

# Greece

## Highlights on Health and Well-being



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## Abstract

The highlights on health and well-being give an overview of a country's health status, describing data on mortality, morbidity and exposure to key risk factors, along with trends over time. They are developed in collaboration with WHO European Member States. When possible, each report also compares a country to a reference group, which is in this report the whole WHO European Region and the European Union member countries prior to 1 May 2004. To make the comparisons as valid as possible, data as a rule are taken from one source to ensure that they have been harmonized in a reasonably consistent way. Whenever possible, the data in the report are drawn from the European Health for All (HFA) database of the WHO Regional Office for Europe. The HFA data are collected from Member States on an annual basis and include metadata that specify the original source of data for specific indicators.

## Keywords

HEALTH STATUS, LIFE STYLE, DELIVERY OF HEALTH CARE – STANDARDS, COST OF ILLNESS, COMPARATIVE STUDY, GREECE

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## Overview

Historically, the health status of the population in Greece was among the best in the WHO European Region, but improvements were falling behind in comparison to other European countries (in particular for circulatory diseases and cancers) even before the current economic crisis. Smoking rates remain the highest in the European Union (EU), as does mortality from motor vehicle accidents. A potential warning sign for the future is a marked increase in HIV incidence in recent years.

The health system is complex and fragmented and faces serious challenges in the short term due to the severity of the country's economic crisis. In the long term, the country is projected to have one of the highest dependency ratios of older people in comparison to the working-age population in the EU. The economic crisis has been a two-edged sword, putting heavy pressure on households and on public spending on health but at the same time generating momentum to implement reforms to the health system that have been discussed for many years. The immediate impact for the population, has, however, been a reduction in coverage, and many structural issues remain to be addressed.



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# Introduction

This publication summarizes the more detailed WHO profile of health and well-being in Greece. It shows how the country is progressing towards the shared health goals set out in the health policy of the WHO European Region, Health 2020, and describes some specific features of Greek health and health policy. Whenever possible, the data in the report are drawn from the European health for all (HFA) database of the WHO Regional Office for Europe (1) unless stated otherwise.

## Health 2020

Health 2020 aims to support action across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure the existence of people-centred health systems that are universal, equitable, sustainable and of high quality (2,3). European Member States have agreed on a set of core indicators to monitor progress towards the Health 2020 policy targets in the Region and in all Member States (4) (Table 1). Ten of these 19 core indicators show improving trends in Greece, but there are deteriorating trends for three indicators: prevalence of overweight, the unemployment rate and the Gini coefficient on income distribution.

Greece is on track to reach the target for the reduction of premature mortality from four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases) but not for diseases of the digestive system. Life satisfaction, a measure of subjective well-being, is lower in Greece than the averages for the Region and for the countries belonging to the EU before May 2004 (EU15). Among objective well-being measures, 61% of people aged over 50 years in Greece reported that they had relatives or friends on whom they could count when in trouble, which is among the lowest percentages in the Region. A national health policy aligned with Health 2020, including an implementation plan and accountability mechanism, has been developed but not yet formally adopted.

Table 1. Core indicators for monitoring Health 2020 policy targets, Greece, most recent years available

