



State of Health in the EU

# GREECE

Country Health Profile 2025

# The Country Health Profiles 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 knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

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 Observatory's 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, the Survey of Health, Ageing and Retirement in

Europe (SHARE), the European Cancer Information System (ECIS) 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 2025, based on data that was accessible as of the first half of September 2025.

## Demographic and socioeconomic context in GREECE, 2024

Demographic factors	Greece	EU
Population size	10 400 720	449 306 184
Share of population over age 65	23 %	22 %
Fertility rate 2023 <sup>1</sup>	1.3	1.4
Socioeconomic factors		
GDP per capita (EUR PPP) <sup>2</sup>	27 760	39 675
At risk of poverty or social exclusion rate <sup>3</sup>	26.9 %	20.9 %

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. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

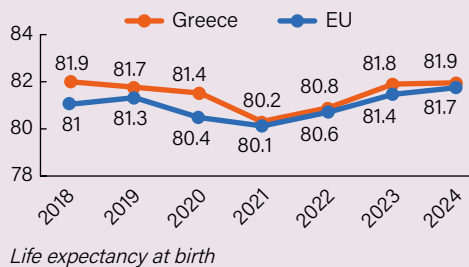
Source: Eurostat.

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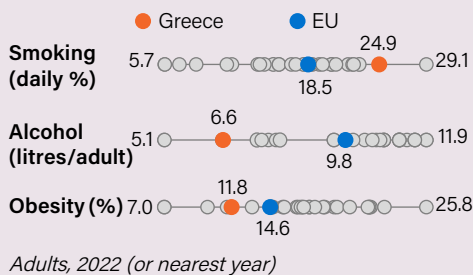
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# 1 Highlights



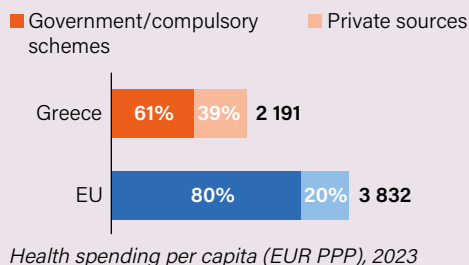
## Health Status

After a sharp reduction during the COVID-19 pandemic, life expectancy in Greece rebounded to 81.9 years in 2024 – slightly higher than the EU average. The gender gap in life expectancy, favouring women, is 5.2 years. Cardiovascular diseases and cancer were the leading causes of death in 2022 – especially ischaemic heart disease, stroke and lung cancer.



## Risk Factors

Smoking rates remain high in Greece, despite a decline over the last two decades, with 25 % of adults smoking daily in 2019. Meanwhile, use of e-cigarettes is increasing. In contrast, alcohol use in Greece is among the lowest in the EU. While adult obesity is below the EU average, the rate of adolescent obesity is rising sharply: 28 % of 15-year-olds were overweight or obese in 2022.

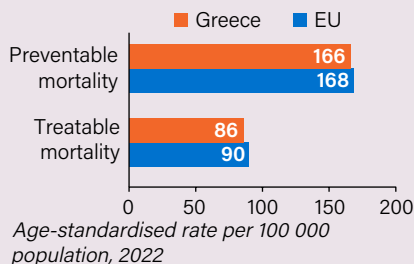


## The Health System

Greece's health spending per capita in 2023 (EUR 2 191) was below the EU average. The public share of health expenditure was 61 % – the second lowest rate in the EU. Out-of-pocket payments made up the majority of private expenditure on health, constituting 34 % of spending, which is significantly higher than the EU average (16 %).

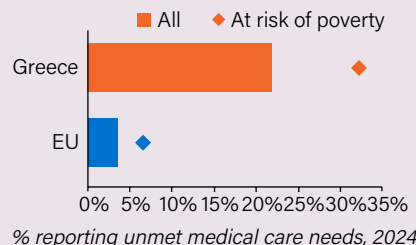
## Health System Performance

### Effectiveness



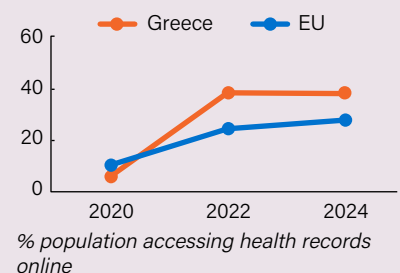
The rate of preventable deaths in Greece rose by 42 % during the COVID-19 pandemic. Although it declined to 166 per 100 000 in 2022, this was still above pre-pandemic levels. Mortality from treatable causes has declined over the past decade and is back below the EU average. Ischaemic heart disease and stroke, along with colorectal and breast cancer, account for over half of these premature deaths.

### Accessibility



In Greece, 21.9 % of people who reported a need for medical care in 2024 also reported that this need was unmet for reasons of cost, waiting times or distance to travel. This is six times the EU average. Among those at risk of poverty, 32.3 % reported unmet needs, highlighting severe access issues and forgone care. The EU average among this group is 6.0 %.

### Resilience



Digitalisation is a key plank in building a resilient health system. Greece has invested in nearly 30 health sector digitalisation projects under its National Digital Transformation Strategy, covering health data, hospital information technology infrastructure, clinical and management information systems, disease monitoring registries and telemedicine services. A key milestone in May 2025 was the full implementation of electronic medical records.

## Spotlight: pharmaceuticals

Greece spent EUR 586 per capita on retail pharmaceuticals in 2023 – equivalent to 27 % of total health spending, and almost double the EU average of 13 %. Only 52 % of expenditure on medicines is covered by public financing, and out-of-pocket payments for outpatient pharmaceuticals are substantial. Generic medicines represented around one third of consumed pharmaceuticals, by volume, in 2024. Uptake is promoted through prescribing by active ingredient, electronic prescription systems and generic substitution by pharmacists. Action to increase investment in pharmaceutical research and development is being implemented under the National Recovery and Resilience Plan and through new initiatives on innovation and small and medium enterprises.

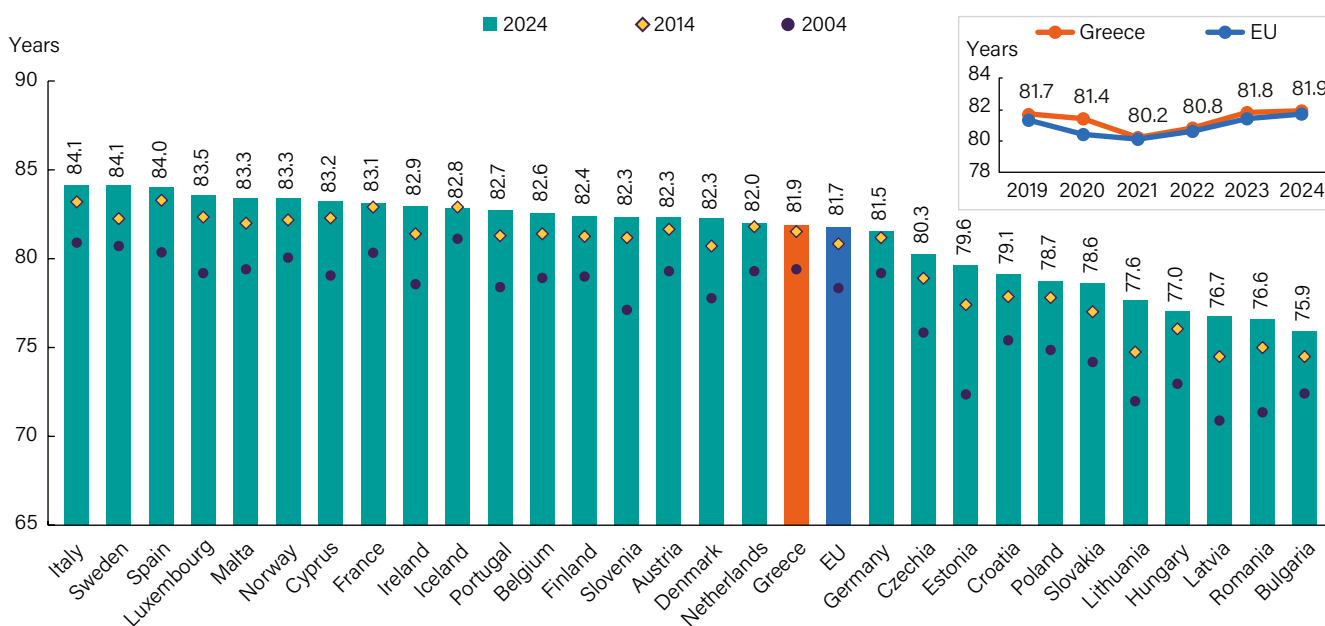
## 2 Health in Greece

**Life expectancy in Greece was slightly above the EU average in 2024 but below the level of other southern European countries**

Life expectancy at birth reached 81.9 years in Greece in 2024, which is slightly above the EU average but lower than in

most southern and western European countries (Figure 1). Following a significant reduction in life expectancy during the COVID-19 pandemic, life expectancy subsequently rebounded to surpass its pre-pandemic level from 2023 onwards.

**Figure 1. Life expectancy in Greece has rebounded since the pandemic**



Notes: The EU average is weighted. Data for Ireland pertains to 2023.

Source: Eurostat (demo\_mlexpec).

As in other European countries, in Greece women tend to live longer than men. In 2024, Greek women could expect to live 84.5 years – 5.2 years longer than men (79.3 years). This gender gap in longevity is equal to the EU average and has remained fairly constant over the past two decades.

### Cardiovascular diseases are the main cause of death, followed by cancer

Almost one third of all deaths in Greece in 2022 were attributed to cardiovascular diseases (CVDs) – including ischaemic heart disease and stroke. The mortality rate for this group of diseases has been declining steadily over the past decade – both as a share of all deaths and in terms of standardised death rates – reaching 325 deaths per 100 000 in 2022. Although rates also have been declining since 2014, cancer was the second leading cause of death in 2022, accounting for 21 % of all deaths. Lung cancer was by far the main cause of cancer mortality, responsible for approximately a quarter of cancer deaths (Figure 2). Other important causes of death in 2022 were COVID-19 and respiratory diseases.

### At age 65 Greeks live over half of their remaining life expectancy with some disabilities

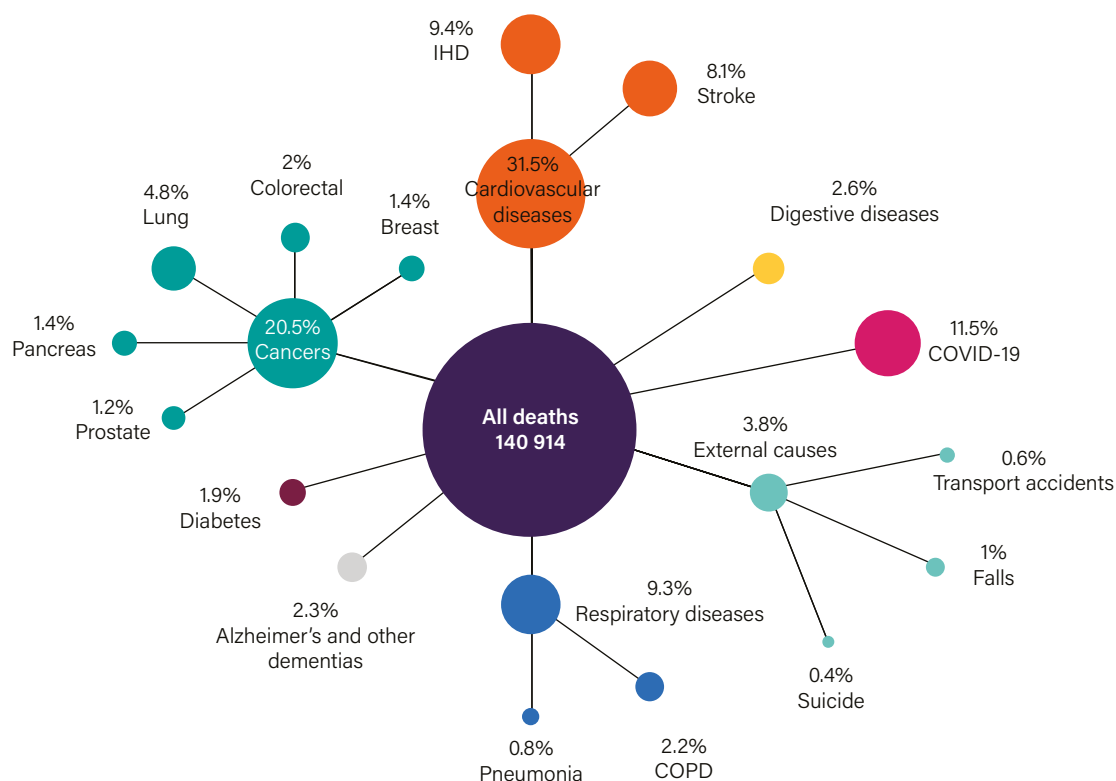
As a result of rising life expectancy, a fertility rate below replacement level and the ageing baby-boom generation, the share of people aged 65 and over in Greece increased from 17 % in 2000 to 23 % in 2024. This is projected to increase further to 34 % by 2050, which would be the highest share in the EU, alongside Italy and Portugal.

