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of the European Social Charter

submitted by

THE GOVERNMENT OF GREECE

Articles 3, 11, 12, 13 and 14 and
Article 4 of the Additional Protocol
for the period 01/01/2012 - 31/12/2015

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27th Greek Report on the European Social Charter

Article 3

The right to safe and healthy working conditions

Article 11

The right to protection of health

Article 12

The right to social security

Article 13

The right to social and medical assistance

Article 14

The right to benefit from social welfare services

Period of Reference

01/01/2012 – 31/12/2015

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Ministry of Labour,
Social Security & Social Solidarity

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Article 3 – The right to safe and healthy working conditions

Paragraph 1 – Issue of safety and health regulations

i. New Legislation

The new legislation adopted during the reference period includes the following:

2015

- Presidential Decree (P.D.)52/2015 «Harmonization with Directive 2014/27/EU “Amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures” – Amending P.D. 105/95, P.D. 176/97, P.D. 62/98, P.D. 338/01 and P.D. 399/94» (O.G. 81A’)
- Ministerial Decision 10520/213/2015 «Training employers and workers on issues relating to safety technicians duties in enterprises with B’ and C’ accounting books – Programmes for 2015» (O.G. 453B’)

2014

- P.D.135/2014 «Safety Technicians in units and services of the Armed Forces» (O.G. 218A’)
- Ministerial Decision 14867/825/2014 «Simplifying record keeping procedures on occupational health and safety issues in civil engineering works» (O.G. 1241B’)
- Ministerial Decision 4690/12/2014 «Works for which the employment of a salaried person by an indirect employer under temporary employment contract is prohibited» (O.G.396B’)
- Ministerial Decision 9698/456/2014 «Retraining programmes for workers in asbestos work or work with asbestos containing materials» (O.G. 894B’)
- Ministerial Decision 2928/130/2014 «Training employers and workers on issues relating to safety technicians duties in enterprises with B’ and C’ accounting books – Programmes for 2014» (O.G. 266B’)

2013

- Law 4144/2013 «Addressing delinquent practices in Social Security and the labour market and other provisions falling under the area of competence of the Ministry of Labour, Social Security and Social Solidarity», articles 36, 76 para.6, (O.G. 88 A’).
- Law 4174/2013 «Tax procedures and other provisions», article 70 para.3, (O.G. 170 A’)
- P.D.6/2013 «Preventing sharp injuries in the hospital and healthcare sector in compliance with Directive 2010/32/EU of the Council of 10 May 2010 (EU L 134/66 on 01.06.2010)» (O.G. 15 A’)
- Ministerial Decision 27953/1745/2013 «National Cargo Loaders Register – supporting documents needed to exercise the occupation of cargo loaders and stevedores». (O.G. 2122B’)
- Ministerial Decision 36021/Δ1.8233/5-11-2013 «Establishing a National Network to include occupational health and safety issues in Education»
- JMD 4229/395/2013 «Conditions for the establishment and operation of undertakings active in demolition work or work of removing asbestos and/or asbestos containing materials from buildings, structures, appliances, installations and ships, as well as maintenance, coating and insulating work of asbestos and/or asbestos containing materials» (O.G. 318 B’).

- JMD 14366/416/2013 «National Cargo Loaders Register – supporting documents needed to exercise the occupation of cargo loaders or stevedores» (O.G. 1110 B’).
- JMD 15077/1912/2013 «Special issues concerning the organisation and performance of inspections, the type and content of information leaflets and instructions of the SEPE and the General Directorate for Occupational Health and Working Conditions for cargo loading services» (O.G. 1193 B’).
- JMD 15662/460/2013 «Single general regulation governing the provision of cargo loading services», (O.G. 1225 B’).
- JMD 15107/437/2013 « Single general regulation governing the provision of stevedoring services» (O.G. 1230 B’).

2012

- Law 4052/2012 «Law falling under the area of competence of the Ministries of Health and Social Solidarity and of Labour and Social Security on the application of Law on “Approval of Draft Agreements on Funding Facilitation between the European Financial Stability Facility (EFSF), the Hellenic Republic and the Bank of Greece, of the Draft Memorandum of Understanding between the Hellenic Republic, the European Commission and the Bank of Greece and other urgent provisions for the reduction of the public debt and the rescue of the national economy” and other provisions» Sec.XIV articles 95-97 and article 125. (O.G. 41 A’)
- P.D. 41/2012 «National schedule of occupational diseases, in compliance with Commission Recommendation 2003/670/EC of 19.09.2003, «Concerning the European schedule of occupational diseases» (EE L 238/25.09.2003)» (O.G. 91 A’).
- P.D. 12/2012 «Amending P.D.307/1986 «Protecting the health of workers exposed to certain chemical agents at work» (O.G. A’135) in compliance with Directive 2009/161/EU of the Commission (EE L 338/19.12.2009)» (O.G. 19 A’)
- Ministerial Decision 29331/1135/2012 «Training employers and workers on issues relating to safety technicians’ duties in enterprises with B’ and C’ accounting books – Programmes for 2013» (O.G. 3445B’)
- Ministerial Decision 2464/68/2012 «Training employers and workers on issues relating to safety technicians’ duties in enterprises with B’ and C’ accounting books – Programmes for 2012». (O.G. 205B’)
- Ministerial Decision 2465/69/2012 « Training employers on issues relating to safety technicians’ duties in enterprises with C’ accounting books, under article 10 of the code of laws on workers’ health and safety (Law 3850/2010), that employ less than 50 workers – Programmes 2012». (O.G. 205B’)

ii. Measures adopted for the implementation of the relevant legislation

Circulars

During the reference period, the following circulars have been adopted, inter alia, for the implementation of the legislation on occupational health and safety:

- Circular No. 34830/Δ3.963/2015 «Single text of provisions on carcinogenic or mutagenic agents – informal codification».
- Circular No. 34829/Δ3.962/2015 «Publication of P.D.52/2015 (O.G.A’81/17.07.2015): «Harmonization with Directive 2014/27/EU “Amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council in order to

align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures ” – Amending P.D.105/95, P.D.176/97, P.D.62/98, P.D.338/01 and P.D.399/94»

- Circular No.42628/Δ10.130/2014 «Obligation for medical testing of workers»
- Circular No.6005/250/2014 «Annual working time for a safety technician and a labour physician»
- Circular No.2226/230/2013 - publication of P.D. 6/2013 «Preventing sharp injuries in the hospital and healthcare sector in compliance with Directive 2010/32/EU of the Council on 10 May 2010 (EE L 134/66 of 01.06.2010)»
- Circular No.24863/3163/2013 «Training employers as safety technicians in their undertakings».
- Circular No.36643/110/2013 «Obligation to adopt occupational health and safety measures and prepare a written occupational risk assessment concerning cargo loading works».
- Circular No.9086/49/2012 regarding the application of Law 4052/2012 (O.G. 41A´) for the provisions on occupational health and safety of temporary workers

Information

Moreover, the following information activities have been undertaken:

2012-2013 European Campaign

In the context of our country’s participation in the campaign of the European Organisation on Occupational Health and Safety, on «Working together for risk prevention» 2012-2013, information and awareness raising campaigns were launched at national level for all stakeholders. These included Information Days, both in big cities throughout the country as well as in entities where occupational health and safety is of utmost importance (e.g. DEH, EYDAP, SMEs, etc).

In the context of the 2014-2015 European Campaign on «Healthy workplaces manage stress» a large number of information and awareness raising activities took place on Occupational Health and Safety throughout the country (see relevant question in the Statement of Interpretation)

Moreover, in cooperation with the Ministry of Education and Religious Affairs, an evening event took place on «Promoting the Basic Principles of Occupational Health and Safety in Education and Vocational Training». Moreover, information days were organized together with the European Public Law Institute (EPLO) on «Managing stress and psychosocial risks at work in the public sector».

OIRA

The Directorate for Occupational Health and Safety of the Ministry of Labour, Social Security and Social Solidarity, as National Focal Point of the EU-OSHA, took part in consultation, supervision and transfer of OiRA (Online Interactive Risk Assessment) web-based platform to Greece, which operates as a tool for occupational risk assessment in small and very small enterprises.

National Strategy

The 2010-2013 National Strategy on Occupational Health and Safety presented for the first time in our country a coherent set of policies and interventions on occupational health and safety in Greece. Moreover, it was accompanied by a detailed action plan with specified timeframe, based on which the guidelines set by the strategy have been implemented. Its final assessment carried out in 2014-2015 showed that in general the National Strategy on Occupational Health and Safety has satisfied the objectives set, although divergence from and partial failure of other objectives was observed. The second National Strategy on Occupational Health and Safety (2016-2020), which is underway, makes

use of the experience and the lessons learned from the previous Strategy and sets realistic and achievable objectives to safeguard the protection of workers' health and safety.

iii. Negative Conclusion of the ECSR

Regarding the negative conclusion of the European Committee of Social Rights for the self-employed, we would like you to refer to our previous Report as well as to the written observations submitted in 2014.

Moreover, regarding the previous Conclusions (see Conclusions XIX-2), we would like to remind you that the ECSR acknowledged *improvements in Greek legislation and considers that in high-risk sectors (fishery and transport), there are special provisions which also apply to the self-employed*. Therefore, we believe that the Committee focuses on the legislative gap with regard to the self-employed in agriculture, hotels and restaurants. In this regard, we would like to inform you of the following:

Both within the national as well as the European institutional framework on occupational health and safety, the self-employed are not fully covered by the relevant rules and regulations. In particular, all Community Directives on minimum requirements on occupational health and safety transposed into our national law refer to the measures employers should take for the protection of workers, as defined in article 3 of the Framework Directive 89/391/EEC, without special reference to the self-employed. «Worker» is any person employed by an employer under any working relationship while «employer» is any natural or legal person who has an employment relationship with the worker and has responsibility for the undertaking and/or the establishment.

Moreover, in article 2, para. 7 of P.D.305/96 «Minimum health and safety requirements at temporary or mobile construction sites in compliance with Directive 92/57/EEC» as «self-employed» is defined «any person, other than employer or worker, whose professional activity contributes to the completion of a project», while article 9 of the same decree provides that «the self-employed, on condition that they are employed together with other employers, have all the relevant responsibilities of employers and workers and in any case coordination and cooperation should be ensured between employers on issues relating to health and safety». A relevant reference is also made in P.D. 212/2006.

In conclusion, in our country's legislation on occupational health and safety referring to civil engineering works, there are protective provisions for the self-employed who, in fact, are defined in a specified manner.

Moreover, article 7, para. 9 of P.D.17/96, which transposes the framework directive, provides for a coordination of activities in case various undertakings work simultaneously at the same site, with a view to effectively protecting workers against occupational accidents.

At community law level a more detailed reference to the self-employed is made in Council Recommendation 2003/134/EC concerning «The improvement of the protection of the health and safety at work of self-employed workers». In the context of implementing the provisions of this recommendation in our country, the policy of the Ministry of Labour, Social Security and Social Solidarity on the prevention of occupational hazards does not exclude the self-employed, given that actions taken apply to all workers including the self-employed.

In particular, regarding employers' training on occupational health and safety issues in order to be able to assume the responsibilities of a safety technician, it has to be noted that the self-employed may also attend the relevant seminars irrespective of their area of specialization.

Moreover, extensive and valid information on issues regarding occupational health and safety (national-European-international law, education and training entities, service provision, protection and prevention bodies, statistics, etc), is immediately available at the Ministry's website. Information to all interested parties is provided by means of annual information campaigns of the European organization on occupational health and safety at European level with the active participation of our country.

In particular it has to be noted that during the period under consideration 1/1/2012 to 31/12/2015, although the issue of the self-employed was examined when the European bodies assessed all special directives and the framework directive, there is no single regulation either at European level to ensure their full coverage.

iv. Additional questions of the ECSR

a) Updated information on the completion of the codification process of the legislation on health and safety at work

The competent Committee of the Ministry of Labour, Social Security and Social Solidarity, responsible for the codification of regulatory provisions on Occupational Health and Safety was established by virtue of Decision No. 842/12-3-2010 of the Government's General Secretary, as amended by Decisions No. 2273/21-8-2010, 4004/14-12-2010, 2298/28-6-2011, 4883/19-12-2011, 2018/18-6-2012 and 956/16-4-2013 of the Government's General Secretary (phase B of codification following the publication of the Code of Laws on Workers' Health and Safety as ratified by article 1 of Law 3850/2010). The Committee's work is cumbersome, since it involves 103 pieces of legislation, and complex, due to the technical aspect of the legislation. Unfortunately, the committee's operation was suspended.

b) Updated information on the transposition of Directives (a) 2004/40/EC, (b) 2008/46/EC, 2012/11/EU and (c) 2007/30/EC

Directive 2004/40/EC on "Minimum Health and Safety Requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (18th individual directive within the meaning of article 16 para. 1 of Directive 89/391/EEC)", was amended by Directive 2008/46/EC of the European Parliament and of the Council, and as a result its transposition into national law has been postponed for four years. Then it was amended by Directive 2012/11/EU of the European Parliament and of the Council and the deadline for its transposition into national law was postponed till the 31st of October 2013.

This allowed the Committee to present a new proposal and the co-legislators to adopt a new Directive, No. 2013/35/EU "on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (20th individual directive within the meaning of article 16 para. 1 of Directive 89/391/EEC) and repealing Directive 2004/40/EC" based on fresher and sounder evidence. The competent Unit of the Ministry of Labour, Social Security and Social Solidarity is at present transposing the said directive into national law.

Directive 2007/30/EC was transposed into national law by virtue of Section. IIV, articles 95-97 "Adaptation of Greek Law to Directive 2007/30/EC with a view to simplifying and rationalizing the reports on the implementation of directives concerning minimum requirements on health and safety at work" of Law 4052/2012 "Law falling under the area of competence of the Ministries of Health and Social Solidarity and of Labour and Social Security on the application of Law on «Approval of the Draft Agreements on Funding Facilitation between the European Financial Stability Facility (EFSF), the

Hellenic Republic and the Bank of Greece, of the Draft Memorandum of Understanding between the Hellenic Republic, the European Commission and the Bank of Greece and other urgent provisions for the reduction of the public debt and the rescue of the national economy» and other provisions” (41 A’).

c) *New information on the legislation concerning the protection of workers against ionizing radiation*

The national law on the protection of workers against ionizing radiation is the following:

- «Radiation protection regulations», O.G. 216B/06-03-2001
- «Protection of outside workers exposed to the risk of ionizing radiation during their activities in controlled areas», o.G. 849B/13.09.1996. This law also refers to the self-employed.

This legislation is under review in order to transpose Directive 2013/59/Euratom laying down basic safety standards for protection against the dangers arising from exposure to ionizing radiation and repealing Directives 89/618/Euratom, 96/29/ Euratom, 97/43/ Euratom and 2003/122/ Euratom. To this end, a special committee has been established. It has to be noted that the Directive is in compliance with ICRP 103 Recommendations (2007) and the safety standards of the international Atomic Energy Agency.

Moreover, we would like to inform you that the Greek Atomic Energy Commission (EEAE) keeps the National Dose Register for persons exposed to ionizing radiation at work throughout the country and every year it carries out statistical analysis of doses recorded by personal dosimeters depending on the workplace and the area of specialization. Moreover, statistical analysis is also carried out concerning doses calculated for aircraft crews. Finally, the competent Directorate of the Ministry of Labour, Social Security and Social Solidarity has taken all the necessary actions to bring Greek legislation in line with Directive 2013/35/EU of the European Parliament and of the Council of 26 June 2013 «on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields), and repealing Directives 2004/40/EC, 2008/46/EC and 2012/11/EU.

Paragraph 2 – Adoption of measures for monitoring implementation of health and safety regulations

i. Negative Conclusion of the ECSR

Regarding the negative Conclusion of the European Committee on Social Rights, we would like to note the following:

The main reason why the record of occupational diseases is not representative and reliable is the fact that, during the reference period, Greece was not harmonized with Commission Recommendation 2003/670/EC of 19/09/2003 «Concerning the European schedule of occupational diseases». Moreover, the schedule that was in force at that time, based on which occupational diseases were recorded, was old with limited number of diseases.

However, with a view to implementing the findings of the ad hoc Committee (Ministerial Decision No.95142/1-8-2007 «Establishing a Committee to transpose the European schedule of occupational diseases into the national law», composed of representatives of the Ministry of Health, of the IKA-ETAM, the Hellenic Institute for Health and Safety at Work and the Hellenic Association of Occupational Medicine and Environment), P.D. 41/2012 (91^{A'}) was adopted on the National Schedule of occupational diseases, harmonizing thus our legislation with the above mentioned Recommendation and now our country meets the EU requirements for recording and recognising occupational diseases.

