified health insurance fund acts as the single purchaser for publicly funded health services

Since 2011, Greece has adopted a highly centralised mixed health system model, which combines a single health insurer that collects contributions with substantial funding from central government. The National Organisation for the Provision of Health Services (EOPYY) manages a unified health insurance fund and purchases publicly funded health services delivered by the National Health System.

The EOPYY also contracts with private providers, mainly to deliver primary and outpatient care and diagnostic services. The Ministry of Health is responsible for the extensive regulation of the entire system. It also played a leading role in the country's response to the COVID-19 pandemic (Box 1).

2. *Binge drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.*

Box 1. Greece adopted centralised governance arrangements for its COVID-19 response

Greece's emergency response to the COVID-19 pandemic has been led by the Prime Minister, supported by the national General Secretariat of Civil Protection. The health system response was spearheaded by the Ministry of Health and the National Public Health Organisation, along with the National Committee for Public Health. This Committee consists of 11 public health executives and scientists and supplies the scientific evidence for government decision-making. Technical support and epidemiological surveillance information are supplied by the Public Health Emergency Committee for Infectious Diseases, comprising 31 scientists.

Operational coordination is continuously provided by the Directorate of Operational Preparedness for Public Health Emergencies.

Since February 2020, fast-tracked legislation that must be passed by the Greek parliament has been the primary means of introducing key measures aimed at the COVID-19 response, including restrictions on movement and gatherings, increasing health workforce capacity, suspension of business and workplace activities and economic support measures.

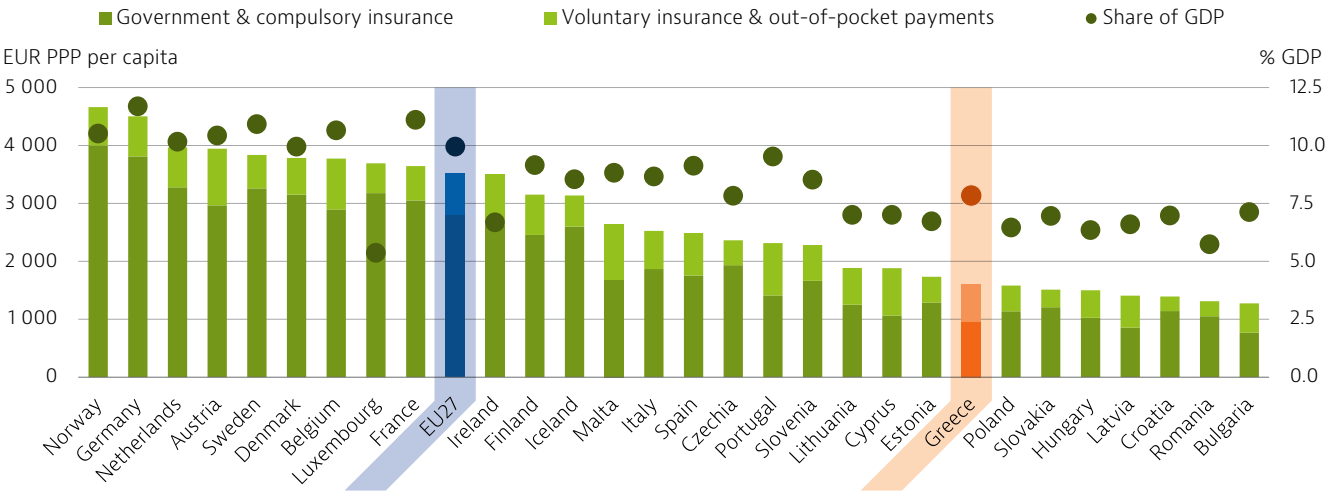
Source: COVID-19 Health System Response Monitor.

Health spending in Greece has grown slowly, but is still much lower than in the EU

In 2019, Greece devoted 7.8 % of GDP to health compared to 9.9 % in the EU as a whole[3]. In the same year, per capita spending reached EUR 1 603 (adjusted for differences in purchasing power), which is under half the average within the EU (EUR 3 523) (Figure 6). Historically, health expenditure in Greece has been lower than the EU average, and wide-ranging cost-containment and efficiency measures introduced in the aftermath of the economic crisis in 2009 led to steep declines. Since 2015, this trend has reversed, with small but steady spending increases. The COVID-19 emergency also prompted additional funding injections in 2020 to support the health sector (Box 2).

Public funding as a proportion of total health expenditure was 60 % in 2019 – the second lowest share after Cyprus, and significantly lower than the average in the EU (80 %). This means that a very large share of health spending comes from households (35 %) in the form of out-of-pocket (OOP) payments – mainly co-payments for pharmaceuticals and direct payments for services outside the benefits package, visits to private specialists, nursing care and dental care. Informal payments also represent more than a quarter of OOP payments (WHO Regional Office for Europe, 2018). Voluntary health insurance plays only a minor role, accounting for 5 % of total health spending.

Figure 6. Health spending per capita in Greece is around half the average in the EU



Note: The EU average is weighted.
Source: OECD Health Statistics 2021 (data refer to 2019, except for Malta 2018).

3. This figure does not include expenditure derived from a clawback mechanism, which channels an additional 1 % of GDP to public spending on health care. The clawback mechanism applies to much of the EOPYY budget, whereby the public payer can provide more goods and services to meet needs, with costs beyond expenditure ceilings recovered from providers.

Box 2. Extra funding was directed to Greece's COVID-19 response when the crisis started

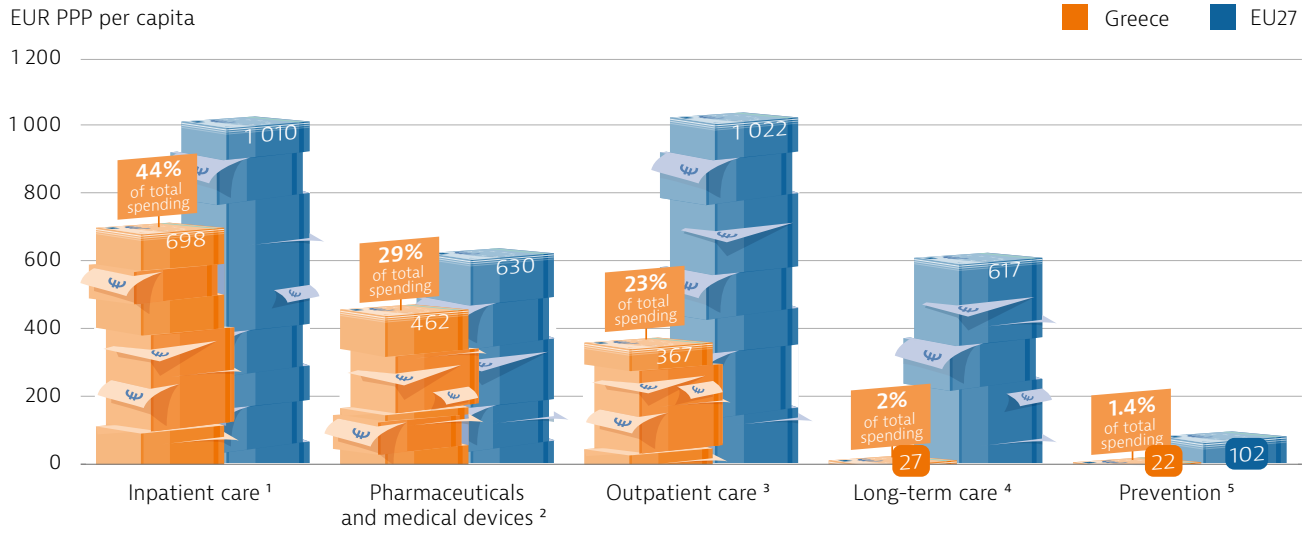
In 2020, additional financial support totalling EUR 785 million was directed towards meeting the costs of the pandemic in Greece. Around EUR 640 million was committed to the overall COVID-19 response, including funding from EU programmes. In addition, EUR 85 million was approved and allocated to pay for emergency medical staff and another EUR 60 million for medical equipment and the operation of intensive care units (ICUs). A significant amount of funding also materialised through cash and in-kind donations, totalling EUR 128 million in November 2020.

Source: COVID-19 Health System Response Monitor.

Spending on inpatient care takes up two fifths of the health budget

Given its overall lower health expenditure, Greece spent less in per capita terms across all health system functions in 2019, most strikingly on outpatient and long-term care (LTC), compared to EU-wide averages (Figure 7). Taken as a proportion of current health spending, 44 % of total health spending went on inpatient care – the second highest share in the EU after Romania (the EU average is 29 %). Nearly 30 % of funds were spent on retail pharmaceuticals and medical goods, which is far higher than the average in the EU (18 %) and partially reflects high OOP payments by households. Greece dedicates comparatively little to LTC – just 1.7 % of total spending compared to the much higher share of 16.3 % in the EU – while spending on preventive care (1.4 %) is among the lowest (the EU average is 2.9 %).