In 2022, women aged 65 could expect to live another 20.9 years – about three years more than men at that age. However, less than half of these years are healthy life years while the rest is lived with some activity limitations (Figure 3). Over half of Greek women aged over 65 (56 %) reported having more than one chronic condition in 2022, while this proportion was lower among men (48 %). The gender gap among people aged over 65 reporting limitations in daily activities is quite large, with 38 % of women reporting such limitations compared to 22 % of men.

### Approximately 1.1 million people in Greece were living with a cardiovascular disease in 2021

CVDs are not only leading causes of death in Greece but also leading causes of morbidity and disability, mirroring

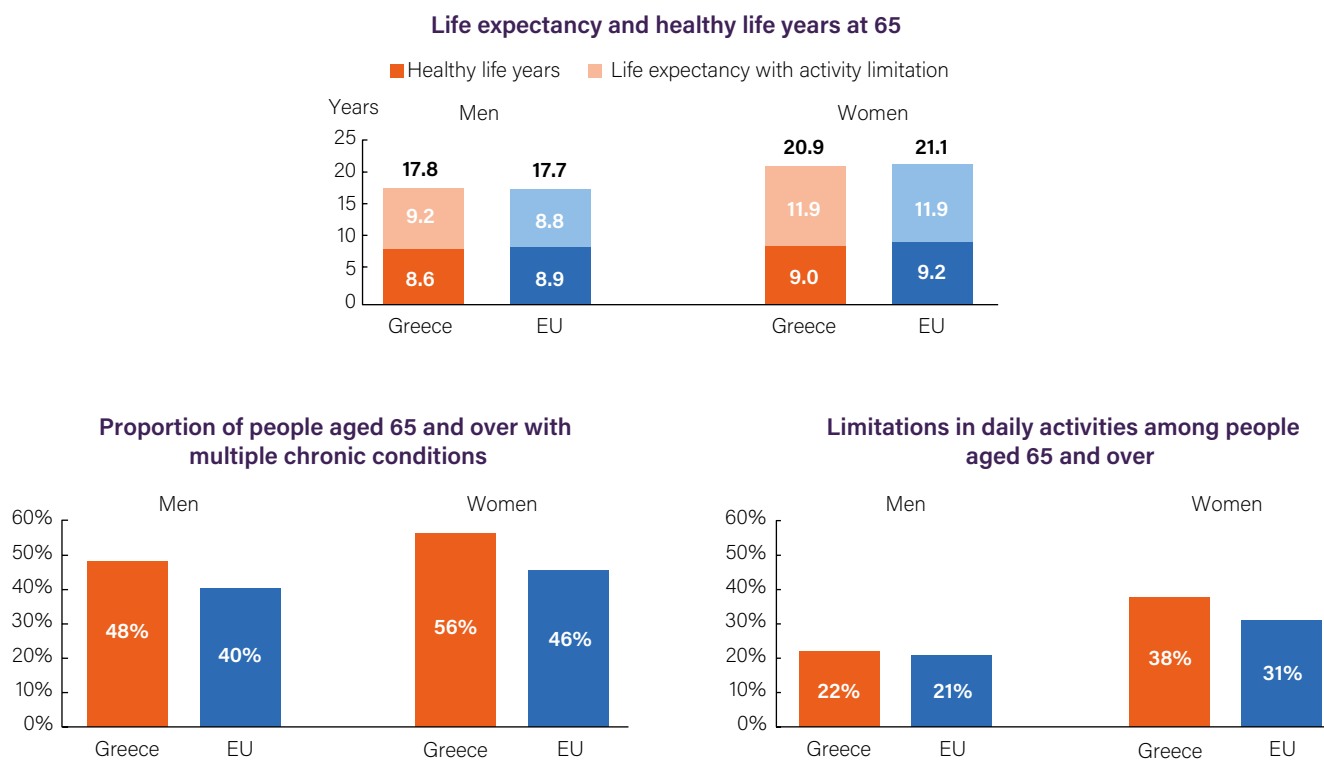
**Figure 2. Cardiovascular diseases and cancer made up over half of all deaths in Greece in 2022**



Note: IHD = ischaemic heart disease; COPD = chronic obstructive pulmonary disease.

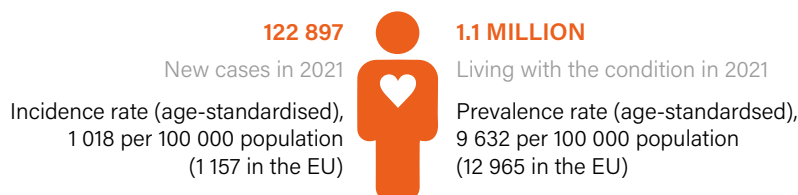
Source: Eurostat (hlth\_cd\_aro); data refer to 2022.

**Figure 3. More than half of Greek women aged 65 and over live with chronic conditions**



Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021-22, respectively.

**Figure 4. The incidence rate for cardiovascular disease in Greece is lower than the EU average**



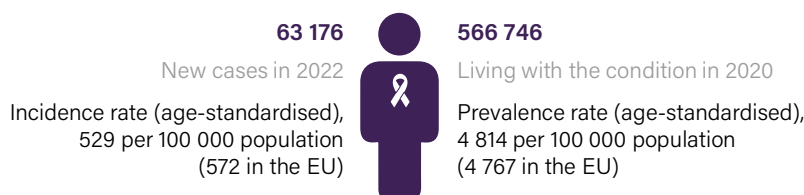
Source: IHME, Global Health Data Exchange; estimates refer to 2021.

patterns observed across the EU. According to estimates from the Institute for Health Metrics and Evaluation (IHME), about 122 000 new cases of CVDs occurred in Greece in 2021, and 1.1 million people were living with a CVD. This corresponds to an age-standardised incidence rate of 1 018 per 100 000 population – about 12 % lower than the EU average (Figure 4). Greece's CVD prevalence rate was also substantially lower than the EU average. Ischaemic heart disease is one of the most frequent CVDs, with an estimated 31 900 new cases in 2021 in Greece, representing 26 % of all CVDs. In a major policy response, in 2023 the government established the National Network of Enhanced Care Units for the Treatment of Patients with Vascular Stroke to optimise prevention, treatment and care of individuals with this condition (see Section 5.1)

### Over half a million people in Greece were living with cancer in 2020

More than 63 000 new cases of cancer were expected to be diagnosed in Greece in 2022, and almost 567 000 people were living with cancer in 2020 according to estimates from the European Cancer Information System (ECIS) (Figure 5). The (2022) age-standardised incidence rate of cancer in Greece is slightly lower than the EU average while the (2020) prevalence rate is slightly higher, highlighting the importance of focusing on improving the quality of life of cancer patients (OECD/European Commission, 2025). The main cancer sites for new diagnoses among men in 2022 were estimated to affect the prostate, lung and colorectum. Among women, the leading cancer sites were breast, colorectum and lung. Cancer incidence is projected to increase by 12 % by 2040, mainly due to population ageing.

**Figure 5. Approximately one in twenty people in Greece were living with cancer in 2020**



Notes: These are estimates that may differ from national data. Cancer incidence includes all cancer sites except non-melanoma skin cancer.

Source: European Cancer Information System; estimates refer to 2022 for incidence and 2020 for prevalence.

## 3 Risk factors

### Nearly a third of deaths in Greece can be attributed to behavioural and environmental risk factors

According to estimates from IHME, behavioural risk factors, including tobacco smoking, alcohol consumption, dietary risks and low levels of physical activity, were responsible for 25 % of all deaths in Greece in 2021. More than half of these deaths can be attributed to tobacco smoking, which is also the main risk factor for cancer mortality. Air pollution in the form of fine particulate matter (PM<sub>2.5</sub>) and ozone exposure accounted for another 6 % of all deaths. Together, these behavioural and environmental risk factors accounted for 31 % of all deaths in Greece in 2021 – slightly above the EU average of 29 %.

### Smoking rates among Greek men and women have decreased but continue to be high

While prevalence of smoking in Greece has declined steadily in the last two decades, one in four Greek adults still smoked daily in 2019, which was among the highest rates across the EU (Figure 6). As in many other countries, Greek men (31 %) are much more likely to smoke than women (19 %).

About one in six 15-year-olds in Greece (17 %) reported that they had smoked in the past month in 2022 – a proportion that has slightly declined from 20 % in 2014, and is equal to the EU average. However, as in other countries, use of e-cigarettes has become more popular among adolescents, and 20 % reported smoking e-cigarettes in the last month in

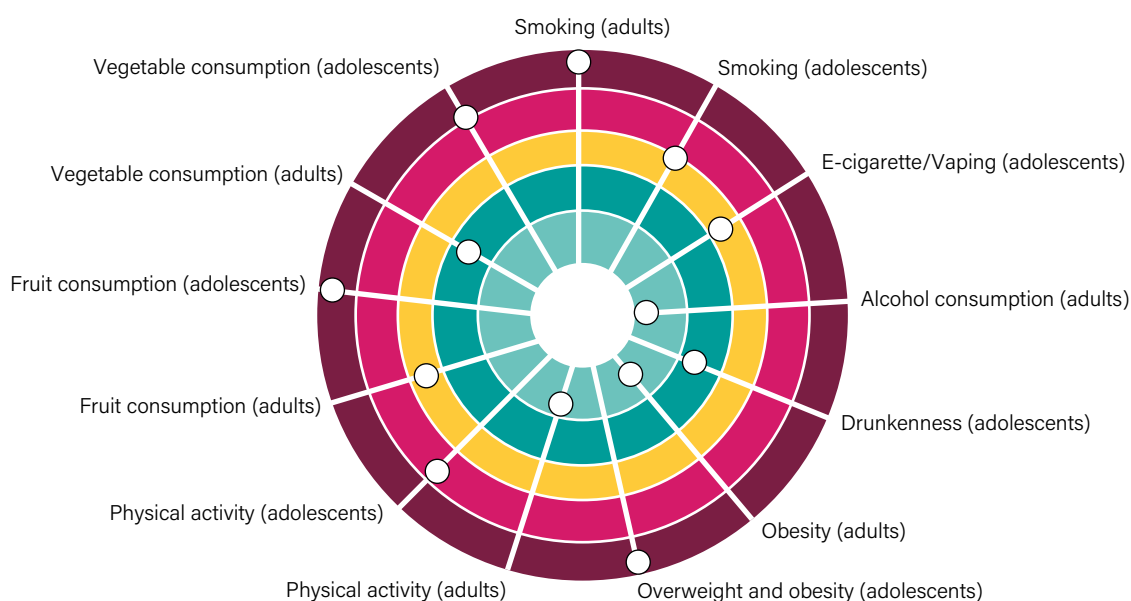


2022. Vaping products can only be sold to those aged over 18, and the same rules restricting smoking in public places also apply to vaping. Stricter legislation applying smoking bans in both indoor and designated outdoor public spaces – including restaurants and bars – was introduced in 2019, and has had some impact through stricter inspections and the imposition of fines, but enforcement challenges persist (OECD/European Commission, 2025). Moreover, in 2025, stricter regulations have been introduced on the sale, distribution, and availability of tobacco products to minors (see Section 5.1).

### Alcohol consumption of adults and adolescents has decreased, and is now well below the EU average

Overall alcohol consumption among adults decreased over the past decade from 7.8 litres of alcohol per adult in 2010 to 6.6 litres in 2022 – among the lowest in the EU, where the average is 9.8 litres. Similarly, the proportion of 15-year-olds who reported having been drunk more than once in their lives significantly decreased over the past decade, falling from 23 % in 2010 to 17 % in 2022 – a proportion that is now below the EU average of 23 %.

**Figure 6. While alcohol consumption is low, smoking among adults and overweight and obesity among adolescents are major risk factors in Greece**



*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; Eurostat based on EU-SILC 2022 and OECD Data Explorer for adult indicators (2022 or nearest available year).

### Overweight and obesity rates among Greek adolescents are high and have been increasing

According to the EU-SILC survey, 12 % of adults were obese in Greece in 2022 – a smaller proportion than the EU average of 15 %. However, the situation is different among adolescents: more than one in four (28 %) 15-year-olds were overweight or obese in Greece in 2022 – a much higher proportion than in most other EU countries and the EU average of 21 %, and up from 22 % in 2018. Boys are much more likely to be overweight or obese than girls. The National Action Plan against Childhood Obesity was introduced in November 2023, and is being implemented by the Ministry of Health in co-operation with the United Nations Children's Fund.