The truth is that the number of occupational diseases reported both to the SEPE as well as to the IKA remains low (less than 10 on a yearly basis). As a result their statistical processing is currently not feasible in practice. However, taking into account the problems reported by a large number of member-states, the issue is under consideration also at European level. In particular, in 2014 the *Informal Group of Experts to lay down criteria for diagnosing occupational diseases* was set up by the EU, in order to develop a common simplified schedule of occupational diseases which will be diagnosed based on common criteria in all member-states, with a view to compiling qualitative and comparable statistical data. The formation of the said Group is directly related to the requirements of the new Community Strategy (strategic Framework) on Health and Safety at Work 2014-2020, and to the proven lack of statistical data reliability and comparability on occupational diseases both among the member-states and also over time at European level. Representatives of the SEPE and the Ministry of Labour, Social Security and Social Solidarity participate in the said Group.

In the same context and with the aim of better recording occupational diseases, it is important to mention that Ministerial Decision 32205/96/2013 «Minimum required first aid supplies at workplaces» (2562B') was issued together with P.D. 6/2013 «Preventing sharp injuries in the hospital and healthcare sector in compliance with Directive 2010/32/EU of the Council on 10 May 2010 (EU L 134/66 on 01.06.2010)» (15^{A'}). The above mentioned instruments are very important for seropositive workers and/or patients and for the prevention of occupational diseases.

ii. Additional Questions

1. *With regard to the implementation of cooperation initiatives we would like to inform you of the following:*

As already mentioned above, P.D.41/2012 (91 A') was the result of the ad hoc Committee formed in cooperation with various bodies. Moreover, a new Working Group is to be established which will be responsible for «establishing the criteria for the recognition of occupational diseases based on the

Explanatory Notes of the European Commission», with the participation of representatives of the competent Unit of the Ministry of Labour, Social Security and Social Solidarity, of the Occupational Health and Safety Inspectorate, of the General Secretariat for Social Security, of the Ministry of Health, of the National Organisation for Delivery of Health Services (EOPII), of the Hellenic Statistical Authority (ELSTAT), of the Hellenic Institute for Health and Safety at Work (ELINIAE), of the Panhellenic Medical Association (PIS), of the Hellenic Society of Occupational and Environmental Medicine (EEIEP).

The above mentioned actions are expected to improve the situation concerning the provision of data on occupational diseases.

Furthermore, we would like to inform you that once the criteria for recognizing-diagnosing occupational diseases are established, the interconnection of the SEPE Integrated Information System (OPS) with the corresponding systems of Social Security Bodies (IKA-ETAM, EFKA), allowing compilation, exchange and cross-checking of information, is expected to enhance SEPE's targeting and effectiveness on these issues.

2. Measures (organizational and/or computing infrastructure), taken during the above reference period, in order to meet the increasing requirements of the SEPE work, include, *inter alia*:

- Administrative restructuring of the SEPE based on P.D. 113/2014 ,
- Introduction of the ERGANI Information System,
- Developing the SEPE Integrated Information System (OPS).

3. With regard to the targeting of the SEPE Units on Occupational Health and Safety Inspection, small and medium sized enterprises constitute 98,4% of the total number of enterprises with workers bound by a dependent working relationship under private law, according to the annual data of the ERGANI information system for the years 2014 and 2015, and therefore the vast majority of scheduled inspections are carried out at these enterprises. In 2015, only 3.460 enterprises employed more than 50 workers bound by a working relationship under private law, while the total number of inspections and re-inspections on health and safety at work amounted to 24.572.

For instance, 88,3% of the total number of small and medium sized enterprises (1.008 since 1.141) were included in inspections conducted in the context of the 2014 European Campaign on «Prevention of falls on the same level and safe workplace housekeeping».

iii. New legislation

Please refer to in article 3, para. 1.

iv. Measures adopted for the implementation of the new legislation

Please refer to in article 3, para.1.

v. Statistical data

Below you can find a table of occupational accidents reported to the SEPE during the years 2012-2015:

Year	Occupational accidents reported to the SEPE	Fatal occupational accidents reported to the SEPE	Approximate number of salaried workers (*)	Occupational accidents per 100.000 workers	Fatal occupational accidents per 100.000 workers
2012	4.858	64	2.350.200	207	2,7
2013	5.126	67	2.253.300	227	3,0
2014	5.497	63	2.238.600	246	2,8
2015	5.930	67	2.324.000	255	2,9

(*) the number of salaried workers are average numbers at annual basis in accordance with the quarterly statements of the ELSTAT on employment and unemployment, not including those workers who do not fall under the area of competence of the SEPE (workers in quarries / mines, seafarers)

It has to be noted that both the number as well as the frequency of fatal occupational accidents reported to the SEPE are almost unchanged while the corresponding figures for all occupational accidents show a clear upward trend.

The increase in the total number of occupational accidents reported to the SEPE during the years 2012-2015 is disproportionate and/or incompatible with the developments in employment and the economic activities in general during the said period. Yet, it is mainly due to the activities of the SEPE Occupational Health and Safety Inspection Units since, in addition to regular inspections they also conduct targeted inspections at sectors of economic activity with high risk rating and frequency of occupational accidents. Moreover, the operation of the ERGANI Information System, through which employers submit the establishment plans including information on the Safety Technician and the Labour Physician (where there is an obligation to employ such specialized workers), makes the work of the Labour Inspectorate better known and raises awareness among employers about their obligations. As a result, less severe occupational accidents are reported by employers to a greater extent than in the past.

Severe and fatal occupational accidents are rarely concealed because in addition to the employer who is legally responsible for reporting the accident, the victims themselves are also potential sources of information, especially in cases where permanent invalidity is caused, or their relatives, police authorities and representatives of trade unions – associations with rational interest.

Certain tertiary sectors of the economy, comparatively less affected by the economic crisis, contributed to a large extent to the increase in the number of reported occupational accidents. Two of them, the food service industry and services to buildings and landscape, have been included in specific inspection programmes. For instance, of the above two sectors, the increase in the number of reported accidents for the period 2012 to 2015 was 115,5% (from 110 to 237) and 86,4% (from 132 to 246) respectively. Also for the retail sector, except vehicles, which is the most important sector of the economy in terms of turn over – employment and where the majority of occupational accidents are recorded and therefore, where the largest proportion of inspections are carried out by the

Occupational Health and Safety Inspectorate, the number of reported accidents increased in total by 29,9% during the above mentioned period (from 953 to 1.238).

Finally, as already mentioned in the older corresponding report submitted by the SEPE to the ECSR in 2012, due to the fact that the system used to report occupational accidents in Greece is not accompanied by an economic incentive for the worker or the employer, the number of accident reports is expected to be low in general, i.e. 30 to 50 % in accordance with the European Statistics on Accidents at Work (ESAW) methodology.

Paragraph 3 – Consultation with employers’ and workers’ organizations for the improvement of occupational safety and health

i. New Legislation

The consultation mechanism and procedure with employers’ and workers’ representatives on occupational safety and health issues (Workers’ Health and Safety Council – SYAE) remain the same, as described in the previous national reports.

An important development is that a representative of the Greek Tourism Confederation (SETE) has been added, following the confederation’s recognition as an equal social partner, by virtue of article 37 of Law 4144/2013 «Addressing delinquent practices relating to Social Security and the Labour Market and other provisions falling under the area of competence of the Ministry of Labour, Social Security and Welfare» (O.G.88A’).

Regarding the work of the consultation mechanism during the reference period we would like to inform you that following extensive consultation with and opinion given by the Workers’ Health and Safety Council (SYAE), the presidential decrees and ministerial decisions described in article 3, para.1 were issued (see above). Moreover, we would like to inform you that during the period under consideration, 24 meetings of the SYAE were held for the promotion of issues on occupational health and safety.

Furthermore, we would like to inform you of the following:

European Works Councils

By virtue of Chapter XII of Law 4052/2012 «Workers’ right to information and consultation in Community-scale undertakings and groups of undertakings in compliance with Directive 2009/38/EC/6.5.2009» (O.G. A’ 41), Directive 2009/38/EC of the European Parliament and of the Council “on the establishment of a European Works Council or a procedure in Community-scale undertakings and Community-scale groups of undertakings for the purposes of informing and consulting employees” was transposed into our national legislation. This is a recasting of Directive 94/45/EC and the respective P.D.40/1997 (O.G. A’ 39), with a view to improving workers’ right to information and consultation in Community-scale undertakings and groups of undertakings, by establishing European works councils or a procedure for the purposes of informing and consulting employees.

In order for the above mentioned law to be applicable the following must apply:

- The Community-scale undertaking must employ at least 1000 workers in the Member States and at least 150 workers in each one of at least two different Member States (article 51§1.a).
- The Community-scale group of undertakings must include a controlling undertaking and controlled undertakings, employ at least 1000 workers within the Member States, have at least two group undertakings in different Member States and at least one group undertaking with at least 150 workers in one Member State and at least one other group undertaking with at least 150 workers in another Member State (article 51§1.b and c).
- Employees’ representatives are by order of priority: i) workers’ trade union organisations, ii) works councils elected and operating under Law 1797/1988 and iii) representatives directly elected by the workers themselves in accordance with the provisions of article 12 of Law 1264/1982 and article 4 of Law 1767/1988 (article 51§1.d).

- Information means transmission of data by the employer to the employees' representatives in order to enable them to acquaint themselves with the subject matter and to examine it; information shall be given at such time, in such fashion and with such content as are appropriate to enable employees' representatives to undertake an in-depth assessment of the possible impact and, where appropriate, prepare for consultations with the competent organ of the Community-scale undertaking or group of undertakings (article 51§1.στ). The information shall relate in particular, to the structure, economic and financial situation, probable development in production and sales of the Community-scale undertaking or group of undertakings (article 60§2).

- Consultation means the establishment of dialogue and exchange of views between employees' representatives and central management or any more appropriate level of management, at such time, in such fashion and with such content as enables employees' representatives to express an opinion on the basis of the information provided about the proposed measures to which the consultation is related, without prejudice to the responsibilities of the management, and within a reasonable time, which may be taken into account within the Community-scale undertaking or group of undertakings (article 51§1.g).

- The information and consultation of the European Works Council shall relate in particular to the situation and probable trend of employment, investments, and substantial changes concerning organisation, introduction of new working methods or production processes, transfers of production, mergers, cut-backs or closures of undertakings, establishments or important parts thereof, and collective redundancies (article 60§2).

- Matters shall be considered to be transnational where they concern the Community-scale undertaking or group of undertakings as a whole, or at least two undertakings or establishments of the undertaking or group situated in two different Member States (article 49§3).

ii. Measures taken to implement the new legislation

Please refer to the relevant section in article 3, para.1 above.

Article 11 – The right to protection of health

Paragraph 1 – Eliminating risks that threaten health

A. Legislation

No new legislation has been introduced during the reference period.

B. Measures

Measures taken to implement the new legislation (administrative regulations, programmes, actions and projects, action plans, etc)

Additional information requested by the ECSR on the progress of our country's compliance (follow-up) with its Resolution on collective complaint No. 72/2011 [FIDH versus Greece]

Regarding the progress of our country's compliance with the ECSR Resolution on the merits of collective complaint No. 72/2011 FIDH versus Greece concerning the dumping of waste in the River Asopos and its subsequent harmful effects of large-scale environmental pollution on the health of the inhabitants and, in addition to the information communicated in the 25th Greek Report of the European Social Charter (Follow-up Report to the Collective Complaints against Greece), we would like to note the following:

1. Already since 2008 the EYDAP has been responsible for the water supply to Inofyta, Schimatari, Agios Thomas and Dilesi of Tanagra Municipality (see 25th ESC Greek Report). The quality of water distributed is in accordance with the standards set by the current legislation. For example, the average concentration of (total) chromium in 2012 was less than 1µg/l.

2. Current national legislation monitoring the quality of water intended for human consumption is fully harmonized with the corresponding European Directive 98/83/EC.

3. To set the parametric value of (total) chromium, which is included in the parameters of the above mentioned European Directive, all possible forms of chromium (hexavalent, trivalent, etc.) were taken into account in water intended for human consumption.

4. The parametric value of (total) chromium set in Directive 98/83/EC and in our national legislation is in full compliance with the most updated WHO Guidelines for the quality of drinking water. In particular, even in the most recent edition (4th edition, 2011) of WHO «Guidelines for drinking water quality» the proposed threshold is not for hexavalent chromium but for total chromium.

Moreover, regarding the implementation of environmental liability and specific measures to be taken at the Asopos Catchment Basin, we would like to inform you that so far a total of nine (9) cases have been placed under environmental liability status in the Asopos area (within or at the boundaries of the river basin), for three (3) of which remedial works have already been completed and waste has been removed.

It's worth mentioning that for one of the above mentioned cases, the Coordination Office Dealing with Environmental Damages (SIGAPEZ) of the Ministry of Environment and Energy has taken steps to implement a pilot program to remedy groundwater contamination, in accordance with the relevant Decision [Ref: 77ΘΣ4653Π8-ΗΙΤ], attached to the present report as Annex I.

Moreover, it has to be noted that the Coordination Office (SIGAPEZ) works with bodies and services at central and regional level in order to (a) plan the appropriate remedial actions at the

region, in cases where environmental damage is established and (b) develop a methodology for assessing land and groundwater contamination in the region.

Finally, we would like to inform you that the number of inspections exceeds 260 that are conducted by the Department for Environmental Inspection of the Environment, Energy, Construction and Mines Inspectorate of the Ministry of Environment and Energy in business activities located in the broader Asopos area during the years 2004 - 2015, while the total of administrative pecuniary sanctions (fines) imposed amounts to almost 7.000.000 Euros. Decisions imposing fines together with the corresponding lists of penalty payments are forwarded to the local Revenue Offices while the relevant files are forwarded to the responsible Public Prosecutor to initiate criminal proceedings.

Paragraph 2 – Provision of advisory and educational facilities for the promotion of health

A. Legislation

Legislation adopted during the reference period

Article 61 of Law 4368/2016 (O.G. 21 A/21-2-2016) institutes “Health Mediators (H.M.)” whose role is to provide assistance to vulnerable (and special) groups of the population, for example the ROMA, refugees, immigrants, etc, with a view to eliminating obstacles that impede their access to public healthcare services.

“Health Mediators (H.M.)” are designated by the Minister of Health, after being selected by the respective healthcare service providers or legal entities supervised by the Minister of Health. They are persons of recognized standing and experience who belong to or come from the local community or vulnerable groups of the population, and offer their services by means of contracts, financed by European Funds.

The same article institutes the “Healthcare Services Coordinators (H.S.C.)” for vulnerable groups of population, whose duty is to meet healthcare needs and provide healthcare services. “Healthcare Services Coordinators (H.S.C.)” are designated by the Minister of Health. They are healthcare professionals engaged in community or public health practice and serve at bodies or units of the Primary Health Network, NHS Hospitals or hospital operating under L.D. 2592/1953, as well as other healthcare services of the public sector or bodies or units supervised and fully or partly subsidized by the State.

The selection terms and conditions, the method and criteria, the duties and training of persons assigned the role of *Health Mediator (H.M.)* and *Healthcare Services Coordinator (H.S.C.)* for vulnerable population groups are regulated by joint decision of the Minister of Health and the competent Minister, as appropriate.

The Ministry of Health initiates dialogue – consultation process with the jointly competent Ministries, supervised healthcare bodies as well as organizations – NGOs of vulnerable population groups, in order to draft the above mentioned ministerial decision that will establish the framework for the development of the said institutions and will lead to a further specification of actions and interventions.

B. Measures

Measures taken to implement the new legislation (administrative regulations, programmes, actions and projects, action plans, etc)

The Ministry of Education, Research and Religious Affairs, in the context of promoting health and improving pupils’ quality of life, implements Health Education programmes in primary and secondary schools throughout the country.

The implementation of Health Education programmes in schools aims not only at the physical health of pupils but also at developing integrated personalities and skills and changing pupils’ attitudes and behaviour with a view to enhancing their sense of responsibility, communication, self-confidence, personality and ability to develop positive lifestyle and healthy attitude. To this end, the Ministry of Education goes beyond simply informing and promotes Health Education programmes that are based on new learning methods that encourage pupils’ participation and enhance capacity building such as making decisions, drawing conclusions and evaluating consequences.

The tasks relating to Health Education are assigned to Health Education Officers who serve at the Directorates for Primary and Secondary Education in the country. Health Education Officers are responsible for informing the education community of their region on Health Education Issues and assisting the implementation of respective programs by groups of pupils and teachers. The development of programmes is based on pupils' needs that are different in each school and each region, and also on the education of trainers on specific subject areas. Training is organised by Health Education Officers, in cooperation with specialists, state actors, non-governmental organizations active in healthcare issues, etc. Educated trainers in turn implement, together with their pupils, Health Education programmes that are often accompanied by training material approved by the Institute of Educational Policy (IEP).

In Primary Education, Health Education programmes are implemented during the school year. They are implemented within the school timetable mainly in the context of the "flexible zone" with a possibility of cross thematic approach to the issue in all courses. Every teacher may implement up to two (2) programmes.

The Health Education programmes in Secondary Education are implemented after the official school day has ended while two hours are dedicated to each programme on a weekly basis.