Figure 7. Greece spends significantly less on outpatient and long-term care than most EU countries



Note: The costs of health administration are not included. 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes only the outpatient market; 3. Includes home care and ancillary services (e.g. patient transportation); 4. Includes only the health component; 5. Includes only spending for organised prevention programmes. The EU average is weighted.
Sources: OECD Health Statistics 2021, Eurostat Database (data refer to 2019).

The health system provides near universal coverage and a standardised benefits package

In 2016, Greece expanded coverage for publicly financed services to incorporate previously uninsured groups. The National Health System offers access to a unified benefits package, which includes primary care, diagnostics and specialist outpatient and inpatient care. However, since 2012, the government has set limits for doctors on the number of patient visits reimbursed by EOPYY in an attempt to tackle supply-induced demand. These may have led in some cases to patients having to delay care, find an alternative provider or pay for a visit out of pocket – either formally or "under the table" (see Section 5.2).

Greece has relatively few hospital beds

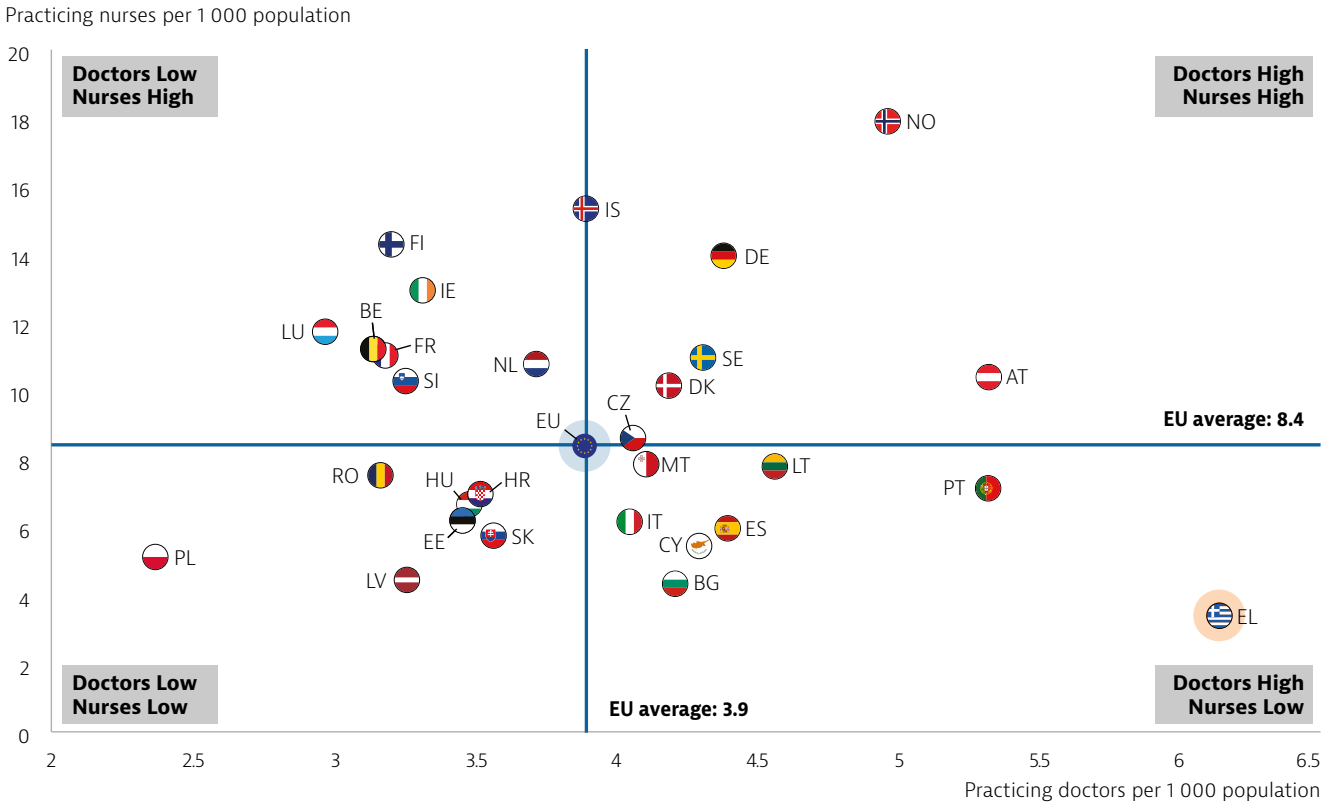
Health services and facilities are heavily concentrated in urban areas. Prior to the pandemic, there were, on average, 4.2 hospital beds per 1 000 population – well below the rate of 5.3 in the EU as a whole. Hospital beds rates and average length of stay (currently close to the EU average of 7.4 days) have remained fairly constant since 2013 while the number of patient discharges has decreased slightly and stood at 13 719 per 100 000 population in 2015, which is among the lowest in the EU. During the second wave of the COVID-19 pandemic in 2020 when cases spiked significantly, some of the worst-affected regions did not have enough hospital beds and sought capacity in

the private sector. The current stock of ICU beds also was significantly augmented (see Section 5.3).

Reforms aimed at strengthening primary care rely on adequate numbers of doctors and nurses

Greece records the highest number of doctors per capita among EU countries partly because the data encompass all doctors who are licensed to practice rather than just those who are professionally active (Figure 8). In contrast, it has the lowest number of nurses per population, but notably only nurses in hospitals are counted. The overwhelming majority of doctors are specialists, with general practitioners (GPs) accounting for only 7 % of all doctors, compared to the EU average of 26 %. Ensuring an adequate supply of GPs has been one of the biggest challenges to expanding the network of local health units (TOMYs) and health centres under a major reform that started in 2017 (Myloneros & Sakellariou, 2021). The reform aims to increase access and strengthen community-level primary care, health promotion and preventive services, with a longer-term objective of progressing to an integrated health care model. Similarly, low numbers of nurses – particularly community nurses – and their redeployment during the COVID-19 crisis affected the rollout of these enhanced primary care facilities.

Figure 8. There is a pronounced imbalance in the availability of doctors compared to nurses



Note: The EU average is unweighted. In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: Eurostat Database (data refer to 2019 or the nearest year).

