



THE HEALTHY MUNICIPALITY

**Current State of the health
system in Greece.**



The Health System in Greece

- A Bismarkian, Beveridge or Liberal system?

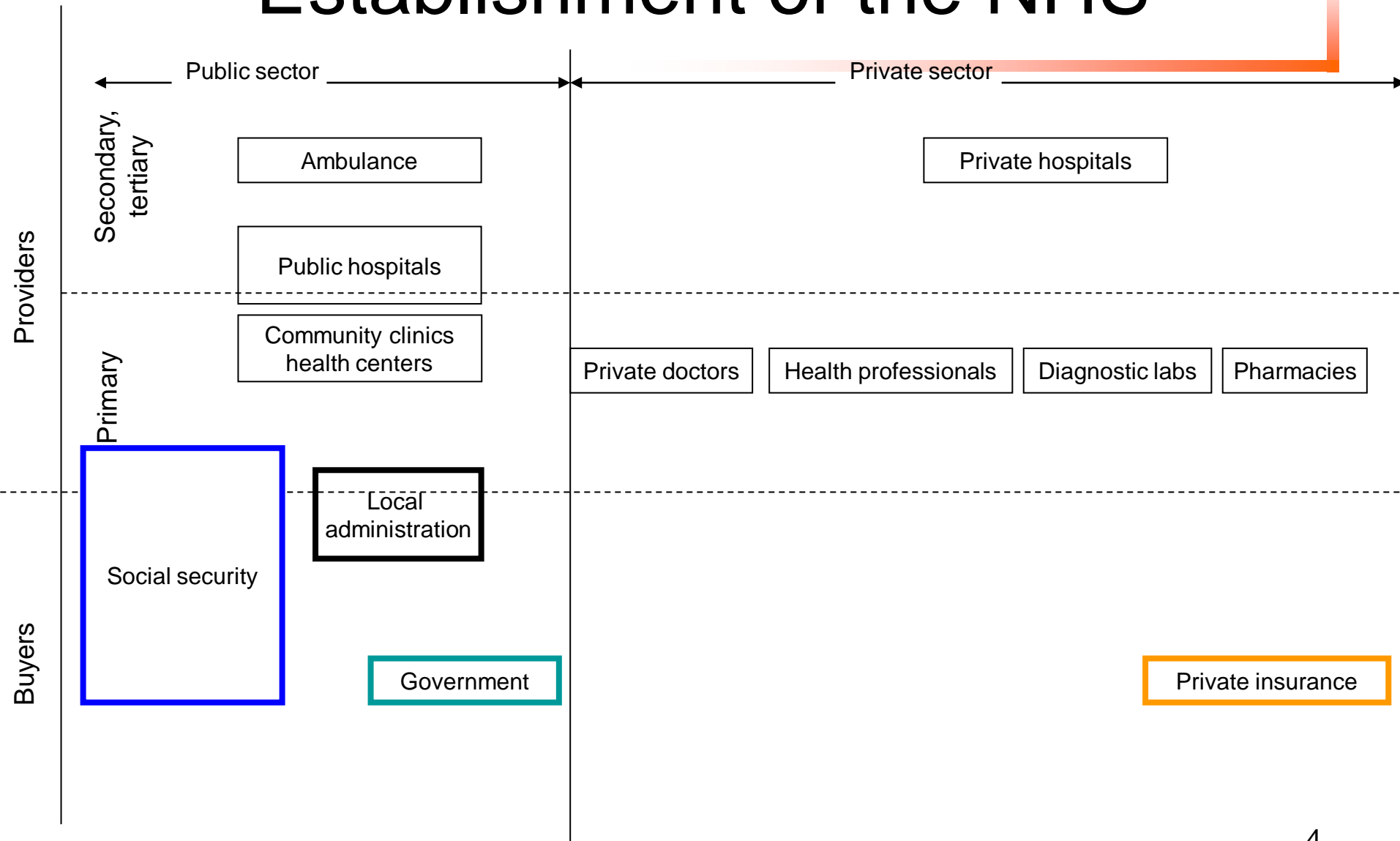
Three periods:

- Before the NHS (1983)
- Establishment of the NHS (1983-2010)
- The crisis (2010-today)