Below you can find certain thematic axis included in the proposed subject matters of Health Education programmes:

- a. Learning about Life (Health, Mental Health, Social and Emotional Development, Health, History and Art, Health and Literature)
- b. Educating an Active Citizen (Human Rights – Democracy, Quality of Life, Road Safety Education, Consumer Education).

Finally, during the 2014–2015 school year, the Ministry of Education, Research and Religious Affairs, in accordance with Circulars No187363/ΓΔ4/19-11-2014 and 145324/Γ7/12-09-2014, implemented the «Social School» programme in cooperation with the Ministries of Health, of Culture and Sports, of Citizen Protection and other stakeholders.

The Social School programme aims, inter alia, at promoting pupils' health and quality of life by designing and developing activities and events included in the school curriculum that shall facilitate, together with courses, the implementation of these programmes.

The said programme included distinct thematic axes of intervention such as: Nutrition/Well-being, Sports, Informing on and Preventing Infectious Diseases, Preventing Accidents, Sexual Education, Racism and Human Rights, Drugs, Alcohol, Smoking, etc.

According to Circular No.3730/ΓΔ4/12-01-2015 the following bodies cooperate with the Social School:

1. Hellenic Center for Disease Control and Prevention (KE.EL.P.NO.)
2. Hellenic Amateur Athletic Association (S.E.G.A.S.)
3. National School of Public Health (E.S.D.I.)
4. Biomedical Research Foundation Academy of Athens (I.I.B.E.A.A.)
5. Institute for Mental and Sexual Health (I.P.S.Y.)
6. Organisation Against Drugs (O.KA.NA.)
7. Hellenic Olympic Committee (E.O.E.)
8. Institute for Social and Preventive Medicine (I.K.P.I.)
9. Hellenic Society for the Study and Control of AIDS

10. Hellenic Thoracic Society
11. International Olympic Truce Center (D.K.O.E.)
12. Youth and Life-long Learning Foundation (I.NE.DI.BI.M.)
13. Harokopio University
14. Adolescent Health Unit (M.E.I.)
15. Association of Hellenic Olympic Winners (S.E.O.)
16. General Police Department of Attica (G.A.D.A)
17. Lab of Hygiene , Epidemiology and Medical Statistics (EKPA)

Additional information requested by the ECSR

1. Advisory Services & Tests for pregnant women

By decisions of the Minister of Health No.Γ3δ/Δ.Φ.12/Γ.Π.οικ.26845/9-4-2015, on the «Establishment and the tasks of a Pilot Network of Family-Planning Units or Services and Care Units for Mothers-Children» and No.Γ3δ/Δ.Φ12/Γ.Π.ΟΙΚ.3355/18-1-2016, on the «Extension of the Pilot Network of Family-Planning Units or Services and Care Units for Mothers-Children», the relevant Pilot Network was established.

Twenty seven (27) bodies participate in the said Pilot Network: nineteen (19) Hospitals, six (6) Health Centers, one (1) PEDI Unit and one (1) Regional Surgery as well as seven (7) Care Units for Mothers-Children, i.e. thirty four (34) bodies in total.

By Circular No.Γ3δ/Δ.Φ.12,25,27/Γ.Π.οικ.54999/20-7-2015 on the «Organisation, operation and introduction of uniform procedures for the development of a Pilot Network of Family-Planning Units or Services and Care Units for Mothers-Children», procedures were defined so that the Bodies participating in the Pilot Network and promoting Family-Planning may apply them in a uniform way.

Provision is made inter alia that healthcare professionals who work at Family-Planning Units/Services pay special attention to how to approach citizens and families of vulnerable groups or categories, respect for individual and social/collective rights as well as cultural, national, religious etc characteristics and identities. With the assistance of associations of vulnerable groups, as appropriate, healthcare professionals are required to facilitate the access of such citizens to Units/Services but also to contact their communities, raise awareness and inform them of their work and also to develop programs adapted to the needs of such populations.

In case a large number of people and settlements of the said vulnerable groups are located in the region that falls under the area of competence of Family-Planning Units/Services, it is necessary to prepare the relevant program with activities and interventions, the design and planning of which should be carried out in cooperation with the local information bodies of the Service concerned and the Ministry of Health.

Similarly, access and services to mothers and children are also provided to refugees - immigrants, etc, by Care Units/Services for Mothers – children that are included in the relevant Pilot Network (7 Units), as well as by relevant Services in PEDI Health Units that operate as Stations for the Protection of Mothers-Children-Adolescents (over 50 Units), in accordance with section H2 of Circular No.Γ3δΙΓ.Φ12,25/Γ.Π.οικ.34340/13-5-2016 on the «Organisation, operation and introduction of uniform procedures for the development of a Pilot Network of Family-Planning Units or Services and Care Units for Mothers-Children».

2. Medical checks to pupils

In the context of Health Education in Primary and Secondary Schools medical checks are carried out in the pupil population. These checks are carried out by the Health Centers of the Ministry of Health and Hospitals throughout the country. Medical checks are usually related to health and vaccination booklets, dental checks, disorders of musculoskeletal system, body weight, etc. The bodies carrying out checks decide upon the school units and the classes to which checks shall be targeted.

The said programmes are approved by the Ministry of Education provided that they are not compulsory and are free of charge for pupils. They should be carried out without hindering the smooth operation of schools, always following consultation with the Headmasters, while a written consent of the guardians is required for children to participate in these programmes.

During those programmes, doctors who check the booklets for possible missing vaccines are required to record and sign data and findings only on the health booklets of pupils and to inform their parents for possible missing vaccines, always safeguarding their personal information.

Moreover, in the context of the Ministry's cooperation with state and private bodies and NGOs active in health issues, over the last couple of years, programmes targeted to Secondary Education pupils were approved, free of charge. The said programmes are carried out by private and public bodies in cooperation with the Directorates for Secondary Education and Health Education Officers.

Paragraph 3 – Prevention of epidemic, endemic and other diseases

A. Legislation

Legislation adopted during the reference period

By virtue of P.D.41/2012 (O.G.91/A/19-4-2012) the “National schedule of diseases, in compliance with Commission Recommendation 2003/670/EC of 19-09-2003, “European schedule of occupational diseases” (EU L238/25-9-2003)” was established. By virtue of Circular No.7804/40/2012 on «Announcing the publication of P.D.41/2012 «National schedule of diseases, in compliance with Commission Recommendation 2003/670/EC of 19-09-2003, “European schedule of occupational diseases” (EU L238/25-9-2003)», information are given on the procedure for the recognition of an occupational disease.

The competent bodies of the Ministry of Labour, Social Security and Social Solidarity are responsible for monitoring the application of P.D.41/2012 and Law3850/2010 «Ratifying the Code of Law on workers’ health and safety». These bodies in cooperation with other public services may be informed of data or information that is relevant to the health and safety of persons employed in their services.

Moreover, the following pieces of legislation have been issued:

- P.D.12/2012 «Amending P.D.307/1986 «Protecting the health of workers exposed to certain chemical agents at work» (O.G.135A’) in compliance with Commission Directive 2009/161/EU (EU L338/19.12.2009)» (O.G.19A’)
- Law 4144/2013 «Addressing delinquent practices in Social Security and the labour market and other provisions falling under the area of competence of the Ministry of Labour, Social Security and Welfare», articles 36, 76 para.6, (with regard to provisions on health and safety at work) (O.G.88A’)
- Law 4052/2012 « Law falling under the area of competence of the Ministries of Health and Social Solidarity and of Labour and Social Security on the application of Law on «Approval of the Draft Agreements on Funding Facilitation between the European Financial Stability Facility (EFSF), the Hellenic Republic and the Bank of Greece, of the Draft Memorandum of Understanding between the Hellenic Republic, the European Commission and the Bank of Greece and other urgent provisions for the reduction of the public debt and the rescue of the national economy» and other provisions» (regarding provisions on health and safety issues of temporary workers - Sec. XIV articles 95-97, O.G.41A’/01-03-2012).
- Ministerial Decision 4229/395/2013 «Conditions for the establishment and operation of undertakings active in demolition works or asbestos and/or asbestos containing materials removal works from buildings, structures, appliances, installations and ships , as well as maintenance, coating and insulating work of asbestos and/or asbestos containing materials» (O.G.318B’)
- Ministerial Decision 9698/456/2014 «Retaining programs for workers involved in works handling asbestos or asbestos containing materials» (O.G.894B’)
- Ministerial Decision 14867/825/2014 «Simplifying record keeping procedures on occupational health and safety issues in civil engineering works» (O.G.1241B’)
- P.D.52/2015 «Harmonization with Directive 2014/27/EU “Amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and

packaging of substances and mixtures ” – Amending P.D. 105/95, P.D. 176/97, P.D. 62/98, P.D. 338/01 and P.D. 399/94» (O.G.81A’).

B. Measures

Measures taken to implement the new legislation (administrative regulations, programmes, actions and projects, action plans, etc)

The following circulars have been issued regarding the above mentioned legislation:

- Circular No.9086/49/2012 on the application of Law 4052/2012 (O.G. 41A’) in particular the provisions on occupational health and safety of temporary workers
- Circular No.5885/557/2013 «JMD No.4229/395/15-2-2013 on the conditions for the establishment and operation of undertakings active in asbestos management works (E.A.K.)».
- Circular No.7923/790/2013 «Activity Report of providers of safety technician and labour physician services (EXIPP, ESIPP, individual safety technicians and labour physicians)».
- Circular No.42628/Δ10.130/2014 «Obligation to put workers through medical tests»
- Circular No. 34830/Δ3.963/2015 «Uniform provisions on carcinogenic or mutagenic agents – informal codification».

Furthermore, in the context of our country’s participation in the 2013-2014 European campaign of the European Agency for Health and Safety at Work on “*Healthy Workplaces - Working together for risk prevention*”, information days were held in order to raise awareness of all stakeholders at national level.

Also, in the context of 2014-2015 European Campaign «*Healthy Workplaces Manage Stress and psychosocial risks in the workplace*», a number of actions and information events were held in order to raise awareness on occupational health and safety issues (OHS) throughout the country.

We should also mention that the Directorate for Occupational Health and Safety of the Ministry of Labour, Social Security and Social Solidarity is the National Focal Point for the European Network for Workplace Health Promotion (ENWHP). The ENWHP consists of state and other bodies relating to occupational health and safety and public health and aims at: launching initiatives/programs for the promotion of workers’ health and safety, identifying and disseminating Good Practices at European level, developing guidelines for the effective promotion of workers’ health and safety, adopting policies by the member-states that contribute to the promotion of workers’ health and safety, developing and supporting infrastructures at national level for the broader dissemination and integration of the promotion of workers’ health and safety in current policies on occupational health and safety. «Healthy employees in healthy organisations» is the vision of the European Network.

Moreover, the Directorate for Occupational Health and Safety and the National Inter-municipal Network of Healthy Cities (EDDIPPI), signed a memorandum of understanding for a series of actions and synergies at the World Health Organisation on 19/06/2015, taking into account the policy of the European Union, of the World Health Organisation (Health 2020), of the European Network of Healthy Cities of WHO, of the European Agency on Occupational Health and Safety (EU-OSHA) and of the European Network for the Promotion of Health, the National Strategy on Occupational Health and Safety (OSH) and the relevant commitments undertaken by both institutions in the framework of their participation in European networks.

Finally, the competent Authority from July 2012 till February 2014 participated in the Fit For Work programme, (www.fitforworkeurope.eu) aiming at highlighting the importance of rheumatic diseases treatment and early diagnosis, that will improve working conditions and therefore help patients with rheumatic diseases and other musculoskeletal disorders continue to work. The programme started by the non-profit making organization Work Foundation and its Greek branch with the participation of Associations of people with rheumatic diseases, rheumatologists, the Hellenic Institute for Occupational Health and Safety (ELINIAE), medical journalists, a professor of the University of Athens and a consultant of a Member of the European Parliament specialized in health economics.

The Ministry of Labour participates in the said programme following a request of the coordinators in order to present the national policy on preventing and addressing occupational diseases in the workplace and improving the working environment in general.

A. Additional information requested by the ECSR on the progress of our country's compliance (follow-up) with its Resolution on collective complaint No.30/2005 [Marangopoulos Foundation for Human Rights versus Greece]

See Article 11, para.1 above.

B. Rebuttal of the Negative Conclusion – information on the progress made regarding the country's compliance (follow-up) with the Resolution on collective complaint No.30/2005 [Marangopoulos Foundation for Human Rights versus Greece]

Additional information requested by the ECSR regarding:

→ (a) *Whether a reduction in particle emissions has been achieved in lignite mining units (at Klitos, Kozani and Agios Dimitrios):*

Regarding the negative conclusions of the European Committee on Social Rights for Klitos, once again we would like to reiterate that Klitos is not a lignite production or mining center.

It was a Settlement for which the compulsory land acquisition process has been finalized since 2010 and its inhabitants have been safely removed. Today the Southern Field lignite mine spreads over the area of the former settlement.

→ (b) *Whether the number of environmental inspectors has increased:*

[1]. *Replacing old Units with new, more environmentally friendly units of modern technology and higher performance*

1.1 Scraping of old units

In addition to the shutdown of Ptolemaida SPP Unit I (Decision No. Δ5/ΗΛ/Α/Φ7/161/3800/09.03.2011) and the definite scrapping of Megalopolis A' SPP Units I and II and of LIPTOL SPP Units (Decision No.RAE/O-57886/18.03.2014) already mentioned in the 25th Greek Report – Information on the progress made in our country in the context of Collective Complaint No. 30/2005, the following actions have been taken in the context of program for the scrapping of DEH Units:

- Definite scrapping of Ptolemaida SPP Unit II, Lavrio SPP Unit III and Agios Georgios SPP Unit 9 (Decision No. RAE/O-60400/11.12.2014).
- Reducing contingencies till the end of 2015 for Aliveri SPP Units III and IV and Lavrio SPP Unit I (Decision RAE O-59110/16.07.2014).
- Definite scrapping of Ptolemaida SPP Unit IV (Decision 184/2015 – O.G. B' 1054/05.06.2015).

- In 2015 the Management Board of DEH decided the definite scrapping of Ptolemaida SPP Unit III, which has not been functioning since November 2014.
- Consider reducing contingencies for Agios Georgios SPP Unit 8 and Lavrio SPP Unit II (Decision No RAE/O-60400/11.12.2014).

1.2 Construction of new, modern Units

- The construction of Megalopoli B' SPP natural gas-fired combined cycle Unit V, of 811 MW net capacity was completed and the unit has been operating on a trial basis since 2015.
- The new Steam Power Plant at Ptolemaida (Unit V), of 660 MW gross capacity, equipped with modern anti-pollution technology is under construction. This is a pulverized lignite-fired unit with the capability to supply 140 MWth to meet the city of Ptolemaida teleheating needs after the shutdown of Kardia SPP. For this Unit (that will replace the existing Ptolemaida SPP) provision is made for the installation of CO₂ capture and compression equipment, depending on the outcome of the assessment of Carbon Capture readiness.

[2]. *Compliance with the current environmental legislation on Large Combustion Plants (Directive 2001/80/EC and Directive IPPC 2008/01/EC)*

All DEH thermal plants comply with the provisions of the Directive on Large Combustion Plants (2001/80/EC) and Directive IPPC (2008/01/EC). In addition to the installation of new electrostatic filters at Agios Dimitrios SPP Units I-IV and pilot implementation of dry flue gas desulphurization method at Agios Dimitrios SPP Unit III, projects for which data has been given in the 25th Greek Report – information on developments taken place in the context of Collective Complaint 30/2005, in 2012 the installation and operation of flue gas desulphurization system was completed at Megalopolis A' SPP Unit III. Its full and continuous operation since the first semester of 2013 together with the improved operation of the desulphurization system at Megalopolis B' SPP Unit V, together with the shutdown of Megalopolis A' SPP Units I and II (2011), resulted in the reduction in sulphur dioxide emissions (SO₂) by 98,6% compared to 2008, in accordance to the following diagram:

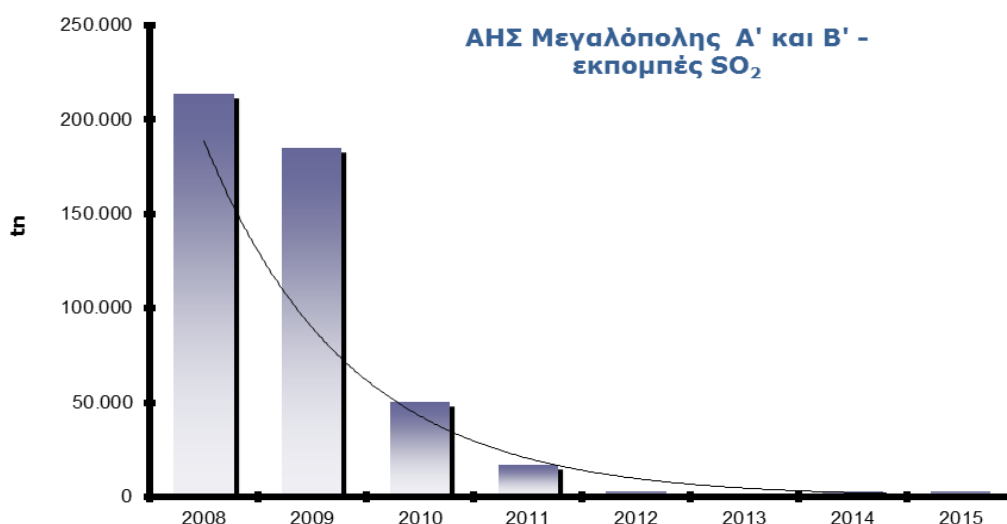


Diagram 1: reduction in sulphur dioxide emissions at Megalopolis SPPs

With the above mentioned projects, DEH's facilities and the country fully comply with the provisions of the National Emission Reduction Plan (NERP – approval by virtue of Joint Ministerial Decision 33437/1904/E103, O.G. B' 1634/14.08.2008), as provided for by Directive 2001/80/EC.

