



State of Health in the EU

Greece

Country Health Profile 2023

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 policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation 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 finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Greece, 2022

Demographic factors	Greece	EU
Population size	10 459 782	446 735 291
Share of population over age 65 (%)	22.7	21.1
Fertility rate ¹ (2021)	1.4	1.5
Socioeconomic factors		
GDP per capita (EUR PPP ²)	23 934	35 219
Relative poverty rate ³ (%)	18.8	16.5
Unemployment rate (%)	12.5	6.2

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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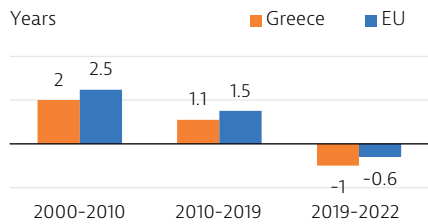
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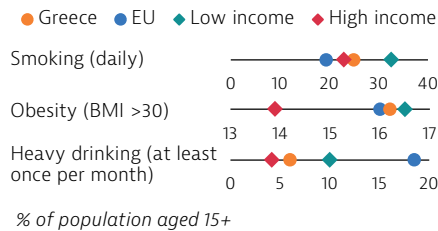
1 Highlights



Changes in life expectancy at birth

Health Status

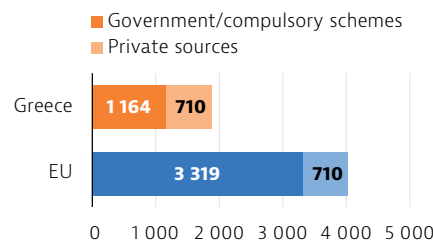
After two decades of gains, Greece's life expectancy at birth experienced a sharp decrease of 1.5 years between 2019 and 2021 due to the COVID-19 pandemic. With a slight rebound in 2022, it returned to the 2012 level of 80.7 years, which is equal to the EU average. Stroke, ischaemic heart disease and lung cancer are the leading causes of death.



% of population aged 15+

Risk Factors

Smoking rates in Greece are high: one in four adults smoke daily. Obesity rates are on a par with the EU average among adults, but are higher among adolescents. In contrast, Greece registers low rates of heavy drinking. People in the lowest income quintile are more likely to smoke, be obese and report heavy episodic drinking than those in the highest quintile.



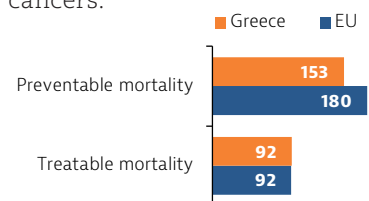
EUR PPP per capita, 2021

Health System

At EUR 1 874 per capita in 2021, Greece spent less than half of the average total health expenditure across the EU. Public expenditure is the primary source of financing (62 %), but is significantly below the EU average of 81 %. The majority of private spending is in the form of out-of-pocket payments (33 %), a share much higher than the EU average (15 %).

Effectiveness

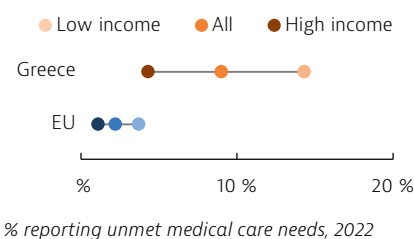
As in other EU countries, the number of preventable deaths in 2020 increased as a result of COVID-19. However, the preventable mortality rate remained below the EU average. Mortality from treatable causes is equal to the EU average, and is driven by challenges in diagnosing and treating patients with cardiovascular diseases and cancers.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

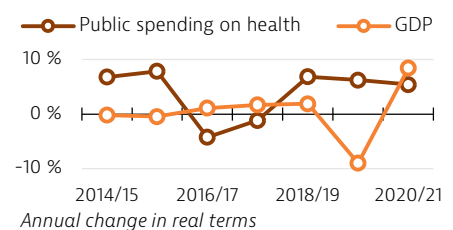
Rates of reported unmet needs for medical care in Greece (9.0 %) are considerably higher than the EU average (2.2 %). Unmet needs reported by low-income households are more than three times higher than those reported by high-income groups. Cost is a major driver of forgone care, reflecting high out-of-pocket spending by households.



% reporting unmet medical care needs, 2022

Resilience

Public spending on health has grown in real terms since 2018/19, a trend that was maintained throughout the pandemic, despite a sharp reduction in GDP in 2019/2020. Greece's Recovery and Resilience Plan prioritises investments in public hospitals, digital transformation and prevention, as well as in modernising primary healthcare infrastructure.



Annual change in real terms

Mental Health

One in five people experienced a mental health issue in Greece before the COVID-19 pandemic in 2019. The most common mental health conditions were depression (estimated to affect 7 % of the population), anxiety (6 %) and alcohol and drug-use disorders (2 %). Mental health reform programmes have focused on promoting community-based care, mental health education and promotion, and primary and secondary prevention activities – such as in the area of substance abuse.

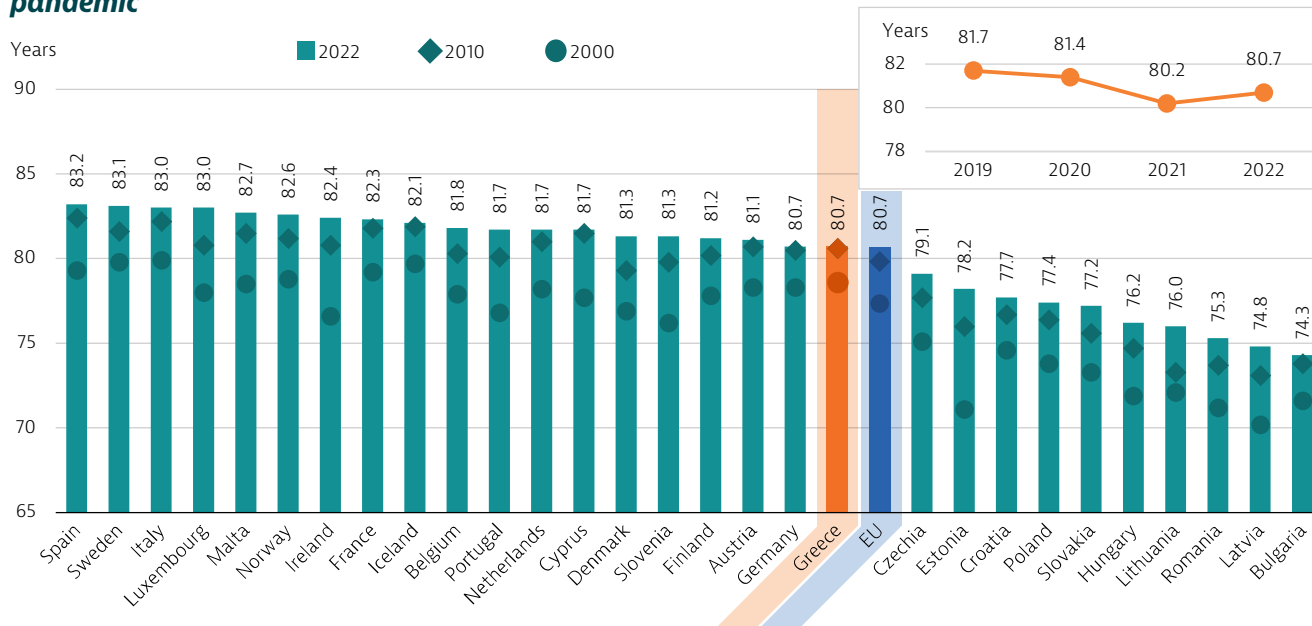
2 Health in Greece

Life expectancy in Greece fell during the COVID-19 pandemic

In 2022, life expectancy at birth for the Greek population was 80.7 years, which is equal to the EU average but lower than in most southern and western European countries (Figure 1). Overall, life expectancy declined by 1 year between 2019

and 2022; a large loss was experienced in 2021 but the rate rebounded slightly in 2022. The COVID-19 pandemic has pushed Greece's life expectancy back to levels last recorded in 2012. Women in Greece lived 5.2 years longer than men in 2022 – a gender gap that is close to the EU average.

Figure 1. Life expectancy in Greece has fallen close to the 2010 level as a result of the COVID-19 pandemic



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021.

Source: Eurostat Database.

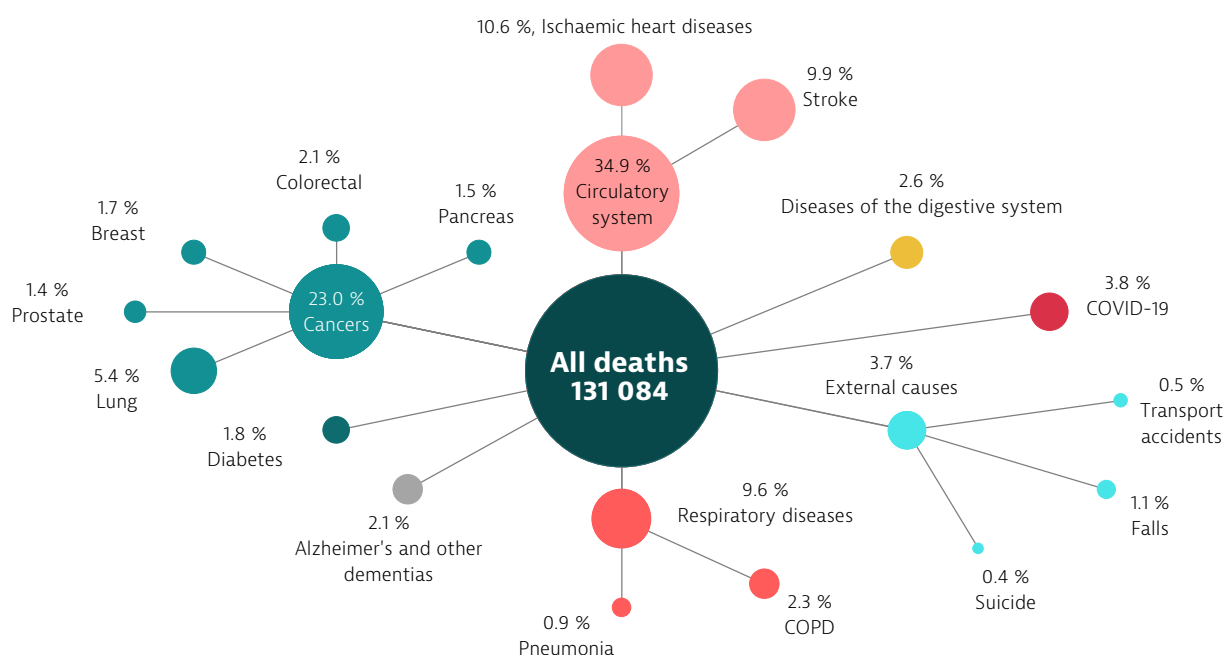
Circulatory diseases and cancers remained the main causes of death in 2020

In 2020, the leading causes of death in Greece were diseases of the circulatory system, such as stroke and ischaemic heart diseases (nearly 35 % of all deaths), and cancers (23 % of all deaths) – particularly lung cancer (Figure 2). During the first year of the pandemic, COVID-19 accounted for over 5 000 deaths in Greece, which represented nearly 4 % of all deaths – the fourth leading cause after respiratory diseases. Over 85 % of COVID-19 deaths in 2020 were among people aged 65 and over.