In Greece, as in most other EU countries, poor nutrition is the main factor contributing to overweight and obesity. While adult daily vegetable consumption in Greece is on a par with the EU average (59 %), daily fruit consumption (55 %) is lower than the EU average (61 %). Daily consumption of fruit and vegetables is much lower among adolescents: among Greek 15-year-olds, only 28 % reported consuming at least one portion of vegetables daily and 21 % reported consuming at least one portion of fruit daily.

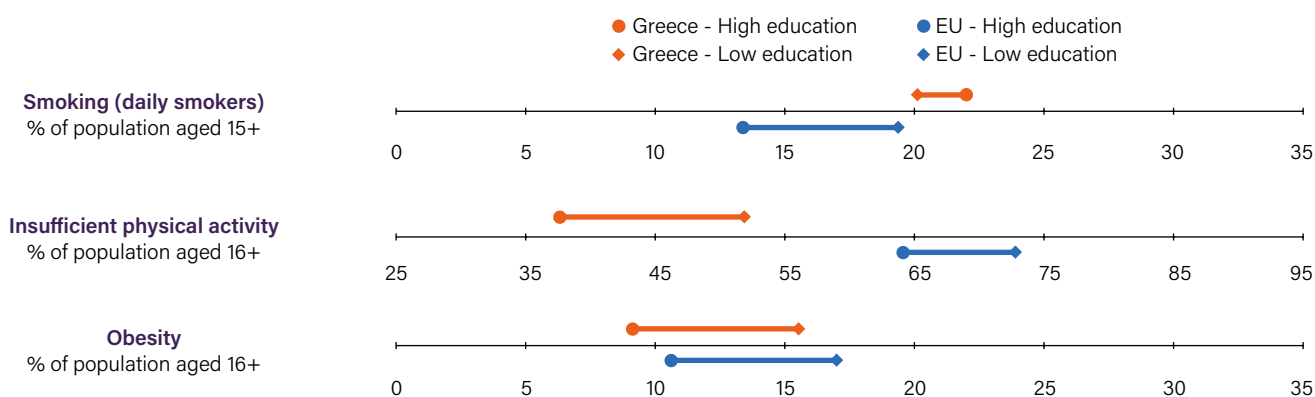
### Greek adults, but not adolescents, are more physically active than the EU average

Low physical activity levels also contribute to overweight and obesity. On a positive note, more than half of Greek adults reported performing physical activity more than three days per week in 2022 – a share significantly above the EU average. However, only 12 % of 15-year-old adolescents reported doing at least 60 minutes of physical activity each day – a lower proportion than the EU average of 15 %.

### Several risk factors are more frequent among people with low education, except smoking

As in other countries, several behavioural risk factors in Greece – including being physically inactive or obese – are more common among people with lower education levels. However, smoking habits are an exception. In Greece, as in a few other EU countries, people with higher education levels are slightly more likely to smoke than those with lower education levels (Figure 7).

**Figure 7. People with lower education levels are more likely to be obese and to exercise less**



Notes: Low education is defined as people with no more than secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Low physical activity is defined as people doing physical activity three times or fewer per week.

Sources: Eurostat based on EHIS 2019 for smoking (hlth\_ehis\_sk1e) and EU-SILC 2022 for physical activity and obesity (ilc\_hch07b, ilc\_hch10).

## 4 The health system

### A single purchaser contracts with public and private providers to supply health services

Greece's health system is centrally administered, providing coverage for all citizens and legal residents. Undocumented migrants typically have access only to emergency care. The National Health System is funded by general government revenues and mandatory contributions channelled through a single purchaser – the National Organisation for the Provision of Health Services (EOPYY). The Ministry of Health exercises extensive regulatory authority, setting national health policies, supervising public hospitals and overseeing health professionals.

EOPYY contracts with both public and private providers to offer a unified benefits package, which includes preventive, primary and secondary care. Although public hospitals are the main providers of inpatient services, the private sector continues to play a substantial role in delivering ambulatory and diagnostic services. Since 2017, health reforms have focused on strengthening community-level primary care services – particularly by expanding local health units and health centres to boost preventive care, health promotion and early detection of chronic conditions (see Section 5.1).

### Health spending per capita in Greece is just over half the EU average

Despite incremental increases in recent years, Greece's health expenditure remains far below the EU average. In 2023, current health spending was 8.4 % of GDP, compared to an EU average of 10.0 %. On a per capita basis, Greece spent EUR 2 191 (adjusted for differences in purchasing power), which is considerably lower than the EU average of EUR 3 832 (Figure 8). Following surges in spending during the COVID-19 pandemic (with year-on-year growth rates averaging around 5 % in real terms between 2019 and 2021),

health expenditure in Greece readjusted and averaged 1.4 % annual growth in real terms between 2021 and 2023.

The public share of health expenditure in Greece stood at only 61 % in 2023 – the second lowest proportion in the EU (where the average was 80 %). This leaves a large financial burden on private households. Out-of-pocket (OOP) payments constituted 34 % of health spending in 2023, which is among the highest rates in the EU. These costs primarily stem from copayments on pharmaceuticals and direct payments for services not covered by the national benefits package (see Section 5.2). Voluntary health insurance contributed 5 % of health expenditure in 2023, with many supplementary plans promising faster access to private diagnostics or specialty care.

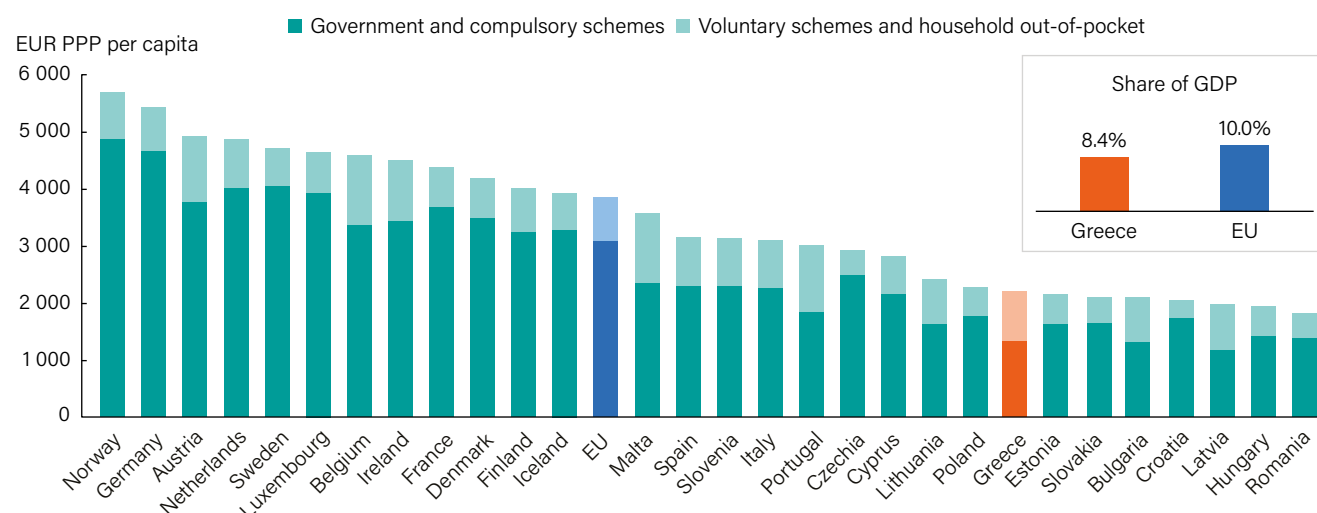
### Greece allocates the highest share of its health expenditure to hospital care

Inpatient care absorbs the bulk of health spending in Greece, both in absolute terms and as a proportion of health spending (Figure 9). In 2023 it accounted for 43 % of current health expenditure – substantially above the EU average of 28 %. This pattern reflects the continuing reliance on hospital-based treatment. In contrast, spending on outpatient care was 21 % – far below the EU average of 28 %. Meanwhile, pharmaceuticals and medical devices together represented 29.2 % of current health expenditure compared to the EU average of 18 %.

Preventive care made up a comparatively small portion of Greece's health expenditure, at 3 % in 2023. While this was below the EU average of 4 %, it was two times higher than in the years prior to the COVID-19 pandemic (1 % in 2019), with around half of it still spent on immunisation programmes. Spending on long-term care remains especially low, at 2 % of current health expenditure, reflecting a system traditionally oriented towards acute hospital care and family-based support for older people (the EU average is 18 %).



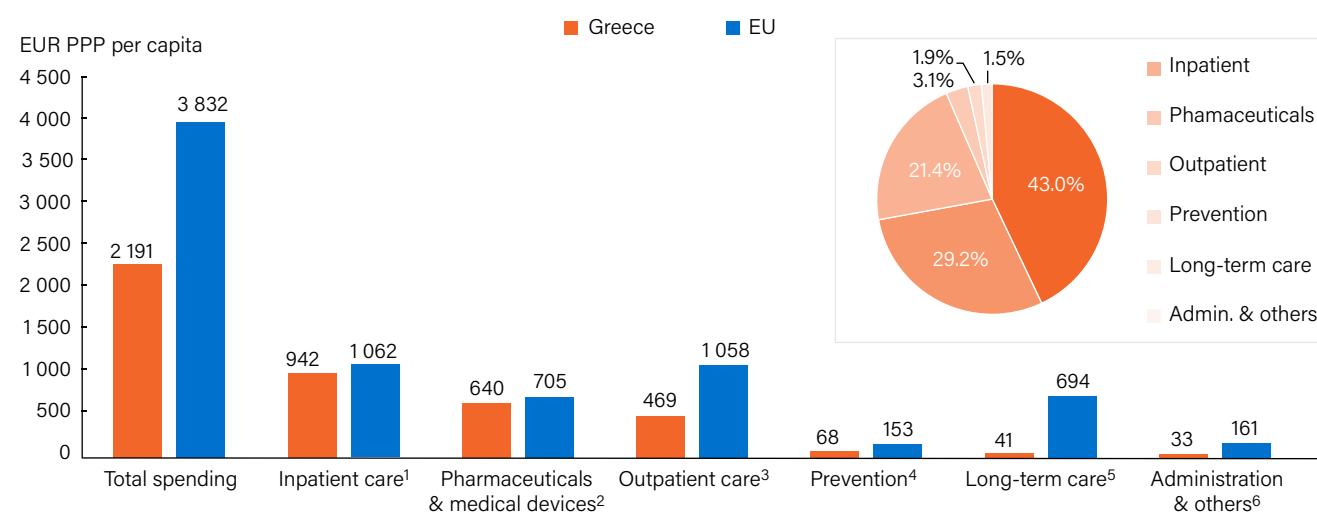
**Figure 8. The share of Greece's health expenditure from public sources is among the lowest in the EU**



Notes: PPP = purchasing power parity. The EU average is weighted (calculated by the OECD).

Sources: OECD Data Explorer (DF\_SHA); Eurostat (demo\_gind); data refer to 2023.

**Figure 9. Inpatient services and pharmaceuticals absorb the largest shares of health resources**



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 (calculated by the OECD).

Sources: OECD Data Explorer (DF\_SHA); data refer to 2023.

### Greece records high numbers of doctors but a much smaller nursing workforce

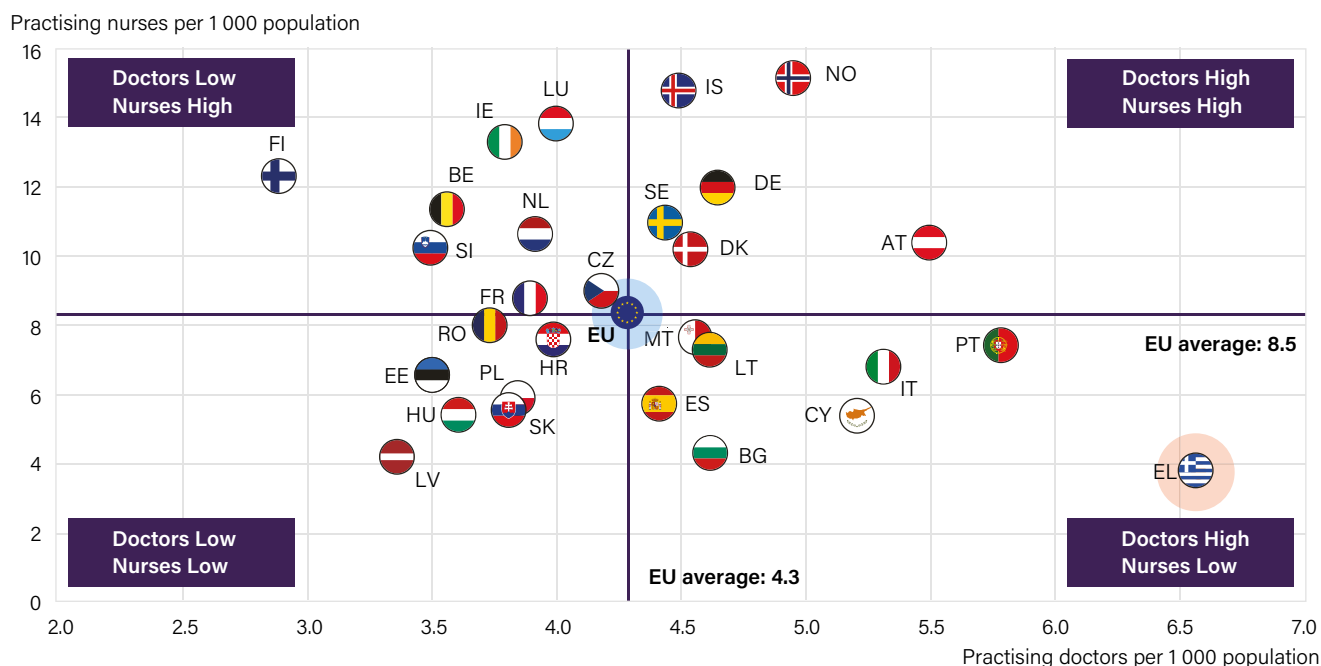
Greece reported a physician density of 6.6 per 1 000 population in 2023 – a figure that is very high by EU standards, where the average is 4.3 (Figure 10). However, these data include all licensed doctors rather than only those who are professionally active. Additionally, Greece has one of the most uneven distributions of specialties in Europe: general practitioners (GPs) constituted only an estimated 6 % of the physician workforce in 2023 – the lowest share among EU countries, which have an average of 19 %. This disproportionate emphasis on specialist training has long challenged efforts

to anchor the system in robust primary care. Nevertheless, a positive sign is that the density of GPs increased from 0.19 per 1 000 population in 2010 to 0.38 per 1 000 in 2023, reflecting progress that supports the expansion of publicly funded primary care facilities.