The following Diagram 2 presents the reduction in SO₂ emissions achieved at the Units included in the NERP following investments made by DEH over the past few years:

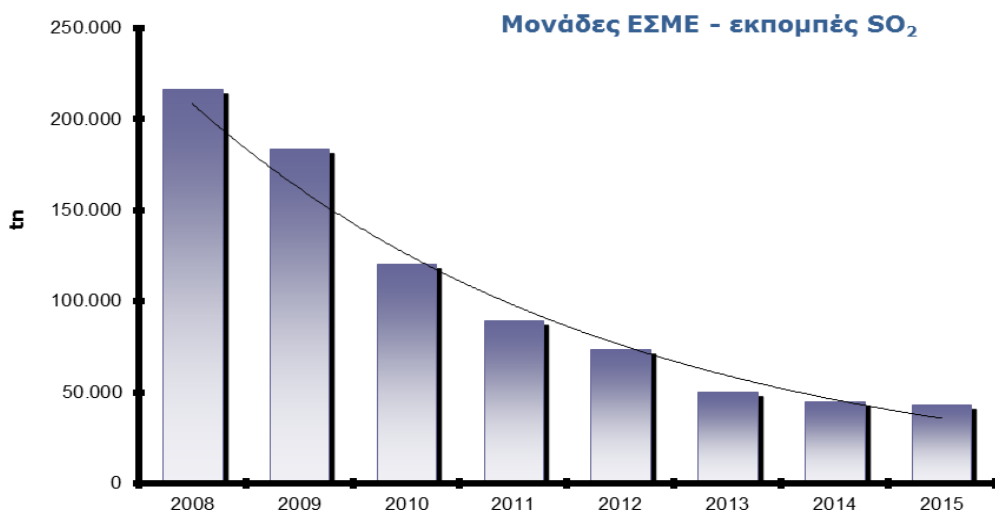


Diagram 2: Reduction in SO₂ emissions achieved at the Units included in the NERP

It should be noted that today all DEH production facilities hold approved Decisions on Environmental Conditions.

[3]. *Compliance with the new environmental legislation on industrial emissions (Directive 2010/75/EC)*

With regard to the Company's investments relating to the reduction of SO₂ emissions at Agios Dimitrios SPP, the reduction of particles emissions and also the reduction of NO_x emissions at Agios Dimitrios and Megalopoli SPPs, we would like to note the following:

- The implementation of wet flue gas desulphurization project has been decided at Agios Dimitrios SPP Unit V (wet flue gas desulphurization process with limestone forced oxidation). In February 2015 the works notice was issued and in October of the same year tenders were submitted and now the process is at tenders' evaluation stage. (Project Budget: € 75 million).
- The commercial operation of the project «Upgrading the boiler unit of Agios Dimitrios SPP Unit V to reduce NO_x emissions by applying primary measures» (at a budget of: € 2,94 million) is about to start.
- Tender process is under preparation for the implementation of dry flue gas desulphurization with sorbent injection into the flue gas duct ahead of the new electrostatic precipitators (based on tests conducted with positive results in 2015, at Agios Dimitrios Unit III) at Agios Dimitrios SPP Units I to IV. In case dry desulphurization technology is not applicable, the method of wet desulphurization shall be used.
- Contracts have been signed for the following projects and already implemented:

- «Upgrading boiler units of Agios Dimitrios SPP Units I and II to reduce NOx emissions by primary measures» (at a budget of € 13,75 million).
 - «Upgrading boiler units of Agios Dimitrios SPP Units III and IV to reduce NOx emissions by primary measures» (at a budget of € 14,82 εκατομμύρια).
 - Converter (inverter) interconnection of Units I-II with the installed power recovery systems of Agios Dimitrios SPP Units III-IV» at a budget of: € 2,884 million).
 - The tender process is underway for the project that involves wet flue gas desulphurization at Agios Dimitrios SPP Unit V (at a budget of: € 75 million).
 - At Megalopolis B SPP (Unit IV) limited interventions shall be required in order to reduce NOx emissions without replacing burners. An invitation to tender may be opened for this project.
- As mentioned above, pursuant to article 33 of Directive 2010/75/EC, Kardias SPP Units I-IV and Amindeo SPP Units I-II were subject to limited life time derogation (from 01.01.2016 to 31.12.2023).

[4]. *Certified Systems in accordance with ISO 14001:2004 and ISO 50001:2011*

- DEH has certified Environmental Management Systems in accordance with ISO 14001:2004 at the Lignite Center in Western Macedonia and the following Stations, that produce 87% of electricity generated by DEH: SPPs of Komotini, Meliti, Amindeo, Kardias, Agios Dimitrios, Aliveri, Agios Georgios, Lavrio, Megalopolis A' and B', Chania, Atherinolakos, as well as the HPPs of Thissavros and Platanovrisi, Pournari I and II, Piges Aou, Polifitou, Sfikia and Asomaton, Agra and Edesseou, Kremaston, Kastrakiou and Stratou I and Ladona.
- Moreover, at Megalopolis Lignite Center, in addition to the Certified Environmental Management System, the Energy Management System's implementation process is under way, in accordance with ISO 50001:2011 and it is estimated that it will be finalized by the end of 2016.

[5]. *Health and Safety at work*

5.1 Preventive Medical Check-ups

Preventive Medical Check-ups for DEH personnel are still carried out at Lignite Centers and SPPs at an annual rate of 25% of the personnel. No occupational diseases have been identified through these check ups.

5.2 Certified Systems in accordance with OHSAS 18001:2007

In order to safeguard health and safety at work DEH has been implementing over the last years a program on the development and certification of Occupational Health and Safety Management Systems according to OHSAS 18001:2007 at thermal power plants. To date, all SPPs of lignite Centers and the Megalopoli Mine have been certified.

→ (c) *Whether provided sanctions have increased for exceedances of emission limitations:*

Updating data from Environment & Mines Inspectorate

Regarding issues falling under the area of competence of the Environment Inspectorate (TEP), during the reference period 01-01-2012 to 31-12-2015, we would like to inform you of the following:

1. During the above mentioned period no environmental inspections were carried out at DEH lignite mines. By Decision No.832/23-01-15 of the Deputy Minister of the Ministry of Energy and Climate Change a fine of hundred and thirty five thousand Euros (135.000 €) was imposed on DEH SA for

violations concerning waste disposal at DEH Southern Field Mine found during inspections carried out on 13-10-2011 by Environmental Inspectors.

2. Regarding the number of Environmental Inspectors, we would like to inform you that in 2012 nine (9) inspectors were employed at the Northern Greece Inspectorate and by the end of 2015 their number reduced to six (6) officers and today only four (4) officers are left. Staffing the Environmental Inspectorate of Northern Greece and strengthening the institution in general is of utmost importance, so that they might be able to carry out their work effectively in the interests mainly of public health and the environment.

3. The Environment, Constructions, Energy and Mines Inspectorate (SEPDEM), in application of article 20 of Law 4014/2011 is preparing an Environmental Inspections Plan that, in cooperation with all competent environmental authorities of the country, shall provide for a program of routine and non-routine inspections of projects and activities included in Directive 2010/75 and projects and activities that have significant impact on human health and the environment of the region in general, also including lignite mines.

Regarding issues falling under the area of competence of the Mines Inspectorate (**TEM**), we would like to inform you that this Department, under P.D.100/2014 and the provisions of the Regulation for Mining and Quarrying Works (KMLE) (Ministerial Decision No.Δ7/A/οικ.12050/2223 O.G. 1227/B/2011), is responsible mainly for inspecting and supervising mining and quarrying activities as well as the rational use of the country's mineral resources, the health and safety of workers and people living near mining and quarrying regions and eliminating illegal mining and quarrying activities.

In particular, regarding issues relating to DEH activities in the broader area of Western Macedonia, please note that the Mines Inspectorate deals with issues pertaining to lignite mining for Steam-electric Power Stations (SPPs). The inspection and supervision of lignite mining plants of Western Macedonia is not included in the area of competence of Mines Inspectorate (TEM).

On the spot inspections are carried out by engineers of Northern Greece Mines Inspectorate (TEM/EBE) at lignite mines of Western Macedonia Lignite Center, in cooperation and jointly with representatives of DEH workers, taking into account their observations and recommendations concerning the implementation of the Regulation for Mining and Quarrying Works (K.M.L.E.). Instructions are given for mining and quarrying activities, in accordance with the provisions of the KMLE, while fines are imposed respectively for violations of the current Mining Law.

Regarding inspections at Western Macedonia Lignite Center of DEH SA, the Northern Greece Mines Inspectorate (TEM/EBE) imposed fines, following on the spot inspections carried out by its engineers where violations of the Regulation for Mining and Quarrying Works were detected. The table below presents the number of those fines and the total amounts mainly for violations of the KMLE and occupational safety regulations:

YEAR	NO OF FINES IMPOSED ON DEH	NO OF FINES IMPOSED ON CONTRACTORS	TOTAL AMOUNT (€)
2011	3	1	24.000,00
2012	3	-	11.000,00
2013	1	-	12.000,00
2014	1	-	12.000,00
2015	2	1	8.500,00
2016 (to date)	4	4	64.000,00

Source: Environment, Construction, Energy and Mines Inspectorate - Northern Greece – Department for Environment Inspectorate, Department for Mines Inspectorate

The institution of Mines Inspectorate has existed for several decades, as in most countries abroad, and its effectiveness is linked to the comprehensive and uniform treatment of mining and quarrying undertakings and the know-how resulting from the comparison of similar undertakings in various regions of the country.

Problems relating to inspections and supervision of Mines and Quarries in the regions of Epirus, Western Macedonia, Eastern Macedonia-Thrace, Thessaly and Northern Aegean, under P.D.100/2014, are mainly due to the lack of personnel (especially Mining engineers) together with the vast territory range (6 Regions, 27 Regional Units), the size and complexity of mining and quarrying works in Macedonia and Thrace. Strengthening the Staffing of the Mines Inspectorate is the most appropriate solution in order to deal with issues arising from the exploitation of Mines and Quarries and relating to the implementation of the Regulation for Mining and Quarrying Works.

Article 12 - The right to social security

Paragraph 1 - Establishment or maintenance of a social security system

Additional questions of the ECSR

1. Under Article 7, paragraph 6 of Law 4387/2016 (O.G. 85A), the amount of the national pension is set at €384 for 20 years of insurance. Main pension = national (basic) + contributory. The contributory part of the pension is based on the insured's earnings; it is calculated for the whole insurance period and on the basis of the replacement rate. For the calculation, average monthly earnings are taken into account - calculated as the quotient of dividing total monthly earnings by total insurance time.

The national pension is for all permanent and legal residents in Greece for at least 15 years, between the age of 15 and the year in which they reach the statutory retirement age. The amount is reduced for old-age pensioners by 1/40 for each year that is less than forty years of residence in Greece (except in the case of disability pensions).

In addition, we would like to inform you that, outside of the reference period and in accordance with the provisions of article 33 of Law 4368/2016 "Government Support Measures and Other Provisions" (O.G.21/A') uninsured individuals and members of vulnerable social groups are guaranteed free access to all public health structures providing medical and nursing care.

The criteria and procedures for access to the public system of medical and nursing care for uninsured and economically weak citizens, Greeks and aliens, have been defined by JMD¹ A3(c)/CP/oik.25132/04-04-2016 (O.G.908/B').

In particular, these benefits concern all uninsured, non-directly or indirectly insured to any insurance agency, those who have lost their insurance coverage and are not entitled to health benefits due to debts to insurance funds and to all vulnerable social groups provided for by the relevant provisions of said law.

With regard to their pharmaceutical care, this will be provided by private pharmacies registered with E.O.P.Y.Y.². High-cost medicines will be provided exclusively by Hospitals' and E.O.P.Y.Y.'s pharmacies.

3. The total number of persons covered by health care (employees and pensioners) is as follows:

Year	2011	2012	2013	2014
Directly insured	2.987.140			
Indirectly insured	2.225.354			
Total	5.121.494	4.941.350	4.953.352	5.377.248

Source: IKA³ (for 2011) and E.O.P.Y.Y. (for the years 2012-2014)

4. Regarding your income replacement benefits please be advised of the following:

¹ Joint Ministerial Decision

² National Organisation for Health Care Services

³ Social Insurance Institute

Old-age pension

Year	2011	2012	2013	2014	2015
Number of pensions	774.629	800.194	800.354	806.496	811.185

Source: IKA

Sickness benefit

Year	2011	2012	2013	2014	2015
Insured persons entitled to sickness benefit	231.525	223.828	188.836	143.398	176.449
Benefit days	4.401.518	3.514.661	3.025.740	2.742.224	3.067.910

Source: IKA

The number of insured persons is rough, based on the number of sickness benefits decisions.

5. Regarding the beneficiaries of the EKAS⁴ please be advised that it is granted on the basis of individual or family income and its amount depends on it. In case beneficiary of the minimum pension has other sources of income and exceeds the annual income threshold, he is not entitled to EKAS.

6. The minimum pension for insured persons before 01/01/1993 amounts to 486,84€, while for insured persons after 01/01/1993 it is 495,74 €

7. According to article 15, para.6 of Legislative Decree 2961, an unemployed person who does not accept a suitable job offered to him/her, loses the claim for unemployment benefit. If s/he is already receiving the benefit, it is suspended.

8. The amount of the sickness benefit (irrespective of sex of the directly insured) is equal to 50% of the imputed wage of the insurance class to which the insured person belongs, which is determined on the basis of the average earnings for the last thirty (30) work days of the calendar year preceding that of incapacity for work.

The amount of the sickness benefit is increased by 10% for each dependent family member and may not be higher than the current imputed wage of the 8th insurance class or 70% of the wage of the insurance class on the basis of which the allowance is calculated.

For the first fifteen (15) days of absence from work each year due to sickness, the amount of benefit is equal to 50% of the daily sickness benefit, which is increased by 10% for each dependent family member and under no circumstances can it be higher than the existing imputed wage of the 3rd insurance class, nor 35% of the wage of the insurance class on the basis of which the allowance is calculated.

The maximum daily sickness benefit with family allowance increases for the first 15 days now stands at €15,99 and after the first 15 days to €29,39.

⁴ Pensioners' Social Solidarity Benefit (EKAS)

Insured women (by IKA-ETAM⁵), are entitled to Maternity Allowances i.e. pregnancy allowance and postnatal allowance, for a total of one hundred and nineteen (119) days. The pregnancy allowance is paid to the insured person for fifty-six (56) days prior to the probable date of delivery and the postnatal allowance for sixty-three (63) days after delivery.

For each day, the allowance amount is 50% of the imputed wage of the insurance class to which the insured person belongs, which is determined on the basis of the average earnings of the thirty (30) last days of the previous calendar year, increased by 10% for each dependent family member.

The minimum amount of maternity allowance is €11,06 without dependent family members, while the maximum amount of the benefit is €47,47 without dependent family members and €66,46 when there is a maximum of four protected members.

⁵ Social Insurance Institute - Unified Insurance Fund of Employees (IKA-ETAM)

Paragraph 2 – Maintaining the social security system at a satisfactory level at least equal to that necessary for the ratification of the C102 - Social Security (Minimum Standards) Convention

Additional questions of the ECSR

[1]. As far as the benefits thresholds guaranteed by national legislation are concerned, please be advised that, in order for our country to comply with its commitments deriving from C102 - Social Security (Minimum Standards) Convention, the benefit paid, depending on the insurance risk, should amount to a certain percentage (%) of the salary received by the worker type in Greece (fitter or turner).

Calculation of IKA-ETAM Benefits

Worker type: By order of art. 65 (6) a, Fitter (or Turner) married with two children

Reference Salary: € 1.432,80

By virtue of art.65 par.9, it was calculated on the basis of the existing Collective Agreement for Metal Workers (until 15/08/2016), it is the balanced average of all salary classes for 30 years of work and refers to 25 days of insurance.