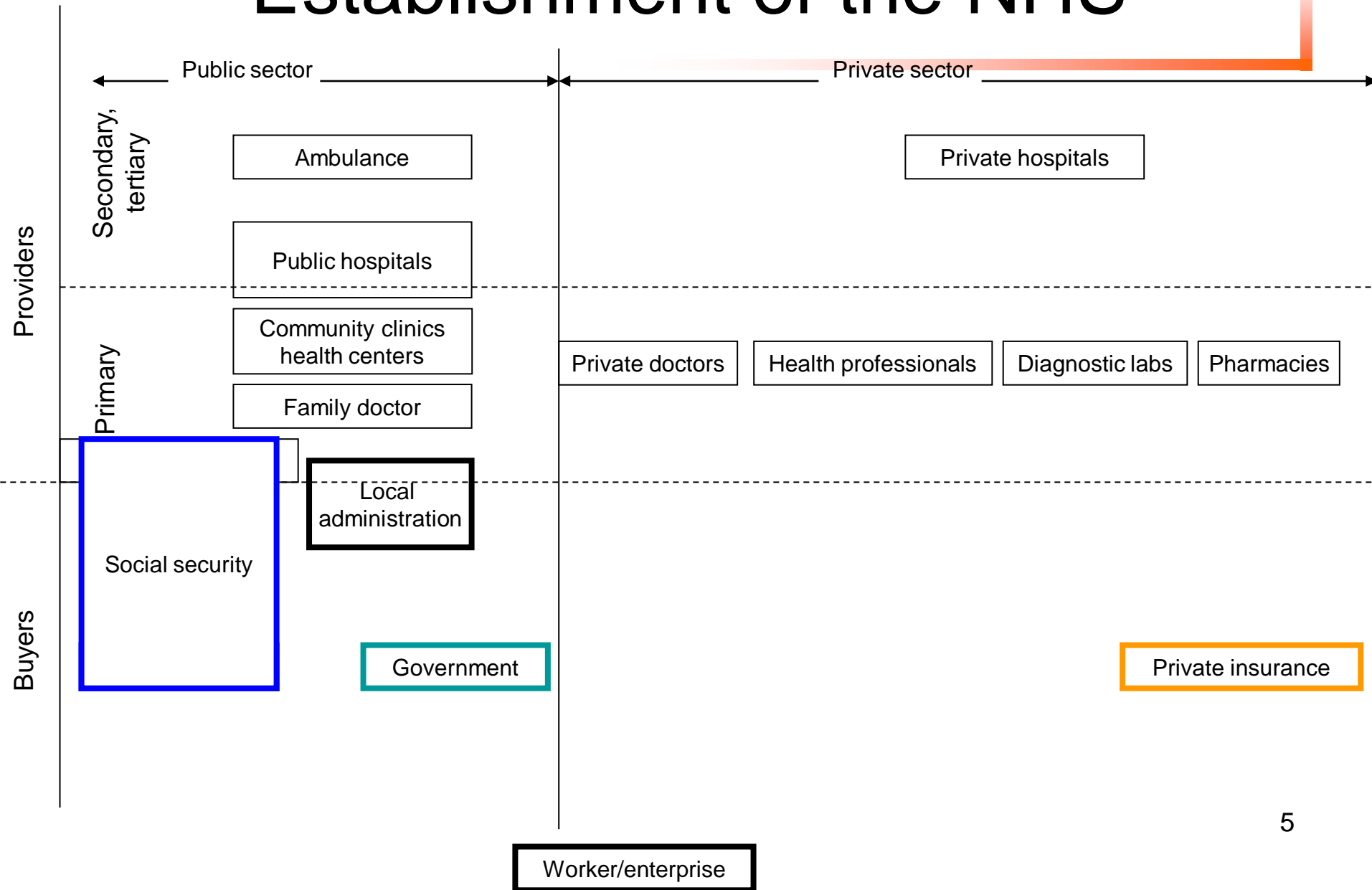
Before the NHS

- Private and public sector
- Insufficient beds – concentrated in big cities
- Lower percentage of GDP than Europe
- High private expenditure
- Insufficient control of pharmaceuticals.
- Doctors:
 - Insufficient quality and quantity
 - Strong associations