Target	Indicator	Value			Year
		Male	Female	Total	
<b>1. Reduce premature mortality<sup>a</sup></b>	Premature mortality rate from cardiovascular disease, cancer, diabetes mellitus and chronic respiratory diseases among people aged 30 to under 70 years	365	161	259	2011
	Prevalence of tobacco use among adults aged 18 years and over <sup>b</sup> (5)	51.2	25.7	38.2	2013
	Pure alcohol consumption per capita among adults aged 15 years and over	–	–	7.4	2011
	Prevalence of overweight and obese (body mass index $\geq 25$ ) adults aged 18 years and over (age-standardized estimate) (6)	66	55	61	2014
	Mortality rate from external causes of injury and poisoning, all ages	42	11	26	2011
<b>2. Increase life expectancy</b>	Life expectancy at birth, in years	78.6	83.2	80.9	2011
<b>3. Reduce inequities<sup>c</sup></b>	Infant mortality rate per 1000 live births	3.2	2.6	2.9	2012
	Proportion of children of official primary school age not enrolled (net enrolment rate (7))	0.8	0.2	0.5	2011
	Unemployment (8)	23.6	30.2	26.5	2014
	National policy addressing reduction of health inequities established and documented	NA	NA	No	NA
	Gini coefficient (9)	–	–	0.37	2012
<b>4. Enhance well-being<sup>d</sup></b>	Life satisfaction among adults aged 15 years and older (10)	–	–	5.1	2007–2012
	Availability of social support among adults aged 50 years and older (10)	–	–	61	2013
	Percentage of population with improved sanitation facilities (11)	–	–	99	2015
<b>5. Universal coverage and “right to health”</b>	Private household out-of-pocket expenditure as proportion of total health expenditure	NA	NA	26.4	2013
	Percentage of children vaccinated against measles (one dose by second birthday)	–	–	99	2012
	Percentage of children vaccinated against poliomyelitis (three doses by first birthday)	–	–	99	2012
	Percentage of children vaccinated against rubella (one dose by second birthday)	–	–	99	2012
	Total health expenditure as a percentage of gross domestic product	NA	NA	9.8	2013
<b>6. National targets</b>	Establishment of process for target-setting documented	NA	NA	No	2015
	Evidence documenting:				
	(a) national health service aligned with Health 2020	NA	NA	No	2015
	(b) implementation plan	NA	NA	No	2015
(c) accountability mechanism	NA	NA	No	2015	

NA: not applicable.

<sup>a</sup> Target 1 includes percentage of children vaccinated against measles, poliomyelitis and rubella.

<sup>b</sup> Prevalence includes both daily and occasional (less than daily) use among adults aged 15 years or more.

<sup>c</sup> Target 3 includes life expectancy at birth.

<sup>d</sup> Target 4 includes Gini coefficient, the unemployment rate and the proportion of children not enrolled in primary school.

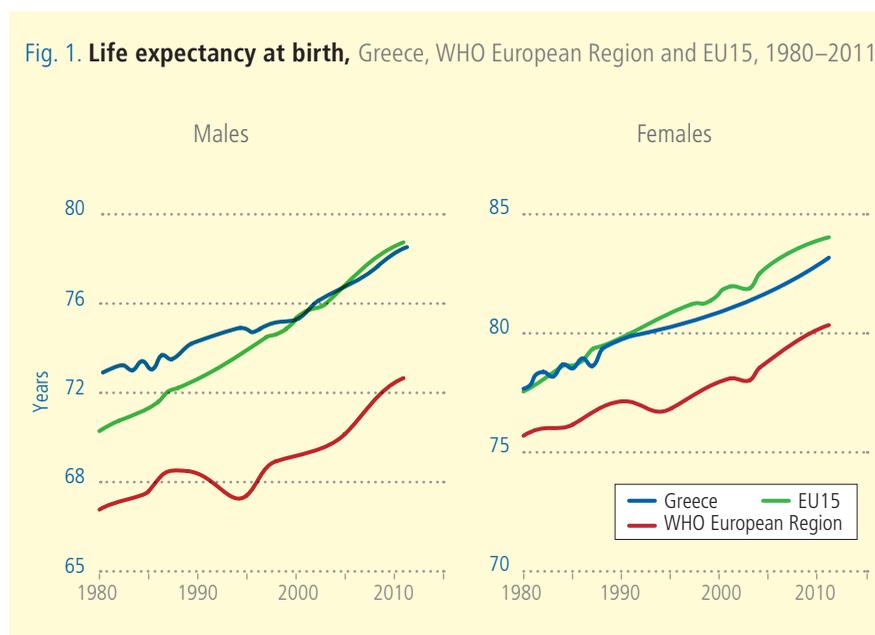
Source: WHO European health for all database (4) unless otherwise specified.

## Highlights on health in Greece

As stated above, the health status of the Greek population has been among the best in the Region but improvements in health were falling behind in comparison with other European Member States (in particular for circulatory diseases and cancers) long before the current economic crisis. This decline in relative health in Greece is illustrated in Fig. 1, which shows comparisons in life expectancy over the period 1980–2011 between Greece, the WHO European Region and the EU15 (including Greece). A breakdown of the main causes of death in Greece and the EU15 is given in Fig. 2.

The widest gap concerns circulatory diseases. From being among the best performers as regards circulatory disease among the European Member States, Greece has steadily fallen behind despite some improvements in recent years. For cancer, mortality rates in Greece are higher now than in 1970, in contrast to the falling rates elsewhere in Europe and notwithstanding some recent improvements.

