

Health policy in Greece

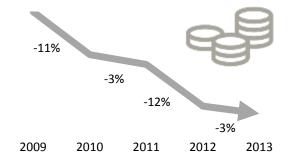
Between 2009 and 2013, public spending on health fell by EUR 5.2 billion – representing a 32% drop in real-terms. This reduction clearly represents a shock for the system to adsorb, even though it is clear that there were inefficiencies in the Greek system (for example, inappropriate prescribing, weak primary care, imbalances in the mix of health professionals). A whole series of changes to entitlement, benefits and user charges as well as structural reforms have left all sectors of the Greek health system affected.

The health system underwent significant cuts in public spending

Greece has seen a reduction in health spending of more than a third in real terms since 2009

In 2013, per capita health spending in Greece dropped by a further 3% in real terms - the fourth year in succession that overall health expenditure has fallen. The drop was mainly a result of further decreases in government spending. The government's annual bill for pharmaceuticals alone was cut by EUR 1.8 billion between 2009 and 2013, notably by cutting the prices paid for drugs and promoting the increased use of generics.

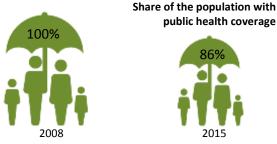
Falls in per capita health spending

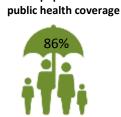


Despite the cuts, figures for 2013 show public pharmaceutical spending still accounted for around 1.9% of GDP, the highest among OECD countries. By comparison, Spain and Portugal reduced their public pharmaceutical spending below 1% of GDP by 2013 (albeit from a lower level of around 1.3% in 2008/9) - pointing towards further efficiencies, e.g. in prescribing practices, in Greece.

The economic crisis significantly reduced health insurance coverage among the population

Those who were most affected were the long-term unemployed, as well as self-employed workers who decided not to renew their health insurance plan because of reduced disposable income.





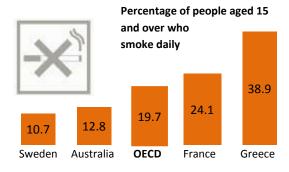
Since June 2014, uninsured people are covered for prescribed pharmaceuticals, services in emergency departments in public hospitals, as well as for nonemergency hospital care under certain conditions.

- Ensure full implementation of measures aimed to extend coverage and access to the uninsured.
- Increase efforts to improve the long-term sustainability and quality of health care services.
- Further plans to rationalise pharmaceutical spending, and reorganise hospital care.

Improving preventive health measures

Greece has the highest smoking rate in the OECD with almost one in two men smoking daily

Tobacco is a major risk factor for at least two of the leading causes of premature mortality -cardiovascular diseases and cancer.



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

What can be done?

- Further restrict the promotion of tobacco products, for example, through the introduction of plain packaging.
- Take initiatives to help consumers make informed
- Encourage primary care physicians to counsel atrisk patients about making healthy lifestyle choices.

To read more about our work: Cardiovascular Disease and Diabetes



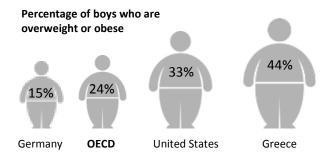
Health policy in Greece

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www.oecd.org/health

▶ While adult obesity rates in Greece are around the OECD average, childhood obesity is worryingly high

Children who are overweight or obese are at greater risk of poor health in adolescence, as well as in adulthood. Among young people, orthopaedic problems and psychosocial problems such as low self-image, depression and impaired quality of life can result from being overweight.



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

What can be done?

- Develop a comprehensive package of highly effective interventions, targeting younger age groups and the determinants of obesity.
- Provide fiscal incentives, such as increasing the price of food with high fat or sugar content.
- Limit children's exposure to fast food advertising.
- Provide comprehensive information on food labels to help consumers make informed choices.

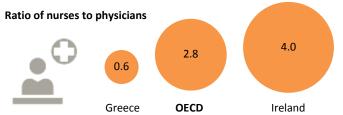
To read more about our work:

<u>Obesity and the Economics of Prevention: Fit not Fat</u>

<u>Obesity Update 2014</u>

Strengthening primary health care

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

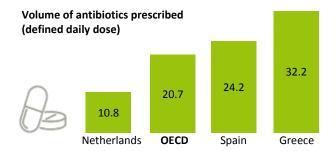


Nurses play a critical role in providing health care not only in traditional settings such as hospitals and long-term care institutions but increasingly in primary care (especially in offering care to the chronically ill) and in home care settings. While nurses greatly outnumber physicians in most OECD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

>> What can be done?

- Consider more selective contracting (i.e. select doctors allowed to dispense covered services, based on quality indicators).
- Encourage the training and retention of physicians in primary care settings through the use of incentives.
- Seek to improve appropriateness of care, especially acute care, the balance of services offered in different health care settings, and improve the role of community and primary care.

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



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

What can be done?

- Policy makers should monitor the use of medicines and its appropriateness more decisively. This should be made easier by the introduction of e-prescription.
- Decisions on coverage of drugs must become more rational and based on Health Technology Assessment.
- Effective programmes and awareness campaigns to educate health care personnel and prevent excessive use of antibiotics.

To read more about our work:

<u>Health at a Glance 2015</u>

Antimicrobial Resistance in G7 Countries and Beyond