Basic Time Unit: 1 month

Currency: € (EUR)

Monthly Retirement Benefit: By order of art. 65 (1), the deductions resulting from EAS1⁶ and EAS2, Law 4024/11, 4051/12, and 4093/12 have been deducted from the final pension amounts.

A. Old insured

(a) Old-age pensions:

(i) Beneficiary type: male Fitter (or turner) with spouse and 30 years of insurance

Percentage of the reference salary: 40%

Retiring salary: 1.537,56

Monthly reference salary: 1.432,80

	Final amount of pension (with deductions)
Main pension	882,24
Supplementary pension	215,97
	1.098,21

Rate of pension in the reference salary: 76,65%

(ii) Beneficiary type: male Fitter (or Turner) with spouse and 15 years of insurance

Percentage of the reference salary: 40%

Retiring Salary: 1.432,80

Monthly Reference Salary: 1.432,80

	Final amount of pension (with deductions)
Main pension	556,37

⁶ EAS = solidarity levy

Supplementary pension	189,60
	745,97

Rate of pension in the reference salary: 52,06%

(b) Monthly pension from an accident at work:

Beneficiary type: male fitter (or turner) with spouse and two children and one day of insurance

Percentage of the reference salary: 50%

Retiring salary: 1.210,20

Monthly reference salary: 1.432,80

Final amount of pension (with deductions)	Complete	A partial reduction of 25%	Partial reduction of 50%
Main Pension	571,99	450,44	328,73
Supplementary pension	142,74	107,23	71,49
	714,73	557,67	400,22

Rate of pension in the reference salary: 49,88% 38,92% 27,93%

(c) Disability pensions:

Beneficiary type: male fitter (or turner) with spouse and two children and 15 years of insurance

Percentage of the reference salary: 40%

Retiring salary: 1.432,80

Monthly reference salary: 1.432,80

Final amount of pension (with deductions)	Complete	A partial reduction of 25%	Partial reduction of 50%
Main Pension	733,47	550,10	366,74
Supplementary pension	189,60	162,52	114,16
	923,07	712,62	480,90

Rate of pension in the reference salary: 64,42% 49,74% 33,56%

(d) Survivors' pension:

Beneficiary type: Widow/er of fitter (or turner) with two children and 15 years of insurance

Percentage of the reference salary: 40%

Retiring salary: 1.432,80

Monthly reference salary: 1.432,80

	Final amount of pension (with deductions)
Main pension	733,47
Supplementary pension	189,60
	923,07

Rate of pension in the reference salary: 64,42%

B. New Insured

Calculation of pensions under the C102- Social Security (Minimum Standards) Convention and the European Code of Insurance

(a) Old-age pensions:

(i) Beneficiary type: male fitter (or turner) with spouse and 30 years of insurance

There is no such beneficiary type. The new insured person completes 30 years of insurance in 2023.

(ii) Beneficiary type: Male fitter (or turner) with spouse and 15 years of insurance

Percentage of the reference salary: 40%

Retiring salary: 1.432,80

Monthly reference salary: 1.432,80

	Final amount of pension (with deductions)
Main pension	495,74
Supplementary pension	116,42
	612,16

Rate of pension in the reference salary: 42,72%

(b) Pension from an accident at work:

Beneficiary type: Male Fitter (or Turner) with spouse and two children and one day of insurance

Percentage of the reference salary: 50%

Retiring salary: 1.210,20

Monthly reference salary: 1.432,80

Final amount of pension (with deductions)	Complete	A partial reduction of 25%	Partial reduction of 50%
Main Pension	550,27	426,34	302,40
Supplementary pension	131,12	98,34	65,56
	681,39	524,68	367,96

Rate of pension in the reference salary: 47,56% 36,62% 25,68%

(c) Disability pensions:

Beneficiary type: male Fitter (or Turner) with spouse and two children and 15 years of insurance

Percentage of the reference salary: 40%

Retired Salary: 1.432,80

Monthly Reference Salary: 1.432,80

Final amount of pension (with deductions)	Complete	A partial reduction of 25%	Partial reduction of 50%
Main Pension	550,27	426,34	302,40
Supplementary pension	116,42	87,32	58,21
	666,69	513,66	360,61

Rate of pension in the reference salary: 46,53% 35,85% 25,17%

(d) Survivors' pension:

Beneficiary type: Widow/er of fitter (or turner) with two children and 15 years of insurance

Percentage of the reference salary: 40%

Retiring salary: 1.432,80

Monthly reference salary: 1.432,80

	Final amount of pension (with deductions)
Main pension	429,84
Supplementary pension	116,42
	546,26

Rate of pension in the reference salary: 38,13%

[2]. Regarding the development of poverty in Greece, please be advised that in the period 2009-2014 a significant reduction of the general government deficit by 13,6% was achieved, but the imposition of a budgetary adjustment from 2010 onwards in the Greek economy which was already in recession, brought about a GDP⁷ shrinking of 25% with profound social impact.

This impact is reflected in the unfavourable development of social indicators over the same period. Indicatively, the following statistics are listed:

	4 th quarter of 2009	4 th quarter of 2014
Unemployment		
<i>Total unemployment rate</i>	10,3%	26,1%
Unemployment characteristics		
By sex: women	14%	29,6%
By age group: young 15-24 years old	28,4%	51,5%
By duration: long-term unemployed (> 1 year)	43,3%	73%

Source: ELSTAT⁸

Looking at the effectiveness of social transfers to reduce the risk of poverty, ELSTAT figures for 2013 show that total social transfers reduced the risk of poverty by 30,3% (social benefits by 4,9% and pensions by 25,4%) while in 2010 it reduced the poverty risk by 22,7% (social benefits by 3,7% and pensions by 19%).

The increase in the poverty risk reduction rate in 2013 does not appear to be due to the increase in the efficiency of social transfers but is mainly due to the general decrease in total disposable income and consequently the poverty threshold (60% of the total median disposable income equivalent), which for 2010 amounted to EUR7.178 while in 2013 it was reduced to EUR5.023.

The general pursuit of the new economic policy is the exercise of a fiscal policy with a positive influence on economic activity. In this context, it is intended to promote and implement a series of reforms with a development dimension and a social sign in the field of taxation, public finance management, public administration and social security. Implementing measures that will bring a recession to the economy has been ruled out.

⁷ Gross Domestic Product

⁸ Hellenic Statistical Authority

Regarding the prevention of poverty, the Government considers the issue to be of the utmost importance, and for this reason it is highlighted in discussions with the institutions and through its pursued policy, it deems that no further recession measures should be taken, but, on the contrary, ones that promote growth. For this reason, it passed Law 4320/2015 (O.G. 29 v. A), in order to address the humanitarian crisis.

Measures taken to prevent poverty:

Regulation 223/2014 established the Fund for European Aid to the Most Deprived, which provides for the financing of measures to provide material assistance of EUR 330 million to the most deprived persons in Greece in the period 2014-2020. Greece's Operational Action Plan, which sets out the conditions for implementing the programme and its sub-actions, has already been approved by the European Commission.

Pursuant to Article 1 paragraph A.2 of Law 4254/2014 (O.G.85/A') the amount of EUR 20 million was allocated for the year 2014 for the financing of housing, food and social support to the homeless.

Law No4320/2015 (O.G.29/A') provides for the implementation of a package of immediate measures to address the humanitarian crisis through:

- The safeguarding of the basic good of housing (rent benefit),
- Nutrition (feeding benefit)
- Energy (free electrical power for the main residence) in households living in extreme poverty on the basis of income and assets criteria.

This legislative intervention is part of the National Social Inclusion Strategy for the development of a universal and effective social protection system that aims not only to ensure decent living, but also to contribute to the economic development of the country.

Individuals and families living in extreme poverty were provided, in 2015, 300 Kwh per month free electrical power for the main residence; a rent benefit to 30.000 people for housing, which does not exceed 70 € per person and 220 € per family, is tax free, cannot be confiscated and not subject to any form of deduction. A feeding benefit was granted in 2015 to individuals and families living in extreme poverty. The benefit takes into account the total income of the beneficiaries from each source.

This set of measures also includes the implementation of the pilot project of minimum guaranteed income (Law 4093/2012, article 1, subsection IA3) which, until its conclusion on 30.04.2015, was estimated to have benefited 20.000 beneficiaries living in extreme conditions poverty in 13 municipalities in the country (one municipality for each region). At the end of June 2015, the evaluation of the pilot project was launched, on which the decision to extend it to the national level would be based.

In terms of the Ministry of Finance, the first law introduced is Law 4321/2015 regulating the repayment of overdue debts of citizens and businesses to the tax administration and the social insurance agencies (up to 100 installments) according to their financial capacity. The incentive has been to relieve their accumulated debts from surcharges and interest on late payments depending on the amount of the debt.

[3]. As regards the age groups of the population, it should be noted that Greece grants the uninsured old-age pension, a non-contributory benefit, to vulnerable population groups. In particular, uninsured elderly persons who have reached the age of 67, do not get or are not entitled to a pension from

another national or foreign insurance agency, irrespective of the amount, are permanently and legally residents in the country during the last 20 years prior to retirement and afterwards, and their annual income does not exceed €4.320 or €8.640 in the case of married individuals, receive from OGA⁹ a pension equal to the basic pension of OGA. This pension is funded by the “Special Retirement Account of Uninsured Senior Citizens”.

⁹ Agricultural Insurance Organisation

Paragraph 3 – Endeavours to raise progressively the system of social security to a higher level

i. Negative Conclusion of the ECSR

Law N^o.3863/2010 (O.G.115A/15-07-2010) "New Insurance System and Related Provisions, Regulations in Labour Relations", in article 74, paragraph 9, provides for special apprenticeship contracts for young people who have completed the 15th year up to their 18th year of age. These apprentices receive 70% of the minimum wage or salary of the National General Collective Labour Agreement during their apprenticeship and are insured only in the classes of sickness insurance in kind and 1% against the risk of accident.

These persons are not subject to labour law provisions with the exception of health and safety provisions, since the purpose of the specific provision is to motivate employers, by reducing employers' costs to draw up specific apprenticeship contracts, lasting up to one year, with young people, to help them acquire working skills and experience. Lack of previous employment, especially lack of experience and skills, is one of the main reasons which discourage employers in hiring young people, resulting in very high youth unemployment, according to the data of the Hellenic Statistical Authority and the Manpower Employment Organisation (OAED).

ii. Additional ECSR questions

1. A certain analysis of the impact of Laws 3863/2010, 3845/2010, 3986/2011 and 4024/2011 was made by the National Actuarial Authority and included in the EKKA¹⁰ Annual Report for 2012 and 2016.

Regarding the findings of the actuarial studies, the National Actuarial Authority (N.A.A.) conducted a study on the Greek primary and supplementary pension insurance system in 2014, with 2013 as base year. The study was conducted in the framework of Article 11 par. 2 of Law 3863/2010 and the work of the AWG (Working Group on Ageing Populations and Sustainability) of EPC/ECOFIN (Economic Policy Committee), for the new round of studies in 2015 with the Assumptions & Methodologies of AWG of EPC/ECOFIN.

2. As far as Laws 3845/2010 and 4024/2011 are concerned, please be advised that the most possible protection of the income of pensioners has been taken into account, since the restrictions and reductions introduced by the provisions of these laws refer to those who receive a main pension, the amount of which ranges, as the case may be, from EUR 1.000 or more.

Moreover, precisely because of the deterioration of the country's fiscal position, with the provisions of subparagraph B3 of Law 4093/2012, the monthly pension or the total of monthly pensions and dividends over 1.000 € paid from any source and for any reason was reduced as follows:

For a total amount of pension or total of pensions:

- a. Over € 1.000,00 and up to € 1.500,00, the total amount was reduced by 5% and in any case the remaining amount could not be less than € 1.425,01.
- b. From € 1.500,01 to € 2.000,00, the total amount was reduced by 10% and in any case the remaining amount could not be less than € 1.425,01
- c. From € 2.000,00 to € 3.000,00, the entire amount was reduced by 15% and in any case the remaining amount could not be less than € 1.800,01 and

¹⁰ National Centre for Social Solidarity

d. From € 3.000,01 or more, the total amount was reduced by 20% and in any case the remaining amount could not be less than € 2.550,01.

For the purpose of determining the above reduction percentage, the amount of the monthly basic pension or the monthly basic pensions was taken into account, as calculated on 31.12.2012 after the deduction of the solidarity levy and the additional contribution of Article 2 par. 14 L. 4002/2011, as well as any reductions imposed by the provisions of paragraph 10 of Article 1 of Law 4024/2011 and Article 1 of Law 4051/2012.

3. Regarding the additional question on the impact of the measures taken please be advised that the provisions of paragraph 4, Article 1, Law 4336/2015 established a further strengthening of the provisions concerning the minimum retirement age. Under these provisions, the minimum pension amount, as applicable under the provisions of paragraph 5 of article 55 of Presidential Decree 169/2007 (€364 per month), does not apply to those who have left or are leaving service from 01-07-2015 onwards, without having reached the age of 67 and the amount remains unchanged till 31-12-2021. The above persons, up to the age of 67 (general retirement age), receive the pension amount corresponding to their insurance years, as the case may be.

The above does not apply to those who receive a disability pension and to those who receive a transfer pension (spouses or children) due to the death of their spouse or father in service.

It should be noted that the State insurance scheme is not contributory but redistributive, since the pensions granted by it are not calculated on the basis of the relevant social security contributions paid. Moreover, even after the application of the aforementioned provisions of paragraph 4 of Article 1 of Law 4336/2015, the system continues to provide protection to such persons, since, as mentioned above, up to the age of 67 they receive a pension, the amount of which corresponds to their insurance years.

Finally, it should be noted that:

A]. The provisions of all the aforementioned laws were introduced due to the commitments made in the Memoranda of Understanding and in order to secure the financing of the Country; and

B]. On the impact of measures taken on pensioners, it should be borne in mind that State pensioners, apart from their main pension, receive monthly and supplementary pension amounts (Supplementary Insurance Funds) and dividends (Shares Funds).

Paragraph 4 - Equal treatment in respect of social security rights between nationals of the Contracting States

i. Negative Conclusions of the ECSR

(a) As regards the negative conclusion of the ECSR on unequal treatment in respect of social security rights for all nationals of Member States, please be advised that Greece ensures equal treatment in respect of social security rights for all legal residents in Country (Greek nationals, European nationals of the EU Member States, nationals of the States which have ratified the European Social Charter (ESC) and other third-country nationals). Everyone enjoys the same rights and no discrimination, as long as they are legal residents and their employment is also legal, because the social security system is contributory, i.e. the payment of unemployment contributions entitles the worker to get unemployment benefit once s/he is dismissed and remain unemployed.

In particular, all the above-mentioned nationals can receive unemployment benefit if they meet the requirements of the Greek unemployment insurance legislation.

As regards third countries that have signed and ratified the European Social Charter (ESC), for which our country has received recommendations from the ECSR, please be advised of the following: Serbia: By order of the Minister of Labour, Social Security and Social Solidarity, the Ministry reopened the talks on the conclusion of the Bilateral Agreement on Social Security between Greece and Serbia, which was temporarily suspended in 2010 due to the economic crisis. Between 4 and 6 October 2016, a meeting was held in Belgrade, where the negotiation of the text of the Bilateral Agreement on Social Security between the two countries was largely completed. Negotiations continue throughout the year 2017. It should be noted, however, that citizens' residence permits from Serbia for the period 2012 to 2015 by permit category (Eurostat categorization) are as follows:

Year	Employment	Family reunification	Studies	Other
2012	581	1.688	137	493
2013	487	1.728	110	575
2014	378	1.705	106	775
2015	339	1.647	100	968

Russia: With the former USSR the special agreement for ensuring social security rights of repatriated Greeks had been signed on 06/07/1984 with effect from 01/07/1986 and expiry on 01/10/1991. In the past, the Greek side had addressed a proposal to the Russian Federation to conclude a Bilateral Social Security Agreement of a classical type, in order to secure, among other things, the social security rights of the refugees, who were not covered by the previous agreement, as well as repatriated Pontians.

The first talks were held in Moscow in October 1997. However, given its serious economic problems at that time, and despite the repeated efforts of the Greek side, there was no continuation of the talks on behalf of the Russians.

Taking into account the above and following the repeated requests received from the concerned Greeks repatriated from the former USSR, the Ministry of Labour, Social Security and Social Solidarity requested the Ministry of Foreign Affairs to inform the Russian side regarding Greece's interest in starting bilateral talks between Greece and Russia, with a view to concluding a Bilateral Social Security Agreement of a classical type.

It should be noted, however, that citizens' residence permits from Russia for the period 2012 to 2015 by permit category (Eurostat categorization) are as follows:

Year	Employment	Family reunification	Studies	Other
2012	2.022	10.156	293	1.815
2013	1.644	10.103	277	2.341
2014	1.230	9.974	255	3.273
2015	1.071	9.670	291	4.232

Ukraine: In 2010, Greece proposed the continuation of bilateral talks between the two countries delegations in Athens, with a view to exploring the possibility of concluding a bilateral agreement (preceded by exploratory talks in Kiev in October 2008). So far no meeting has been achieved and the Greek side does not consider it advisable to re-launch the talks with Ukraine.

