This document contains links to websites where you can find national legislation and health laws. We link to official government legal sources wherever possible. Where we link to unofficial sources this is noted and users should take this into account before relying on these materials. We recommend checking with the relevant national government if you have questions about the currency or validity of any unofficial source of law.

**Legal system**

- **Civil law**

**National law database**

- **Language:** Greek
- **Link:** [www.et.gr](http://www.et.gr)
- **Nature:** Official Greek gazette
- **Organisation responsible for the website:** The national printing house which is part of the ministry of interior, public administration and decentralisation in Greece

**Legal UHC start date**

- 1983

**Source:** Health Policy, Volume 43, Issue 2, Pages 153-169 (February 1998)

**The health system and policy monitor: regulation (PDF)**

As part of its Health Systems in Transition (HiT) series the European Observatory on Health Systems and Policies systematically describes the functioning of health systems in countries as well as reform and policy initiatives in progress or under development. The HiT health system reviews cover the countries of the WHO European Region as well as some additional OECD countries. This PDF includes information about the country’s regulation. To see the complete HiT report of this country go to: [http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits](http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits)
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Greece
HIT: 2010 - Economou C.
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Greece: Regulation

4. Regulation and planning

4.1 Regulation

Despite the establishment of regional health authorities in 2001, the Greek health care sector is highly regulated by the central government. There is extensive legislation controlling the activities of third-party payers and providers of services, the purchasing process and the levels of prices and reimbursement, and training and licensing of health professionals. Greece has also incorporated into national legislation the EU directives concerning professional qualifications of health personnel, medical equipment, pharmaceuticals and voluntary health insurance. However, there is a significant divergence between the enactment and the enforcement of the legislation in relation to the functioning of both the private and the public sectors. This is documented in the reports of the SEYYP.

SEYYP, an independent authority established in 2001, has responsibility for conducting performance audits of private and public health and welfare services. In its reports, it highlights the fact that most of the problems detected in the management and administration of health and welfare units, as well as in the financing and provision of services, could have been avoided if the relevant legislation had been implemented (SEYYP 2005, 2007).

With respect to health policy planning, as Brian Abel-Smith has argued, it involves six steps: knowing where you are, deciding where you want to go and how to get there, deciding how far you can hope to get towards your target in a period of time, trying to get there in the time period, evaluating your progress and amending the implementation plan (Abel-Smith 1994). Two studies by the Ministry of Health and Welfare, published in the early 2000s, which referred to the health of the population (2000) and the country’s health services (2001a), were an attempt to make the first step. Unfortunately, the next steps were never made.

A second point of Abel-Smith’s argument is the need to make a distinction between planning for health in its broadest sense and planning health services. The former presupposes the involvement of all sectors and all levels of government and civil society. In Greece health policy was never approached by the government from the point of view of a wider economic and social reform. As a consequence, there has been no systematic research focusing on issues such as the social determinants of health or the contribution of health to economic development. Moreover, planning of health services is not based on needs assessment or the measurement of the output of health services but rather on political considerations.

Given this context, so far Greece has neither developed a health targets programme for setting priorities, nor a national plan for the implementation of a Health in All Policies. In 2008, the Ministry of Health and Social Solidarity’s Unit for Strategy and Health Policies, which is responsible for planning national health care policy, undertook a public consultation process and formulated a public health plan for the period 2008–2012, covering 16 axes of action, including cancer, HIV/AIDS, rare diseases, smoking, drugs, alcohol and oral health. However, progress has been slow and partial. Only a few measures have been introduced, including the banning of smoking in public places such as bars, restaurants, and sites providing public services. A similar plan to formulate a national plan for health services development, accompanied by quantified targets, never materialized.

4.1.1 Regulation and governance of third-party payers

Sickness funds, the state budget and PHI are the third-party payers in the Greek health care sector. Social health insurance organizations are self-governing, self-managed, non-profit-making entities of public law, mainly under the jurisdiction of the Ministry of Employment and Social Protection. Each is governed by a managing board composed of representatives of the state, the insured population, pensioners and employers. The members of each organization’s administration board are nominated by the representative organizations and appointed by the competent minister. However, the presidents of the management
boards are chosen by the Minister of Employment and Social Protection. Autonomy is also reduced due to the fact that certain powers fall within the Minister’s remit. Thus, the Minister has substantive supervisory competencies, which, for example, result in the power to withhold approval of the budgets of the social insurance institutions and to check their accounts and book-keeping. Furthermore, for each important administrative decision the social security institutions require the approval of the competent minister: the administrative bodies must first receive ministerial approval before they can introduce qualitative or quantitative improvements to social insurance benefits (Ministry of Labour and Social Security 2002). The sickness funds’ financial sources include contributions from employees and employers in the case of dependent employment and contributions from subscribers in the case of self-employed and independent professionals. Due to the large deficits they face, insurance funds receive compensation from the state budget.