The broader indicator of (all-cause) excess mortality shows that excess deaths in Greece were about 7 % higher in 2020, 16 % higher in 2021 and 13 % higher in 2022 than in the previous five years (2015-19), with a three-year average for 2020-22 of nearly 12 %. In addition, in all three years, the number of excess deaths were greater

than the number of recorded COVID-19 deaths (Figure 3). This suggests that the death toll related to COVID-19 during these three years might have been higher than reported. It is also due, in part, to the disruptions to health services during the pandemic, such as the suspension of outpatient care and cancellations of elective surgeries, resulting in increased mortality from other causes (Kondilis, Tarantilis & Benos, 2021).

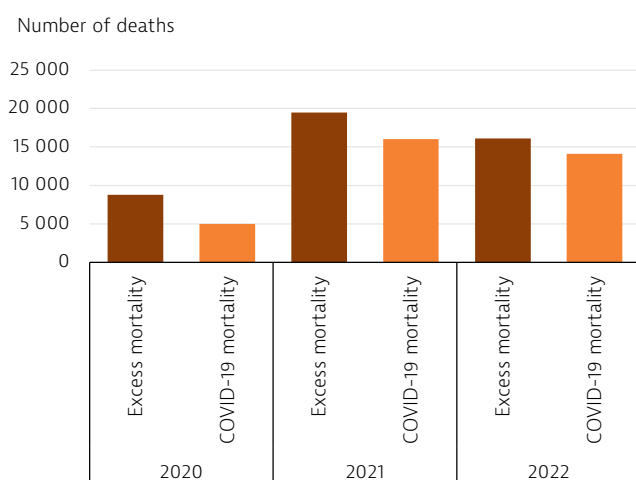
Figure 2. COVID-19 accounted for nearly 4 % of deaths in Greece in 2020



Note: COPD refers to chronic obstructive pulmonary disease.

Source: Eurostat Database (data refer to 2020).

Figure 3. Excess mortality was higher than the COVID-19 mortality recorded between 2020 and 2022



Note: Excess mortality is defined as the number of deaths from all causes above the average annual number of deaths over the previous five years before the pandemic (2015-19).

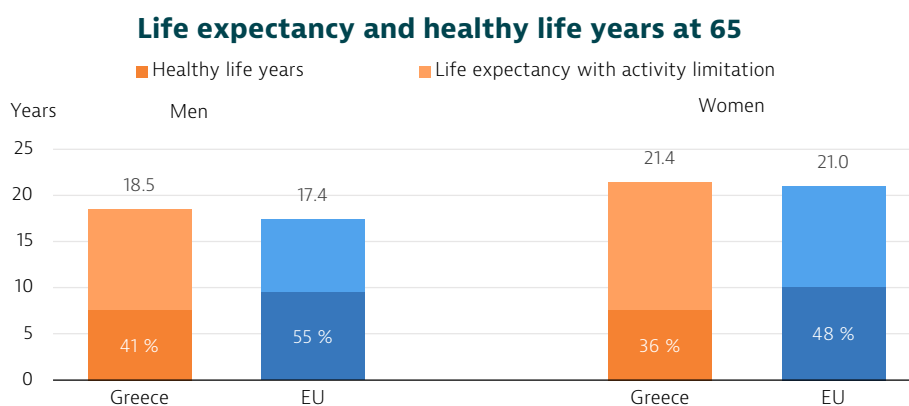
Sources: ECDC (for COVID-19 mortality) and OECD Health Statistics based on Eurostat data (for excess mortality).

Women live a greater portion of their lives after the age of 65 with disabilities

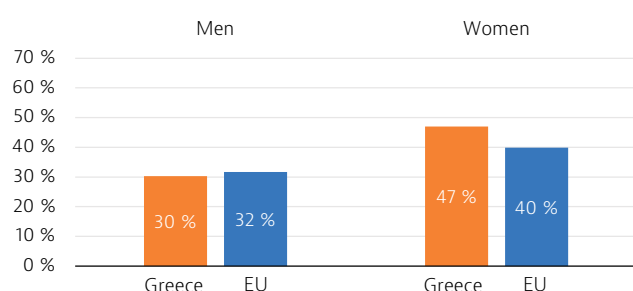
As a result of rising life expectancy, a fertility rate below replacement level and the ageing baby-boom generation, the share of people aged 65 and over in Greece grew from 17 % in 2000 to 23 % in 2022. This share is projected to increase to 34 % by 2050.

In 2020, 65-year-old women could expect to live another 21.4 years – nearly three years longer than 65-year-old men (Figure 4). These shares are lower than the EU averages. However, the gender gap in healthy life years is smaller because women spend a greater portion of their remaining life years living with disabilities (activity limitations). Close to 50 % of Greek women aged 65 and over reported having more than one chronic condition in 2020, compared to only 30 % of men in that age group. A similar gender gap is observed in activity limitations among people aged 65 and over in Greece, as is the case in many other EU countries.

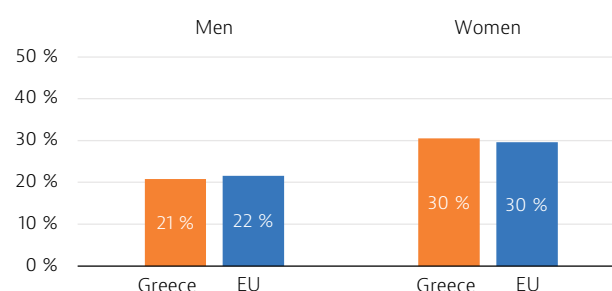
Figure 4. Fewer older people in Greece report having healthy life years than the EU average



Proportion of people aged 65 and over with multiple chronic conditions



Limitations in daily activities among people aged 65 and over



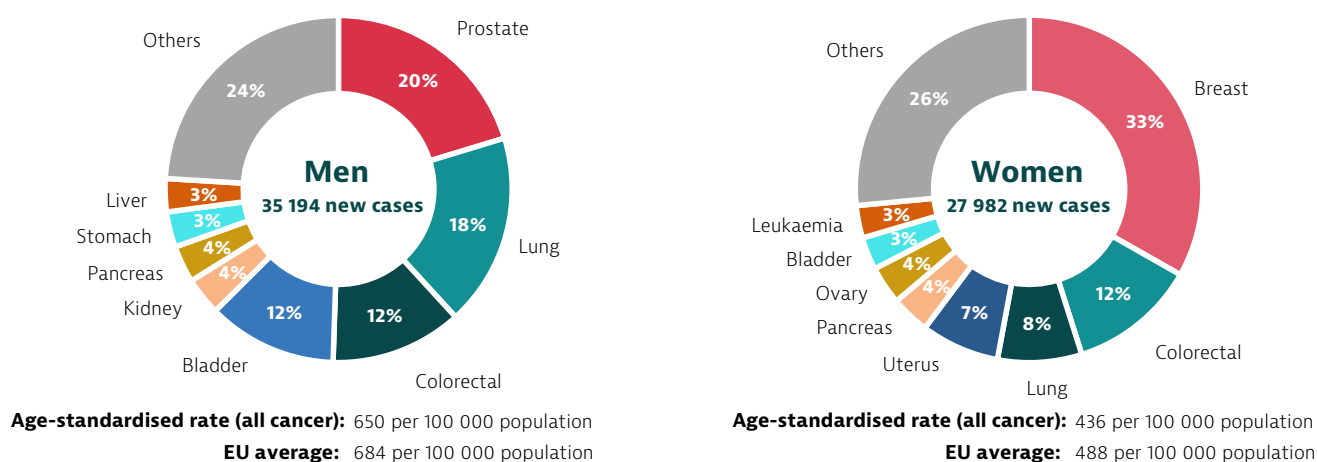
Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for chronic conditions and limitations in daily activities). Data refer to 2020.

Breast, prostate and lung cancers contribute significantly to the burden of cancer in Greece

According to estimates from the Joint Research Centre based on incidence trends from previous years, more than 63 000 new cases of cancer were expected to be diagnosed in Greece in 2022. Cancer

incidence rates were expected to be lower than the EU averages for both men and women. Figure 5 shows that the main cancer sites among men are prostate, followed by lung, colorectal and bladder cancer, while among women they are breast, colorectal, lung and uterus cancer.

Figure 5. More than 63 000 cancer cases in Greece were expected to be diagnosed in 2022



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

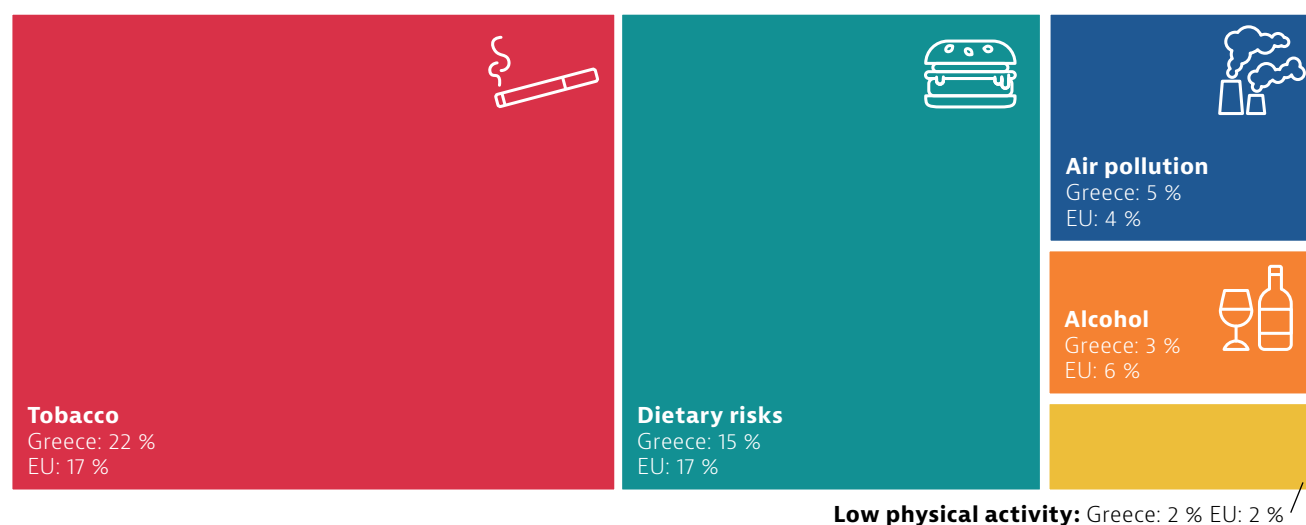
3 Risk factors

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. Some 22 % of all deaths can be attributed to tobacco smoking (including direct and second-hand smoking) in 2019, a share well above the EU average (Figure 6). Unhealthy diet (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 6. Tobacco and dietary risks are major contributors to mortality in Greece



Notes: 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 in Greece has declined in the last two decades, prior to which over one third of the population were daily smokers. In 2019, one in four Greek adults smoked daily, which is still one of the highest rates in EU countries (Figure 7). As in many other countries, Greek men are much more likely to smoke than women (31 % compared to 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, but still faces implementation challenges (see Section 5.1).