Establishment of the NHS

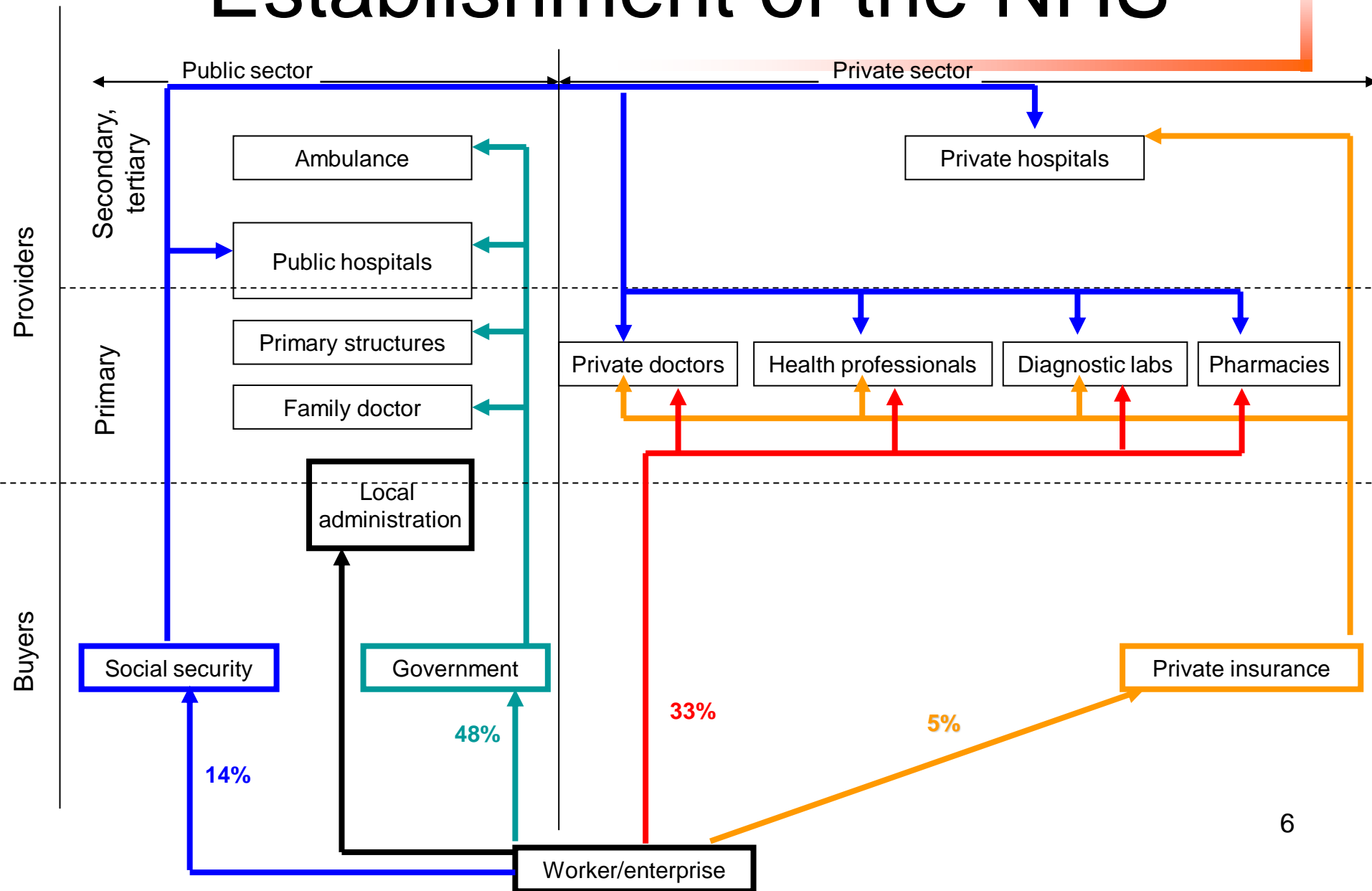


Establishment of the NHS



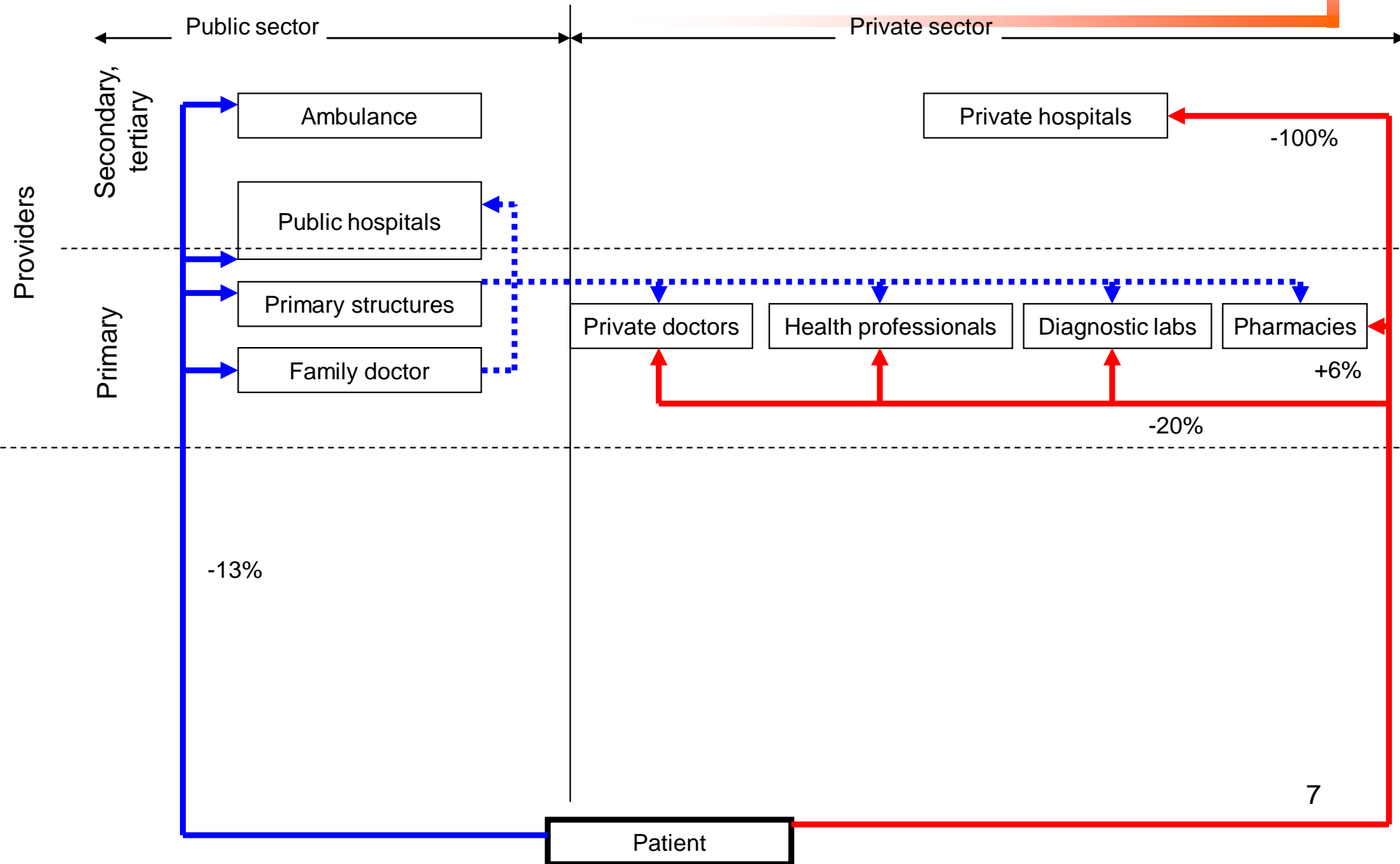


Establishment of the NHS





Establishment of the NHS



Establishment of the NHS

- Despite intentions and reforms NHS remained centralised and hospital-centered.
- Despite intention for a Bismarkian system, deficits of social security institutions and poor services led it to a mix of Beveridge and liberal system.