5 Performance of the health system

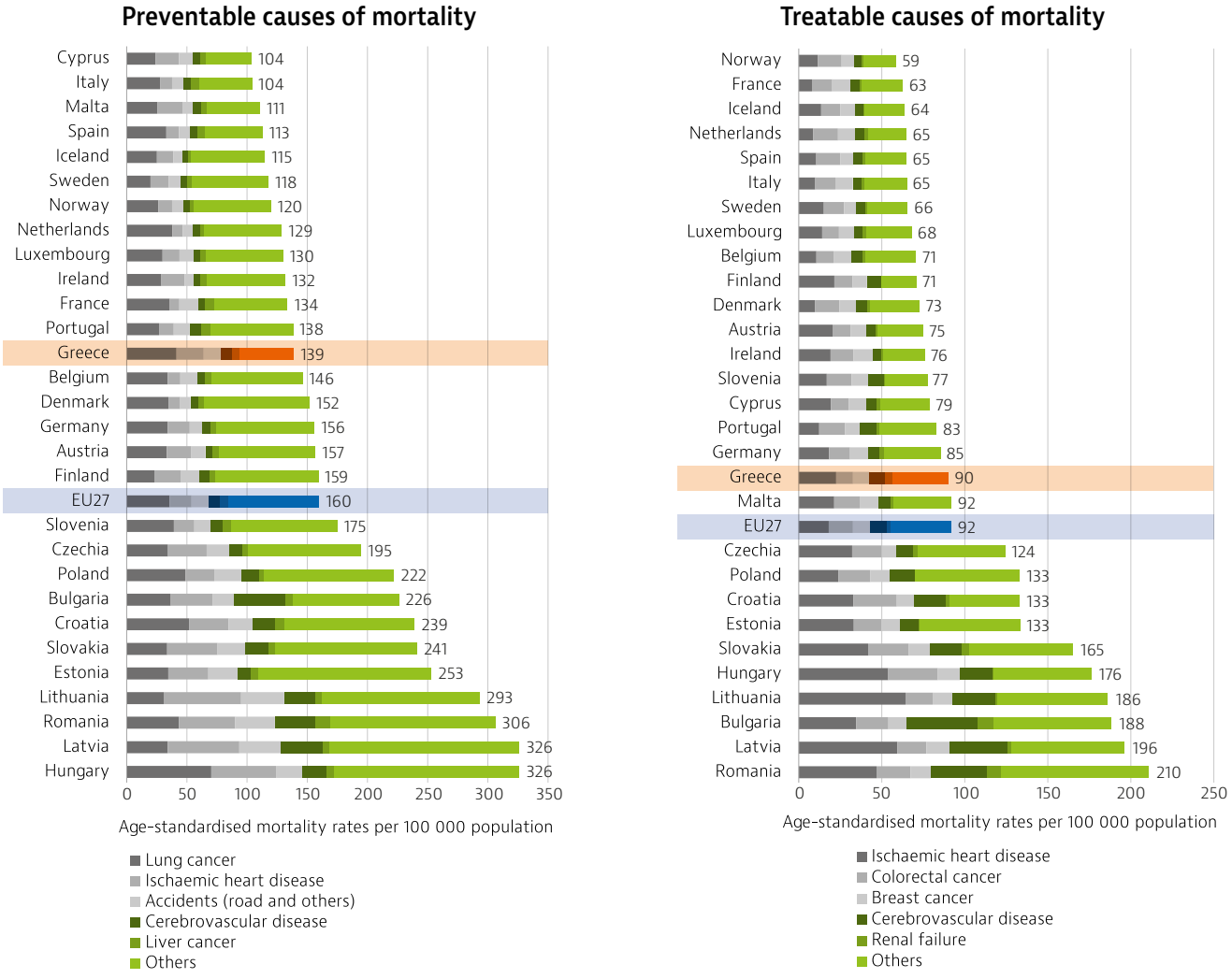
5.1 Effectiveness

Mortality from preventable and treatable causes continues to decline in Greece

The rate of preventable mortality in Greece has decreased marginally over the last five years, but it is considerably lower than that in the majority of EU countries (Figure 9). The leading cause of preventable mortality is lung cancer, which accounted for around 30 % of premature deaths in 2018, but ischaemic heart disease and accidents are also major contributors. Given the prevailing high smoking rates, particularly among men, future improvements in these mortality data are unlikely to materialise unless behavioural changes occur.

Mortality from treatable causes (90 per 100 000 population) was just below the EU-wide average (92 per 100 000 population) in 2018. Trend data and other evidence (Karanikolos et al., 2018) show that the prevailing reduction in mortality rates since 2000 reversed and started to climb between 2013 and 2016, before settling back to a declining pattern. Premature deaths from ischaemic heart disease and cerebrovascular disorders (including stroke), which are considered to be both preventable and treatable, accounted for 36 % of deaths from treatable causes. This is partly due to shortcomings in diagnosing and treating patients at high risk of cardiovascular diseases and in managing patients with ischaemic heart disease. Greece is in the process of extensive reforms of its primary care system (see Section 4), not only to expand the reach of publicly delivered services but also to provide more effective, timely and coordinated treatment for patients with chronic conditions. Premature mortality from colorectal and breast cancer also account for just over one fifth of deaths from treatable causes, highlighting the need for sustained attention on improving detection and timely treatment.

Figure 9. Greece performs better on preventable mortality than on mortality from treatable causes



Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable mortality is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Half of all deaths for some diseases (e.g. ischaemic heart disease and cerebrovascular disease) are attributed to preventable mortality; the other half are attributed to treatable causes. Both indicators refer to premature mortality (under age 75). The data are based on the revised OECD/Eurostat lists.
Source: Eurostat Database (data refer to 2018, except for France 2016).

Tackling smoking is a public health priority

Smoking rates in Greece are among the highest in the EU (see Section 3). After more than a decade of very poor compliance with and enforcement of the ban on smoking in public places, in October 2019 the Greek government introduced a more comprehensive anti-smoking law as part of a new tobacco control action plan. With heavy penalties and dedicated inspectors to enforce the law, smoking is prohibited in all public indoor areas, including all health care facilities, schools, restaurants and nightclubs. The legislation also bans smoking in taxis, private vehicles with children, open-air sports arenas and playgrounds. A media campaign was also launched to promote the new rules and to help change attitudes towards smoking.

Prevention and health promotion have been prioritised through new national plans

In the past, Greece has not been a strong implementer of public health interventions. Apart from information campaigns on the dangers of substance abuse, tobacco use and alcohol consumption, no related national strategies were in place. This has now changed with the adoption of the overarching National Action Plan for Public Health 2021-25, which takes a comprehensive approach to modernising Greece's public health services and to addressing a spectrum of preventive, inter-sectoral and health promotion policies. Key axes of action include mapping of behavioural, social and environmental health risk factors of the population; managing diseases with a high burden of morbidity through implementation of national action plans for diseases such as cancer; and prevention, protection and improvement of the health of the population, in particular for vulnerable groups (Ministry of Health of Greece, 2021). In addition to the strengthened anti-tobacco legislation in 2019, a national public health prevention strategy (Spyros Doxiadis) was launched in 2020, targeting prevention efforts across 15 operational fields and encompassing 95 nationwide projects.

The supply of influenza vaccinations was boosted for the 2020/21 flu season

Seasonal influenza vaccinations are offered free of charge for everyone, and coverage among people aged over 65 had already increased from 46 % in 2009 to 59 % in 2019, which was above the EU average of 41 % for that year. For the 2020/21 flu season, the government secured additional quantities of influenza vaccine, amounting to 4.2 million doses to be administered through clinics and pharmacies from October 2020. This is double the number of doses procured in 2018, and about 35 % higher than in 2019. The specific aim was to avoid a possible confluence of a flu epidemic with the COVID-19 pandemic, and to alleviate extra demand on health services during the pandemic. The impact was significant: in 2020, 74 % of over-65s had received an influenza vaccination, almost reaching the WHO-recommended target of 75 %.

Progress is being made on developing a national cancer registry and cancer action plans

Almost a quarter of all deaths in Greece are from cancer (see Section 2). Currently, it is not possible to comment on five-year survival rates for the most common cancers, as Greece does not have a national cancer registry, and other regional or ad hoc registries hold incomplete data. To address this gap, the Ministry of Health has announced plans to create a national cancer patient registry, connected to the National Digital Health Record, where all cancer cases will be reported and important clinical variables collected. Although a national cancer plan is still to be developed, Greece recently announced the development of a National Lung Cancer Control Strategy (Box 3).

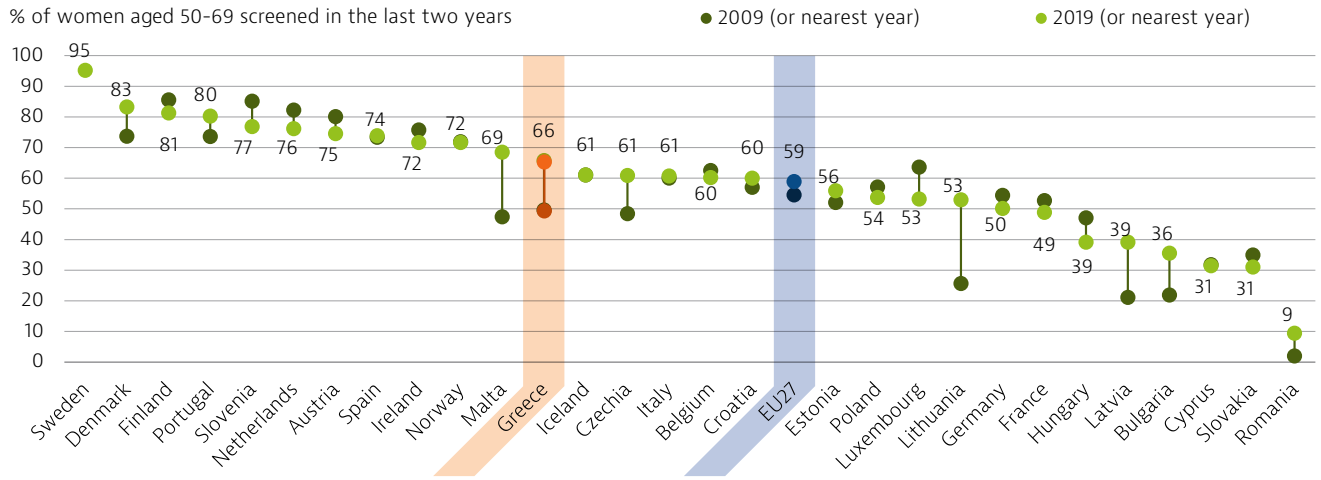
Box 3. Greece is developing a National Lung Cancer Control Strategy

Lung cancer accounts for a significant share of preventable deaths in Greece. The announcement of the country's first National Lung Cancer Control Strategy, being developed in 2021, marked the start of targeted efforts to address significant gaps in prevention, as well as early diagnosis and disease management. The initiative aligns with the Europe's Beating Cancer Plan (European Commission, 2021a), presented by the European Commission in February 2021. This Plan has four key action areas, including prevention, early detection, diagnosis and treatment, and improving quality of life. Implementation will be through the whole range of Commission funding instruments, with a total of EUR 4 billion earmarked for action on cancer.