Fewer than one in five 15-year-olds in Greece (17 %) reported that they had smoked in the past month in 2022 – a proportion that has slightly declined over the past decade and is equal to the EU average. However, use of e-cigarettes are popular

among adolescents, and about one in ten 15- and 16-year-olds in Greece (11 %) reported smoking e-cigarettes in 2019, although this proportion was lower than the EU average of 14 % (based on the ESPAD survey).

Overweight and obesity among adolescents are a particular public health concern

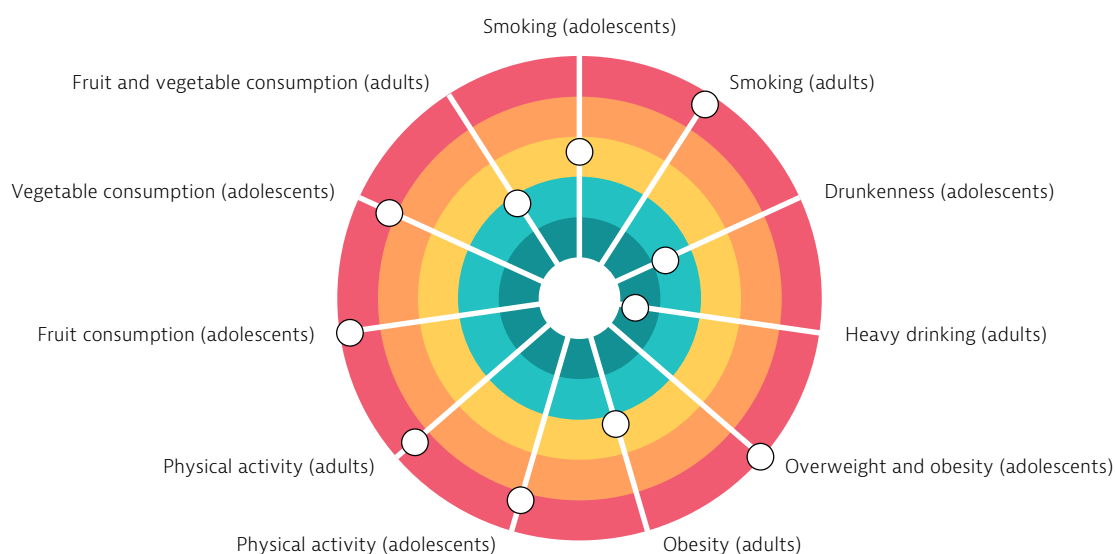
Around one in six adults (16 %) were obese in Greece in 2019 – a higher percentage than in Italy (11 %) or France (14 %), but on a par with some other Mediterranean countries such as Cyprus (15 %), Portugal (17 %) and Spain (15 %), as well as the EU average (16 %). In contrast, more than one in four (28 %) 15-year-olds were overweight or obese in Greece in 2022, which is a higher proportion than in most other EU countries and an increase since 2018 (22 %). Boys are much more likely to be overweight or obese than girls.

In Greece, as in most other EU countries, poor nutrition is the main factor contributing to being overweight or obese. Between 2014 and 2019, however, the Greek adult population improved its consumption of five portions of fruit and vegetables per day from 7.8 % to 12.4 %, reaching the EU average. The opposite trend is discernible among adolescents, whose daily consumption of both fruit and vegetables declined between 2014 and 2022.

The prevalence of heavy drinking in adults is among the lowest in EU countries

In contrast to the country's high levels of tobacco consumption, only 6 % of Greek adults reported heavy drinking¹ in 2019, which is one of the lowest levels among EU countries. Men were three times more likely than women to be heavy drinkers (9 % compared to 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 7. Smoking among adults as well as overweight and obesity in adolescents are important public health issues



Notes: 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 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

Socioeconomic conditions exacerbate behavioural risk factors in Greece

Several behavioural risk factors in Greece, as in other countries, are more common among people with lower education or income levels. In 2019, nearly one in three adults (32 %) in the lowest income quintile smoked daily, compared to one in five (22 %) among those in highest income quintile. People with lower income (or education) levels were also more likely to be obese and to report heavy episodic drinking.

¹ Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.

4 The health system

Greece's centralised health system provides near universal coverage and a unified benefits package

The National Health System (NHS) is financed through a single health insurer, the National Organisation for the Provision of Health Services (EOPYY), along with substantial funding from the government budget. The Ministry of Health is responsible for extensive regulation of the entire system. Coverage is nearly universal, with health services available to citizens and legal residents, while undocumented migrants are entitled to access only emergency care. The NHS offers a standardised national benefits package covering preventive, primary and secondary care.

EOPYY acts as the single purchaser of publicly funded health services, contracting with both public and private providers. The private sector mainly supplies primary care, ambulatory specialist care and diagnostic services. Reform efforts since 2017 have aimed to strengthen community-level primary care, health promotion and preventive services by expanding the network of local health units and health centres (see Section 5.3).

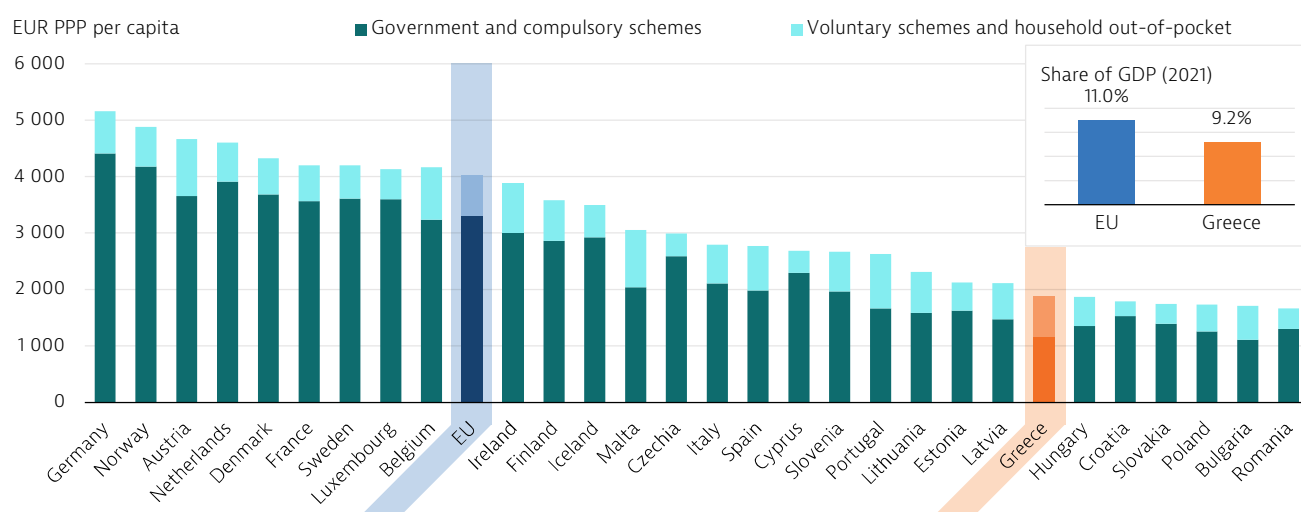
Health spending has grown but is still relatively low compared to most other EU countries

Historically, Greece's health expenditure has been lower than the EU average, particularly after

implementing wide-ranging cost-containment and efficiency measures following the global financial crisis in 2009. In 2021, health spending stood at 9.2 % of GDP, compared to the EU average of 11.0 %. Despite an increase of 4.9 % in current health expenditure between 2020 and 2021, at EUR 1 874 per capita (adjusted for differences in purchasing power), Greece's health expenditure is less than half of the average across the EU (EUR 4 028) (Figure 8).

The share of public financing for healthcare grew slightly to 62.1 % in 2021, but it ranks the lowest among EU Member States and is significantly below the EU average of 81.1 %. Out-of-pocket (OOP) payments by households represent 33 % of health spending, the second highest after Bulgaria, and are much higher than the EU average (15 %). These are mainly copayments for pharmaceuticals and direct payments for services outside the benefits package (see Section 5.2). Informal payments are also a feature of OOP spending, with 13 % of Greek survey respondents in 2022 reporting that they had to give an extra payment or a valuable gift to a nurse or a doctor, or donate to the hospital (in addition to official fees) when visiting a public healthcare setting (EU, 2022; Economou C et al., 2017).

Figure 8. Greece's health expenditure per capita is less than half the average in the EU



Note: The EU average is weighted.