It should be noted, however, that citizens' residence permits from Ukraine for the period 2012 to 2015 by permit category (Eurostat categorization) are as follows:

Year	Employment	Family reunification	Studies	Other
2012	4.842	9.817	295	5.172
2013	3.801	9.688	309	6.034
2014	2.645	9.435	216	7.354
2015	2.283	9.013	197	8.465

Albania: As part of our social security relations with Albania, a Protocol on Cooperation between Greece and Albania was signed in Athens on 22.07.2002 in the field of social security. It was ratified by Law 3129/2003 (O.G.69A/19-03-2003) and entered into force in accordance with Article 5 para1 thereof on 01/05/2003.

With regard to a Bilateral Agreement on Social Security, it is noted that, since 1995, Albania has expressed interest in concluding a Bilateral Social Security Agreement with Greece and returned in 2003 with the same request at the meeting of the relevant Deputy Ministers in Tirana. The Greek Deputy Minister had then expressed the view that our country was not opposed to the opening of exploratory contacts with a view to concluding a Bilateral Social Security Agreement.

In addition, please be advised that a Stabilization and Association Agreement has been signed between the EU and the Republic of Albania, which our country has ratified with law 3744/2009 (O.G. 25, vol. A).

Article 48 lays down rules for the coordination of social security schemes for Albanian workers legally employed in the territory of a Member State and for members of their families legally resident there.

FYROM: In February 2013, through a verbal note, FYROM sent a Memorandum of Understanding on labour law, the labour market, the fight against the black economy and social security. The competent department of the Ministry of Labour, Social Security and Social Solidarity has responded positively to the exchange of information and know-how with the country in the field of social security.

It should be noted, however, that citizens' residence permits from FYROM for the period 2012 to 2015 by permit category (Eurostat categorization) are as follows:

Year	Employment	Family reunification	Studies	Other
2012	373	937	73	120
2013	300	910	63	154
2014	236	843	57	267
2015	207	782	70	353

Turkey: The competent department of the Ministry of Labour is studying a Draft Agreement submitted by the Turkish side and sent through the Foreign Ministry in November 2014. Again there is a positive willingness to launch exploratory talks between experts on both sides.

It should be noted, however, that citizens' residence permits from Turkey for the period 2012 to 2015 by permit category (Eurostat categorization) are as follows:

Year	Employment	Family reunification	Studies	Other
2012	158	1.005	53	223
2013	150	991	40	246
2014	199	938	37	311
2015	242	952	35	377

(b) Concerning the negative conclusion regarding unequal treatment of access to family benefits, please be advised that according to Law 4254/2014, article 1, par. 1, from 01-07-2014, the employer's contribution in favour of family benefits provided for by the Law 3868/1958, article 3, the worker's contribution in favour of family benefits provided under the same law, but also the normative acts issued under the above law. With the abolition of the above contributions, the corresponding family benefits covered by the relevant resources were also abolished.

Therefore, the OAED has ceased as of 01-01-2015 the granting of family benefits to its beneficiaries (private sector employees legally residing in the Greek Territory).

(c) Regarding the negative conclusion of the ECSR that legislation does not provide for the aggregation of periods of insurance or employment completed by nationals of Member States, please be advised that, as an EU Member State, Greece is subject to the application of Regulation 883/2004 on the co-ordination of Social security systems and therefore applies Rule 61 of said Regulation.

This article refers to specific rules for the aggregation of periods of insurance, employment or self-employment, namely: The competent institution of a Member State whose legislation makes the acquisition, retention, recovery or duration of the right to benefits conditional upon the completion of either periods of insurance, employment or self-employment shall, to the extent necessary, take into account periods of insurance, employment or self-employment completed under the legislation of any other Member State as though they were completed under the legislation it applies. However, when the applicable legislation makes the right to benefits conditional on the completion of periods of insurance, the periods of employment or self-employment completed under the legislation of

another Member State shall not be taken into account unless such periods would have been considered to be periods of insurance had they been completed in accordance with the applicable legislation.

ii. Additional Questions of the ECSR

1. As mentioned above, the granting of family benefits has ceased, and therefore there is no question of ensuring third-country nationals' equal access to them.

2. As regards the exportability of social security benefits, please be advised that the unemployment benefit is not exported. However, it is obvious that benefits defined in bilateral agreements are exported.

Article 13 - The right to social and medical assistance

Paragraph 1 – Granting adequate assistance to every person in need

Additional questions of the ECSR

1. Changes in the current legal framework regarding a general system of social assistance

A. Law 4093/2012 (O.G.222, v. A') and JMD N^o. 39892/2014 (O.G. 3018, v. B') introduced a pilot programme of minimum guaranteed income aimed at dealing with extreme poverty. The programme is structured into three pillars, involving income support, promotion and ensuring access to social services and goods, and integration and reintegration into the labour market. The programme was implemented in 13 municipalities for a six-month period as of 15-11-2014.

B. Law 4320/2015 (O.G.29, v. A') and JMD 494/2015 (O.G. 577, v. B'), established the programme for handling the humanitarian crisis, which includes rent subsidy, feeding (in the form of a prepaid card) and providing free electricity to people and families living in extreme poverty. The programme started on 20-04-2015 across the country and carried on until 31-12-2016.

C. Law 4336/2015 (O.G.94, v. A'), Chapters C.2.5.3 and L. 4389/2016, Article 235 (OJ 94, v. A'), provide for gradual national implementation of a Minimum Guaranteed Income Programme with the aim of tackling extreme poverty. The programme is structured into three pillars, involving income support, promotion and ensuring access to social services and goods, and integration and reintegration into the labour market. The programme is being initially implemented in 30 municipalities throughout the country as of 14-07-2016 and its universal application all over the country is scheduled as of 01-01-2017.

D. Implementing Decision (EE) C (2014) 9803 final of 15 December 2014 approved the Operational Programme for Food and Basic Material Assistance (EPI) from the Fund for European Aid to the Most Deprived (FEAD), which concerns the provision of food and other essentials. The implementation of the programme has been in progress since mid-2015, under the conditions of MDs N^o. 19162/1277/2015 (O.G. 1066, v. B') and 23761/1507/2015 (O.G. 1064, v. B'). The programme covers the period 2014-2020.

E. For people and families in need of housing, a special programme of housing services is implemented through rent subsidy, basic needs cover, social support and reintegration (work subsidy), pursuant to article 1 paragraph A.2 of Law 4254/2014 (O.G.85/A) from the beginning of 2015 until 31.12.2016.

3. Right of all persons without any income to medical assistance in case of emergency - assistance provided to uninsured persons in an emergency

Regarding the uninsured persons, article 33 of Law 4368/2016 (O.G.21A') and JMD No.A3(c)/CP/oik.25132 (O.G.908B') "Provisions to ensure access to the Public Health System for uninsured persons" provided for the free equal access of all uninsured citizens for health care to the N.H.S.¹¹ as well as their access to health care with the conditions applicable to insured citizens, thus

¹¹ National Health System

upgrading the access of vulnerable social groups, including refugees and migrants, to public health structures for the provision of medical and pharmaceutical care.

In addition, there is provision for the possibility of waiving the contribution to pharmaceutical expenditure for the economically weak and other vulnerable categories of uninsured citizens, with the possibility of renewal if the relevant conditions continue to apply. The programme has been in operation since February 2015.

In particular, for refugees (recognized refugees and beneficiaries of subsidiary protection) and immigrants, irrespective of their legal status and the possession of legitimate residence documents in the country, there is now a right to free access to the health system, free provision of pharmaceutical care, as well as health services in the hot spots.

The above programme replaced N.D. 57/1973 regulations and JMD 139491/2006 (O.G. 1747 B'), as amended and supplemented by JMD n°. 48985/03-06-2014 (O.G. 1465 B'), which added categories of citizens under the free hospital and health care status. These categories concern uninsured Greek and foreign citizens who do not meet the conditions for the issue of health booklet for the uninsured and are not insured in any public or private agency, as well as to insured persons who have lost their insurance due to debts to the relevant Insurance Funds, as well as of their dependents.

4. Possibility to appeal on the merits and legal aid in case of need

As regards the possibility of appeal, programmes A, B and D (see question 1) provide for the possibility of submitting a complaint free of charge. Programme C (see also question 1) also provides for the possibility of submitting additional supporting documents and re-submitting the application.

Furthermore, with regard to the possibility of appeal for healthcare (see question 3), in case of imposition of contribution to the pharmaceutical expenses, there is the possibility of submitting a complaint to the local Municipal Welfare Services free of charge.

5. Social and medical assistance available to aliens who are legal residents in the country without a permanent residence permit &

6. Access level of nationals of European Social Charter (ESC) (non EU) member- States to programmes - benefits - social care

With regard to legislative developments in relation to the question of maintaining the legitimacy of third-country nationals living in our country, which is directly linked to existing administrative or economic and social problems, more favourable regulations remain.

In this context, in the case of pending applications for renewal of residence permits due to non-completion of the required number of days of insurance, a minimum number of days of insurance or a minimum period of insurance is set for their renewal (article 138 of Law 4251/2014 and JMD No.51738/2014). In practice, this means that for the renewal of a residence permit for dependent work, provision of services or a works contract or a long-term residence permit, as well as the applications of their family members, for the grant or renewal of a residence permit for family reunification, only the submission of a health booklet as well as proof of fulfillment of tax obligations are required.

Also, regarding the level of access of nationals of European Social Charter (ESC) (non EU) member- States to the abovementioned programmes (see question 1), it is specified that every legally residing third-country national is entitled to equal access to these programmes without the need for a permanent residence permit.

Finally, with regard to the level of access to health care (see question 3), it is clarified that even in this case every legally residing third-country national is entitled to equal access to it without the need for a permanent residence permit.

Besides, equal access is granted to third-country nationals who do not have legal residence documents if they belong to vulnerable sections of the population in need of medical care. [See article 13 para4].

Paragraph 2 – Ensuring that persons receiving such assistance shall not, for that reason, suffer from diminution of their political or social rights

We refer to the previous Hellenic Reports (as there is no new legislation for this paragraph) and reiterate that:

In the legislation ruling the access of socially disadvantaged citizens to social services and health services there is no provision introducing any discrimination against the recipients of medical and social assistance/services in relation to the exercise of civil, social and political rights.

Paragraph 3 – Provision of help required to prevent, remove or alleviate personal or family want

We make reference to the information given under article 14 of this report.

Paragraph 4 - Equal treatment in relation to social and medical assistance for nationals of other Contracting Parties legally residing in the territory of a Contracting Party

Article 33 of Law 4368/2016 (O.G.21/A) and JMD NoA3(c)/CP/oik.25132 (O.G.908/B) "Provisions to ensure access to the Public Health System for uninsured persons", provides for free equitable access to the N.H.S. of all uninsured third-country nationals legally residing in the territory.

In the same context, beneficiaries of international protection (refugees and beneficiaries of subsidiary protection), holders of a residence permit for humanitarian or exceptional reasons and asylum seekers and their family members are entitled to free medical care.

Persons who do not have legitimate residence documents are entitled to free equitable access to the N.H.S. if they belong to the following vulnerable categories of the population:

- (i) Minors under 18 years of age,
- (ii) Women in pregnancy,
- (iii) Persons with disabilities housed in structures of Social Welfare Centres or Residences of Supported Living or Residences of Autonomous Living for Individuals with Disabilities or other non-profit Legal Entities of Public or Private Law;
- (iv) Persons living in Mental Health Units of Law 2716/1999 (A' 96),
- (v) Persons living in all therapeutic structures of approved treatment organisations of Law 4139/2013 (A/74) or monitored by the same organisations as outpatients,
- (vi) Prisoners in custody, inmates of juvenile detention centres and youth houses of minors protection entities (Legal Entities of Public Law) and those in administrative detention,
- (vii) Those who provide community service in the context of a sentence or a reformatory measure,
- (viii) Persons with a disability of 67% or more and persons whose state of health requires hospitalization or need of continuous medical care or rehabilitation due to grave or chronic or incurable or rare diseases and persons with other chronic diseases if the chronic disease is confirmed by Medical consultations of physicians of Public Healthcare Facilities or University Hospitals.

Additional ECSR Question - Ensuring proper implementation of Presidential Decree N^o.220/2007

A. For the application of the provisions of the P.D. 220/2007, the relevant Ministries for each action field, finance structures and services, the beneficiaries of which include seekers of international protection, in correspondence with the benefits established in said P.D. Accordingly, within the framework of the central policies and the corresponding actions supported by the individual Ministries, by reason of their competence, provision is made for the needs of the applicants (i.e. the cost for the provision of the applicants' disability allowance [article 12] is part of the budget of the Ministry of Labour, Social Security and Social Solidarity for the Disability Policy, the cost of the medical care of the applicants [article 14] is included in the financing of the Ministry of Health structures and services, resources for the financing of adult education [article 9] are included in the Ministry of Education budget).

In addition to this, the Ministry of Labour, Social Security and Social Solidarity, as the Competent Authority for the reception of applicants for international protection for the reference period, funds actions aimed at covering the remaining part of the necessary reception conditions within the meaning of art.1§16, including the operation of hosting centres for applicants for international protection and unaccompanied minors, and the provision of additional services such as legal aid, psychosocial support, interpretation, etc.

B. In accordance with articles 26 & 27 of Law 4375/2016 (O.G.51/A'), a General Secretariat of Reception is established at the Ministry of Interior and Administrative Reconstruction and a Reception Directorate is formed, which is structured in five Departments, in accordance with its competencies of the Authority for the reception of applicants for international protection, as follows: Housing Department, Reception Services Department, Department for the Protection of Unaccompanied Minors, Reception Programmes Implementation Department and Operational Coordination Department.

This new structure, which brings together all the responsibilities for the organisation and operation of international protection applicants' Reception, comes into force on September 1st 2016, when the relevant competencies of the Ministry of Labour, Social Security and Social Solidarity cease to exist. This transfer completes the centralization of all the responsibilities for the management of migration flows to the Ministry of Interior, which is expected to work positively in the direction of developing a common and coherent policy, between the field of Reception and the other, interdependent fields.

C. In particular, with regard to actions involving the provision of social and medical assistance services, the following programmes, co-financed by the state budget and the European Refugee Fund, have been implemented in the period under consideration:

TABLE OF MEDICAL AND PSYCHO-SOCIAL SUPPORT PROGRAMMES
OF THE EUROPEAN REFUGEE FUND

EMERGENCY MEASURES 2011

Nº.	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	OBJECTIVE OF VISITORS	SERVICES
1	Doctors of the World	01/03/2012-31/08/2012	200.000	21.600	Medical care, social and psychological support (Athens-Thessaloniki)
2	Medical Intervention	01/03/2012-31/08/2012	536.511,62	3.200	Medical, psychiatric and social support, distribution of personal hygiene material
3	PRAKSIS	01/03/2012-31/08/2012	187.785	2.500	Medical care, social and legal support
4	Doctors of the World	01/03/2012-31/08/2012	337.070	10.560	Medical care, social and psychological support (Patras)
5	Greek Council for Refugees	01/04/2012-31/08/2012	1.200.000	2.050	Coverage of reception conditions, such as housing, rent subsidy or temporary stay in a hotel and feeding assistance
6	HCDCP (Hellenic Centre for Disease Control & Prevention)	01/03/2012-31/08/2012	1.056.100	36.000	Medical and psychosocial services (screening) in the Prefecture of Evros.