Despite the lack of national programmes, uptake for cervical and breast cancer screening is relatively high

Greece currently lacks systematic cancer screening programmes. Survey data for 2019 on opportunistic screening show that for cervical cancer, 73 % of women aged 20-69 were screened within the past two years, which is significantly higher than the average across EU countries (58 %). Similarly, 66 % of women aged 50-69 were screened for breast cancer in the previous two years, up from 50 % in 2009, and higher than the EU average of 59 % (Figure 10). In 2021, the Ministry of Health announced a new programme that will provide free mammograms every two years for women aged 40-50 (whether they have insurance or not) and every year for women over 50 and those at high risk aged over 35.

Figure 10. Participation in mammography screening in Greece is above the EU average



Note: The EU average is unweighted. For most countries, the data are based on screening programmes, not surveys.
Sources: OECD Health Statistics 2020 and Eurostat Database

5.2 Accessibility

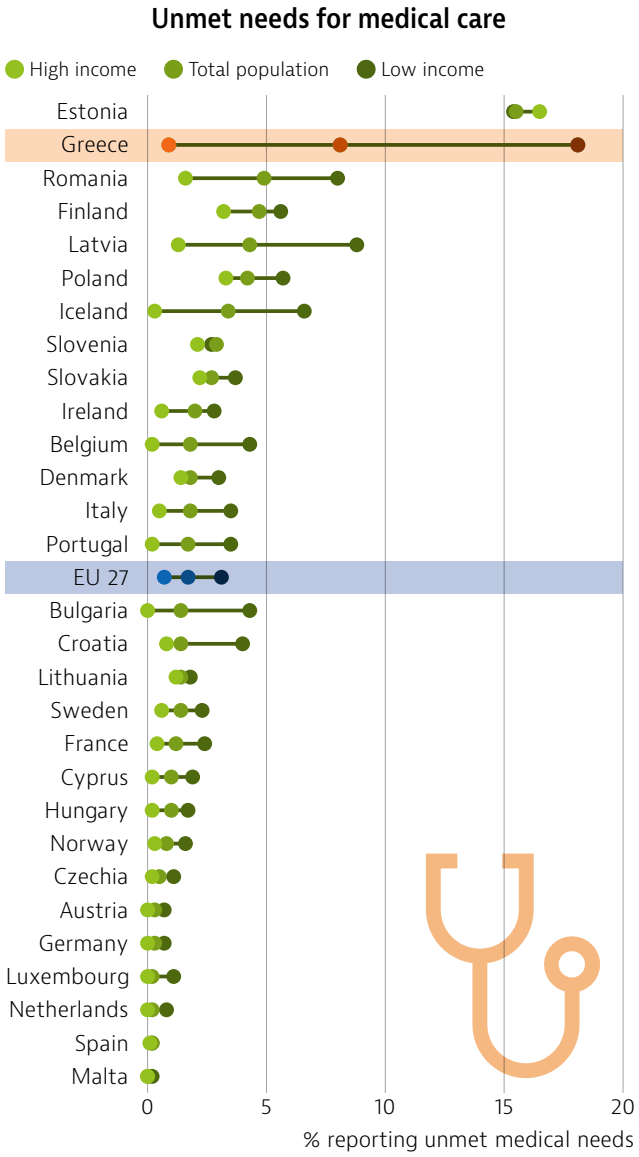
Greece had the second highest level of unmet needs for medical care among EU countries in 2019

Over the past decade, Greece reported levels of unmet needs for medical care consistently above those of the EU as a whole. In 2019, Greece recorded the second highest level in the EU after Estonia: 8.1 % of the Greek population reported unmet needs due to cost, travel distance or waiting times, compared to an EU-wide average of 1.7 % (Figure 11). Unmet needs for medical care peaked at 13.1 % in 2016, after which they steadily decreased by about 15 % every year. However, even in 2019, Greece still displayed the widest disparity by far in unmet needs across income groups in the EU. The rate for households in the lowest income quintile (18.1 %) was 20 times higher than that for households in the highest (0.9 %). Cost was the main driver of unmet needs, as reported by 7.5 % of respondents – the highest rate in the EU where the average is 0.9 %.

The Eurofound survey, covering the first 12 months of the COVID-19 pandemic, found that 24 % of Greek respondents reported unmet needs for medical care compared to 21 % across the EU as a whole (Eurofound, 2021)[4]. Contributing factors are likely to be the postponement of non-essential services by providers and fear among patients of contracting COVID-19.

4. The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Figure 11. Greece's gap in reported unmet medical needs by income group is the widest in the EU



Note: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
Source: Eurostat Database, based on EU-SILC (data refer to 2019, except Iceland 2018).

Refugees and asylum seekers can face difficulties in accessing care

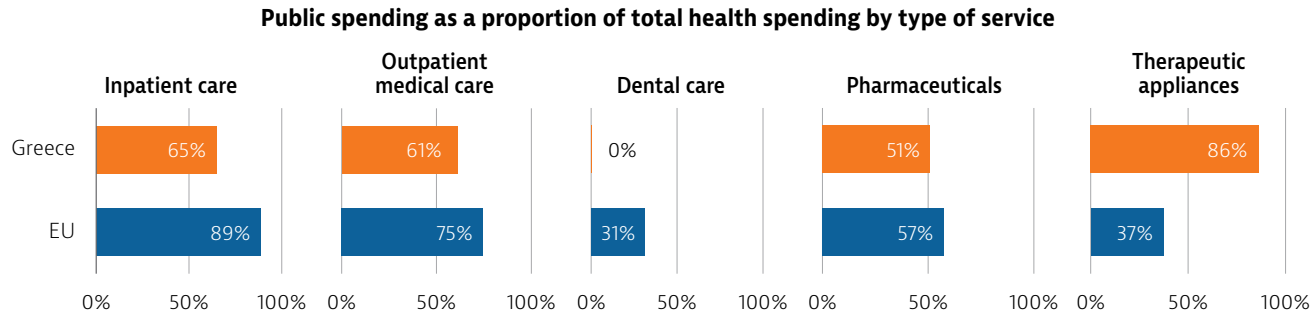
Greece now has universal population coverage for publicly funded services (see Section 4). Since 2016, refugees have been entitled to the same level of services as Greek citizens, while asylum seekers with specific health conditions or a disability, or who are hosted in social care units, should have access to services irrespective of their legal status. In practice, however, problems in accessing care still exist. In particular, those in refugee camps or stuck at the EU's borders have experienced difficulties in securing medical appointments – a situation exacerbated during the COVID-19 outbreak. A suspension in issuing health care and social insurance numbers to asylum seekers in July 2019 also meant that those affected could not access the health care system (European Public Health Alliance, 2020).

Beneficiaries are entitled to a comprehensive package of care, but some gaps persist

As part of the COVID-19 response, all related diagnostic and therapeutic services are provided free of charge. The standardised benefits package of health services covered by the EOPYY is explicitly defined in the Integrated Health Care Regulation. While the range of benefits is fairly broad – including disease prevention and health promotion, primary/ambulatory health care, hospital treatment and diagnostic tests and procedures – in practice, some services are not easily available to all. This is the case for dental care, where even the limited number of reimbursable services cannot be provided owing to the absence of functioning contracts between the insurance fund and private dentists. Health centres provide dental services free of charge for children up to 18, and emergency treatment for all ages, but often lack staff and capacity. This means that there is no public coverage for practically all dental care, and the population must pay out of pocket. Greece also has relatively low public coverage for pharmaceuticals and outpatient services (Figure 12).

Another potential barrier to access are the monthly volume caps on EOPYY-funded consultations per doctor, on the number of referrals for diagnostic and laboratory tests, and on prescriptions (by value), which have been in place since 2012 (see Section 4). While reducing the scope for potential overtreatment and tackling the problem of supply-induced demand, these quotas may also lead in some cases to patients having to delay care, find an alternative provider or pay for a visit out of pocket.

