Greece

Health systems

Economic classification: **High Income**

Health systems summary

Greece has a mixed public/private system made up of a National Health System funded primarily by taxes and a social health insurance system that is funded by insurance premiums from employers and employees. Greece's economic crisis has had a major impact on its public health system, with large-scale austerity measures reducing spending. As a result, the quality of care in the public sector has decreased, leading many to seek out private care instead. A recent assessment by Amnesty International concluded that the austerity measures has resulted in reductions in the accessibility and the affordability of care.

As public health spending has fallen, private health spending has increased. This has result in reduced financial protection for the majority. Out of pocket expense (OOP) is among the highest in the EU at 35% of total health expenditure in 2017 and informal payments are reportedly rife. The majority of OOP expenses are thought to be due to pharmaceutical costs, costs borne from private care and recently introduced user fees.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	No
Are there any obesity-specific recommendations or guidelines published for children?	No
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Lack of political will, interest and action	High cost of out of pocket payments	Economic crisis	Lack of training for healthcare professionals
Poor health literacy and behaviour	Cultural norms and traditions	Food cost and availability	Obesity not recognised as a disease
Poor availability of pharmaceutical options	Use of inappropriate 'treatments'		

Summary of stakeholder feedback

The situation in Greece is dominated by the ongoing financial crisis. Physicians can identify their patient as living with overweight or obesity but due to a diminished health system, there are limited options to be referred onto. The Government has insufficient finance to support treatment and so stakeholders agreed that treatment is usually an 'out of pocket expense' typically provided via private dieticians or clinics. Concern was expressed that this leaves individuals exposed to the unregulated slimming business. The situation is worse in rural areas where communities have very limited treatment options in both the private and public sector.

Stakeholders suggest that nearly all appropriately qualified health care practitioners (HCPs) work in the big cities, so there are inadequate numbers in rural areas. However, limited specialist training and the fact you have to self-fund means that few have an adequate level of obesity training. Fortunately, obesity-related associations are known to work with each other to arrange training courses that pool knowledge and resources. It seems that HCPs are keen to equip themselves to treat but have few facilities or resources to do so.

Due to limited finances, there are limited to no prevention efforts in Greece. Stakeholders reported that there are no campaigns or initiatives of note, and there are no fiscal measures in place.

Based on interviews/survey returns from 4 stakeholders

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