



Obesity Health System Country Report Card

Greece

Economic Classification

*High income*¹
















Since 2010, Greece has lost a quarter of its 'gross domestic product' and has had to adopt three successive 'Economic Adjustment Programmes'.²

Health System Summary

Greece has a mixed public/private system made up of a National Health System funded by taxes working alongside a Social Health Insurance system that is funded by insurance premiums. In 2011, the National Organisation for the Provision of Health Services took over health coverage and purchasing. It has been able to establish a standardised benefits package to ensure equitable coverage for all in this dual system. A major overhaul of the primary care system was initiated in 2018 and is due for completion in 2021.

Greece's economic crisis has had a major impact on its health system, with large-scale austerity measures reducing spending. During the economic crisis, approximately 2.5 million people have lost healthcare coverage due to inability to pay premiums, mostly because of unemployment and poverty. Despite ongoing reforms, out of pocket expense (OOP) remains high at 58.7%³. The majority of OOP expenses are thought to be recently introduced user fees, pharmaceutical costs and costs borne from private care. Private care is mostly used because of the deterioration of the public health system.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	
( : Government,  : Insurance,  : Out of pocket expense,  : Not known)	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² Economou C, Kaitelidou D, Karanikolos M, Maresso A. Greece: Health system review. Health Systems in Transition, 2017; 19(5):1–192. http://www.euro.who.int/_data/assets/pdf_file/0006/373695/hit-greece-eng.pdf?ua=1 (last accessed 27.11.18)

³ Filippidis, F. T. et al. Medium-term impact of the economic crisis on mortality, health related behaviours and access to healthcare in Greece. Sci. Rep. 7, 46423; doi: 10.1038/srep46423 (2017). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5385490/pdf/srep46423.pdf> (last accessed 27.11.18)

<p>At what level of obesity are people usually eligible to access healthcare?</p> <p>(●: BMI ≥ 30, ●: ≥ 35, ●: ≥ 35 + co-morbidities or ≥ 40 kg/m², ●: not defined or not known)</p>	●
<p>Is there a system for training health professionals to recognise, treat and manage obesity?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●
<p>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●
<p>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●
<p>Have any fiscal measures have been put in place to protect/assist/inform the population around obesity?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●
<p>Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u>?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●
<p>Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u>?</p> <p>(●: Yes, ●: Partial, ●: No, ●: Not known)</p>	●

Findings from stakeholders⁴

Overview of stakeholder feedback

The situation in Greece is dominated by the ongoing financial crisis. Physicians can identify their patient as overweight or obese but have nowhere to refer them. 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 or public sector.

Stakeholders suggest that appropriately qualified health care practitioners (HCPs) are rarely available in urban *and* rural areas. It was agreed that limited specialist training is available and so most have to self-fund any training. However, 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.

Top barriers to be obesity treatment

⁴ Note that this section is based on interviews and/or survey returns from 4 stakeholders.

Stakeholders believed the following to be the top barriers to obesity treatment in the Greece⁵:

1. Financial restrictions/economic crisis
2. No preventive strategies
3. Lack of medications
4. Lack of specialist training for physicians and HCPs
5. Unregulated slimming business
6. Political environment
7. Cultural change in food intake composition
8. Lack of education for the public

⁵ In no particular order