Establishment of the NHS

- Fragmentation of primary care:
 - Community clinics – health centers.
 - Municipal clinics – Elderly protection centers.
 - Health centers of social security funds.
 - Contracted private practitioners.
 - Outpatient departments of hospitals.
- Fragmentation of buyers
 - Social security funds
 - Private insurance
- Insurance funds: providers - buyers

Establishment of the NHS

- Large increase of expenditure especially in pharmaceuticals.
- Greece has an above EU average spending on health as a percentage of GDP.
- Greece has the highest percentage of private spending in health (38% of GDP) in EU and one of the highest (5th) in OECD.
 - 33% are out-of-pocket payments, i.e. direct payments, co-funding or illegal payments.
 - 5% is private insurance.

The crisis

Austerity goals:

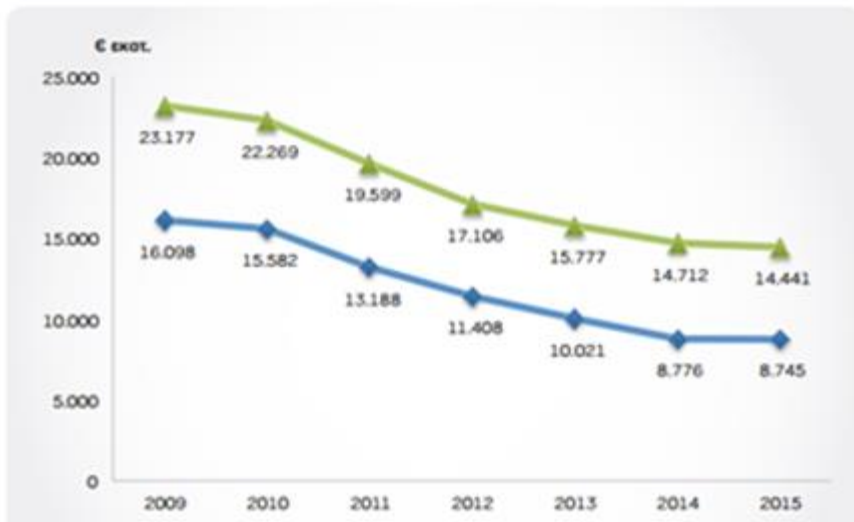
- Reduction of medical personnel by 10% for 2012 and 10% for 2013.
- Reduction by €1 bn. for out-of-hospital pharmaceutical expenditure for 2012 and to be restrained to €2.44 bn for 2013 (around 1% of GDP).
- Total pharmaceutical spending to remain below 1.5% of GDP for 2013 and 1.3% of GDP for 2014.

The crisis

- The most important reform was the separation of pension and health branch of social security institutions and merge in one institution for pensions (EFKA) and one for health (EOPYY).
- The aim was to create a single-buyer (monopsony) and competition between private and public providers.
- Lack of health-related or quality-related goals as well as of prevention, along with administrative deficiencies led to poor quality and large deficits.

The crisis

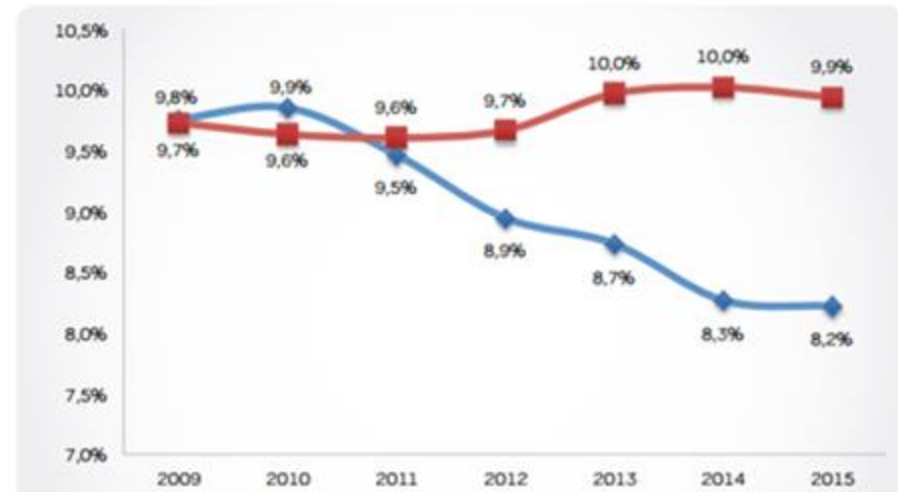
Total health funding 2009-2015 (€m)



total

public

Total health funding 2009-2015 (% GDP)