Private health insurers are supervised by the Directorate of Insurance Companies and Actuaries within the Ministry of Development. The supervisory body is nominated to exercise prospective as well as retrospective control. More specifically, supervision focuses on three domains: (a) issuing licences of establishment and operation, (b) financial inspection of companies and (c) consumer protection. Insurers are permitted to contract selectively with private providers and this is what they usually do. They do not contract with public providers and they do not make use of private beds in public hospitals because this is forbidden by law. There are also schemes which take the form of health maintenance organizations (HMOs), integrating purchasing and provision functions.

4.1.2 Regulation and governance of providers

Based on their legal status, Greek hospitals are classified as one of the following.

- **Public Law Entities (NPDD).** These are autonomous, self-governing and self-managed organizations, including ESY hospitals and university hospitals.

- **Private Law Entities (NPID).** Examples of such hospitals are the Onassis Cardiac Surgery Centre in Athens, the Papageorgiou Hospital in Thessaloniki and the Eric Dunant Hospital in Athens. They were built by charitable foundations’ donations and operate under the supervision of the Ministry of Health and Social Solidarity as non-profit-making institutions.

- **Private clinics.** These are profit-making organizations, usually in the form of limited liability companies. Their shareholders are usually doctors; during the last few years, however, the role and the activities of entrepreneurs in this sector have increased significantly.

- **Hospitals with special status.** This fourth category includes military hospitals, which cover the needs of the military personnel, and hospitals for prisoners.

- **Decentralized units.** Last but not least, IKAs operates a few hospitals as decentralized units.

ESY hospitals are under the jurisdiction of the Ministry of Health and Social Solidarity and are accountable to the president of the relevant DYPE. Each is managed by an executive board. Theoretically, as mentioned above, they are autonomous, self-governing and self-managed organizations. In fact, the situation is rather different. The general director of the hospital board and the majority of its members are appointed by the Minister of Health and Social Solidarity according to political criteria rather than managerial knowledge and capacity. Other members of the board are composed of representatives of the medical and nursing staff, as well as other hospital workers. In addition, ESY hospitals have no decision-making power in relation to capital investment and staffing; every aspect of these functions must be approved by the DYPE and the Ministry of Health. Moreover, public hospitals have no authority to negotiate with social insurance funds in setting prices for the services they provide to the insured population.

The rural health centres do not have the managerial or financial autonomy to develop their own policies and formulate their own priorities, since they operate as hospitals’ decentralized units. They are financed via hospital budgets and are administratively attached to hospitals.

The public health departments of the prefectures are responsible for licensing private health care providers, including medical technologies, primary health care facilities and hospitals. Presidential Decrees 235/2000 and 84/2000 regulate the operation of the private health care sector, with the former containing regulations and prerequisites for the operation of private clinics and hospitals, and the latter
laying down necessary conditions and procedures for the establishment and operation of private primary health care units.

4.1.3 Regulation and governance of the purchasing process

The purchasing process in the Greek health care sector is contradictory in nature. On the one hand, it is a centralized procedure in the sense that the reimbursement levels, the prices paid to providers and the benefits offered are regulated by the central government and, more specifically, by the Ministry of Health and Social Solidarity, the Ministry of Employment and Social Protection and the Ministry of Economy and Finance. The attempt in 2001 to decentralize this process with the establishment of regional health authorities\(^1\) was incomplete since they were not given the authority to manage a global budget or the power to purchase services. On the other hand, the process is fragmented, characterized by the absence of a mechanism to coordinate the purchasing activities of the insurance funds (Davaki & Mossialos 2005). The plan to establish such a mechanism (ODIPY) never materialized (see sections 3.5 and 7.1).

\(^1\) These were the PoSYPs, which later were renamed DYPEs.

4.1.4 Regulating quality of care

The authority responsible for managing the accreditation and certification of medical facilities is the Hellenic Accreditation System (ESYD), a private liability company operating in the public interest. ESYD provides its accreditation services to a variety of bodies, including medical laboratories. In addition, the Hellenic Organization for Standardization (ELOT) elaborates the Hellenic National Standards, maintains a central point for testing of materials, assesses management systems and certifies products and services accredited by ESYD, and provides public or on-site training and technical information. For the certification of the quality of health services, which is an optional and not obligatory process, ELOT implements the ELOT EN ISO-9001:2000 model.

In Greece, a specific government agency that has competence for the quality control of health services does not exist, despite the fact that both the 1997 and 2001 health reform laws provided for the establishment of a health services quality control and research institute. In 2005, the KESY and ELOT signed a Memorandum of Understanding for quality standardization within the health sector and the Ministry of Health and Social Solidarity published a draft law to ensure the quality and safety of health services and to establish the National Health Information System. However, the draft law did not come before Parliament for discussion and approval, underlining a certain lack of vision, strategy and concrete goals for the development of a national quality policy in the health care sector.