REGULAR PROGRAMME 2011

Nº	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	BENEFICIARIES	SERVICES
1	PRAKSIS	01/09/2012-31/03/2013	53.333,33	600	Medical care for unaccompanied minors of asylum seekers
2	AITIMA	01/04/2012-31/01/2013	55.555,56	950	Social support
3	Hellenic Red Cross	01/05/2012-30/11/2012	25.690	1.400	Psychosocial support
4	Greek Council for Refugees	01/07/2012-30/04/2013	83.333,33	400	Medical and psychosocial support
5	MEDICAL INTERVENTION	01/09/2012-31/01/2013	111.111,11	2.000	Medical, psychiatric and social support
6	Ecumenical Refugee Program/ERP Support Centre for Repatriates and Immigrants	01/07/2012-30/04/2013	12.300	100	Social support and counselling
7	PRAKSIS	01/07/2012-30/06/2013	72.745	1.100	Social support, assistance in the means of life (recognised refugees)
8	ARSIS	01/07/2012-30/06/2013	49.819	200	Social support (recognised refugees)
9	Pan Hellenic Union of the Assyrians	01/11/2012-31/07/2013	47.490	300	Assistance to the means of life (recognised refugees)
10	Hellenic Red Cross	01/01/2012-31/12/2012	187.500	1.100	Psychosocial and medical care, counselling services, rent subsidy, aid to the means of subsistence (recognised refugees)
11	Greek Council for	01/07/2012-	255.060	750	Psychosocial

	Refugees	30/06/2013			care, counselling, rent subsidy (recognised refugees)
12	Iliaktida	01/09/2012- 30/06/2013	44.000	160	Social counselling (Lesvos, recognised refugees)

EMERGENCY MEASURES 2012

Nº	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	BENEFICIARIES	SERVICES
1	Doctors of the World	01/02/2013- 30/04/2013	654.000	9.500	Medical, psychological and legal support
2	Doctors of the World	01/11/2012- 30/04/2013	150.000	16.600	Medical, psychosocial and pharmaceutical support
3	Hellenic Red Cross	01/12/2012- 30/04/2013	24.000	400	Legal and social support, distribution of clothing and footwear
4	Medical Intervention	01/11/2012- 30/04/2013	285.000	1.000	Medical care and social support
5	KEELPNO/ HCDCP	01/02/2013- 30/04/2013	458.200	3.000	Medical care

EMERGENCY MEASURES 2013

Nº	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	BENEFICIARIES	SERVICES
1	AITIMA	01/05/2013- 31/10/2013	68.000	1.000	Legal and social counselling
2	MEDICAL INTERVENTION	01/05/2013- 31/10/2013	341.000	5.600	Medical, psychiatric and social support, distribution of

					personal hygiene
3	Doctors of the World	01/05/2013-31/10/2013	481.000	8.500	Medical, psychosocial and legal support
4	Ecumenical Refugee Program/ERP Support Centre for Repatriates and Immigrants	01/09/2013-31/10/2013	16.000	150	Social and legal support
5	Doctors of the World	01/05/2013-31/10/2013	162.000	21.500	Medical care, social and psychological support

REGULAR PROGRAMME 2012

Nº.	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	BENEFICIARIES	SERVICES
1	AITIMA	01/11/2013-30/06/2014	38.000	1.000	Social care
2	MEDICAL INTERVENTION	01/01/2014-30/06/2014	60.000	1.500	Medical care
3	Ecumenical Refugee Program/ERP Support Centre for Repatriates and Immigrants	01/11/2013-30/06/2014	17.000	180	Social care
4	Hellenic Red Cross	01/09/2013-30/06/2014	157.022	820	Psychosocial and medical care, counselling, rent subsidy, aid to means of living (recognized refugees)
5	Greek Council for Refugees	01/09/2013-30/06/2014	161.000	900	Psychosocial care, counselling, rent subsidy (recognized refugees)
6	X.E.N.E.	01/02/2014-30/06/2014	27.000	100	Social counselling (women)

					recognized refugees)
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REGULAR PROGRAMME 2013

N°	IMPLEMENTATION BODY	PERIOD OF IMPLEMENTATION	AMOUNT (€)	BENEFICIARIES	SERVICES
1	Greek Council for Refugees	01/07/2014-31/12/2014	45.000,00	700	Social support, counselling and aid to means of living
2	MEDICAL INTERVENTION	01/07/2014-31/12/2014	50.000,00	1.200	Medical care
3	KSPM – ECUMENICAL REFUGEES PROGRAMME	01/09/2014-28/02/2015	12.500,00	120	Social support
4	METADRASI	01/09/2014-28/02/2015	165.453,44	200	Secure transport of unaccompanied minors - investigation and certification of torture victims
5	Greek Council for Refugees	01/07/2014-31/12/2014	91.000,00	450	Psychosocial support, promotion in the labour market, aid to means of living
6	Hellenic Red Cross	01/07/2014-31/12/2014	92.252,00	500	Psychosocial support, integration to the labour market, aid to means of living

Article 14 - The right to benefit from social welfare services

Paragraph 1: Promoting or providing social services

A. New Legislation

Circular A3(c)3609/15-01-2015 was issued on "Medical and laboratory tests on women victims of violence and their children", according to which women victims of violence and their children, who are to be housed or hosted in abused women's hostels, are subject to priority medical and laboratory tests free of charge, whether they are insured or not.

For the rest, the Welfare Services of the municipalities and the National Centre for Social Solidarity (EKKA) continue to be the main pillars in the provision of social welfare services. At the same time, significant actions are being developed in this field both by civil society and by the Church. Finally, the provision of services to refugees, asylum seekers and unaccompanied minors is a particular area.

It is noted that for the implementation of the key new programmes (see Article 13, par.(1) in detail), namely the response to the humanitarian crisis, the Fund for European Aid to the Most Deprived (FEAD), the two pilot applications of the minimum guaranteed income and the programme of free medical care for uninsured persons, the Welfare Services of the Municipalities are responsible both for the provision of information to the citizens and for their implementation. For most of the above programmes, the Citizens Service Centres [KEP] (1.063 throughout the country), have been given corresponding competence aiming at the widest possible spread of assistance to those applying for social security benefits and services.

In the same context, we must also add the establishment of the Community Centres by Article 4 of Law 4368/2016 (O.G.21/A'), which are intended to constitute the local reference points for reception, service and interconnection of the citizens with all social programmes and social solidarity services implemented in the area of operation of the Community Centre in cooperation with the Municipal Welfare Services. Community Centres provide applicants with services aimed at improving their living standards and ensuring their social inclusion, in particular counseling, psychosocial support, etc. Community Centres are expected to start operating in 2016 in 254 Municipalities across the country and citizens' access to their services is free of charge.

B. Measures to strengthen social services

During years 2007-2013, the Operational Programme "Human Resource Development" was the country's most important funding tool to support workers, the unemployed and vulnerable social groups. In view of the economic crisis and its adverse effects on the labour market, actions implemented within the framework of the Operational Programme "Human Resource Development" (EPANAD) aimed at:

- enhancing the adaptability of human resources and enterprises to support the working population,
- facilitating access to employment through the implementation of targeted active employment policies to support the unemployed in order to tackle the explosive rise in unemployment,
- social protection, welfare and poverty alleviation to support vulnerable social groups that are affected by the crisis,

- completion of the country's psychiatric reform and the development of Primary Health Care to protect the public health of the population in order to restore social cohesion.

The total budget of the Operational Programme, after the completion of the last revision of NSRF Operational Programmes of 2007-2013 at the end of 2015, amounted to €2.829.004,568.

In particular, the thematic axis "Full integration of all human resources into an equal opportunities society", during the reference period, materialized actions aimed at enhancing social cohesion with equal access for all to the labour market and the prevention of marginalization and exclusion and in particular:

- promoting the social and professional integration of special social groups (immigrants, disabled people, people with cultural and religious specificities),
- exploitation of social entrepreneurship for the integration of special social groups into the labour market;
- improving welfare for those in need of assistance.

ECSR Additional questions

1. Regarding the allocation of resources for the provision of social services please be advised as to the following:

Interventions activated within the framework of Operational Programme Human Resource Development 2007-2013 and related to the content of Article 14 of the European Social Charter

Title	Objective	Implementing Agency (EFD/Beneficiary)	Budget	Beneficiaries
C. Actions for Social Integration and Protection				
"National Direct Poverty Response Network"	246 poverty-alleviation structures were set up and operated in 67 municipalities within the National Direct Social Intervention Network to address the phenomena of poverty and social exclusion. Structures include: <ul style="list-style-type: none"> • Social Groceries, • Food Distribution, • Social pharmacies, • Dormitories, • Open Homeless Reception Centres • Municipal Orchards • Time Banks, • Mediation Offices. 	NGOs in cooperation with local authorities and other bodies	€ 39.7 million	About 54.000 vulnerable social group members (EKO)
Interventions for vulnerable social groups	Vocational training programmes for vulnerable groups (e.g.	EYE EKT	€ 72.9 million	About 7.500 EKO people

(EKO)	people with disabilities, prisoners / ex-convicts, ex-users of substances, migrants, refugees, etc.) for their social integration and integration into the labour market.			
Programmes for people with disabilities or ex-substance addicts	Pre-training, theoretical training and practical training of disabled and vulnerable people	Specialized Social and Professional Integration Centres	€ 10.8 million	About 1.300 vulnerable people and people with disabilities
Roma and Vulnerable Groups Support Centres	The projects concerned strengthening of social inclusion and promotion of the employment of vulnerable social groups experiencing multiple social exclusion and living in unacceptable living conditions (living below the poverty line, etc.), with priority being given to the target group Roma / people with cultural specifics.	EETAA	€ 3.5 million	About 1.800 people
Day Care Centres for the elderly (KIFI) and Day Care Centres for Persons with Disabilities	The subject of the Acts was: a) to provide day care services to the elderly who cannot fully self-service through Day Care Centres for the Elderly (KIFI) and b) to provide care services to people with disabilities. Motor disabilities, sensory impairments, mental retardation, multiple disabilities or different types of disability through Day Care Centres for People with Disabilities.	EETAA	€ 40.5 million	About 5.100 people
“Home Help” Programme	Provision of home care services to the elderly in need of home help and to the non-elderly (people with disabilities, etc.). The objective is to facilitate the integration / reintegration / stay in the labour market, of the	EETAA	€ 57.5 million	About 60.000 people

	relatives freed from their care.			
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2. As regards the protection of personal data, there is a relevant legislation in Greece.

Specifically:

- Article 9A of the Constitution

Everyone has the right to protection from the collection, processing and use, in particular by electronic means, of his or her personal data as defined by law. The protection of personal data is ensured by an independent authority, set up and functioning, as defined by law

- Law 2472/1997 "Protection of individuals from the processing of personal data" (O.G.50/A'/10-04-1997)

The purpose of the Act is to lay down the conditions for the processing of personal data to protect the rights and fundamental freedoms of natural persons, in particular private life (article 1). All Services are required to apply the provisions of Law 2472/1997, as amended and in force.

- Law 3471/2006 "Protection of personal data and privacy in the electronic communications sector and amendment of Law 2472/1997" (O.G.133/ A'/28-06-2006)

The purpose of the provisions of the law is to protect the fundamental rights of individuals, in particular privacy, and to lay down the conditions for the processing of personal data and the confidentiality of communications in the electronic communications sector (article 1).

- Law 3917/2011 "Retention of data generated or processed in connection with the provision of publicly available electronic communications services or public communications networks, the use of surveillance systems by taking or recording sound or image in public places and related provisions" (O.G.22/A'/21-02-2011)

The Act provides for the obligation of publicly available electronic communications services providers or public communications networks to retain the data referred to in article 5 produced or processed by them in order to make these data available to the competent authorities for the investigation of particularly serious crimes (article 1 par. (1)).

- Law 3783/2009 "Identification of owners and users of mobile telephony equipment and services and other provisions" (O.G.136/ A'/07-08-2009)

The purpose of the Act is to identify holders and users of pre-paid mobile telephony equipment and services for national security purposes and investigation of particularly serious crimes (article 1).

Paragraph 2: Participation in the establishment or maintenance of social services

The content of the previous Hellenic Report remains in force.

Regarding the *additional question of the European Committee of Social Rights* as to the participation of charitable organisations in the development of social welfare services, we would like to inform you that until August 2016, the Ministry of Labour, Social Security and Social Solidarity had certified 576 social care organisations.

Regarding the participation of charitable organisations in the development of social protection policies, please be advised that this is done through an open consultation of the legislative or regulatory acts under preparation and the calls for expressions of interest through the electronic platform www.opengov.gr, in accordance with the provisions of Article 6 of Law 4048/2012 (O.G.34/A').

ANNEX - Article 11 par. (1)

DECISION

SUBJECT: Implementation of a pilot groundwater rehabilitation programme within the field of the Aluminium Rolled Products industry ELVAL HELLENIC ALUMINIUM INDUSTRY SA (distinctive title "ELVAL SA") in Oinofyta, Viotia, under the Presidential Decree 148/2009.

[...]

WE DECIDE

1. Within the framework of the remediation measures at the field of the Aluminium Rolled Products industry ELVAL HELLENIC ALUMINIUM INDUSTRY SA (distinctive title "ELVAL SA") in Oinofyta, Viotia, with regard to the restoration of the environmental damage (Chromium contamination) found in the groundwater within the boundaries of the field of activity, regardless of the operator's fault according to Article 4 paragraph 1.a of the P.D. 148/2009, the following actions are approved:

1.1 implementation of a pilot rehabilitation test,

1.2 continuation of the groundwater monitoring programme in existing hydro-wells as well as its extension by drilling new hydro-wells

1.3 continuation of investigation to identify the source of pollution and to immediately remove it if identified.

[...]

A. Implementation of a pilot rehabilitation test

3. The pilot rehabilitation test [...] shall comprise:

3.1 First phase: Pump & Treat test and tracer use. [...]

3.2. Second phase: In-situ pilot test of controlled hydraulic gradient. [...]

[...]

9. The total duration of the pilot rehabilitation test is set at six (6) months. After the end of the pilot test, a duration of at least three (3) months is set for monitoring and evaluation of its effectiveness.

[...]

10. At the end of the 3-month assessment of the pilot test, the resulting conclusions should include sufficient scientific evidence of its effectiveness (or not) under actual circumstances. In case it results that the applied method did not produce the desired results, consideration should be given to the application of alternative recovery methods such as the pump and treat method, for which the ΕΑΠΕΖ¹² will have to give a favourable opinion following submission of the operator's dossier under Articles 9 and 10 of the P.D. 148/2009. In addition, after the end of the trial evaluation, pilot drillings will be included in the groundwater monitoring programme (as described in paragraph B hereof) in order to continue monitoring for at least one wet-dry period to ascertain the status of the system after rehabilitation intervention.

11. The purpose of the pilot rehabilitation test is to attain the limits set as a minimum by M.D. 1811/2011 (13' relative) on heavy metals. If it is deemed necessary by the Scientific Adviser, other pollution indicators listed in the Annex to Article 7 of said Joint Ministerial Decision as well as other parameters can be included and monitored at a frequency to be determined. These limits should also be met for

¹² Environmental Damage Commission

clean processed water that will return to the groundwater after surface treatment during the implementation of the first phase of the pilot rehabilitation test.

12. If any difficulty is encountered in the implementation of the pilot test (e.g. increase in total chromium and/or other heavy metals and pollutants of M.D. 1811/2011, unacceptable values for other control parameters not included in this M.D., changes in the local chemical environment, formation of sediments or by-products from the chemical reactions that will take place, etc.), the operator must immediately inform the competent authority (SYGAPEZ)¹³ and perform jointly with them the necessary corrective actions, following a recommendation by SYGAPEZ scientific adviser.

B. Groundwater monitoring programme

13. In the framework of the groundwater monitoring programme, the monitoring of existing hydro-wells will continue on the basis of a specific sampling plan, to be specified following a suggestion by the scientific advisor of the SYGAPEZ.

14. The monitoring programme will continue for a full hydrogeological year following the signature hereof, with a quarterly monitoring frequency for wells total chromium equal to or greater than 50 µg/l and per semester for wells with a total chromium lower than 50 µg/l. After the end of the first year and evaluation of the data, it is possible to select, on the basis of a reasoned proposal which will be approved by SYGAPEZ in cooperation with the scientific adviser, which of the existing wells, and those that will be drilled, will continue to be monitored, as well as the sampling frequency.

15. In particular, with regard to the integration of neighbouring wells from the LIFE + CHARM (43 rel.) programme into the groundwater monitoring programme, SYGAPEZ will seek the co-operation of the LIFE + CHARM implementing bodies and set the necessary terms and conditions to ensure access to the areas where drilling wells, water measurements, etc. are located;

16. The elements of the monitoring plan will be taken into account for the completion of the hydrogeological model implemented under the responsibility of the operator, in order to clarify the hydrological functioning of the hydropower found on the industrial site with the adjacent areas.

C. Investigation to identify the source of pollution - new locations of increased concentrations

17. With regard to the investigation of the source of pollution, the investigation will be continued by drilling new wells at positions to be determined by SYGAPEZ and on the suggestion of its scientific advisor, in the context of identifying new posts, with possibly increased concentrations of pollutants related to the activity of the operator. From the new wells, the necessary hydrogeological data will be collected, in conjunction with corresponding sampling and analysis of soil samples. Ten (10) new wells will be drilled on both the northern and central parts of the filed, as well as the southern part attached to the pre-existing field of activity. In the event of a source or sources of pollution being identified or new locations of increased concentrations of pollutants related to its activity, the operator is required to remove them and rehabilitate the site.

[...]

D. Scientific follow-up of rehabilitation actions

20. Due to the specialized technical knowledge required for the right implementation, monitoring and evaluation of the above actions, (par. a-c herein), SYGAPEZ will be supported by a specialized

¹³ Environmental Liability Co-ordination Office (SYGAPEZ)

scientific consultant, with whose the participation the analytical framework for monitoring and implementing work at each stage will be determined, in particular as regards:

- (a) in the pilot rehabilitation test,
- (b) the groundwater monitoring programme ; and
- (c) exploration work to identify the source of pollution.

[...]