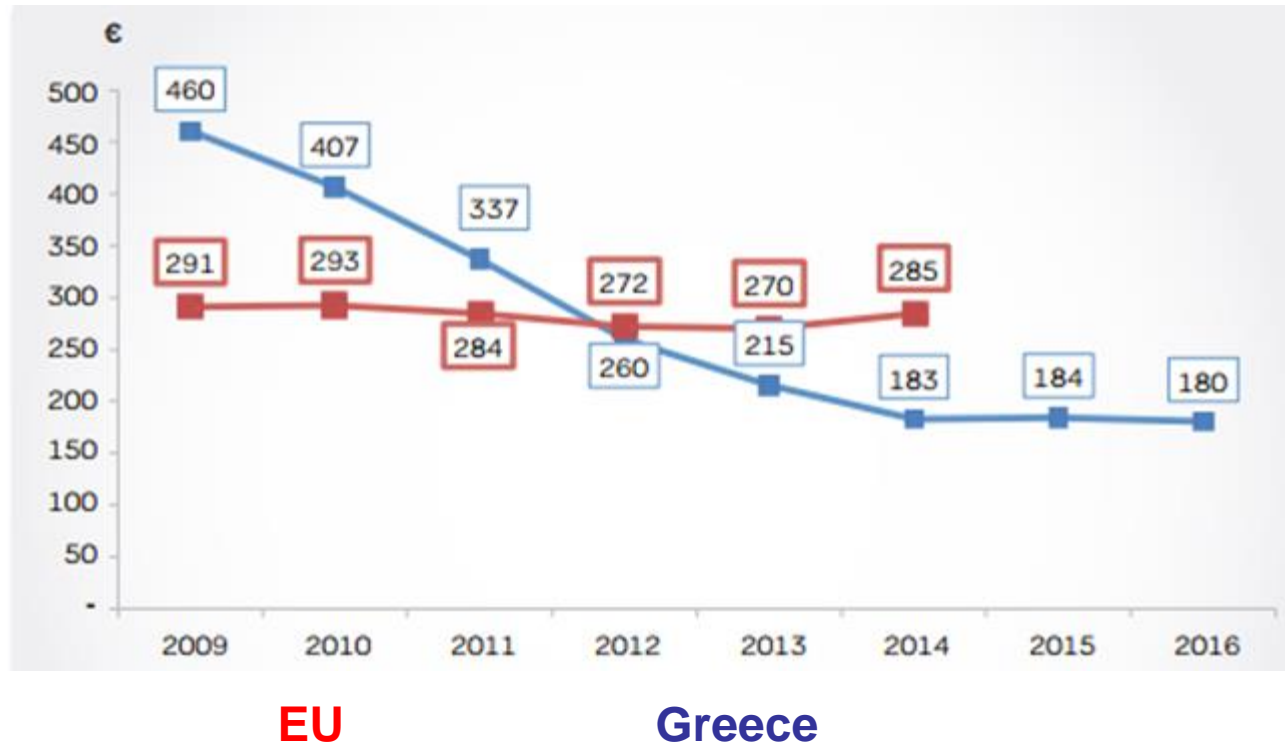


EU

Greece

The crisis

Public spending on pharmaceuticals per capita 2009-2016



EU

Greece

The crisis

First results on health:

- Increase of physical (especially cardiovascular and sexually transmitted diseases) and mental diseases (25% between 2009-2010).
- Increase of infant mortality from 2.7 to 3.8 per 1,000 children.
- Increase of the tension to seek for care only in a later stage of the disease.
- Turn to public hospitals
- Shortages in hospitals.

REFERENCES

- Antonopoulou L. 2014 “Health Economics. Theoretical Approaches and Policies for the Greek Health System”. Gutenberg, Thessaloniki
- Economou C. 2012. The institutional framework for sickness provisions in Greece. The role and operation of the National Health System. Observatory for Economic and Social Development – INE GSEE.
- Hellenic Association of Pharmaceutical Companies. 2017. The Pharmaceutical Market in Greece. Facts and Data 2015-2016. Observatory of Health Economics IOBE.
- Ifantopoulos G.N. 2005. “The Economics of Health”. Typothito, Athens