In both cases, the reasons are difficult to identify and are likely to be due to a combination of factors relating to individuals, the wider health system and the overall state of Greek society.



## Risk factors and determinants of health

Among individual risk factors, a long-standing issue concerns smoking, for which the rates remain among the highest in the Region and the highest in the EU15 (Fig. 3).

The prevalence of childhood obesity is, paradoxically, one of the highest in Europe even though the pattern of eating has traditionally

Fig. 2. Comparison of main causes of death for Greece and EU15, 1970–2010

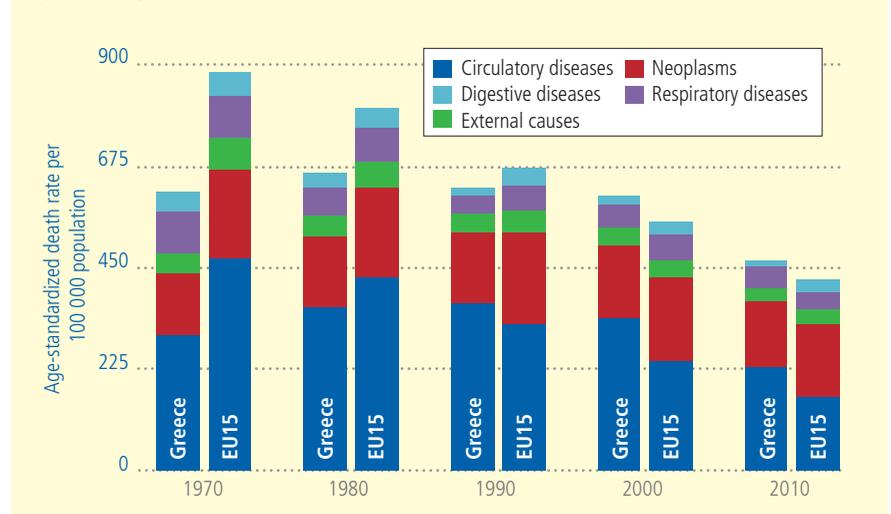
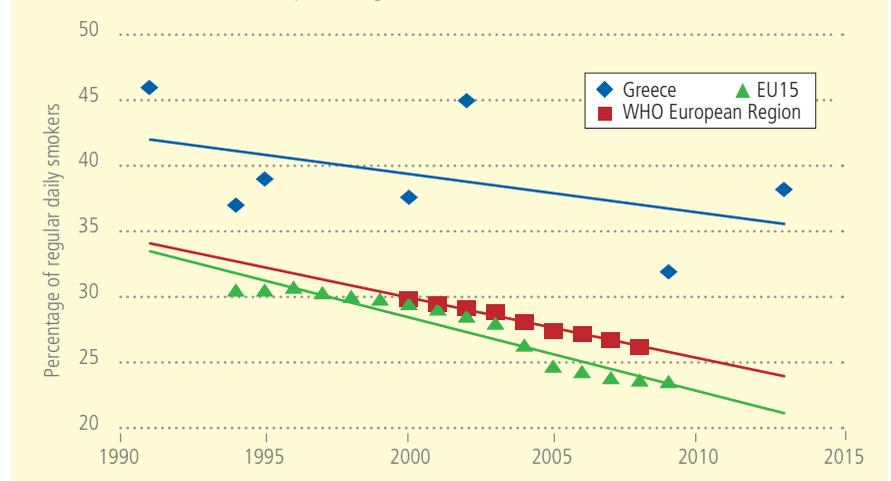
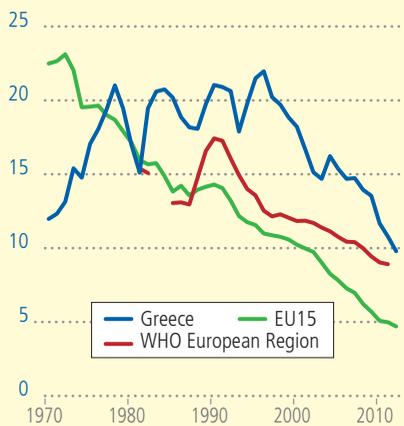


Fig. 3. Percentage of regular daily smokers in the population aged 15 years or over, Greece, WHO European Region and EU15, 1980–2013