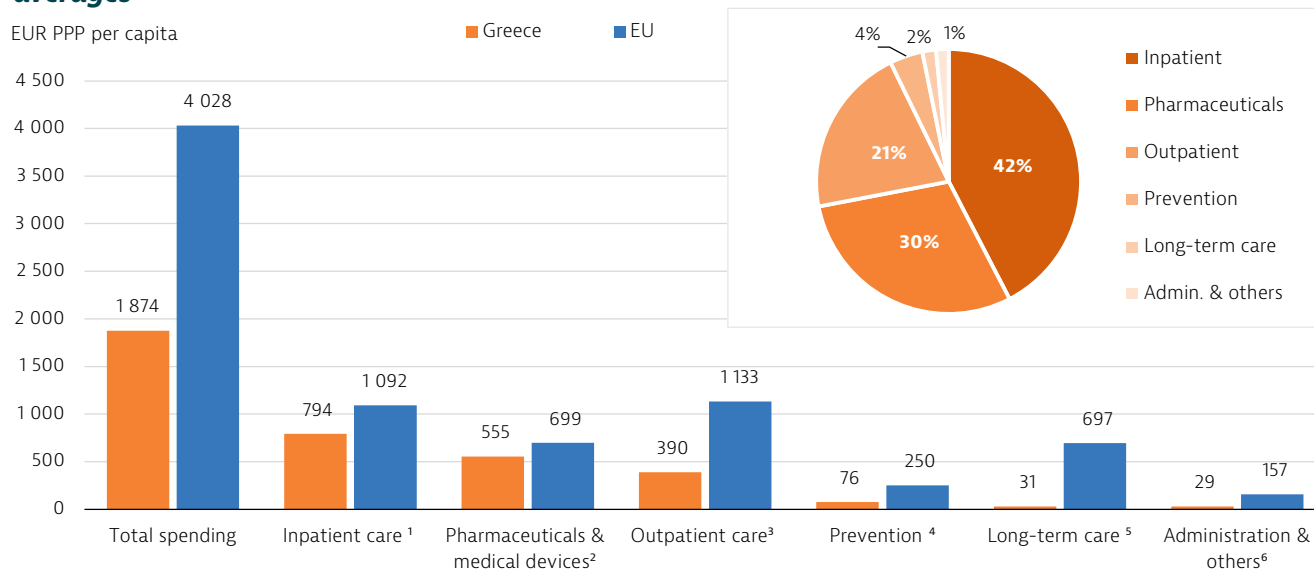
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Inpatient care accounts for the largest category of health spending, followed by pharmaceuticals and medical aids

Continuing established trends, over two fifths of healthcare spending in Greece was on inpatient care in 2021 (Figure 9) – the third highest share in the EU after Cyprus and Romania. The EU average is 28 %. Given that Greece's total health expenditure is relatively low, outpatient pharmaceuticals and medical aids, whose prices tend to converge within the single market, absorb

30 % of health spending, which is far higher than the EU average of 18 %. In contrast, Greece spends far less on outpatient care, both in absolute terms and as a share of total health outlays (21 %), despite efforts to expand the availability and use of primary care. Although spending on prevention has grown, at 4 % of health expenditure it is still low compared to the EU average (6 %). Similarly, resources dedicated to long-term care are among the lowest in the EU.

Figure 9. Greece directs fewer resources towards outpatient care and prevention relative to the EU averages



Notes: 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 spending for organised prevention programmes; 5. Includes only the health component; 6. Includes health system governance and administration and other spending. The EU average is weighted.

Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Greece has fewer hospital beds than the EU average

The overall number of (acute and non-acute) hospital beds has declined incrementally since 2000, reaching 4.3 per 1 000 population in 2021, which is below the EU average of 4.8. The COVID-19 pandemic put a strain on both acute and intensive care unit (ICU) hospital beds during peak times, with the worst-affected regions sometimes having to resort to using beds in private sector facilities.

Most doctors in Greece are specialists, with very few general practitioners

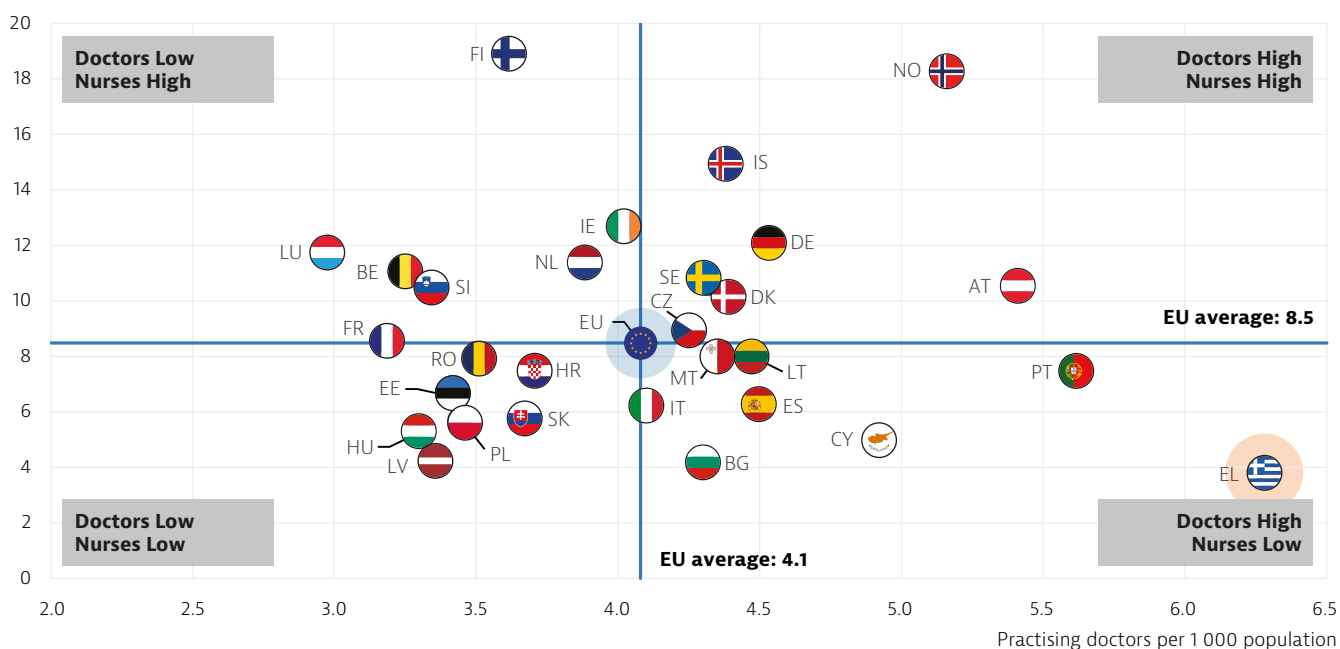
The number of doctors in Greece has grown steadily since 2000 and is far higher than the EU average, at 6.3 per 1 000 population in 2021, but this is partly because all doctors who are licensed to practise are recorded in the data, rather than just those who are professionally active (Figure 10). The overwhelming majority of doctors are specialists:

general practitioners (GPs) account for only 6 % of all doctors, which is by far the lowest share among EU countries.

The number of nurses has remained fairly constant over the last decade but is very low, at 3.8 per 1 000 population in 2021. Again, data limitations mean that only nurses in hospitals are counted, making it difficult to ascertain whether nursing numbers in community settings, for example, are adequate to requirements – particularly to support the rollout of enhanced primary care centres.

Figure 10. Greece records very high numbers of doctors but a much smaller nursing workforce

Practising nurses per 1 000 population



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Greece, the number of nurses is underestimated as it only includes those working in hospitals. 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).

Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

5 Performance of the health system

5.1 Effectiveness

Preventable mortality increased in 2020 but is still below the EU average

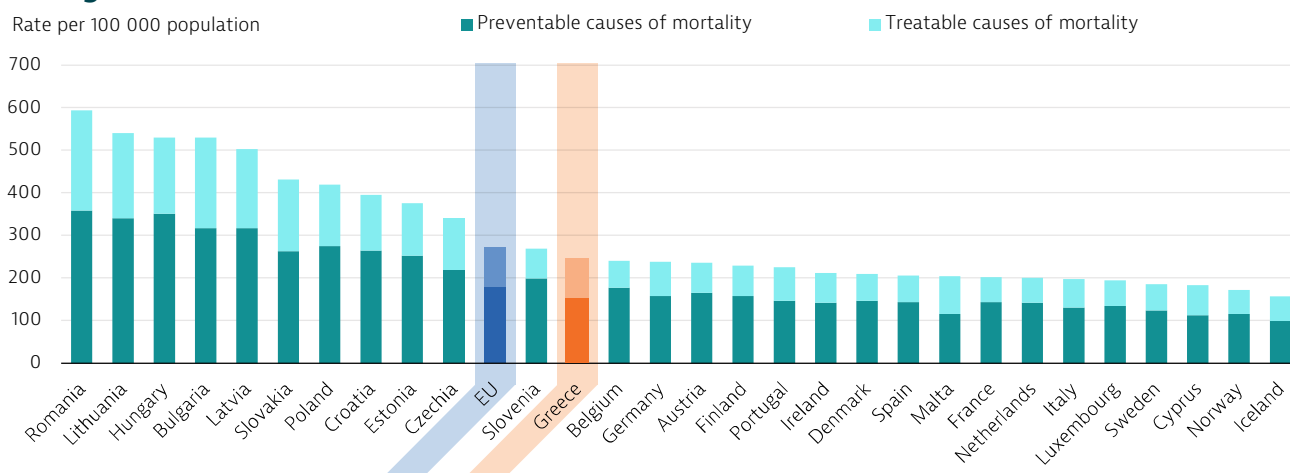
Avoidable mortality from both preventable and treatable causes combined is below the EU average (Figure 11). The rate of preventable deaths in Greece had been decreasing slowly over the last decade, and has consistently stayed below the EU average. However, as in other EU countries, preventable mortality increased in Greece between 2019 and 2020 (by 11 %), mainly due to COVID-19 deaths being classified as preventable. Lung cancer (26 %) and ischaemic heart disease (15 %) continue to be the leading causes of preventable deaths, along with COVID-19 (9 %).

Tackling smoking is a key challenge for improving the rate of preventable deaths

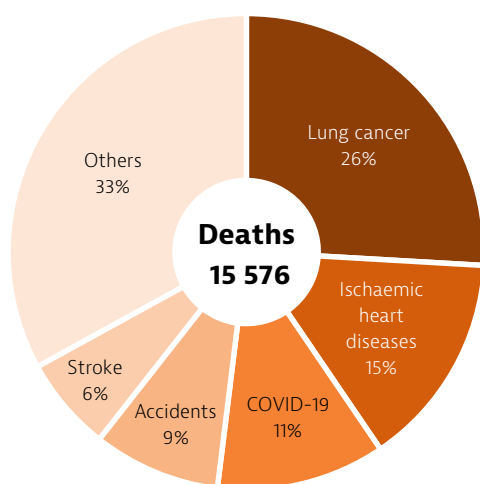
In 2019, as part of wider measures aimed at tackling high smoking rates – which are a key cause of many preventable deaths – the government released a new national tobacco control plan and passed stronger anti-smoking legislation, accompanied by more robust enforcement

measures and penalties. However, since the reopening of businesses after the COVID-19 lockdowns, the implementation of wide-ranging smoking bans in public indoor and outdoor spaces has become less strict. Moreover, little clarification has been provided about the rules on vaping in public spaces (OECD, 2023). Effectiveness in this area may be improved by supplementing the current approach with stronger health education campaigns and by increasing preventive options such as smoking cessation services, which are not widely available. The overarching National Action Plan for Public Health 2021-25 contains prevention measures and actions for managing a variety of diseases, including lung cancer, while the dedicated public health prevention strategy Spyros Doxiadis, launched in 2020, targets a number of prevention efforts across 15 operational fields.