The availability of nurses in Greece, at 3.8 per 1 000 population in 2023,<sup>1</sup> was far lower than the EU average (8.5), but has risen slowly over the last decade, with a boost during the COVID-19 pandemic. However, official statistics capture only nurses employed in public hospitals, which obscures overall workforce numbers – in particular, excluding the number of nurses working within primary care settings.

<sup>1</sup> The data on nurses for Greece include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications as reported by Eurostat).

**Figure 10. Official statistics overestimate the number of doctors in Greece compared to the EU average**



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 Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.

Source: OECD Data Explorer (DF\_PHYS, DF\_NURSE); data refer to 2023 or nearest available year.

## 5 Performance of the health system

### 5.1 Effectiveness

#### Overall, avoidable mortality in Greece is just under the EU average

In 2022, avoidable mortality from both preventable and treatable causes combined stood at 252 premature deaths per 100 000 population in Greece – slightly below the EU average.

Although Greece's rate of preventable deaths remained below the EU average for several years, it increased significantly during the COVID-19 pandemic – by 42 % between 2019 and 2021. It then declined to 166 preventable deaths per 100 000 population in 2022, but has yet to return to pre-pandemic levels. COVID-19 accounted for 24 % of preventable deaths that year, followed by lung cancer (21 %) and ischaemic heart disease (12 %) (Figure 11). As noted in Section 2, lung cancer is by far the leading cause of cancer death in Greece. Despite strengthened anti-tobacco legislation introduced in 2019, enforcement of indoor smoking bans has tended to be weak. New legislation in 2025 aims to protect minors from the harmful effects of tobacco and alcohol, mandating compulsory age verification for purchases and restricting sales of cigarettes and related products – including heated tobacco and cannabis derivatives – in retail outlets and vending machines. Marketing controls for e-

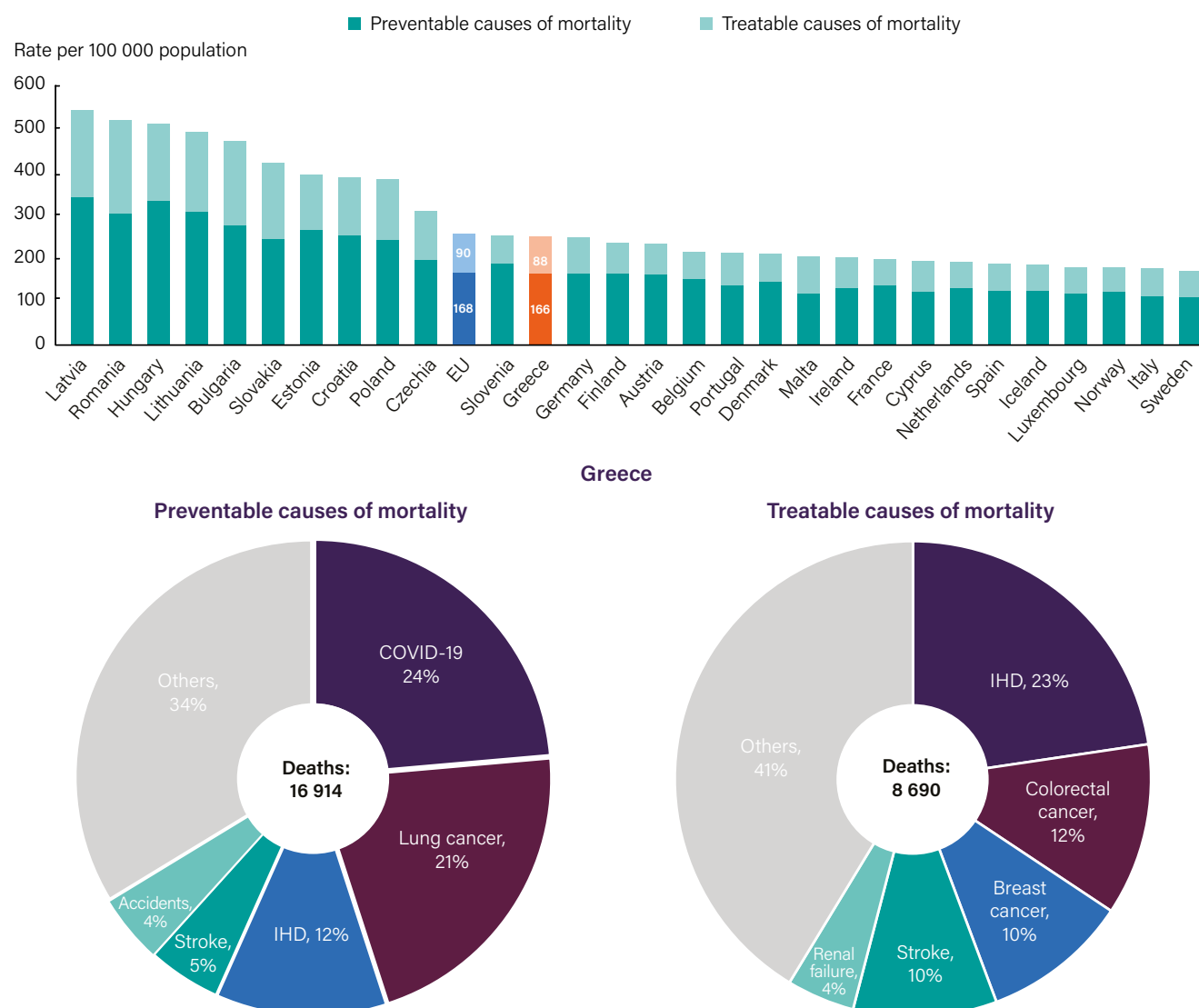
cigarettes and vaping products include a ban on international mail orders and require (text-only) health warnings on packaging.

#### Ischaemic heart disease and stroke, along with colorectal and breast cancer, account for over half of premature deaths from treatable causes

Deaths from treatable causes are premature deaths that could have been avoided through timely and effective healthcare interventions. For the last decade, the rate in Greece has been on a fluctuating downward trend similar to the EU average. After rising slightly during the pandemic, it stood at 86 per 100 000 population in 2022. While colorectal (12 %) and breast (10 %) cancers are key drivers, ischaemic heart disease (23 %) and stroke (10 %) are responsible for one third of all deaths from treatable causes.

The government has responded with preventive examinations for CVDs (free visit to a doctor and free lipid profile blood tests), offered to 5.5 million people aged 30-70 as part of the National Prevention Programme. Additionally, a national network of 19 enhanced care units has been established, specifically to improve prevention and treatment of vascular stroke patients, lower mortality rates, and reduce the duration of hospitalisations. The units are staffed by a comprehensive

**Figure 11. COVID-19 was the leading cause of preventable deaths in Greece in 2022**



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 (hlth\_cd\_apr); data refer to 2022.

range of medical specialists, along with nurses and paramedical personnel.

### National screening programmes are being prioritised, supported by EU funding

Screening activities in Greece remain fragmented, with most tests conducted opportunistically in the private sector. According to the 2019 European Health Interview Survey (EHIS) (the latest available data), 66 % of women aged 50-69 were screened for breast cancer in the previous two years, and 73 % of women aged 20-69 underwent cervical cancer screening in the same period – both rates are above the EU averages. However, colorectal cancer screening rates were significantly lower: only 10 % of people aged 50-74 had been screened in the last two years, compared to the EU average of 33 %. In 2024, Greece implemented the “Prolamvano” [“I prevent”] public health screening plan as part of the wider “Spyros Doxiadis” National Prevention Programme, funded by

the EU Recovery and Resilience Facility until December 2025. This includes screening programmes for cervical, breast and colon cancers (Box 1), as well as preventive examinations for cardiovascular diseases.

### Activities to monitor and improve healthcare quality are continuing

Several targeted initiatives have been launched in recent years to improve quality monitoring. These include the National Organisation for Quality Assurance in Health, which developed the National Strategy for Quality of Care and Patient Safety 2025-30 with assessment and planning instruments, the National Cancer Registry which supports diagnosis and quality assurance, and rare disease registries which support the evaluation of treatment effectiveness and safety.

Greece has faced challenges in delivering high-quality primary care in public facilities – including staff and

### Box 1. Enhanced cancer screening programmes are under way

Under the “Prolamvano” plan, the enhanced national breast cancer screening programme offers free annual mammography for women aged 45-74, with ultrasound and follow-up exams if needed. By November 2024, 480 000 mammograms and 16 500 ultrasounds had been conducted, identifying over 29 000 cases requiring further investigation, and highlighting the programme's role in early detection (European Observatory on Health Systems and Policies, 2025). To reduce geographical disparities, mobile medical units with diagnostic tools and trained staff will serve hard-to-reach areas. The ePrescription system has boosted participation rates - which are 26.5 % among users of the app compared to 5 % among non-users - by sending reminders and promoting timely referrals.

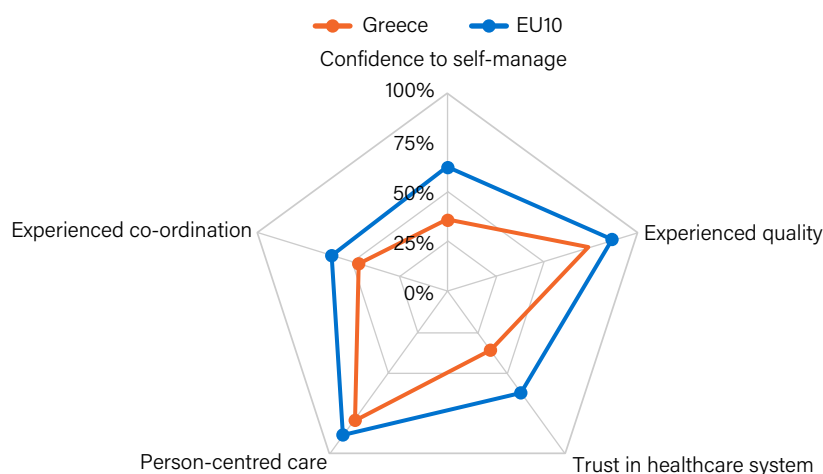
In May 2024, a cervical cancer screening programme was launched targeting 2.5 million women aged 21-65, offering pap smears every three years (ages 21-29) and human papillomavirus-DNA tests every five years (ages 30-65), with follow-up doctor visits if needed. Screening will also expand to colorectal cancer, targeting 2.8 million people aged 50-65 for testing and diagnostic colonoscopy (European Observatory on Health Systems and Policies, 2024; OECD/European Commission, 2025).

equipment shortages, as well as unclear roles and insufficient training for GPs and other personnel. Since 2017, reforms have aimed to strengthen primary care by expanding the national network of local health units and improving services – particularly to support prevention and chronic condition management. The introduction of the “personal doctor” system in 2022 established GPs as the first point of contact for healthcare needs (see Section 5.2). According to the 2025 OECD Patient-Reported Indicator Surveys (PaRIS), which assess outcomes and care experiences among individuals aged 45 and over with chronic conditions, Greece continues to face challenges in user experience (Figure 12). While 74 % of respondents rated their care as good and 79 % felt the system was person-centred, both rates fall well below the survey averages (97 %). Only 47 % reported effective care coordination, and just 37 % felt confident managing their own health. Continuity of care also could be improved: only 43 % of those with multiple chronic conditions had the

same primary care provider for over five years (compared to the average of 58 %). However, 81 % of those with three or more chronic conditions in Greece had had their medication reviewed in the past year – exceeding the average of 75 % (OECD, 2025).