**Fig. 4. Age-standardized death rate, all ages, motor vehicle accidents per 100 000 population, Greece, WHO European Region and EU15, 1970–2012 (per 100 000 population)**

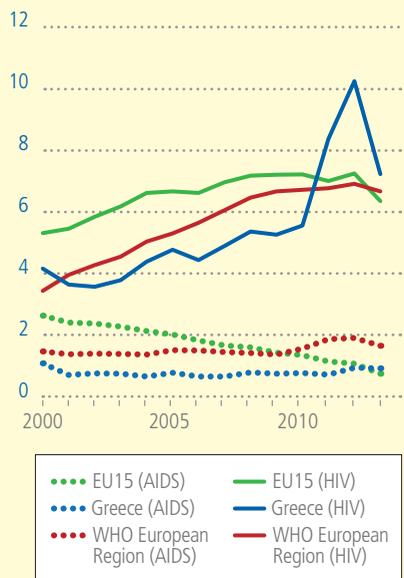


conformed to the Mediterranean diet. It could be argued that this diet is vanishing, especially among children and adolescents who have adopted a more westernized diet. The protective benefits of the traditional diet in Greece, which have been described many times in the past, do not appear evident today either in the causes of death or in terms of how overweight people are. On the contrary, WHO estimates that in 2014, 66% of men and 55% of women in Greece were overweight, above the European Member States' average for both sexes and particularly so for men. Estimates by the Institute for Health Metrics and Evaluation suggest that tobacco smoking, high blood pressure and dietary risks are responsible for the heaviest burden of disease in Greece (12).

Another particularly relevant issue is mortality from motor vehicle traffic accidents, for which Greece has the highest rate in the EU and more than double the EU15 average (Fig. 4).

A potential warning sign for the future also concerns the incidence of HIV/AIDS; the incidence of HIV in particular has increased markedly in recent years (Fig. 5).

**Fig. 5. Comparison of HIV and AIDS incidence rates per 100 000 population, Greece, WHO European Region and EU15, 2000–2013**

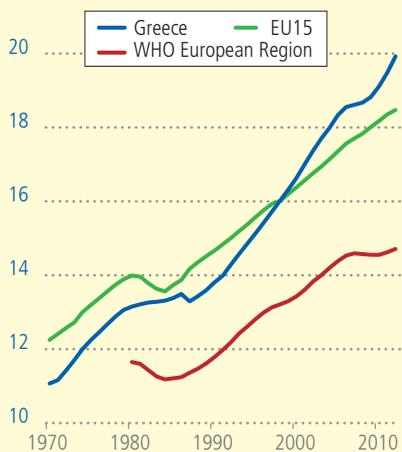


## Health system

The health system in Greece is complex and fragmented (13,14). Although a national health service was established in 1983, the social health insurance system that preceded it was not abolished and the two systems have continued to exist alongside each other. This has resulted in different funds and structures with different population coverage, contribution rates and benefit packages, with resultant inefficient operation and unequal outcomes.

Historically, the Greek health system has also proved difficult to reform and successive reforms have not been implemented in practice (10). The introduction of the national health service took several attempts dating back to 1953; even when it was established in 1983, significant elements were only partially implemented or not implemented at all, causing particular problems in weak and fragmented primary care, a lack of referral mechanisms and information and planning systems, and accumulation of substantial debt. These challenges for the health system are compounded by the demographic profile of Greece. The proportion of elderly people has been rising faster than in