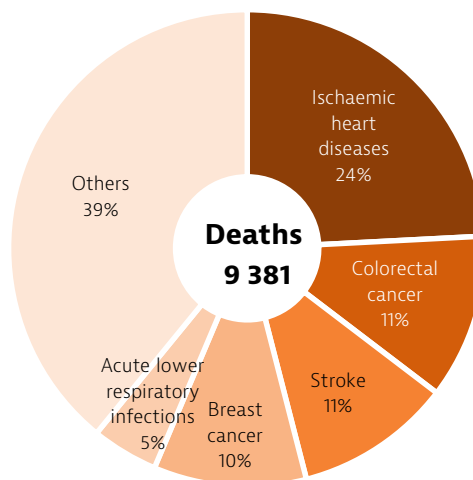
Figure 11. Mortality from preventable and treatable causes in Greece has remained below the EU average



Preventable causes of mortality



Treatable causes of mortality



Greece

Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. Source: Eurostat Database (data refer to 2020).

Take-up rates for selected immunisations are varied

Seasonal influenza vaccinations are free of charge for everyone in Greece, and uptake among people aged 65 and over has been growing since 2009. Thanks to government promotion and efforts to secure over 4 million doses in 2020, the coverage rate for older people jumped to 74 %, almost reaching the WHO-recommended target of 75 %, and well above the EU average (44 %) for that year. The momentum did not continue, however, with only 65 % of this population cohort opting to receive a flu jab in 2021 – although this rate is higher than the EU average of 51 %. Possible reasons may include senior citizens focusing instead on the series of COVID-19 vaccinations in 2021, and influenza being seen as a less prevalent concern. In fact, evidence shows that transmission

of influenza among some groups, such as children and adolescents, declined during the pandemic years due to mitigation measures such as social distancing, use of facemasks and lockdowns (Ktena et al., 2022).

Data on human papillomavirus (HPV) vaccination are not available, but estimates based on an analysis of prescribed HPV vaccines during 2017-21 posit an average of 55 % for girls aged 11-18 and 44 % for the sub-set aged 11-14 – below the WHO target of 90 % of girls aged up to 15 by 2030. Currently, the HPV vaccine is reimbursed for boys and girls aged 9-18, but from 2024 it will only be reimbursed for those aged 9-15. The cost of the vaccine, if paid out of pocket, is high: between EUR 215 and EUR 450 for all doses, depending on the type (OECD, 2023).

Ischaemic heart disease and stroke are the leading causes of mortality from treatable causes

Mortality from treatable causes (92 per 100 000 population in 2020) is now equal to the EU average after fluctuating over the past decade. The rate has been on a small downwards trend since 2015, and continued on this path during the first year of the pandemic. Just over one third of the deaths from treatable causes, which could have been avoided through timely and effective healthcare interventions, were due to ischaemic heart diseases (24 %) and stroke (11 %); this partly reflects shortcomings in diagnosing and treating patients at high risk of cardiovascular diseases, and in managing patients with ischaemic heart disease. Colorectal (11 %) and breast (10 %) cancers are also key drivers of mortality, highlighting the importance of improving early detection through screening and timely treatment.

Screening rates for breast and cervical cancer are generally high

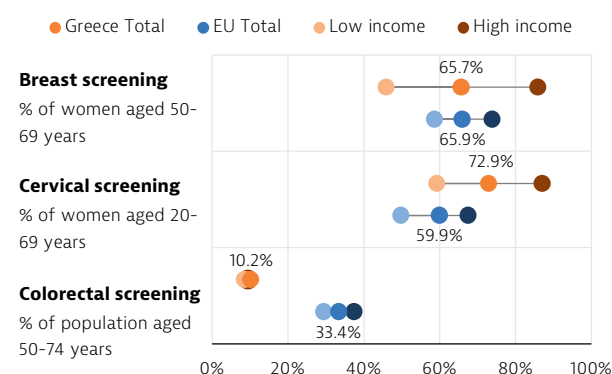
Greece does not currently have a national cancer strategy or action plan; this undermines the country's ability to implement systematic, population-based cancer screening programmes, which are also lacking. The National Action Plan for Public Health 2021-25, which takes a comprehensive approach to modernising Greece's public health services, has underlined the need to develop national screening programmes for cervical and colorectal cancers, alongside the population-based programme for breast cancer introduced in 2018. For other cancers, screening arrangements are opportunistic and fragmented, taking place mainly in the private sector.

The impact of the COVID-19 pandemic on screening rates in Greece is not yet known, as data are currently only available to 2019. Survey data for that year show that 66 % of women aged 50-69 were screened for breast cancer in the previous two years – up from 60 % in 2014, and higher than the EU average of 61 % in 2019. For cervical cancer, the screening rate is also higher than the EU average: in 2019, 73 % of women aged 20-69 reported having had a cervical smear test in the last 24 months, compared to 54 % across the EU that year. Colorectal cancer screening rates are much lower. In 2019, just 10 % of people aged 50-74 in Greece reported having had colorectal cancer screening in the last two years, compared to an EU average of 49 %.

Inequalities in cancer screening rates are related to both income and education

Cancer screening rates in Greece vary with income and education levels, as they do in most other EU countries. In general, higher levels of income and education are associated with higher screening rates. The largest variation in Greece can be seen in breast cancer screening, where 86 % of women in the highest income quintile reported being screened within the past two years compared to only 46 % in the lowest income quintile – a greater gap than in the EU overall (74 % compared to 59 %) (Figure 12).

Figure 12. Cancer screening rates are higher among those with the highest incomes



Notes: Low income is defined as the population in the lowest income quintile, whereas high income is defined as the population in the highest income quintile. The proportions refer to people who report having undergone a test in the two years preceding the survey.

Source: Eurostat Database (data refer to 2019).

The national cancer registry will contribute to raising the effectiveness of cancer care

Common internationally comparable indicators used to gauge the quality of primary and hospital care, such as avoidable hospital admissions and in-hospital case fatality rates for acute myocardial infarction and stroke, are not systematically collected in Greece. One pressing issue affecting the potential effectiveness and quality of cancer care – including diagnosis, researching treatment options, patient pathways and quality assurance – is Greece's lack of an integrated national cancer registry reporting all cancer cases and relevant clinical variables. Plans to develop such a registry were announced in 2021 as part of an overarching Integrated Oncology-Haematology Patient Care System under Greece's EU-funded Recovery and Resilience Plan. The creation of an integrated care system for oncology patients is in progress: the scientific team for the national cancer registry started its work in early 2023, while the training and certification of registrars that will support the digital systems is underway (Iatronet, 2023).

5.2 Accessibility

Unmet needs for medical care remain among the highest in the EU

Despite a steady decrease since 2016, the rate of self-reported unmet needs for medical care due to costs, distance to travel or waiting time in Greece has remained consistently far above the EU average. According to the EU-SILC survey, in 2022 it was the second highest among Member States, at 9.0 % compared to 2.2 % across the EU (Figure 13). Although about half of EU countries saw an increase in the rate of reported unmet needs between 2021 and 2022, Greece saw the largest rise, by 2.6 percentage points; the average overall increase across the EU was 0.2 %. Greek regions, and particularly those with remote and island areas, are facing important challenges related to low accessibility to healthcare within their communities. Moreover, a much higher level of unmet needs was reported in low-income households (14.3 %) than in high-income groups (4.3 %). Cost was the main driver of unmet needs, as reported by 8.8 % of respondents – by far the highest rate for unmet needs due to cost in the EU, where the average in 2022 was 1.1 %.

A separate set of Eurofound surveys² also found high rates of unmet needs for healthcare during the pandemic. In spring 2021, 19 % of the Greek population reported having forgone a needed medical examination or treatment, compared to 17 % across the EU. The percentage in Greece decreased to 16 % one year later (spring 2022), when the EU average was 18 % (Eurofound, 2022).

The standardised benefits package is fairly comprehensive, but other barriers may hinder accessibility

The broad package of services financed by EOPYY is listed explicitly and covers prevention, primary and ambulatory healthcare, hospital treatment, and diagnostic tests and procedures. Although people have access to a wide range of publicly financed benefits, free public dental coverage is limited to services for children up to 18 and emergency treatment for all ages. Even so, the lack of operational contracts between the insurance fund and private dentists, as well as limited staff and capacity in health centres, means that in practice all dental care must be paid out of pocket.

Other potential barriers to access are the monthly thresholds on the number of EOPYY-reimbursed physician consultations, referrals for diagnostic and laboratory tests, and medicine prescriptions (by value) made by doctors who are not registered

Figure 13. There is a large disparity in unmet needs for medical care between low- and high-income groups in Greece



Notes: 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 2022, except Norway (2020) and Iceland (2018)).

as personal doctors under the new gatekeeping system (see Section 5.3) and by specialists; these may lead some patients to delay care, seek out an alternative public provider, or pay for a private visit out of pocket.

Out-of-pocket spending accounts for one third of all health expenditure

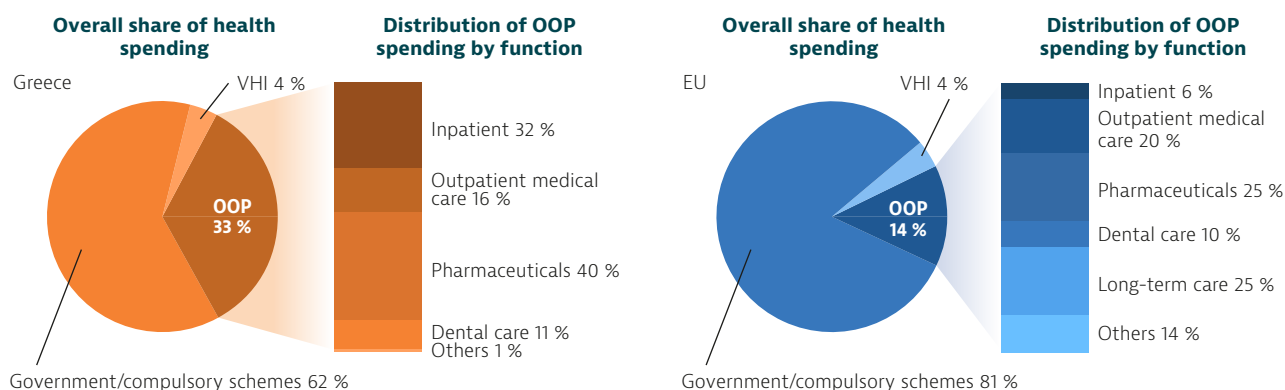
Greece's OOP expenditure is among the highest in the EU, and at 33 % of health spending in 2021 it is more than double the EU average of 15 % (Figure 14). Although some copayments are levied on diagnostic and laboratory tests, outpatient medicines and visits to private providers contracted by EOPYY, the majority of OOP spending is direct payments. Pharmaceuticals and inpatient care are the main drivers of this

² The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

private expenditure, each accounting for much higher shares than in the EU as a whole. Costs for visits to private (outpatient) specialists are also considerable. Given the lack of public coverage, the relatively low OOP share for dental services may

well reflect a considerable degree of forgone care: in 2021, Greece had the third highest rate of unmet needs for dental care (7.8 %) in the EU, which increased to 12.1 % (the highest) in 2022.