In the hospital sector, Greece has developed the Digital Patient-Experience Assessment Tool, which captures patients' perspectives on the quality of care across public hospitals, providing real-time feedback to guide health-system improvement. The tool became operational in July 2025, covering 109 public hospitals and 576 clinics, with planned expansion to oncology and paediatric hospitals and clinics, as well as hospital emergency departments, once questionnaires are adapted to their specific needs. Eligible patients (aged 18 and over who have been hospitalised for at least one day) receive an SMS after discharge with a unique link to an online questionnaire of 35 questions covering key aspects of healthcare quality.

**Figure 12. Challenges for improving quality include better care coordination for patients with chronic conditions**



Note: Values refer to the percentage of people reporting positive experiences.

Source: OECD PaRIS 2024 Database.

## 5.2 Accessibility

### Greece records by far the highest rates of unmet needs for medical and dental care in the EU

According to the EU-SILC survey, in 2024, 21.9 % of the Greek population who expressed a need for healthcare reported that their needs were unmet due to reasons of costs, distance to travel or waiting times. This was by far the highest rate among EU countries and six times higher than the EU average (3.6 %) (Figure 13), with considerable variations across regions (ranging from 16 % to 29 %). The rates were even starker among those at risk of poverty: 32.3 % of individuals in this group who expressed a need for medical care reported forgoing the care they needed, compared to 6.0 % across the EU. The same income-based inequalities in unmet needs were reproduced and amplified in the survey results for dental care. In Greece, 27.1 % of respondents who expressed a need for dental care reported unmet needs due to cost, waiting times or distance to travel, and 52.8 % were from households at risk of poverty (Figure 13). These findings highlight the deleterious impact of coverage gaps, high OOP payments and long waiting lists for healthcare in Greece, particularly in rural and remote areas.

### Public coverage of some benefits, such as dental care, is limited

Population coverage is effectively universal in Greece, although there can be gaps in accessing certain services

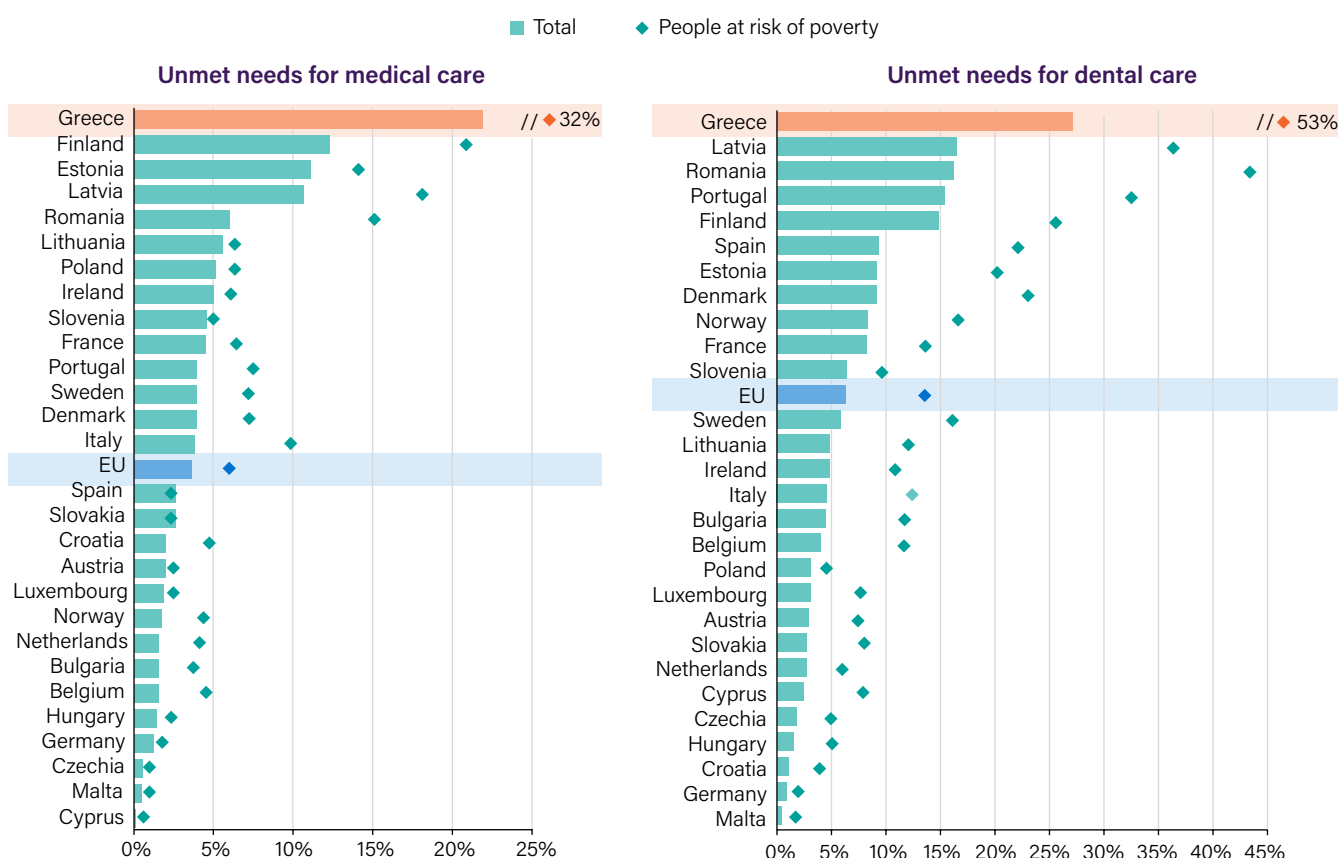
promptly. Undocumented migrants retain only limited entitlements for emergency treatment, such as for life-threatening conditions and communicable diseases. Although the benefits package financed by EOPYY is fairly comprehensive, public coverage of dental care is very limited. Since 2011, the absence of contracts between the insurance fund and private dentists, as well as limited staff and capacity in public facilities, means that in practice all dental care is paid out of pocket. As part of the EU-funded “Spyros Doxiadis” National Prevention Programme, a Dentist Pass e-voucher worth EUR 40 was introduced in 2023-24 for children aged 6-12 to cover part or all of the cost of a visit to a private dentist for a check-up, oral hygiene, tooth fluoridation and cleaning.

In 2023, around two thirds of hospital and outpatient medical care were publicly funded, while for outpatient medicines and medical non-durables, public financing amounted to just half of all expenditure. These shares are all lower than the EU averages (Figure 14). Other barriers that may hinder accessibility are monthly caps on service volumes for EOPYY-reimbursed physician consultations, referrals for diagnostic and laboratory tests, and medicine prescriptions from doctors who are not registered as personal doctors and from specialists.

### Pharmaceuticals and inpatient care are the main drivers of out-of-pocket expenditure

OOP payments are substantial in Greece, accounting for 34 % of current health expenditure in 2023 – almost double the EU

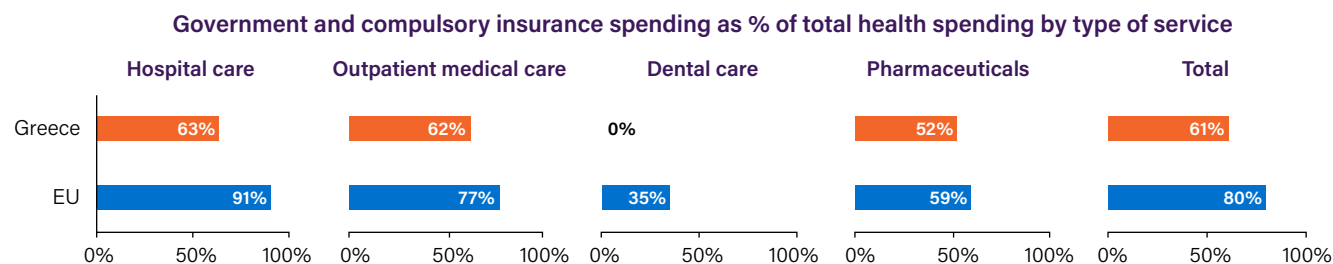
**Figure 13. Those at risk of poverty in Greece report much higher unmet needs for medical and dental care**



Notes: The EU average is weighted. Data refer only to individuals who reported having medical care or dental care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.

Source: Eurostat (hlth\_silc\_08b); data refer to 2024.

**Figure 14. In Greece, the share of public financing for all types of services is less than the EU average**



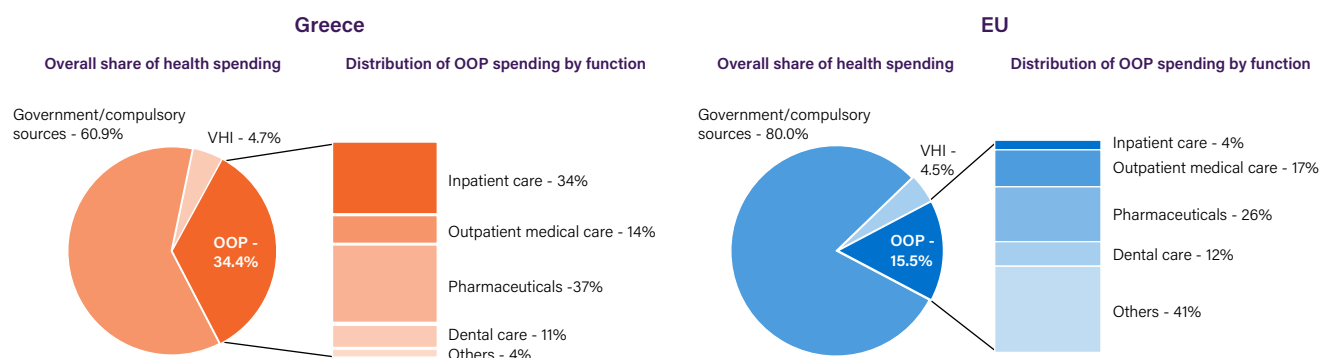
Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Data for Greece show 0 % for dental care. The EU average is unweighted.

Source: OECD Data Explorer (DF\_SHA); data refer to 2023.

average (Figure 15). Copayments are levied on diagnostic and laboratory tests, outpatient medicines and visits to private providers contracted by EOPYY, but the majority of OOP spending goes on direct payments for services not covered by the benefits package or obtained from the private sector. Reduced copayment rates or exemptions apply to some medicines for specific conditions and population groups (such as low-income pensioners), but there is no annual ceiling on

total copayments (WHO Regional Office for Europe, 2025). Over one third (37 %) of all OOP spending in 2023 was on pharmaceuticals and medical aids, while inpatient care was also a significant driver of this private expenditure: at 34 % it is by far the highest proportion of OOP spending on hospital care in the EU. Given the lack of public coverage, the relatively low OOP share for dental services is likely to be reflective of the very high rates of reported unmet needs for dental care.

**Figure 15. In Greece out-of-pocket payments account for just over one third of all health expenditure**



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

Source: OECD Data Explorer (DF\_SHA); data refer to 2023.

### Nearly one in ten Greek households face catastrophic levels of healthcare spending

In 2023, 9.5 % of Greek households experienced catastrophic spending on healthcare,<sup>2</sup> which is higher than the average across EU countries (6.4 %) (Figure 16). The biggest driver of catastrophic health spending is OOP payments on medicines – particularly for low-income households, which account for over half of all catastrophic spending (Chletsos & Economou, 2025).

### The “personal doctor” scheme is designed to enhance access to primary care services

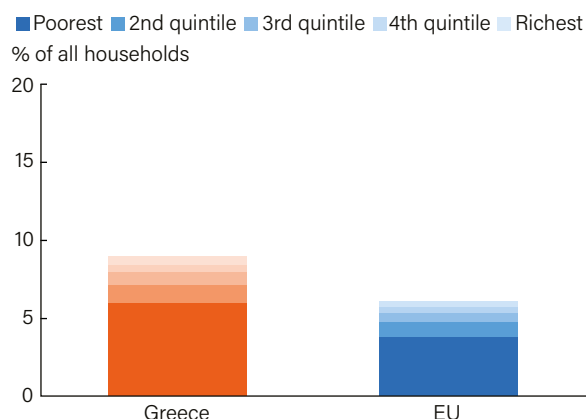
Since 2017, Greece has expanded its network of local health units and centres to improve primary care access. The “personal doctor” system, introduced in 2022 and

strengthened in 2024, requires all adults to register with a doctor who guides them through the health system, provides treatment, and additional services such as preventive care. Initially, patients could choose public or EOPYY-contracted private doctors, but shortages in public doctors and limited participation by private physicians led to the 2024 reforms. This broadened eligibility to include rural doctors, private GPs and internists as personal doctors. As of 1 June 2025, remaining unregistered adults were automatically enrolled. Children under 16 can voluntarily be registered with a “personal paediatrician”. Additionally, to boost the workforce, young doctors are offered one-time grants of up to EUR 40 000 to train in general/family medicine or internal medicine, with the condition that they join the network of personal doctors when they qualify.