Figure 12. The public share of financing in Greece is lower than the EU average across most areas

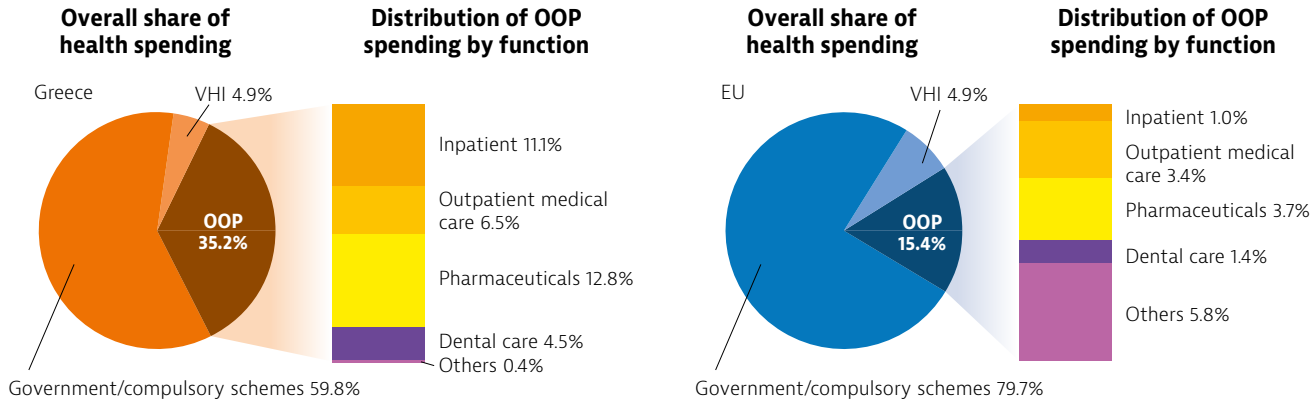


Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices.
Source: OECD Health Statistics 2021 (data refer to 2019 or nearest year).

Pharmaceuticals and inpatient care are key drivers of out-of-pocket spending

In 2019, Greece had the third highest level of OOP payments as a share of health spending in the EU; at 35 %, it was more than double the average for the EU as a whole (15.4 %). OOP expenditure on pharmaceuticals accounted for 13 % of all health spending in Greece, compared to just under 4 % in the EU, and represents over one third (36 %) of all OOP expenditure. Household payments for inpatient care also constitute a striking share of health spending, at 11 % of total health expenditure in Greece compared to just 1 % in the EU (Figure 13), making up another third of all OOP expenditure. This figure mainly reflects outlays for privately provided hospital services, although some indirect evidence suggests that informal payments are also being made in public hospitals (Thomson, Cylus & Evetovits, 2019). Given the lack of public coverage, the relatively low OOP share for dental services may well reflect a considerable degree of forgone care: in 2019 Greece had the third highest rate of unmet needs for dental care in the EU (1 in 12 people), with even higher levels (one in six people) among the lowest income group.

Figure 13. Out-of-pocket health spending in Greece is among the highest in the EU



Note: The EU average is weighted. VHI = voluntary health insurance, which also includes other voluntary prepayment schemes.
Sources: OECD Health Statistics 2021; Eurostat Database (data refer to 2019).

Informal payments to health professionals are still common

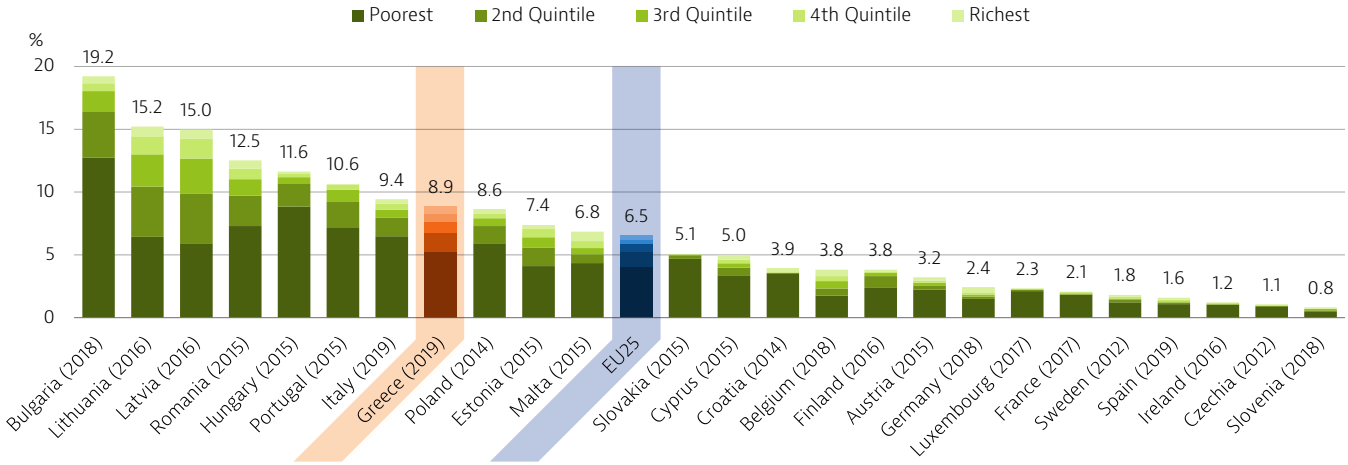
Informal payments are estimated to make up about a quarter of all OOP payments; these compromise equitable access to services and financial protection. A recent Eurobarometer survey reveals that 14 % of the population made an informal payment to a doctor, nurse or hospital in December 2019, while 81 % of respondents think it is a widespread practice in health care (European Commission, 2020a).

Catastrophic spending on health is relatively high

The heavy reliance on OOP spending for medical costs in Greece means that a large proportion of households experience catastrophic health spending[5], which increased from 7 % in 2010 to 8.9 % in 2019 – the eighth highest among EU countries with available data (Figure 14). Like most other countries, more than half of all catastrophic spending in Greece is concentrated among the poorest 20 % of households.

5. *Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).*

Figure 14. Greek households experience high levels of catastrophic health spending



Note: The EU average is unweighted.
Source: WHO Regional Office for Europe data, 2021.

A variety of measures are contributing to efforts to improve the affordability of medicines

Access to affordable pharmaceutical care is an important policy priority for Greece, particularly as rates of cost-sharing and direct OOP purchasing of medicines are high. In addition to co-payment exemptions for specific groups (such as those on low incomes and people with chronic conditions), other policies have focused on reducing prices and containing the overall costs of pharmaceuticals, thereby improving affordability. Such measures include introducing a clawback mechanism from the pharmaceutical industry should expenditure exceed pre-agreed ceilings[6], reductions in the wholesale price of medicines based on reference pricing, compulsory prescribing by international non-proprietary name and compulsory generic substitution by pharmacists.

Greece is also a founding member of the Valletta Declaration, an alliance of 10 EU Member States that aims to facilitate joint negotiations of prices and procurement of drugs with pharmaceutical companies. Access to innovative and affordable medicines in Greece will be further supported by the new EU Pharmaceutical Strategy for Europe, which also highlights the potential for enhanced co-operation between national authorities on pricing, payment and procurement policies to improve the affordability and cost–effectiveness of medicines (European Commission, 2020b).

Teleconsultations are helping to maintain the availability of care

With its many islands and remote regions, Greece has an established eHealth (telemedicine) programme. The National Telemedicine Network (known as EDIT) incorporates 43 telemedicine units connecting 30 health centres in the Aegean Islands with 12 hospitals in the capital region. These units are equipped with cameras and diagnostic tools, and offer access to a wide range of specialists. A major, national expansion of EDIT's capacity, adding 315 new telemedicine stations and 3 000 new home care endpoints for vulnerable people, is being designed to further facilitate access to health services in remote and underserved areas. The COVID-19 pandemic has underscored the value of teleconsultations to maintain access to care. Some 38 % of the Greek population reported having a medical consultation online or by telephone during the first 12 months of the pandemic, which is on par with the EU as a whole (Eurofound, 2021).

5.3 Resilience

This section on resilience focuses mainly on the impacts of and responses to the COVID-19 pandemic[7]. As noted in Section 2, the COVID-19 pandemic has had a major impact on population health and mortality in Greece, with over 13 600 COVID-19 deaths recorded between January 2020 and the end of August 2021. Measures taken to contain the pandemic also had a large impact on the economy, with Greece's GDP having fallen by 8 % in 2020, compared to an EU average fall of 6.2 %.