Figure 14. Pharmaceuticals and inpatient care account for nearly three quarters of out-of-pocket expenditure



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.

Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

A relatively large percentage of Greek households are facing catastrophic levels of health spending

The heavy reliance on OOP spending for medical costs also means that a large proportion of Greek households experience catastrophic health spending.³ This reached 10.6 % in 2020, which is higher than the average for the 24 EU countries (6.8 %) for which data are available. Moreover, well over half of all catastrophic spending in Greece is concentrated among the poorest 20 % of households.

Part-time employment and dual practice are being posited as a solution to physician shortages in public facilities

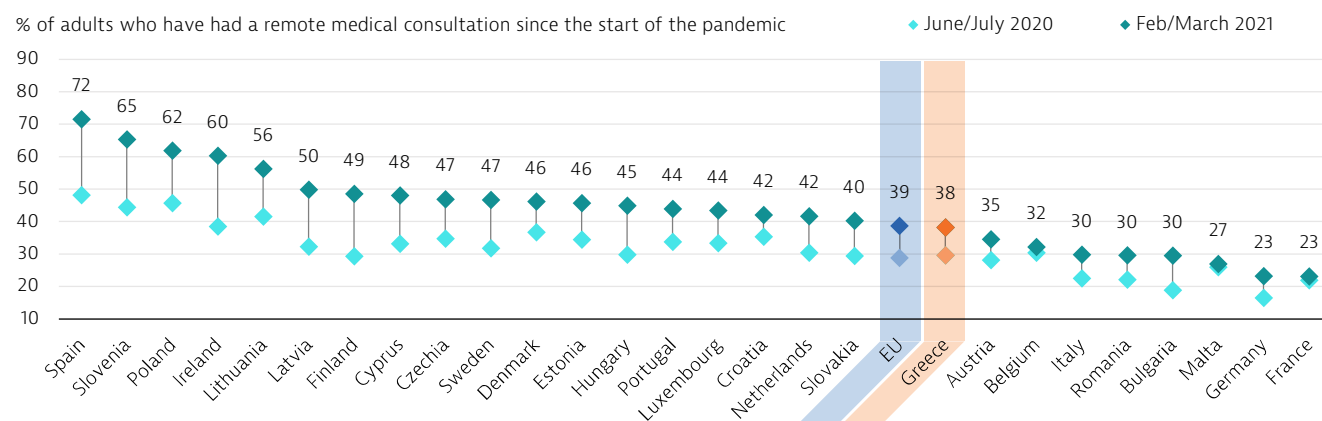
Despite the high numbers of physicians, a key challenge in Greece is the shortage of health personnel to staff public facilities, including local health units and health centres that are the linchpin of ongoing reforms aimed at strengthening primary care (see Section 5.3). In December 2022, the government introduced new measures to convert some existing, persistently hard-to-fill posts within public hospitals and primary care centres into part-time positions, renewable every three years. The doctors taking up these posts have the status of private practitioners contracting with the NHS, and will be allowed to engage in private practice for the remainder of their time. Additionally, under specific conditions, full-time

doctors employed within NHS hospitals will also be allowed to operate their own private practice or to provide services under contract with private providers. The measures are controversial and are not supported by the medical unions, which argue that they undermine equality of employment conditions for NHS doctors and weaken the public provision of services.

The share of teleconsultations increased during the pandemic

Greece has a National Telemedicine Network (known as EDIT), a programme aimed at improving accessibility to health services on the country's scattered islands and in remote and underserved areas. In 2021, the government announced a nationwide expansion of EDIT's capacity, with the objective of adding 340 new telemedicine stations and 3 000 new home-care endpoints for vulnerable people. Generally, expanded use of telemedicine was evident during the COVID-19 pandemic. A Eurofound survey highlights that, much like the EU averages, in Greece the share of people reporting that they had a remote medical consultation since the beginning of the pandemic – either online or by telephone – rose from 30 % in June/July 2020 to 38 % in February/March 2021 (Figure 15).

³ 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 15. Teleconsultations facilitated access to health services during the pandemic

Notes: The EU average is weighted. Low reliability for 2021 data from Cyprus, Latvia and Malta, and for 2021 and 2020 data from Luxembourg because of low sample sizes.

Source: Eurofound (2022).

5.3 Resilience

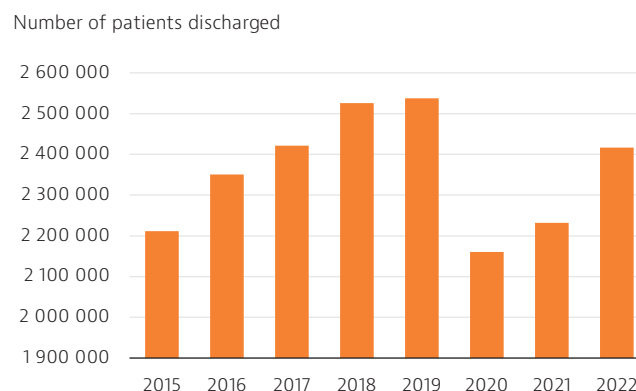
The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and on their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,⁴ improve critical areas of the health sector, and fortify their preparedness for future shocks.

Hospital activity slowed during the pandemic

Before COVID-19, indicators such as the numbers of hospital beds, hospital discharges and occupancy rates in Greece were substantially below the EU averages, but estimates suggest that Greece was able to retain capacity in hospital care throughout the pandemic. The number of hospital beds remained fairly constant at 4.2 per 1 000 population, with a slight increase in capacity during 2020-21 to reach 4.3 per 1 000 population.

National data collected by the Ministry of Health highlight that overall hospital discharges reduced by 14 % between 2019 and 2020, but began to increase again subsequently (Figure 16). Other Ministry data show that hospital surgical activity fell by approximately 42 % in the period January-November 2020 compared to the average during the same period in 2017-19 (Ministry of Health, 2023a). To reduce the backlogs and

increases in waiting times for elective care generated by disruption during the pandemic, Greece has taken a range of actions. These policies focus on improving the use of existing service delivery capacity, expanding the health workforce and engaging additional providers – including from the private sector – and increasing the use of teleconsultations (see Section 5.2).

Figure 16. Following a considerable drop in the number of hospitalisations in 2020, they have increased in subsequent years

Source: Ministry of Health (2023b).

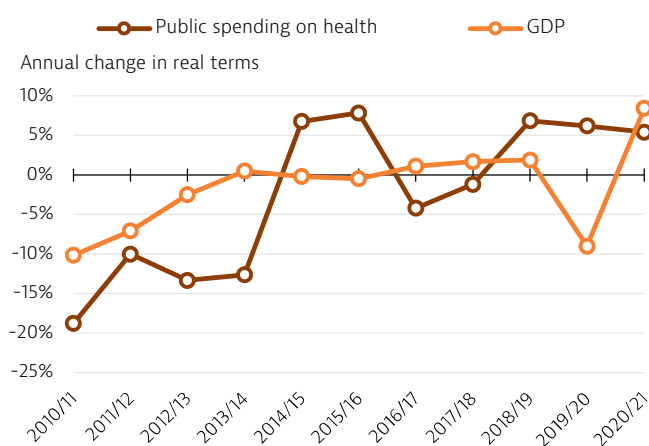
Government health spending fluctuated in the aftermath of the government-debt crisis, but picked up before the pandemic

In the context of a drastically reduced GDP since the onset of the Greek government-debt crisis that started in 2009, public spending on health fell substantially in subsequent years. Two periods (2014/2015 and 2015/2016) of increasing health spending from public sources were followed

⁴ 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 Assessments, 2020).

by further reductions, with GDP growing only marginally. Since 2018/2019 public spending on health in Greece has maintained a positive growth rate, continuing throughout 2020 and 2021 as the country galvanised resources in its response to the COVID-19 pandemic. The sustained public expenditure occurred despite a significant decline in GDP (by 9 %) during the first year of the pandemic in 2020, compared to the previous year (Figure 17).

Figure 17. The increase in government health spending was sustained throughout the pandemic



Source: OECD Health Statistics 2023.

Greece's Recovery and Resilience Plan aims to boost health sector investment in the coming years

Greece's EUR 30.5 billion Recovery and Resilience Plan represents 17 % of overall GDP. From these funds, the country intends to dedicate EUR 1.5 billion (4.8 %) to healthcare investments – largely earmarked for the renovation and upgrading of public hospitals (EUR 317 million), digital transformation of health services (EUR 278 million) and the measures within the national public health prevention strategy Spyros Doxiadis (EUR 254 million). Other areas of investment include modernising primary healthcare infrastructure (EUR 272 million), rationalising pharmaceutical spending (EUR 250 million) and reforming the areas of mental health and addiction (EUR 54.5 million), to ensure access to quality mental health services (Figure 18). Investments are intended to address some of the long-term challenges of the healthcare system that were exacerbated by the COVID-19 pandemic, with the overall priorities to improve the resilience, accessibility and sustainability of healthcare.

These investments will be complemented by the rollout of programmes under the EU Cohesion Policy 2021 – 2027, which earmarks EUR 739 million for the health system, of which 77 % is co-financed by the EU.⁵ Some EUR 416 million is earmarked under the European Regional Development Fund (ERDF) infrastructure, equipment and e-health services in the NHS in all 13 regions, with a strong emphasis on primary healthcare. In addition, EUR 323 million from the European Social Fund Plus (ESF+) is allocated to measures to improve the accessibility and effectiveness of healthcare services, with a specific focus on marginalised communities, vulnerable groups and children.