<sup>2</sup> 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 16. Catastrophic spending on healthcare largely affects poorer households**



Source: WHO Barcelona Office for Health Systems Financing.

### The expansion of digital services will enhance the telemedicine network

Greece's National Telemedicine Network, known as EDIT, aims to improve healthcare access for residents of remote and island regions across the country. A significant expansion began during the COVID-19 pandemic and is expected to be completed by mid-2026. In 2024, eight existing health facilities were converted into university health centres, connected with the network. Funded through the Recovery and Resilience Facility, EDIT will include 305 telemedicine stations for doctor-patient consultations, 35 doctor-specialist telemedicine stations, and over 3000 'home care endpoints' to reinforce continuity of care. The network will provide a broad range of telehealth services such as tele on-call services, remote diagnosis and patient monitoring. Implementation of ePrescriptions in 2022 also enhanced accessibility to medications, particularly for those with chronic conditions or living in remote areas. Registered patients are able to receive their prescriptions electronically via text or email, including through the MyHealth app (see Section 5.3)

## 5.3 Resilience

Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

### Hospital capacity varies widely in Greece, but waiting times are the major challenge to be tackled

Greece's hospital sector dominates health spending and service delivery (see Section 4). Hospital bed numbers have remained relatively stable over the past decade and stood at 4.2 per 1 000 population in 2023, lower than the EU average of 5.1 beds per 1 000. However, they are unevenly distributed across the country, with an almost three-fold difference between the number of beds between regions with the

highest and lowest concentrations. Rural hospitals often operate below 50 % capacity, while urban university and tertiary hospitals regularly exceed 90 % occupancy rates, with some high-pressure departments surpassing 100 %, leading to overcrowding and long wait times (Ministry of Health, 2025). A major initiative driving down waiting times has unified all hospital waiting lists into a single waitlist (Box 2).

### Box 2. A digitalised platform aims to improve waiting times for operations in public hospitals

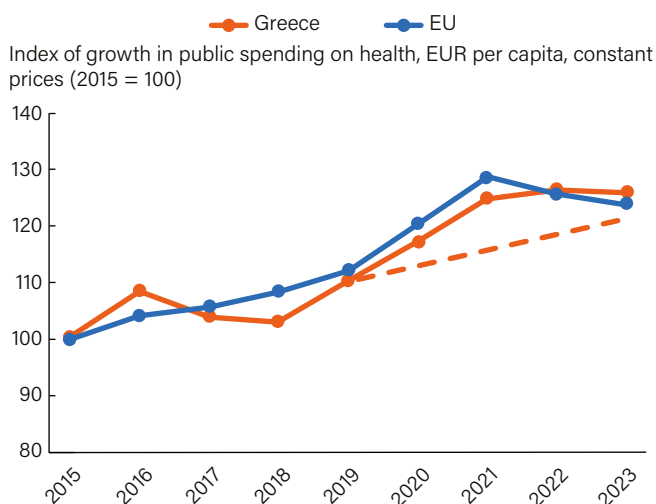
The Unified Digital List of Surgeries, launched in 2024, centralises state hospital surgery waiting lists into a single electronic platform, enabling real-time monitoring. Integrating the separate waiting lists held by individual hospitals has enabled duplications and patients who had already been serviced in other facilities to be removed. According to the Ministry of Health, this has resulted in a preliminary reduction of waiting times by 40-45 % (Tovima, 2024). In future, patients will be registered by their attending surgeon and receive updates on their planned operations via email or through the MyHealth app.

Another initiative targeting patients waiting longer than four months for elective surgeries was introduced in 2024, which allows privately paid afternoon surgery to take place in public hospitals. Patients purchase their surgery directly and choose their doctor, bypassing the existing waiting list in the public system where operations are carried out during regular (morning) clinic hours. Fees vary depending on the complexity of the surgery, with prices usually lower than equivalent operations in the private sector. The first 37 500 afternoon operations are designated free of charge (funded via the Recovery and Resilience Facility to help clear the backlog in surgeries inherited from the COVID-19 pandemic), effectively making them publicly funded. Doctors' unions have raised objections about capacity limitations and highlighted that the policy does not address existing staff shortages (particularly of anaesthesiologists and nurses) within public hospitals. In fact, initial implementation was restricted to four major public hospitals deemed capable of handling additional paid surgery. Other concerns focus on the "privatisation" of this aspect of public provision and on equity, as wealthier patients can fast-track care.

### Public spending on health has stabilised after a period of continuous growth

In Greece, public spending on health per capita increased by 26 % between 2015 and 2023 (when adjusted for inflation), compared to a 24 % increase across the EU in the same period. Particular injections of public funds were evident from 2018, reflecting investments in reform efforts and pandemic response measures. In 2023, expenditure was approximately 4 % above the projections based on pre-pandemic growth trends (2015-19) (Figure 17). At the same time, the share of

**Figure 17. Public spending on health has grown rapidly in recent years**



Notes: The EU average is weighted (calculated by the OECD). The dashed line represents the projected trend based on pre-pandemic (2015-19) data. Source: OECD Data Explorer (DF\_SHA).

total government spending devoted to health has remained fairly constant since 2019, ranging between 11.3 % and 11.9 %. EU funding also contributes significantly to health system investments (Box 3).

### Greece's health sector is a key focus for digital readiness initiatives

Greece has made significant strides in enhancing its digital health infrastructure, with a notable acceleration in investments supported by the Recovery and Resilience Facility and Cohesion Funds. Although lower than the EU average (EUR 2.3 million per 100 000 population in 2023), Greece's capital investment in information and communications technology (ICT) within the health and social care sector reached 1.3 million per 100 000 population in 2023. This marks a 132 % increase compared to 2015.

Digital readiness measures are prioritised through the Ministry of Digital Governance, which is tasked with implementing the National Digital Transformation Strategy for 2020-25. This includes approximately 30 health sector-specific projects, which contribute to achieving the EU Digital Decade targets for the country. Key initiatives focus on integrating and digitalising health data, standardising hospital ICT infrastructure for interoperability, developing clinical and management information systems and digital disease monitoring registries, expanding telemedicine services, and fully implementing electronic health records (European Commission, 2023).

While use of the internet to seek health information and book medical appointments has been growing in Greece, the share of people accessing electronic health records declined slightly after a very steep rise between 2020 and 2022 (Figure 18). Nevertheless, the proportion of Greeks accessing their personal health information online reached 38 % in 2024 – well above the EU average of 28 %.

Digital engagement is expected to rise further as digital literacy improves. Meanwhile, since 2022, Greece has introduced several digital tools including ePrescriptions, electronic diagnostic referrals and electronic booking systems for primary and specialist outpatient care. A major milestone was reached in May 2025 with the launch of a fully operational electronic health record system. This allows centralised access to patient histories for healthcare providers, and enables individuals to access comprehensive health records (diagnoses, prescriptions, test results and hospital records) via a central portal or the MyHealth app. AI-powered digital assistants help users to navigate the platform and manage their health data. However, digital inequalities remain a challenge. In 2024, individuals with higher education levels were five times more likely to book appointments online and nearly three times more likely to access online health records than those with lower education levels (Figure 19).

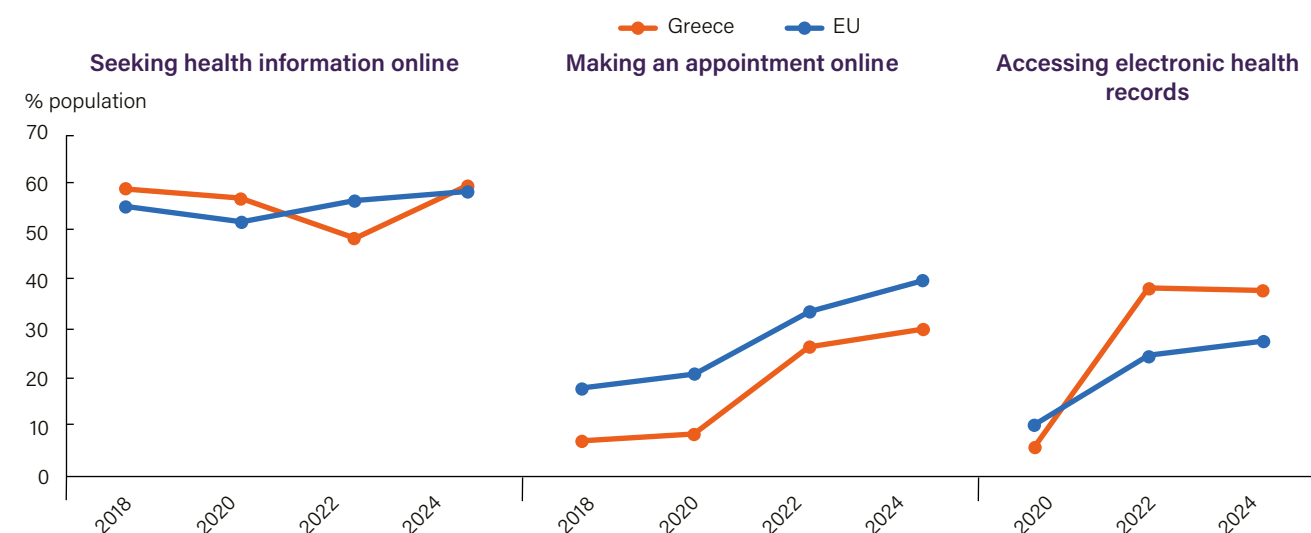
### Box 3. EU funding instruments support health system investments

Greece's health sector is receiving EUR 1.5 billion through the EU's Recovery and Resilience Fund<sup>3</sup>—4.3 % of the country's total allocation. The plan prioritises modernising hospitals and health centre networks through upgrading infrastructure and improving digital systems. Reforms aim to boost public health and prevention, expand mental health and home care services, strengthen the primary care system, and improve pharmaceutical spending efficiency while supporting research and development (R&D). Digitalisation is expected to enhance efficiency, access, transparency, and quality in public health services.

Support also comes from the EU Cohesion Policy (2021-27), which allocates EUR 571 million (EU co-financed share) to healthcare in Greece, targeting accessibility, infrastructure, equipment, mobile assets, active ageing and digitalisation. To reinforce primary care, Greece is implementing a 40 % cap on 2021-27 health infrastructure and equipment spending at the national level for secondary and tertiary hospitals. Additionally, up to mid-September, under the EU4Health work programmes (2021-25), Greek beneficiaries received EUR 33.1 million via joint actions, action grants and direct grants. It was primarily dedicated to cancer initiatives (34 %), crisis preparedness (30 %) and digitalisation (16 %).

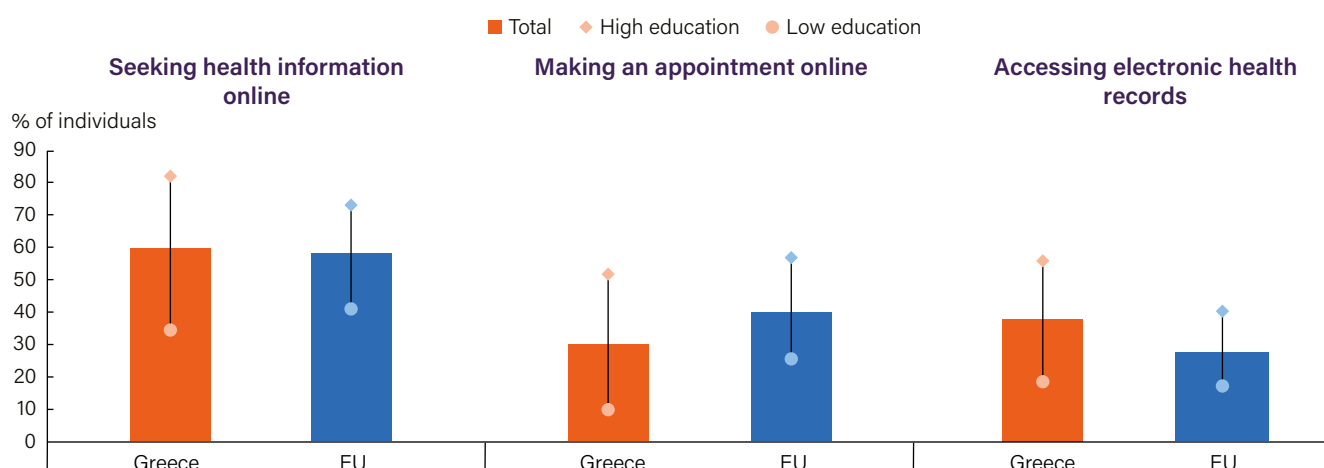
<sup>3</sup> Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

**Figure 18. Use of online resources to access health information and care is growing in Greece**



Source: Eurostat (isoc\_ci\_ac\_i).