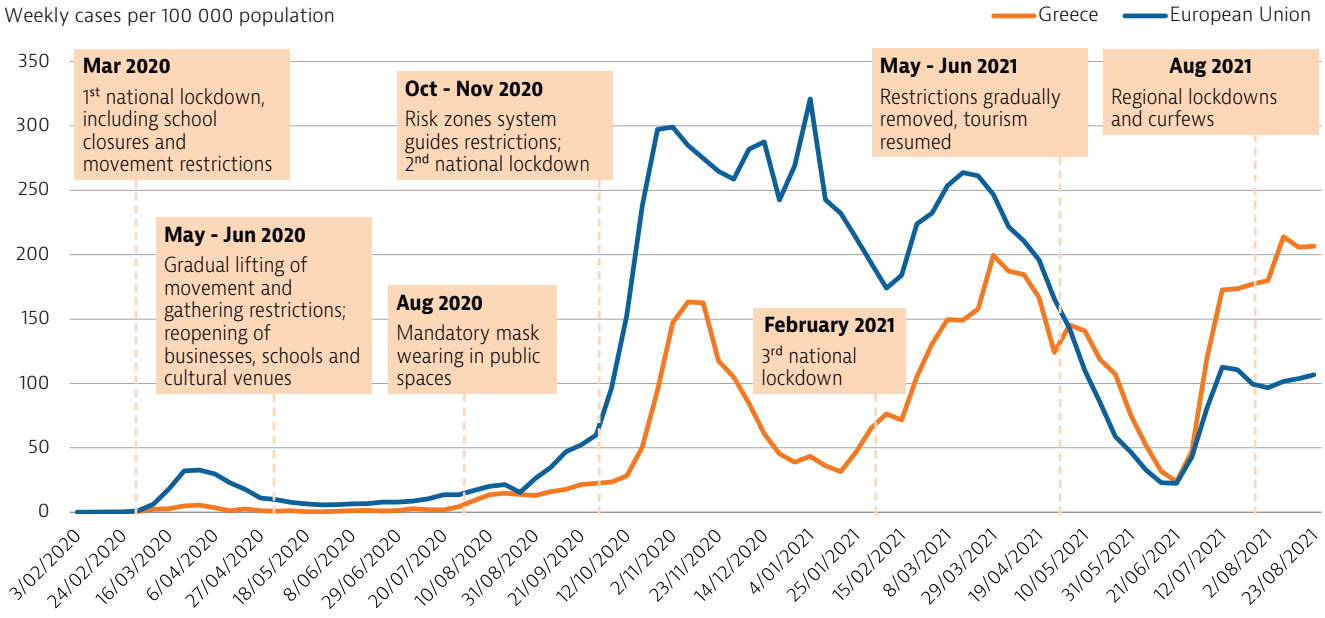
6. This measure controls the available budget and allows the EOPYY to purchase and reimburse the health services and pharmaceuticals needed by the population.
7. In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessment, 2020).

Greece implemented strict containment measures as soon as the first cases were detected

Greece moved very quickly to implement mitigation measures at the start of the pandemic. The day after the first COVID-19 cases were confirmed in late February 2020, all major festivals across the country were cancelled. Although the number of positive cases was low, within a month the government introduced a full lockdown, which included the closure of education sites, retail outlets, restaurants and cafes, and cultural and recreational venues, as well as the suspension of religious services and strict restrictions on internal movement. To assist residents in complying with stay-at-home orders, digital single-use movement permits could be obtained via text message. Certain restrictions were also applied to migrant camps, where visit and gathering bans were imposed, and additional medical teams were sent to staff isolation areas. In addition, outside camps in the Region of North Aegean islands, health facilities were established to help maintain access to health care for asylum seekers amid the outbreak (Kousi, Mitsi & Simos, 2021).

The relaxation of measures in Greece was gradual and targeted, based on epidemiological evaluations. Between the beginning of May and the end of June 2020, all businesses and public organisations resumed activities, with rules in place on the mandatory wearing of face masks and physical distancing. In October 2020, the government launched a new risk assessment plan, whereby each week regions were assigned a risk rating based on the number of new daily cases per 100 000 population which were updated regularly to address the fluctuating epidemiological situation. However, as the number of cases surged, a second month-long national lockdown in November proved inevitable, followed by another set of stringent containment measures during a third lockdown in February 2021 (Figure 15). From May 2021, many restrictions were lifted and Greece opened up its borders to tourists for the summer holiday season. Safety requirements included mandatory COVID-19 testing or proof of vaccination before arrival. Nationwide regulations such as the use of face masks in enclosed public spaces and crowded outdoor spaces continued to be in place, while areas experiencing higher prevalence of COVID-19 were subject to local rules and tighter restrictions, such as curfews.

Figure 15. The spread of COVID-19 in Greece was controlled through stringent lockdowns



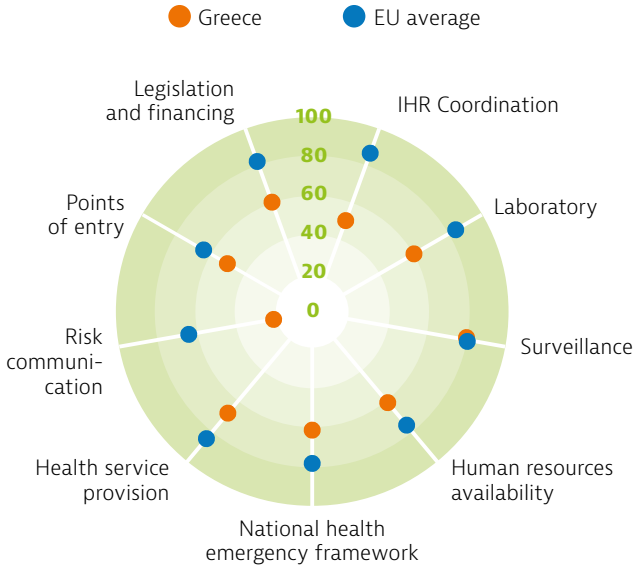
Note: The EU average is unweighted (the number of countries included in the average varies depending on the week). The number of COVID-19 cases in EU countries was underestimated during the first wave in spring 2020 due to more limited testing.
Sources: ECDC for COVID-19 cases and authors for containment measures.

Despite public health capacity constraints, Greece was quick to adopt surveillance guidelines

Based on the International Health Regulations (IHR) framework[8], before the pandemic Greece self-reported below-average scores for most of the main indicators of public health crisis preparedness capacities, including challenges for risk communication, IHR coordination, points of entry and national health emergency framework (Figure 16). These scores reflect the general underinvestment and capacity constraints of the country's public health infrastructure. Nevertheless, Greece was able to activate its existing Influenza Pandemic Action Plan. In addition, based on its COVID-19 response experience, a new pandemic plan and national health emergency framework are being developed: these incorporate epidemiological surveillance protocols, use of antiviral drugs for prevention and treatment, use of vaccines to prevent infection and a raft of mitigation measures to protect the population and sustain economic activity.

The country swiftly implemented various preventive measures and activated actions for the identification of cases based on ECDC recommendations, contact tracing and the imposition of quarantine for confirmed cases. The government also launched an extensive COVID-19 information strategy: initiatives included an official COVID-19 portal (covid19.gov.gr) publishing daily analytics and regional epidemiological assessments, television and radio advertisements as well as the social media campaign *"MenoumeSpiti"* ("We are staying home") to garner public support for preventive measures.

Figure 16. Prior to the pandemic, Greece scored below average on many International Health Regulations capacities



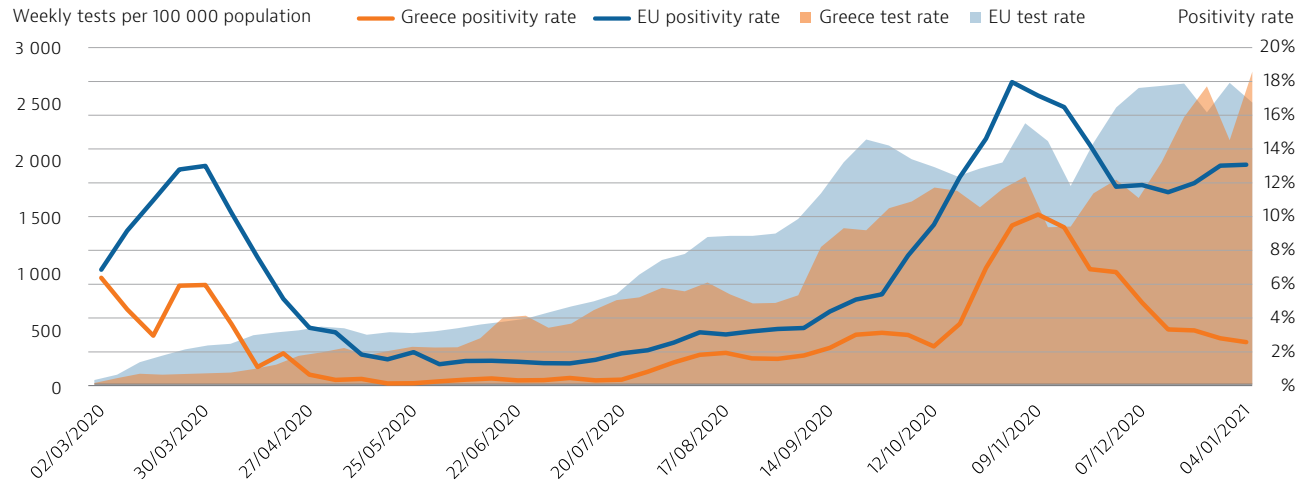
Note: The EU average is unweighted.
Source: WHO IHR (data refer to 2019).