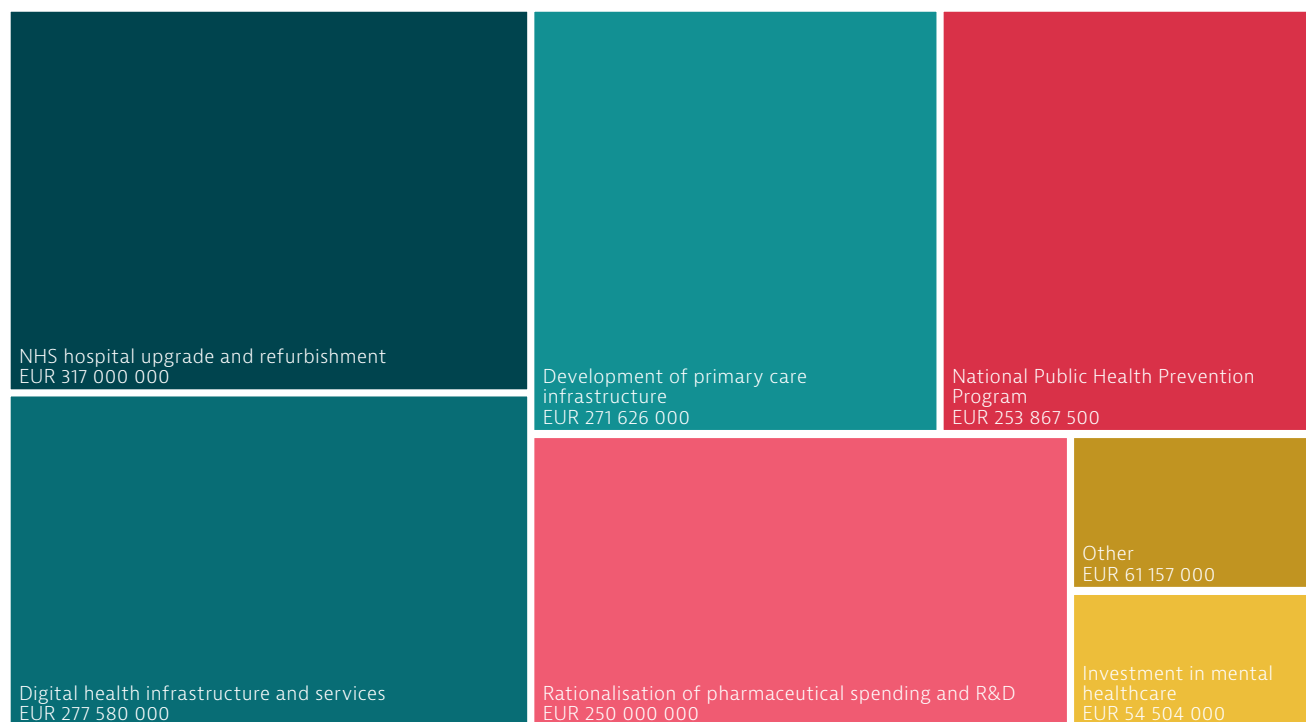
Primary care reform includes a new gatekeeping system, measures for integrated care and digital skills training

In May 2022, a new law aiming for equal and high-quality access to publicly reimbursed services in primary healthcare stipulates that all adults are required to register with a personal doctor of their choice, who will guide them through the NHS and serve as a gatekeeper to accessing other health services. Adults who had not signed up for this service by 1 October 2022 were required to make an additional 10 % copayment for prescribed medicines, diagnostic tests and procedures, as well as for treatments at a contracted private medical clinic and for all other services provided by EOPYY. This fee increased by a further 10 % on 1 January 2023 for those who had not signed up by then. By the end of June 2023, 4.9 million people (55 % of the eligible population) had registered with a personal doctor. However, the number of doctors in public units has not been sufficient to cover the needs of the population, and as of yet, private doctors have not signed contracts with EOPYY in sufficient numbers to fill the gap.

As part of the country's Recovery and Resilience Plan, the primary healthcare reform aims to renew the building infrastructure of primary healthcare centres and other service points, and to upgrade their medical equipment. It prioritises advancing healthcare integration by establishing a management framework for chronic conditions and palliative care within the primary healthcare units. Another focus of the reform is on retraining health professionals in modernised practices through a learning and development framework and training curriculum for digital health skills of medical staff.

⁵ These EU Cohesion Policy figures reflect the status as of September 2023.

Figure 18. Greece's Recovery and Resilience Plan prioritises infrastructure investment, digital transformation and prevention



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the plan might impact its size and composition. Some elements have been grouped together to improve the chart's readability.

Source: European Commission – Recovery and Resilience Scoreboard.

The Recovery and Resilience Plan is driving the digital transformation of the healthcare sector

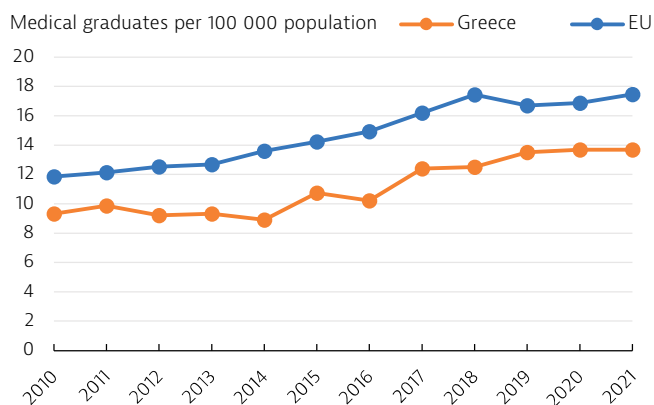
The digital transformation of the health sector has been another priority in Greece, and includes the expansion of telemedicine services (see Section 5.2). The Recovery and Resilience Plan funding is being invested to introduce a national digital health record widely across the country, to develop a national digital infrastructure to support oncology patients, and to improve hospital digital readiness and the digital transformation of EOPYY. Additionally, it contributes to establishing home healthcare and hospital-at-home services through the implementation of telemedicine applications as monitoring tools for patient support.

Health workforce shortages are a key capacity constraint, and policy efforts focus on compensation and medical training

The number of medical graduates in Greece has been consistently lower than the EU average over recent years. In 2021, there were 13.7 graduates per 100 000 population in Greece compared to 17.5 per 100 000 across the EU on average (Figure 19). The low number of graduates, in combination with a high number of doctors who emigrated due to the economic crisis, has contributed to a significant shortage of doctors in the public system. A range

of policies are addressing this deficit, including increases in the salaries (from December 2022) of doctors and dentists working in the public sector. The new homogeneous compensation system for health professionals is expected to increase the number of GPs in the primary care system. Other policies focus on strengthening medical education by introducing a pilot programme on preliminary clinical training periods to support medical graduates to make informed and targeted decisions about their choice of specialty, and by bringing in changes in the organisation of clinical placements for medical specialist training. To encourage the training of more GPs, the family medicine module is being added to the basic curriculum and extended to over 75 % of universities.

Figure 19. The numbers of medical graduates are growing but remain below the EU average



Note: The EU average is unweighted.

Sources: OECD Health Statistics 2023; Eurostat Database.

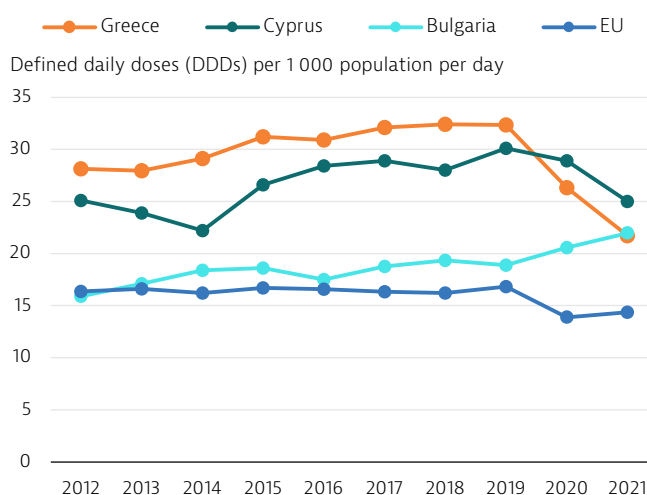
Antimicrobial resistance is an important issue for Greece's ability to meet emerging health threats

Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of about 35 000 deaths in the EU/EEA due to antibiotic-resistant infections (ECDC, 2022) and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic over prescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote their appropriate use.

AMR is a high priority issue, particularly as Greek hospital patients with bloodstream infections show among the highest rates of selected antibiotic-resistant bacteria in the EU (ECDC & WHO Regional Office for Europe, 2023). Antibiotic

consumption in Greece was also among the highest in the EU, in 2021. Greece is addressing the issue through the implementation of its One Health National Action Plan for Antimicrobial Resistance 2019-23, which takes an integrated approach in the human health, animal health, food and agriculture, and environment sectors to prevent the rise and spread of AMR. While the trend in antibiotic consumption in the community decreased markedly between 2019 and 2021 (Figure 20), it is not yet clear whether this decline is temporary and mainly driven by a reduction in infections during the pandemic, or whether it is due to changes in medical prescribing behaviours and better infection prevention and control in hospitals.

Figure 20. Antibiotic consumption declined sharply in Greece during the pandemic



Notes: The EU average is unweighted. Data for Czechia and Cyprus refer to total consumption (including hospitals).

Source: ECDC ESAC-Net.

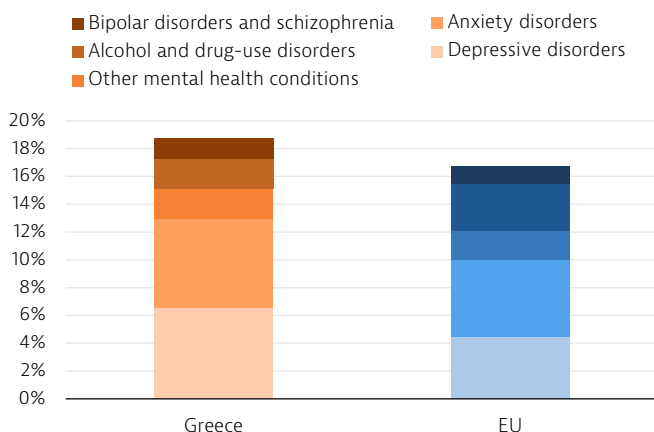
6 Spotlight on mental health

Greece has one of the highest burdens of mental health issues in the EU

The available evidence suggests that mental health problems affect a large proportion of the population in Greece. According to estimates from the Institute for Health Metrics and Evaluation (IHME), nearly one in five people in Greece had a mental health issue in 2019, which is equivalent to about 2 million people. This proportion of the population with a mental health issue (19 %) was

the third largest in the EU. The most common mental conditions in Greece were depressive disorders (estimated to affect 7 % of the population), anxiety disorders (6 %) and alcohol and drug-use disorders (2 %) (Figure 21). The economic costs of mental ill health are substantial, with direct and indirect costs estimated at over 3 % of Greek GDP, or EUR 5.3 billion, in 2015 (OECD/EU, 2018).

Figure 21. Almost one in five people in Greece had a mental health issue before the pandemic in 2019



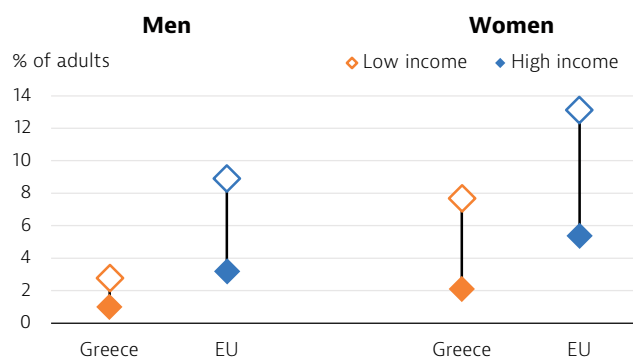
Note: The EU average is unweighted.