**Fig. 6. Percentage of population aged 65 years and over, Greece, WHO European Region and EU15, 1970–2012**



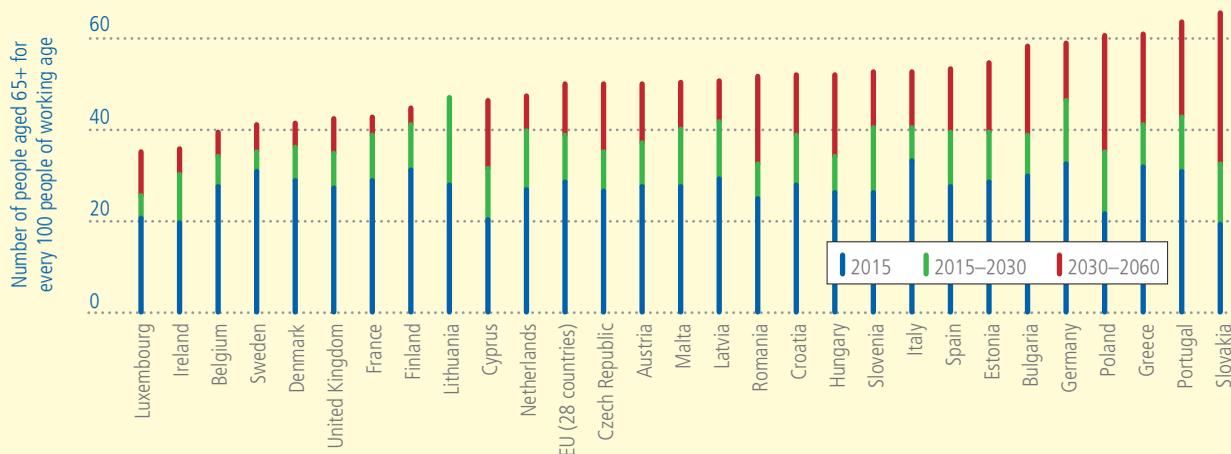
other European Member States (Fig. 6), giving Greece one of the highest dependency ratios of elderly people in comparison to the working-age population in the EU (Fig. 7).

Following the global financial crisis, Greece has experienced a severe economic crisis, with real GDP falling away from the rest of the EU and below the average for the Region (Fig. 8).

For the health system, the financial crisis has been a two-edged sword. On the one hand, the crisis put heavy pressure on public finances in general and health expenditure in particular. Between 2009 and 2012, total health expenditure per capita in purchasing power parity decreased by 22%, while public health expenditure fell even further by 24%. Hit by the financial crisis, people were not able to compensate by increasing their private health expenditure. On the contrary, this fell by 20%. As a result, the unmet need for medical care almost doubled from 4.0% in 2009 to 7.8% in 2013 (15). Although out-of-pocket expenditure decreased to 26% in 2013 (a reduction of 8% since 2000), it is still almost twice as high as the average for the EU15.

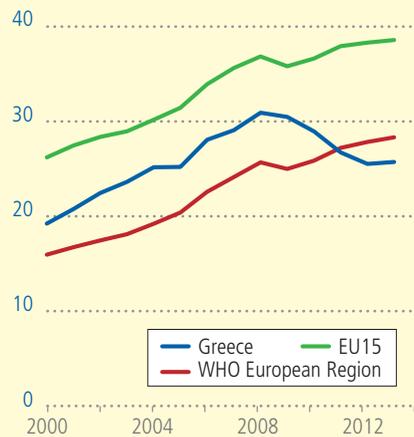
On the other hand, the crisis generated the momentum to implement reforms to the health system that had been discussed for many years, in particular the merger and consolidation of social insurance funds into a single fund and the standardization of their

**Fig. 7. Projected old-age dependency ratios for all EU countries, 2015–2060**



Source: Eurostat (16).

**Fig. 8. Real gross domestic product in US \$ 000, at purchasing power parity, Greece, WHO European Region and EU15, 2000–2013**



benefits. The immediate impact, has, however, been a reduction in coverage, both in terms of the proportion of people covered by social insurance (as this is linked to employment, which fell significantly from 2009 to 2014) and in the health benefits to which coverage entitles them (17,18).

Many structural issues remain to be addressed within the health system. Primary health care reform is unfinished and incomplete, no referral system has been established and the imbalance between preventive and curative medicine remains. One distinctive aspect of the health system is the imbalance between doctors and nurses. Although the levels of health professionals in general have been increasing since 2000, in comparison with health systems in other European Member States the balance is skewed towards doctors. The availability of physicians and dentists per capita is much higher than the EU15 average (+67% and +80%, respectively), while the numbers of nurses and midwives per capita are well below the EU15 average (-59% and -27%, respectively).

## Conclusions

Although in the past Greece has been among the countries with the best health status in the Region, health improvements were falling behind in comparison with other European Member States, even well before the current economic crisis, and progress towards the Health 2020 targets is mixed. Greece undoubtedly faces particular challenges due to its continuing economic crisis, although these pressures have also generated the momentum to address some long-standing issues, especially with the health system. This summary has highlighted some key challenges for health in Greece that should be addressed if the country is to regain its position among the healthiest countries in the Region.

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