**Figure 19. There is a substantial educational divide in the use of the internet for health-related activities in Greece**



Note: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).

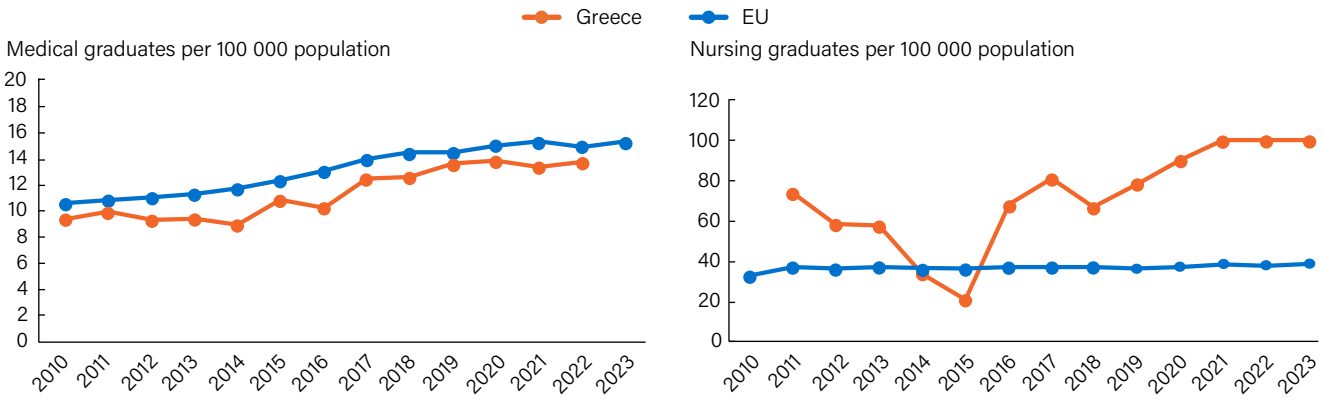
Source: Eurostat (isoc\_ci\_ac\_i); data refer to 2024.

### Health workforce shortages remain a major constraint in Greece, with policy efforts often overlooking the nursing sector

The number of medical graduates in Greece has been consistently lower than the EU average over recent years. In 2022, there were 13.3 graduates per 100 000 population in Greece compared to the 16.7 per 100 000 EU average (Figure 20). This shortfall, combined with a high number of doctors working in the private sector, has led to a significant shortage in the public health system. In response, the government has introduced salary increases (since 2022) to aid recruitment, part-time working arrangements (dual practice) to attract applicants to hard-to-fill posts and reforms in medical education, including streamlined clinical training and revised specialist placement procedures.

In contrast, Greece trains far more nurses (100.6 per 100 000 population in 2023) than the EU average (38.6 per 100 000). Despite this strong training capacity, the public sector does not benefit from the pool of available newly trained or experienced nursing professionals (see Section 4). Nursing specialties exist in areas such as mental health, community, surgical, paediatric, geriatric and critical care, which require additional training and national certification. Nevertheless, there is a shortage of specialist nurses – especially in community health, where demand is rising due to increased needs for home care and chronic condition management. A key barrier is the lack of a structured career progression for nurses and rewards for nurses' achievements. There is no formal career pathway from registered nurse to roles like advanced practice nurse or consultant nurse, which typically come with promotions and higher pay.

Figure 20. The number of nursing graduates in Greece is much greater than the EU average



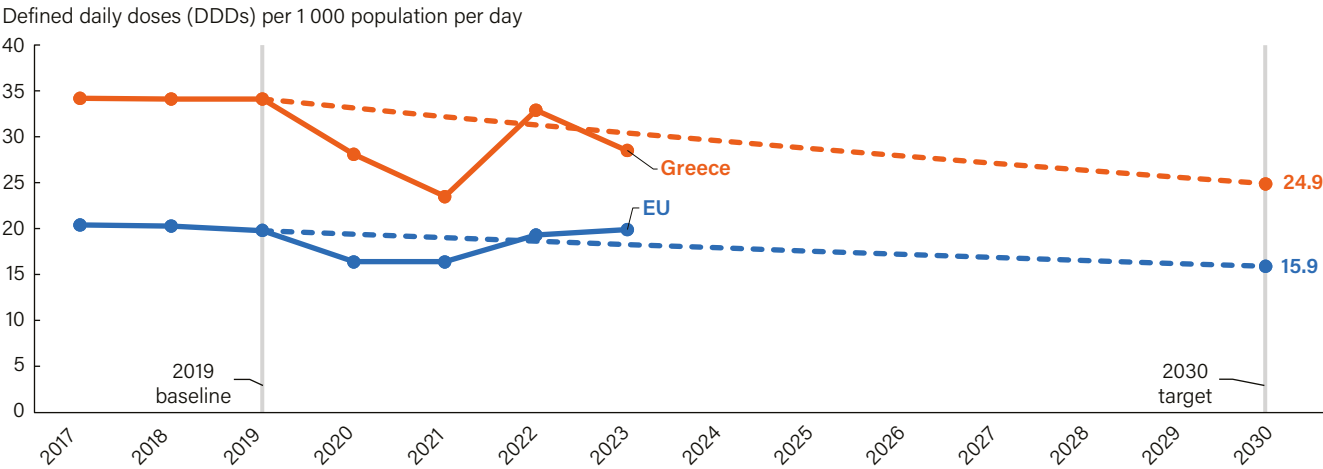
Notes: The EU average is weighted (calculated by the OECD). Nursing graduate data include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses.  
Source: OECD Data Explorer (DF\_GRAD)

### **Volatile antibiotic consumption trends make it difficult to gauge whether Greece will meet its reduction goals**

Curbing excessive antibiotic use is critical to addressing antimicrobial resistance (AMR), a priority reinforced by the EU Council's targets, adopted in 2023, for reducing consumption by 2030.<sup>4</sup> Like many EU countries, Greece saw a decrease in antibiotic use during the COVID-19 pandemic, largely due to fewer non-COVID-19 respiratory infections (Figure 21). However, Greece's sharper decline suggests that reduced doctor visits may also have been a contributing factor. Moreover, in contrast to the general EU trend where consumption rebounded in both 2022 and 2023, Greece's antibiotic consumption pattern is more volatile, with a steep increase in 2022 followed by a decline in 2023.

Currently, Greece has a much higher antibiotic consumption rate (24.9 defined daily dose per day in 2023) than most other EU countries. Although the rate is lower than pre-pandemic levels, the fluctuating usage patterns make it difficult to ascertain whether prescribing behaviour is changing or whether Greece is on track to meet its reduction target. Another challenge is the misuse of antibiotics, including self-medication and dispensing of medicines without prescriptions (Karakonstantis & Kalemaki, 2019). Greece has been implementing the One Health National Action Plan for Antimicrobial Resistance (2019-23), which integrates efforts across human and animal health, agriculture, food and the environment to prevent the rise and spread of antimicrobial resistance, but the plan has yet to be updated.

Figure 21. Antibiotic consumption in Greece in 2023 was 16 % below its 2019 level



Notes: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.  
Source: ECDC ESAC-Net.

<sup>4</sup> Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

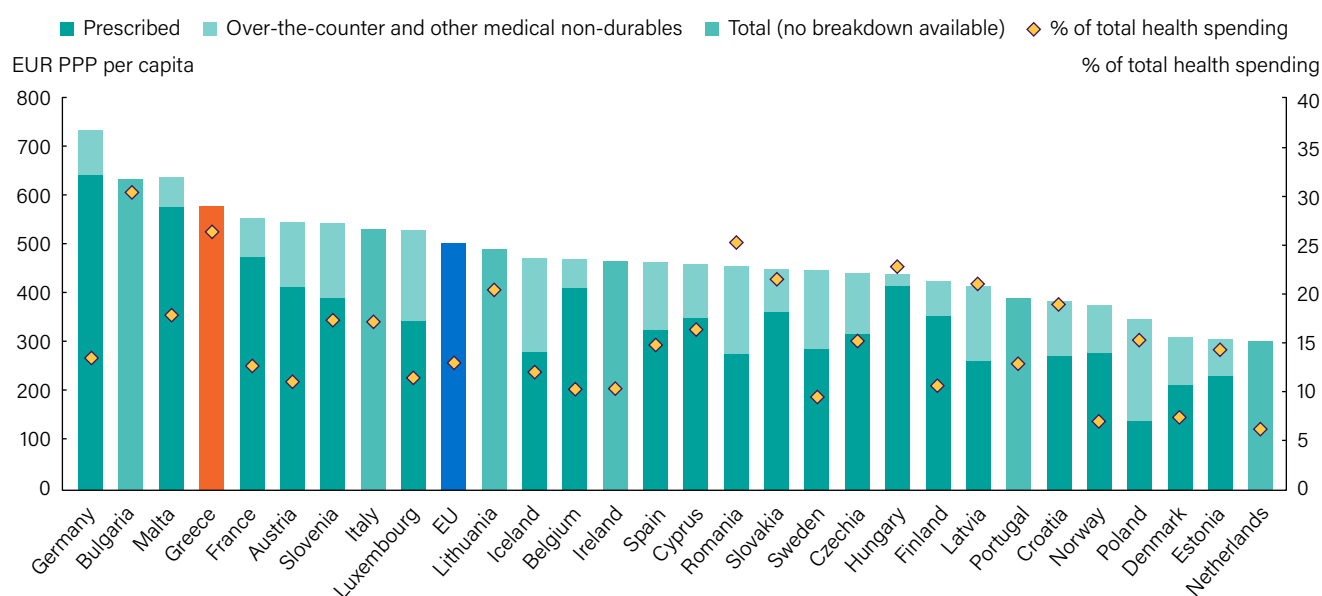
## 6 Spotlight on pharmaceuticals

### Greece spends above the EU average on retail pharmaceuticals per capita

Total expenditure on pharmaceuticals in Greece for 2023 amounted to EUR 7.1 billion, compared to EUR 6.2 billion in 2022 (Hellenic Association of Pharmaceutical Companies, 2024). Greece spent EUR 586 per capita on

retail pharmaceuticals – above the EU average of EUR 510 (adjusted for differences in purchasing power) in 2023 (Figure 22). Retail pharmaceutical expenditure represents 27 % of total health spending in Greece, double the EU average of 13 % and the second largest in the EU after Bulgaria (31 %).

**Figure 22. The share of retail pharmaceuticals as a proportion of total health spending in Greece is twice the EU average**



Note: This figure represents expenditure on pharmaceuticals dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.

Source: OECD Data Explorer (DF\_SHA); data refer to 2023, except for Norway (2022).

### Pharmaceutical spending in the retail sector has grown slightly over the past decade while spending for medicines dispensed in hospitals has increased rapidly

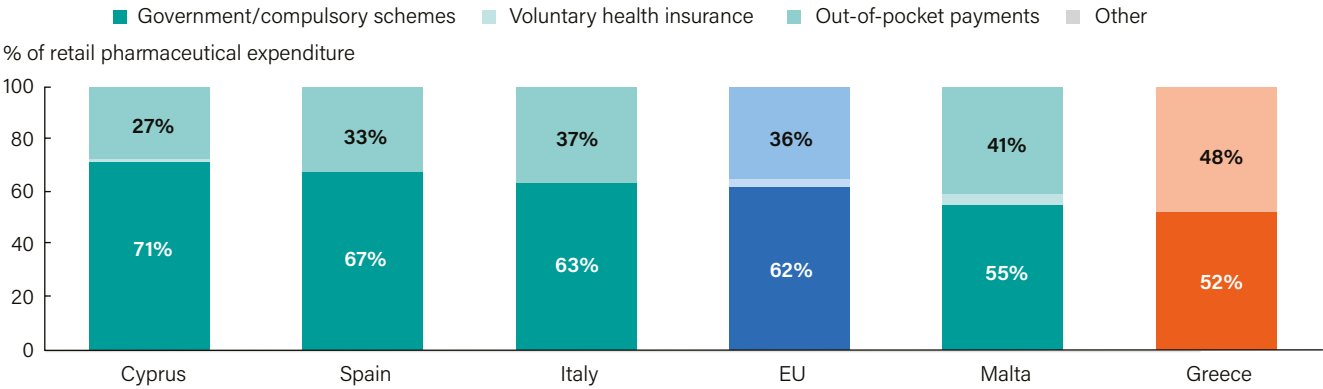
The retail sector accounted for 75 % of total pharmaceutical spending in Greece in 2023, which is well above the EU average of 59 %. Per capita spending on retail pharmaceuticals did not demonstrate a clear trend over the past decade, with a sharp decline between 2012 and 2014 reflecting Economic Adjustment Programme measures during the global financial crisis, and increased spending to a record high in 2020 during the first year of the COVID-19 pandemic. Per capita pharmaceutical spending in the hospital sector has grown significantly recently, by nearly 65 % in just five years – from 2018 (EUR 103) to 2023 (EUR 172). Reasons for this growth include an ageing population with a higher demand for hospital services (including medications), as well as increased availability and use of expensive new medicines, such as novel cancer therapies, which are usually dispensed in inpatient settings (Gourzoulidis et al., 2025).