Source: IHME (data refer to 2019).

Depression is reported more often by women and people in the lowest income group

Data from the European Health Interview Survey (EHIS) show that 3.8 % of Greek people reported having depression (compared to the EU average of 7 %) in 2019. The risk of experiencing depression differed widely between genders and income groups. About 7.7 % of women in the lowest income quintile reported depression in 2019, which is about 3.5 percentage points higher than the rate for those in the highest income group (2.1 %). Close to 3 % of men in the lowest income quintile reported the condition, making them three times more likely to experience depression than men in the highest income group (1 %) (Figure 22). Over time, use of antidepressants has grown continuously – from 44.7 defined daily doses per 100 000 inhabitants in 2013 to 73.1 in 2022 – and use of anxiolytics has

Figure 22. Women and people in the lowest income quintile are more likely to report depression



Note: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).

Source: Eurostat Database (based on EHIS 2019).

also grown – from 23.4 defined daily doses per 100 000 inhabitants in 2013 to 32.1 in 2022.

The pandemic exacerbated risk factors associated with poor mental health, and highlighted the link between precarious financial circumstances and heightened risk of depression. According to Eurofound's Living, working and COVID-19 survey (Eurofound, 2021), 66 % of people in Greece living in households that reported financial difficulties were considered to be at risk of depression during the pandemic, compared to 40 % of those who did not report such difficulties. These proportions were slightly above the EU averages of 62 % among those who reported financial difficulties and 37 % who did not.

Suicide rates in Greece have been returning gradually to low pre-economic crisis levels

While Greece traditionally has one of the lowest suicide rates across the EU, rates increased in the wake of the country's financial crisis among both men and women. The upward trend halted around 2014, and rates decreased thereafter, levelling off towards pre-crisis levels. While the suicide rate for women increased again in 2018, there was a noticeable decline in the rate for men between 2019 and 2020, the first year of the COVID-19 pandemic (Figure 23).

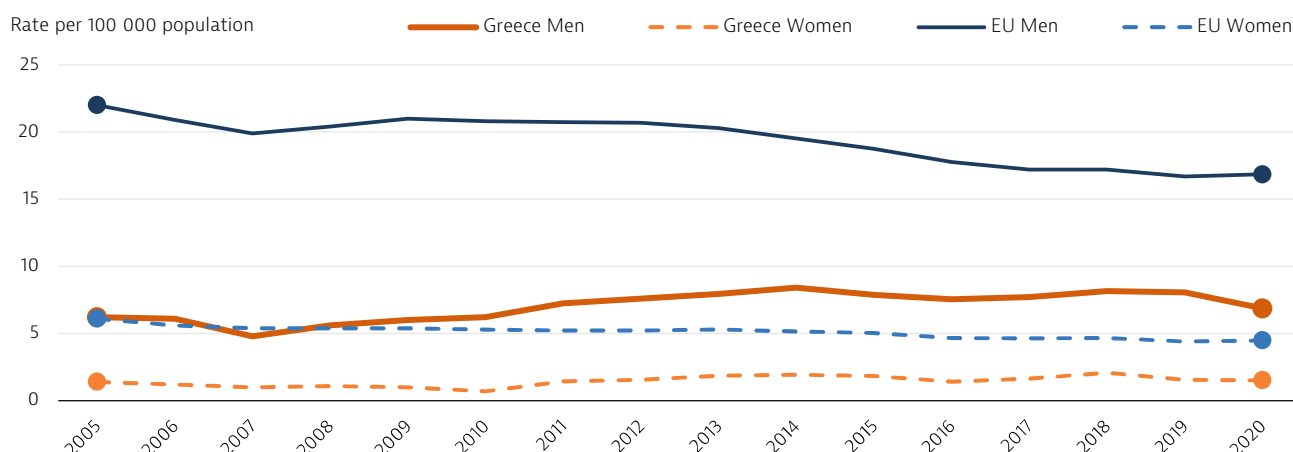
Delivery of mental health services has been moving from inpatient facilities to community structures

While inpatient facilities have traditionally been the first point of contact for people with mental health problems in Greece, there have been efforts to move the focus of care to the community. In consequence, most large psychiatric hospitals and asylums have closed, and the number of psychiatric beds has been falling steadily, while several types of community care services have emerged (Madianos, 2020). The backbone of these services is made up of outpatient clinics located in general hospitals or psychiatric hospitals, day hospitals, and hostels and sheltered housing facilities. In addition, community mental health centres, mobile units and urgent intervention units are gradually being deployed, and services are more frequently offered by these structures.

A substantial number of people reported unmet needs for mental healthcare during the pandemic

As in many other EU countries, a significant number of people did not see their mental healthcare needs met during the pandemic.

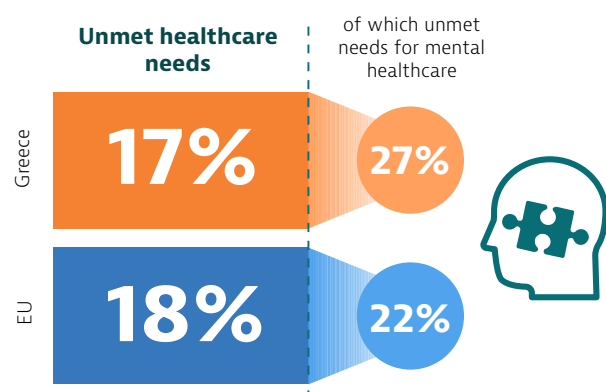
Figure 23. Suicide rates among Greeks remain low, and fell for men during the first year of the pandemic



Source: Eurostat Database.

According to a Europe-wide survey carried out in spring 2021 and spring 2022, 17 % of Greece's population reported unmet needs for healthcare, of which over one quarter (27 %) concerned mental healthcare (Figure 24). This proportion of reported unmet needs for mental healthcare was above the EU average of 22 %.

Figure 24. About a quarter of unmet healthcare needs during the pandemic was for mental healthcare



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.

Source: Eurofound (2022).

Greece's mental healthcare programmes have been evolving, working towards integrated and community-based services

Greece has been reforming its mental healthcare system since the 1980s. The National Mental Health Plan Psychargos I began in the late 1990s, and has continued in subsequent iterations. Its key objective was the gradual shift towards a community-based system of care. Building on

the achievements of Psychargos, in 2019 the government set out a blueprint to advance the growth of community-based mental healthcare in the country. This plan places emphasis on the development of new services in the community – such as mobile units, day hospitals and community mental health teams – and is considered to have had a positive impact (Anargyros, Lappas & Christodoulou, 2021). Policy challenges include better integrating mental healthcare structures, strengthening community treatment options and investing in preventive psychiatry, as well as in education and training – especially for mental health nurses. The National Action Plan for Public Health 2021-25 includes several provisions for mental health, supported by the Recovery and Resilience Plan. The emphasis is on child and adolescent psychiatry, on mental health services for patients with Alzheimer's and other dementias and with autism, and on substance and alcohol misuse. Web applications and digitalised mental health services to support people with addictions are also being developed.

Additionally, in March 2023, the Ministry of Health introduced a dedicated 10-year National Action Plan for Mental Health (2021-2030) containing policies and interventions for the promotion, protection and enhancement of mental health for the population, and especially for vulnerable groups. Organised around five vertical and five horizontal intervention axes, the plan aims to ensure universal access to mental health services and eradicate stigma and social exclusion. The overall objective is to achieve deinstitutionalisation, by basing provision on an integrated, recovery-oriented, community-based mental health services system.

7 Key findings

- COVID-19 erased 1 year of life expectancy gains in Greece, and average life expectancy at birth was back at 2012 levels in 2022. At 80.7 years, life expectancy is now lower than in most other southern and western European countries, but equal to the EU average. The sources of this impact can be seen in the number of recorded COVID-19 deaths, which in 2020 represented the fourth highest cause of mortality (after diseases of the circulatory system, cancers and respiratory diseases), and in the higher excess mortality rates reached between 2020 and 2022.
- High smoking rates and obesity, particularly among adolescents, are two behavioural risk factors of concern, contributing to a substantial number of deaths in 2019. The downward trend in preventable mortality was reversed in 2020, mainly as a result of COVID-19 deaths but also due to the persistent impact of lung cancer – the leading cause of preventable deaths. Strengthened tobacco control policies introduced in 2019 showed promise, but enforcement of smoking bans in public places such as bars and restaurants appears to have dissipated in the post-COVID-19 resumption of social and economic activity.
- Total health spending and the public share of this expenditure increased in 2021. Nevertheless, at EUR 1 874 per capita, Greece has among the lowest rates of spending on health in the EU. Out-of-pocket payments remain high, accounting for one third of all spending on healthcare. This fuels unmet needs for medical care due to costs, and high levels of catastrophic spending on health, particularly among the poorest households.
- Accessibility of services is sustained by near universal population coverage, a broad benefits package and enhanced use of remote consultations during the pandemic, but Greece still registers a high degree of forgone care for both medical and dental care. Monthly quotas on some reimbursed physician visits, tests and medicine prescriptions modulate the supply of publicly funded health services, while shortages of physicians and nurses are a key barrier to adequate staffing of public facilities, including the primary care structures at the centre of ongoing reforms.
- Health system strengthening in the wake of the pandemic has focused not only on shoring up health workforce capacity through better remuneration and significant improvements to medical education and training but also on continued efforts to improve the provision and efficiency of primary care – not least through the long-awaited introduction of a gatekeeping system, better care integration frameworks and upskilling in digital health techniques for medical staff. A national action plan is also in place to address antimicrobial resistance, which is one of the most pressing potential health emergencies facing all countries.
- Strategic priorities are supported by the health sector investments contained in Greece's Recovery and Resilience Plan and EU Cohesion Policy instruments, which channel funding into the upgrading of building infrastructure and equipment in primary care centres and public hospitals, as well as various actions designed to implement the digital transformation of health services. Financing is also provided to buttress the wide-ranging measures within the national public health prevention strategy Spyros Doxiadis.
- Depression and anxiety disorders, as well as alcohol and drug-use disorders, make up the bulk of Greece's mental health burden; they also disproportionately affect those in lower-income groups. During the COVID-19 pandemic, over one quarter of reported unmet healthcare needs were related to mental healthcare. Ongoing reforms have gradually been shifting provision away from institutionalised care to delivery of community-based services. The National Action Plan for Public Health 2021-25 and the new National Action Plan for Mental Health 2021-2030 contain multi-faceted policies and interventions to reconfigure the provision of mental health services over the next decade.

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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		

State of Health in the EU

Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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