Laboratory capacities were gradually expanded to support testing activity

From early in the pandemic, Greece adopted a protocol of active contact tracing, which required wide testing. However, the existing infrastructure of seven COVID-19 reference laboratories had the ability to perform only 800 COVID-19 RT-PCR tests per day. These were initially used only for diagnostic purposes of suspected cases; consequently, positivity rates were high (Figure 17). The establishment of new testing points and a cost-effective reagent supply chain allowed for gradual expansion of testing activities, although the volume of testing has generally remained below the average across the EU, even during Greece's second and third waves in late 2020 and in the spring of 2021. In parallel, state laboratory capacity gradually expanded, and by September 2020 these facilities were processing 14 000 samples per day, increasing to 50 000 in February 2021. To supplement PCR testing, mobile health teams were sent to areas with the highest numbers of cases to perform additional rapid SARS-COV-2 antigen tests. Greece was the first European country to roll out mass rapid screening using antigen tests. It is widely carried out at the country's entry points, in refugee camps, in prisons and in elderly care units. Moreover, antigen tests are routinely used for health care personnel and in the context of pre-operative hospital assessments for patients, and companies with more than 20 employees are urged to request free rapid test kits from the state to test twice a month.

8. Since 2005, the IHR have provided an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies. Under the IHR, all Member States are required to develop public health capacities to prevent, detect, assess, notify and respond to public health risks. The monitoring process of IHR implementation status involves assessing, through a self-evaluation questionnaire, 13 core capacities.

Figure 17. Greece increased its COVID-19 testing activity throughout the pandemic



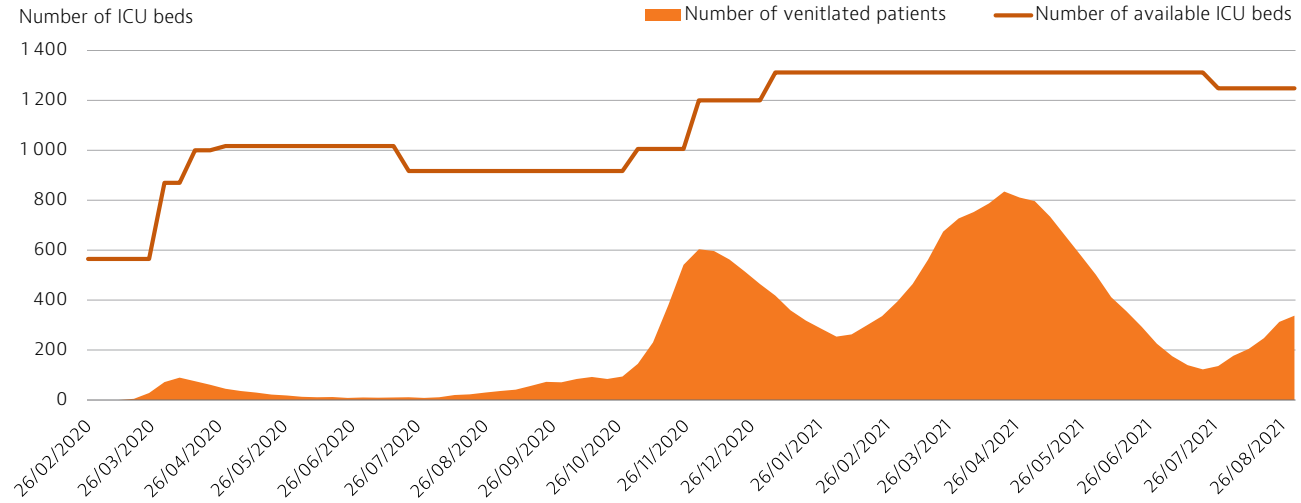
Note: The EU average is weighted (the number of countries used for the average varies depending on the week).
Source: ECDC.

Public hospital and intensive care unit beds were augmented by private stock

At the onset of the COVID-19 pandemic, Greek hospital beds and ICU capacity was limited, providing 420 hospital beds and 5.3 ICU beds per 100 000 population in 2018. Upscaling additional inpatient care facilities to cater for COVID-19 patients needing hospitalisation was achieved through a variety of means. Curative beds were secured within public hospitals and through transforming numerous wards in private clinics into COVID-19 hospitals; units in military hospitals were also mobilised to care for COVID-19 patients. Surge capacity for ICU beds was achieved in three stages during the first wave. It involved the transformation and redeployment of existing beds (such as the conversion of high dependency units and negative pressure chambers that had the necessary infrastructure for mechanical ventilation to ICUs) and the creation of new ICU beds and wards, most of which were provided within public hospitals.

Bed supplies were modulated according to need but following the second surge of cases in November 2020, the government turned to the private sector, establishing public–private partnerships to purchase ICU services and finding it necessary to requisition beds in private hospitals temporarily on the few occasions when demand exceeded supply (for example, in Thessaloniki). As a result of these diverse acquisitions, the number of available ICU beds in Greece doubled during peak periods, and occupancy of ICU beds nationally did not exceeded full capacity (Figure 18). Nevertheless, the uneven demand for ICU beds put hospitals in the northern part of the country under severe strain: in November 2020, for the first time, patients from the north had to be airlifted to Athens.

Figure 18. The mobilisation of more intensive care beds was crucial as demand peaked



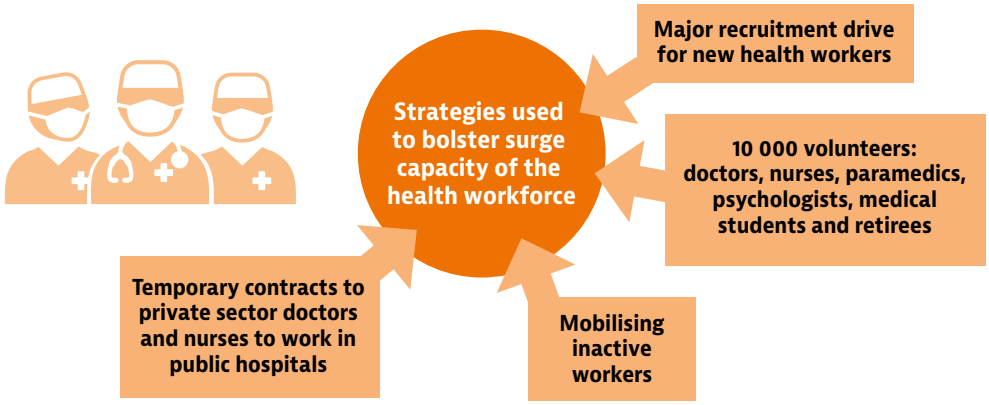
Source: Government of Greece (2021), COVID-19 Health System Response Monitor, 2021.

Broad recruitment mechanisms were used to strengthen the workforce in public hospitals

Greece implemented strategies to enhance the capacity of the health workforce during the pandemic (Figure 19). Scheduled leaves of absence or planned retirements of existing personnel were suspended; retired or non-practising health workers were mobilised to rejoin the workforce; and health professionals working in the private sector were offered temporary contracts to work in public hospitals, with added incentives to attract candidates to vacant positions.

Along with a major new recruitment drive, these measures added around 7 500 new personnel (medical specialists particularly in intensive care, nursing, paramedical and other staff) to the health system between March 2020 and February 2021. In addition, since March 2020, over 10 000 volunteer health professionals have applied through a digital platform to provide clinical, technical or administrative support for the pandemic response.

Figure 19. Greece employed multifaceted strategies to upscale its health workforce during the pandemic



Source: COVID-19 Health System Response Monitor.