Several policy initiatives have been implemented with some success to reduce expenditure on medicines, including attempts to reform the clawback mechanism for high-cost medicines, creating a health technology assessment (HTA) framework and introducing an electronic prescription system that monitors prescribing behaviour (Kalavrezou & Jin, 2021).

### Out-of-pocket payments make up nearly half of retail pharmaceutical spending

Overall OOP health spending in Greece is among the highest in the EU, with pharmaceuticals constituting a significant share of households' direct healthcare expenditure in 2023 (see Section 5.2). A large range of pharmaceuticals is covered by the benefits package, with copayment rates stratified according to therapeutic value and disease severity at 0 %, 10 % and 25 % of the list price. Health insurance schemes cover only 52 % of retail pharmaceutical expenditure, while patients directly contribute 48 % – considerably above the EU average of 36 % (Figure 23). These patient contributions include cost-sharing, non-reimbursable medications and those purchased without prescriptions.

**Figure 23. Only about half of expenditure on retail pharmaceuticals is covered by health insurance schemes in Greece**



*Note:* The EU average is unweighted.  
*Source:* OECD Data Explorer (DF\_SHA); data refer to 2023, except for Norway (2022).

**Time to access new medicines is slightly longer than the EU average**

Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations’ Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively measures meaningful patient access to effective treatments, they provide a basis for discussion. For medicines approved by the EU between 2020 and 2023, Greece recorded an average time-to-reimbursement of 654 days, which is 13 % longer than the EU average (578 days). As of January 2025, 43 % of the new medicines approved had coverage, which was slightly below the EU average of 46 %.

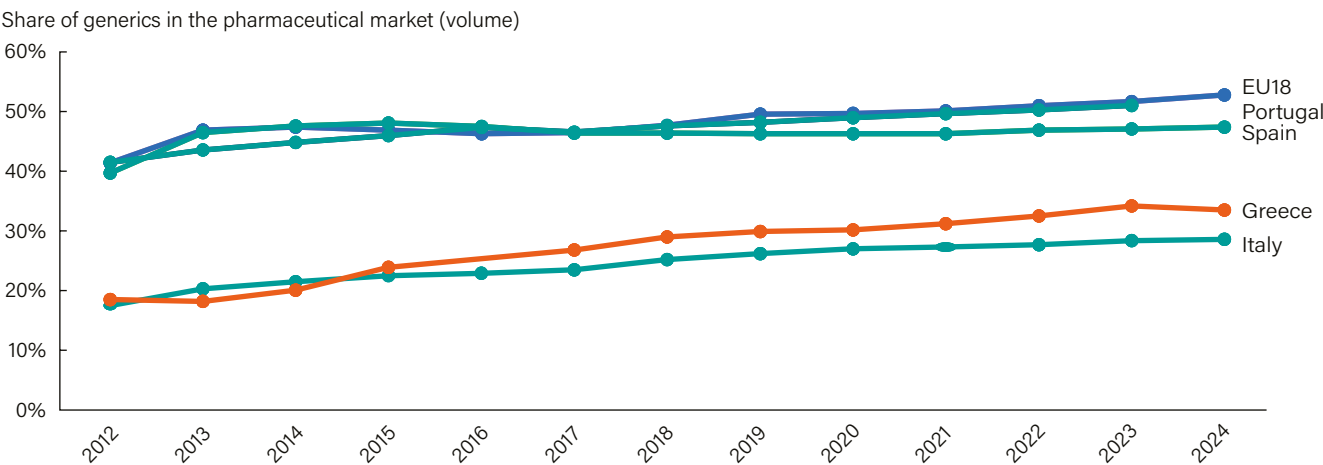
Recognising that challenges exist, stakeholders have called for reforms. Proposals include the development of a National Strategy for Medicines, emphasising transparency,

predictability and equitable access (Pelekanaki, 2023). In preparation for implementing the EU’s HTA regulation, Greece is developing an HTA system with EU and WHO support

**Despite some progress, generics still constitute only one third of reimbursed medicines**

The utilisation of generic medicines has improved over the past decade, after starting at very low levels. In 2023, generic medications accounted for 34 % of all reimbursed medicines (by volume) in Greece – up from 18 % in 2013. Nevertheless, this proportion is the third lowest in the EU, with only Luxembourg and Italy reporting lower rates, and far below the average of 51 % among the 18 EU countries reporting these data (Figure 24). The overall upward trend in Greece is due to policies shifting consumption patterns towards generics, including promoting prescriptions by active ingredient rather than by brand name, electronic prescription systems to monitor and regulate prescribing, and patient consent forms when choosing brand name drugs over generics (Kalavrezou & Jin, 2021). Despite the low utilisation rate, Greece is among

**Figure 24. The share of generics by volume in Greece has increased over the past decade, but remains one of the lowest in the EU**

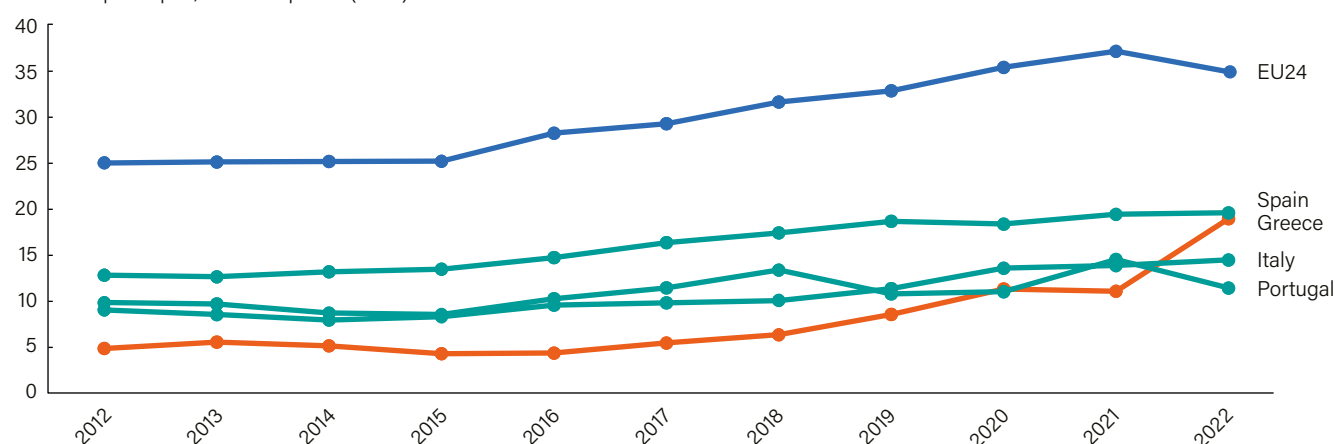


*Notes:* The EU average is weighted.  
*Source:* OECD Data Explorer (DF\_GEN\_MRKT).



**Figure 25. Greece's business spending on pharmaceutical research and development has seen a recent boost due to new policy measures**

EUR PPP per capita, constant prices (2022)



Note: The EU average is weighted (calculated by the OECD).

Source: OECD Data Explorer (DF\_ANBERDi4).

the countries with the highest share of generics in the overall sales value of reimbursed medicines (30 % in 2023), indicating that the price levels of generics in Greece are comparatively high.

### Research and development investment remains below the EU average, although it has been increasing

Greece's pharmaceutical exports reached EUR 2.8 billion in 2023 and constituted 5.5 % of total goods exports. In 2022, Greece's pharmaceutical industry invested an estimated EUR 198 million in R&D, accounting for 1.3 % of total EU pharmaceutical R&D expenditure. When adjusted to constant 2022 prices, this investment reached EUR 19 per capita, just over one half of the average (EUR 35) for the 24 EU countries with available data.

Per capita R&D investments in Greece have grown steadily since 2015, although starting from very low levels (EUR 4). In 2022, per capita investment almost doubled compared to the previous year (Figure 25), supported by policies implemented in the context of the National Recovery and Resilience Plan and new initiatives on innovation and small and medium enterprises (Ministry of Development, 2021). As part of policies financed under the EU Recovery and Resilience

Facility, the Greek Government has been implementing measures to encourage investment in the pharmaceutical sector, including allowing companies to offset amounts owed to the state, such as clawback, against their R&D expenditure.

Pharmaceutical patent applications serve as a crucial metric for gauging innovation potential within the sector. According to OECD Intellectual Property Statistics, in 2022, 17 patent applications filed under the Patent Co-operation Treaty (PCT) originated from applicants based in Greece. This accounts for around 1 % of all Treaty applications originating from EU countries – consistent with Greece's share of international patent applications over the past decade. Considering applications per capita, the value corresponds with 1.6 applications per million population in Greece and is below the EU average of about 4 applications per million.

As a measure of pharmaceutical innovation capacity, the number of new phase I and II clinical trials per million population in Greece as a share of total new clinical trials has vacillated, but overall increased from 17 % in 2010 to 29 % in 2024 (compared to the EU average of 44 %). Low clinical trial activity might have implications for patient care, as clinical trials bring the possibility of earlier access to medicines and opportunities for training and experience with new treatments for the workforce (Castelo-Branco et al., 2025).

## 7 Key findings

- Cardiovascular diseases and cancer are the leading causes of death and disability in Greece, with over half of all deaths attributed to these conditions. While life expectancy (81.9 years in 2024) has rebounded since the pandemic, and is now slightly higher than the EU average, more than half of the years lived after age 65 are spent with disabilities or chronic conditions – particularly among women.
- Nearly one third of deaths in Greece are linked to modifiable risk factors such as smoking, poor diet, low physical activity and air pollution. Despite some progress – like reduced alcohol consumption and adult smoking rates – Greece still faces high adolescent obesity and smoking rates. Public health initiatives, including anti-smoking laws and a new National Action Plan against Childhood Obesity, aim to address these issues.
- Greece spends significantly less on healthcare than the EU average, both in terms of GDP share and per capita expenditure. Public funding covers only 61 % of health costs, leaving households to shoulder a high financial burden through out-of-pocket payments (34 % of health spending). Pharmaceuticals and inpatient care are the main drivers of this private expenditure, along with dental care.
- In 2022, Greece's avoidable mortality rate was just below the EU average, but preventable deaths surged during the pandemic and have not fully returned to pre-pandemic levels. COVID-19, lung cancer and ischaemic heart disease were leading causes. Mortality from treatable causes – largely due to cardiovascular diseases and cancers – has declined but still accounts for a significant share of avoidable deaths. The government has responded with targeted prevention initiatives, including free cardiovascular screening and establishment of specialised stroke care units.
- Greece has the highest levels of unmet healthcare needs in the EU, especially among low-income groups. In 2024, over one in five Greeks reported unmet medical needs due to cost, waiting times or distance to travel – six times the EU average. The situation is worse for those at risk of poverty, with 32 % reporting unmet medical needs and 53 % reporting unmet dental care needs. These disparities are driven by limited public coverage, high out-of-pocket payments and service access barriers.
- Reforms aim to improve access to services through primary care expansion and digital health services. The “personal doctor” scheme, expanded in 2024, mandates adult registration with a primary care provider to improve care coordination and access. Telemedicine infrastructure has also been extended, particularly in remote areas, and digital tools like ePrescriptions are enhancing access to medications for patients with chronic conditions.
- Greece is investing in digital health and infrastructure to improve system resilience and reduce waiting times. Major reforms include the Unified Digital List of Surgeries, which has reduced surgical waiting times, but concerns remain about equity and capacity – especially with the introduction of privately paid operations in public hospitals. Nearly 30 digital readiness measures in the health sector are prioritised in the National Digital Transformation Strategy, which fully operationalised the electronic health record system in 2025.
- Greece spends more per capita on retail pharmaceuticals than other EU countries: retail medicines accounted for 27 % of health spending in 2023 – double the EU average. While the spending trend for retail pharmaceuticals has fluctuated in recent years, per capita pharmaceutical spending in hospitals has grown significantly, due to higher demand from an ageing population requiring hospital services and increased use of expensive new medicines. Despite policy efforts, generics account for only 34 % of reimbursed medicines by volume, although they represent a high share of sales value, indicating relatively high prices.

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## Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

# State of Health in the EU

## Country Health Profiles 2025

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 2025 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;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to:  
[https://health.ec.europa.eu/state-health-eu\\_en](https://health.ec.europa.eu/state-health-eu_en)

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