Primary care health centres were deployed to manage COVID-19 cases

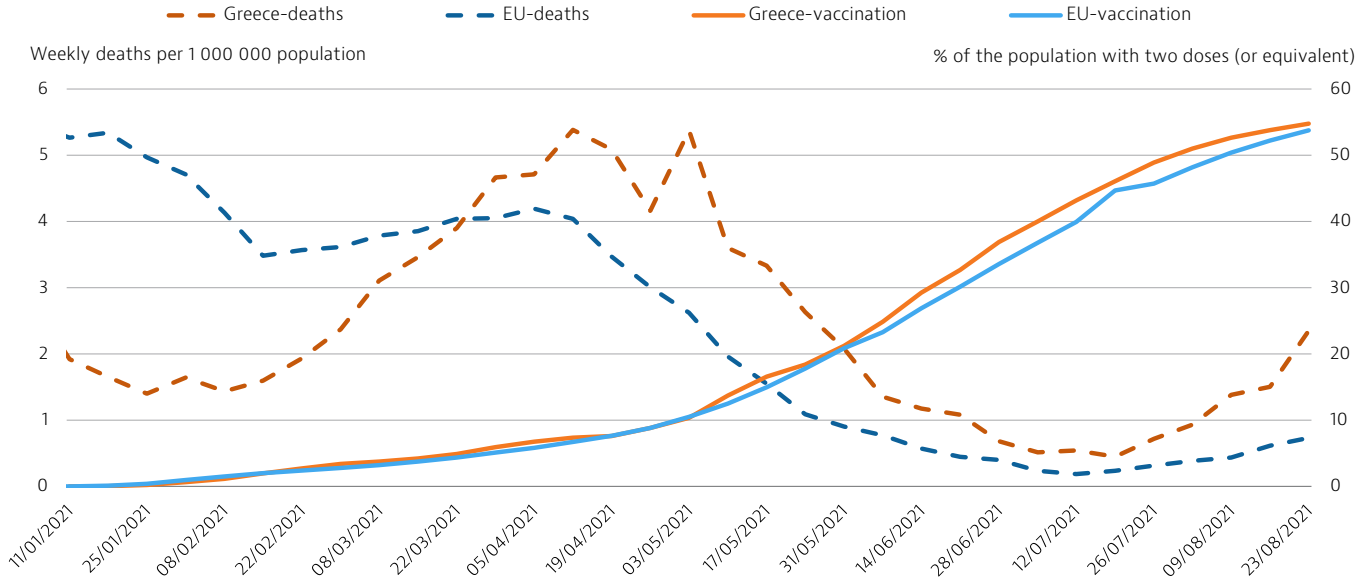
Greece is currently reforming and developing its primary care system (see Section 4). During the COVID-19 crisis, the role of public health care centres was strengthened and extended. Some centres were assigned exclusively to detect and manage COVID-19 cases; others were converted into facilities to provide care for patients with chronic conditions, manage acute cases and communicate with patients in quarantine or home isolation. A tele-counselling network for COVID-19 patients provided through health centres was introduced in April 2020, and by spring 2021 an electronic registry for monitoring those diagnosed with COVID-19 and ensuring follow-up care was fully operational.

Greece's vaccination campaign has targeted key groups and offered incentives

Greece's vaccination campaign accelerated by mid-February 2021, by which time approximately 4 % of the country's population had received their first dose of COVID-19 vaccine, with an average of 21 000 inoculations performed daily. Health workers, residents and staff in LTC facilities, along with government employees undertaking critical functions, received their jabs during the first stages of the vaccination campaign, which progressively opened up to the entire population from June onwards. The COVID-19 vaccine is free of charge for everyone. Citizens can register online, receive confirmation of their pre-booked appointment by text message, and obtain a digital vaccination certificate.

Strategies to increase vaccination rates among key or vulnerable groups include a home vaccination programme for older patients who cannot attend vaccination centres, a rollout of inoculations for refugees living in camps on the islands of Lesbos, Chios and Samos, reaching out to residents of islands heavily involved in the tourist industry and offering young adults under 26 a EUR 150 voucher to get vaccinated. Vaccination became mandatory for health workers in nursing homes in July 2021, and for other health professionals from September 2021. Also from September 2021, individuals have been required to show proof of vaccination (or a negative COVID-19 test result) to enter eating and drinking establishments, as well as clubs and sports venues. By the end of August 2021, 58 % the population had received at least one dose of the vaccine, while 55 % had received two doses (or equivalent) – slightly above the EU average (Figure 20).

Figure 20. After a slow start, COVID-19 vaccination has gathered pace in Greece



Note: The EU average is unweighted (the number of countries used for the average varies depending on the week).
Source: ECDC for COVID-19 mortality and Our World In Data for vaccination rates.

The development of digital health services is high on the policy agenda

Despite progress over the last 10 years, including the successful implementation of a nationwide ePrescription system, health information and digitalisation of health services in Greece rank among the least developed among EU countries (European Commission, 2020c). Recognising the multifaceted challenges, the government launched a Digital Transformation Policy for the public sector as a whole, with health services a key area for focused investment. A new Ministry of Digital Governance was established, which will coordinate government measures and deliver major information technology programmes. It launched a new government portal, which provides over 500 public e-services, including platforms to access electronic medical records, make online appointments and register with a family doctor. Support for national digitisation strategies will also be available via the newly created European Data Space (European Commission, 2021b), which is designed to promote better exchange and access to different types of health data (such as electronic health records, genomics data and data from patient registries), and to support health care delivery as well as health research and policy-making.

Greece has emphasised health sector investment through the EU's Recovery and Resilience Facility

As part of its EUR 30.5 billion National Recovery and Resilience Plan, Greece has included a set of investments to address the long-term challenges of the health care system that were exacerbated by the pandemic. A total of EUR 1.5 billion is earmarked to improve the resilience, accessibility and sustainability of health care. The spending will include organisational reforms; infrastructure investments in primary health care (EUR 189 million), supported by measures to increase the stock of GPs; renovation and upgrading of public hospitals (EUR 317 million); the digital transformation of health services (EUR 278 million); and funding for the national public health prevention strategy (EUR 254 million), which also encompasses national screening programmes and improving palliative care for cancer patients (see Section 5.1).

6 Key findings

- Life expectancy in Greece remains higher than in the EU as a whole, but experienced a drop of six months in 2020 due to the impact of COVID-19. Ischaemic heart disease and stroke continue to be the leading causes of death, while lung cancer remains the most frequent cause of death by cancer. Although Greece was less affected by the COVID-19 pandemic than many other European countries, the disease accounted for 1 in 25 deaths in 2020.

- Two in five deaths in 2019 could be attributed to behavioural risk factors – particularly tobacco smoking and diet-related factors. A dedicated national strategy is now in place to address the previously neglected areas of prevention and health promotion. The government has launched several initiatives to tackle smoking, given that lung cancer accounts for a significant share of preventable deaths. A new National Lung Cancer Control Strategy is being developed, and aims to improve prevention, as well as early diagnosis and disease management. Cancer information will also receive a boost through the creation of a national cancer patient registry linked to digital health records, addressing a large data gap that has impeded timely treatment in the past.

- Health expenditure has grown in recent years, after a significant reduction between 2009 and 2015, brought about by wide-ranging measures, including targeting wasteful spending, notably on pharmaceuticals, by means of improved governance, pricing and expenditure ceilings to reduce the incentives for supplier-induced demand. Levels of spending are still below the EU average, but additional, short-term funding injections were secured for the health sector during the COVID-19 pandemic. A main concern is represented by high levels of out-of-pocket payments borne by households (35 % of total health expenditure in 2019), which is more than double the average across the EU. This is linked to the fact that spending on retail pharmaceuticals, a key driver of out-of-pocket spending, overall represents a high share of total health care expenditures.

- Access to health services is underwritten by universal population coverage and a fairly extensive benefits package. However, in practice some services may not always be available, for instance owing to a lack of contracted providers (in the case of dentistry). Even before the COVID-19 pandemic, Greece consistently recorded the second highest rate of unmet needs for medical care in the EU, with the widest disparity between income groups. Unmet needs appear to have grown during the pandemic, but the use of teleconsultations expanded, particularly to facilitate accessibility of care in remote and underserved areas.

- Despite weaknesses in its public health system and health emergencies competencies, Greece acted swiftly and pre-emptively to respond to the COVID-19 pandemic, introducing a range of mitigation measures that stemmed the impact of the first wave. Health system responses included the upscaling of laboratory capacity to boost testing and measures to secure more intensive care unit beds and health personnel to deal with subsequent surges in case numbers. Primary care health centres – the focus of ongoing reforms to strengthen the public provision of primary care – also played a role in detecting and managing COVID-19 cases.

- The pandemic has highlighted the importance of the health sector in Greece and has spurred resourcing plans through the EU's Recovery and Resilience Facility. Key areas that will benefit from strategic investment include primary care and hospital infrastructure, preventive and health promotion programmes and the digital transformation of health services.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Commission

State of Health in the EU
Country Health Profile 2021

The Country Health Profiles are an important step in the European Commission's ongoing *State of Health in the EU* cycle of knowledge brokering, produced with the financial assistance of the European Union. The profiles are the result of joint work between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, in cooperation with the European Commission.

The concise, policy-relevant profiles are based on a transparent, consistent methodology, using both quantitative and qualitative data, yet flexibly adapted to the context of each EU/EEA country. The aim is to create a means for mutual learning and voluntary exchange that can be used by policymakers and policy influencers alike.

Each country profile provides a short synthesis of:

- health status in the country
- the determinants of health, focussing on behavioural risk factors
- the organisation of the health system
- the effectiveness, accessibility and resilience of the health system

The Commission is complementing the key findings of these country profiles with a Companion Report.

For more information see: ec.europa.eu/health/state

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