E. Joint Services Actions and other terms and limitations

22. SYGAPEZ will continue to contact the local Water Authority of Bochum (Germany) to get acquainted with the results that will emerge after the end of the first half of 2016 in an in-situ rehabilitation pilot test, carried out there.

23. The competent authorities may, within the scope of their competence, carry out environmental controls or further investigation within the operator's premises to elucidate the origin of the pollution and identify any sources of pollution as well as compliance with the conditions hereof.

24. This does not exempt the operator from the obligation to provide any other approvals or permits, and any additional conditions and restrictions imposed by other competent Services (e.g. the Directorate of Waters of Central Greece) for the installation and operation of the overall project, as determined by applicable law.

[...]

11th Greek Report on the Additional Protocol to the European Social Charter

Article 4

The Right of Elderly Persons to Social Protection

Reference Period

01/01/2012 – 31/12/2015

Athens, September 2017

Paragraph 1 – Policies and measures allowing elderly persons to remain active members of the society for as long as possible

A. SUFFICIENT RESOURCES

Additional Question of the European Committee of Social Rights (ECSR)

1. Indices relating to at-risk-of-poverty rates for persons aged 65+

Statistics based on the results of the Survey on Income and Living Conditions (SILC) for 2015

The poverty threshold in Greece amounts to 4.512Euros annually per person and 9.475Euros for households with two adults and two dependent children aged under 14. The poverty threshold is defined at 60% of the median of the total equivalised disposable household income.

The at-risk-of-poverty rate, after social transfers, for persons aged over 65 stood at 13,7% for 2015 recording a reduction compared to 2014. It has to be noted that for women the at-risk-of-poverty rate is higher by 3,3 percentage points.

Table 1. At-risk-of-poverty rate after social transfers for persons aged 65+

AGE	SEX	UNIT	2011	2012	2013	2014	2015
65+	Total	In thousands	492,6	367,4	328,6	326,1	305,7
		%	23,6	17,2	15,1	14,9	13,7
	Men	In thousands	201,7	151,5	133,6	130,0	117,8
		%	21,7	15,9	13,7	13,3	11,9
	Women	In thousands	290,9	215,9	195,0	196,1	187,8
		%	25,2	18,3	16,2	16,1	15,2

Source: Greek Statistical Authority

Table 2. At-risk-of-poverty rate for the elderly after social transfers

Age	Sex	2011	2012	2013	2014	2015
60+	Total	23,0	17,7	15,8	15,2	14,5
	Men	21,4	16,9	15,0	14,0	13,2
	Women	24,3	18,3	16,5	16,3	15,6
75+	Total	27,5	20,0	17,2	16,1	15,1
	Men	25,8	15,5	13,5	12,3	11,2
	Women	28,9	23,3	20,0	19,0	18,1

Source: Greek Statistical Authority

Taking into account the household type, the at-risk-of-poverty rate for 2015 slightly reduces compared to 2014 irrespective of whether the household consists of one elderly person or two adults, one of whom is aged over 65, without dependent children.

Household type	2011	2012	2013	2014	2015
Total population	21,3	23,1	23,1	22,1	21,3
One adult aged 65 +	29,7	23,5	20,3	21,6	20,2
Two adults without dependent children, one at least aged over 65	22,3	15,4	11,7	11,3	10,9

Source: Greek Statistical Authority

The at-risk-of-poverty rate before all social transfers (i.e., not including social benefits¹⁴ and pensions in the total disposable household income) reached a particularly high level for elderly persons in 2015, i.e., 88,6%, recording however a small decline of 1,3% compared to 2014.

Age	Sex	2011	2012	2013	2014	2015
65+	Total	85,3	86,5	89,5	89,9	88,6
	Men	83,8	86,2	90,0	89,9	88,4
	Women	86,6	86,8	89,1	90,0	88,8

Social benefits and pensions are not included in the disposable income

Source: Greek Statistical Authority

The at-risk-of-poverty rate for elderly pensioners, before all other social transfers, is clearly lower, i.e. 16,7%, while it is higher for women (18,9%) by 5,1 percentage points compared to men.

¹⁴ Social benefits include social assistance (the allowance of social solidarity for pensioners –EKAS, the unemployment benefit for the long-term unemployed etc.), family allowances (such as child allowances), as well as unemployment, sickness, disability or invalidity benefits or allowances and/or education allowances.

Table 5. At-risk-of-poverty rate for the elderly before all social transfers by sex (including pensions)

Age	Sex	2011	2012	2013	2014	2015
65+	Total	28,9	21,1	19,2	17,2	16,7
	Men	25,8	18,7	16,8	14,9	13,8
	Women	31,5	23,0	21,1	19,1	18,9

Source: Greek Statistical Authority

The at-risk-of-poverty or social exclusion rate for persons aged over 65 by sex in 2015 shows a reduction both for the total of persons of this age group as well as for men compared to the previous year. The rate remains the same for women.

Table 6. Population aged over 65 at-risk-of-poverty or social exclusion by sex

Age	Sex	Unit	2011	2012	2013	2014	2015
65+	Total	In thousands	610,4	503,0	502,5	505,0	507,6
		%	29,3	23,5	23,1	23,0	22,8
	Men	In thousands	246,7	202,3	210,3	204,6	202,3
		%	26,5	21,2	21,6	21,0	20,4
	Women	In thousands	363,7	300,7	292,3	300,4	305,2
		%	31,5	25,4	24,3	24,7	24,7

Source: Greek Statistical Authority

In 2015, a slight reduction of 0,3% is recorded compared to 2014, for persons over 65 with material deprivation while the same rate remains higher by 2,8 percentage points for women (16,5%) compared to men (13,7%).

Table 7. Distribution of population aged over 65 with material deprivation by sex

Age	Sex	2011	2012	2013	2014	2015
65+	Total	13,1	14,3	13,7	15,5	15,2
	Men	11,0	11,8	12,1	13,8	13,7
	Women	14,7	16,3	15,0	16,9	16,5

Source: Greek Statistical Authority

The at-risk-of-poverty gap refers to the income status of persons who are below the at-risk-of-poverty threshold. The gap is the difference between the at-risk-of-poverty threshold of the total population and the median equivalised disposable income of poor population which is expressed as a percentage of the at-risk-of-poverty threshold. For elderly persons in 2015, the at-risk-of-poverty gap stood at 17,3% of the at-risk-of-poverty threshold, i.e., it remained steady compared to the

previous year. Based on this rate, it is estimated that 50% of poor persons aged over 65, have an income higher than 82,7% of the at-risk-of-poverty threshold.

Table 8. At-risk-of-poverty gap for the elderly after social transfers by sex

Age	Sex	2011	2012	2013	2014	2015
65+	Total	21,1	14,8	13,7	17,3	17,3
	Men	19,5	15,3	13,9	18,5	18,9
	Women	21,5	14,5	13,7	16,8	15,5
75+	Total	21,7	11,7	12,5	15,8	14,5
	Men	20,5	9,9	12,6	14,1	16,2
	Women	22,3	11,7	12,5	16,7	14,2

Source: Greek Statistical Authority

2. Clarifications regarding the payment of the EKAS and, in particular, whether all pensioners who receive the minimum pension are entitled to it

We would like to communicate to you data on the EKAS (see attached Table at the end of the present Report) for the reference period. Not all pensioners who receive the minimum pension amount are entitled to the EKAS, but only those who meet all income and age criteria as detailed in the relevant table (again, see Table attached at the end of the present Report).

3. Allowances to which elderly uninsured persons are entitled, who do not receive labour-related pension

By virtue of article 1, subparagraph IA6, paragraph 5 of Law 4093/2012 (O.G. A' 222/12-11-2012) the requirements have been amended for the payment of pension by the Agricultural Insurance Organisation (OGA) to uninsured elderly persons, in the context of rationalizing the social security system and ensuring its sustainability, especially of the OGA, since pensions to uninsured elderly persons are paid entirely by the State Budget.

According to the above provisions, from 1-1-2013 and till the end of the above reference period, the monthly pension amount of uninsured elderly persons of Law 1296/1982 (O.G. A' 128), is now granted if the following requirements are met cumulatively:

- a) They have reached the age of 67.
- b) They do not receive or are themselves entitled to a pension from any Social Security Body or the State in Greece or abroad, irrespective of amount. In case of married persons, their spouse does not receive any pension amount higher than the full old age pension amount under article 4 of Law 4169/1961 (360 euros.)
- c) They have been legally and permanently residing in Greece for the last twenty (20) years before applying for pension and continue residing in Greece during the period they receive the pension.
- d) Their total annual personal taxable income as well as income which is exempt from tax or is taxed in a special way does not exceed four thousand three hundred and twenty (4.320) euros or in case of married persons, the total annual family taxable income as well as income which is exempt from tax or is taxed in a special way does not exceed eight thousand six hundred and forty (8.640) euros.

For the implementation of this regulation Decision No.F.20034/6263/186/2.4.2013 of the Minister of Labour, Social Security and Welfare was adopted concerning both the documents needed and the verification process for the granting of pensions to uninsured elderly persons by the OGA, as well as the sanctions that may be imposed.

B. SERVICES AND FACILITATIONS

In 2015, our country designed and adopted the National Strategy for Social Inclusion¹⁵, which provides the basis for policy reforms concerning poverty, social exclusion and discriminations. The National Strategy for Social Inclusion tries to prioritize the reforms required in the social protection system and introduce a common framework for the coordination, monitoring and evaluation of all relevant interventions. It mainly focuses on targeted interventions in favour of population groups facing risks because they are not able to meet their needs by using either their own resources or the labour market or the state mandatory social security system.

In particular, policies and interventions focus on the following target groups:

- Persons living in extreme poverty because they lack resources that would meet their main needs (food, housing, health care and heating, etc),
- Children aged 0-17 in exclusion,
- Persons at high risk of poverty and social exclusion due to one or cumulative factors.

At this point it's worth noting that for the National Strategy for Social Inclusion elderly persons aged over 65 are set as high priority group who do not receive pension or welfare allowances and whose personal or family annual income is below the minimum guaranteed income.

The Strategy is structured on three pillars¹⁶ that are specialized into 4 operational axes¹⁷, and each one of which is further detailed in Measures.

Finally, in its context, emphasis is placed on actions that aim at:

- a) *Addressing the lack of information on the principle of equal treatment and non-discrimination,*
- b) *Bridging the communication gap between distinguished groups and administrative authorities,*
- c) *Promoting encounters and dialogue between various population groups and*
- d) *Promoting active involvement and mobilization of all parties concerned in the fight against discrimination.*

Additional Question of the ECSR

Information on the scope/ variety of "Help at home" services and also as to what extent the eligibility of beneficiaries is based on need and/or whether they should pay money or have social security coverage

❖ «Help at Home» programme

Within the framework of the Operational Programme «Human Resources Development 2007-2013» of the Ministry of Labour, Social Security and Welfare, the development and implementation of a sustainable system for the "Help at Home" Programme is provided for, as a result of the relevant agreements between the Greek Authorities and the Authorities of the European Committee.

¹⁵ The National Strategy for Social Inclusion was submitted to the European Committee in June 2015.

¹⁶ Pillar 1 - Fight against poverty, Pillar 2 - Access to services, Pillar 3 - Inclusive labour market

¹⁷ O.A 1 Fighting against extreme poverty, O.A 2 Preventing and fighting child exclusion, O.A 3 Promoting Integration, O.A. 4 Good Integration Policy Governance

In this context, the following steps have been taken by the Ministry of Labour, Social Security and Welfare with a view to developing the above model:

1. «Home Care» programme for pensioners

A study was conducted in May 2011 which documented the need for a thorough revision of the existing model and its gradual transition to a system that will cover both the insured as well as the uninsured who are at risk of dependence and, at the same time, of disconnection from employment. The study recommends the establishment of dependence as a new insurance risk (which will be compulsorily covered by the Social Insurance Organizations). This basic policy scenario will be supplemented by targeted interventions of the Local Self-Government Agencies in order to cover the uninsured elderly people.

Based on this study, the “Legislation for the establishment of dependence as insurance risk” (article 138, paragraph B of Act No4052/2011) was adopted within the framework of a new integrated programme entitled «Home Care for pensioners programme» (article 138, paragraph B of Law 4052/2012).

In order to implement the programme, the «Department for Pensioners’ Home Care» was established within the General Directorate for Social Security Services of the IKA-ETAM, which is the programme’s implementation body. The responsibilities of the Department are described in detail in paragraph 5, article 138 of Law 4052/2012 (A’41).

The programme’s beneficiaries are specified by decision No.F.80000/8786/1078/2012 (B’1240) of the Minister of Labour, Social Security and Welfare as corrected by the error correction concerning the «Criteria and selection process of beneficiaries of the Home Care program for pensioners» that was published in O.G.1656/B/15-5-2012. These are persons who receive old age, disability or survivor’s pensions by main insurance bodies falling under the area of competence of the Ministry of Labour and Social Security, the Greek Seamen’s Pension Fund (NAT) and Public Sector pensioners, as well as uninsured elderly persons who receive pensions by the OGA, who have temporary or permanent health problems or disabilities and who:

- a) must have reached at least the age of 78 or be declared disabled with a disability rate of 67% or more, irrespective of their age,
- b) live alone or with their spouse or another person who meets the remaining criteria in order to be included into the Programme,
- c) have total annual personal or family income that does not exceed the amount of the lowest income scale each time provided for, in order to be entitled to the EKAS (7.715,15€ annually),
- d) are not able to take care of themselves or have difficulties in meeting their every day needs because of their health status due to an illness (chronic or temporary), and
- e) do not receive a total disability benefit or a non-institutional benefit or any other benefit as aid by their social security fund.

During the initial implementation of the programme, beneficiaries are those who meet the criteria of the above ministerial decision cumulatively and have been declared disabled with a disability degree of 67% and more, irrespective of their age.

Pensioners who meet the selection criteria but live in closed care units of the public, the private or voluntary sector, or receive hospital treatment in NHS units or units of the private sector are not included in the programme.

For the implementation of the «Home Care programme for pensioners» a Register of Providers is established and kept by the IKA-ETAM.

The IKA-ETAM concludes special contracts with those providers who undertake the provision of home care for a fixed fee per beneficiary.

The following entities can be included in the Register of Providers: a) undertakings run by Municipalities in accordance with articles 103 and 107 of Law 3852/2010 (A’ 87), b) undertakings run by Regions in accordance with articles 194 and 198 of Law 3852/2010, c) public bodies corporate, d) profit or non-profit making public entities under private law with a view to providing social care or health care according to their articles of

association, e) pure private enterprises, whose purpose is to promote social development or welfare or provide services that are relevant to the above purpose in accordance with their articles of association, f) Social Care Co-operatives under Law 4019/2011 (A' 226).

By JMD No.F.80000/οικ.16011/1709/5-10-2012 (B/2717) the participation terms and conditions were set as well as the amount of funding by beneficiary, conclusion of a contract, monitoring and payment process for providers of the "Home care programme for pensioners".

By JMD No.F.80000/8663/1779/15.5.2012 (B'1565), a special code number was created in order to transfer resources from the Pensioners' Solidarity Contribution Fund kept at the Insurance Fund for Inter-generational Solidarity (AKAGE) by the IKA-ETAM.

The programme's resources come from: amounts transferred by the AKAGE, almost 35 million Euros annually and the established special contribution which from 1/5/2012 amounts to 0,2% of the total revenue from social security contributions mainly for health care (paragraph 1 article 30 of Law 4075/2012 (A' 89).

The programme entered into force on the 1st of October 2012 and replaced the existing «Help at Home» programme, the duration of which was extended till 31/3/2013 under Law 4087/2012 (A'196); it was later further extended till 30.9.2013 by virtue of paragraph 2, article 20 of Law 4147/2013 (A'98).

Later, by virtue of article 127 of Law 4199/2013 (A'216), the programme's duration was extended from 1.10.2013 till 30.9.2014 and the following categories of beneficiaries were included in the "Help at Home" Programme:

a) beneficiaries of the «Home care programme for pensioners» who are pensioners of all main social security funds falling under the area of competence of the Ministry of Labour, Social Security and Welfare and public sector pensioners (Law 4052/2012 as in force), who are not served by other service providers and

b) other population categories facing social problems, uninsured elderly persons and persons with disabilities, financially weak persons who are included in the «Social care services at home» programme supervised by the Ministries of Labour, Social Security and Social Solidarity and of the Interior and coordinated by the services of the General Secretariat for Welfare of the Ministry of Labour, Social Security and Social Solidarity.

The Programme aims at ensuring independent living conditions for the elderly or disabled in their homes, in order to

- ensure their stay in their familiar natural and social environment,
- avoid sending them to closed care structures and
- prevent social exclusion situations and
- support uninsured and financially weak citizens who are in need and meet the criteria.

The Programme's content is the following:

a) minimizing the dependence of the elderly and the disabled by organizing and systematically providing community work, psychosocial support, health care, physiotherapy, occupational therapy and domestic help services,

b) informing beneficiaries on their rights and supporting them during their contacts with the competent health and welfare services,

c) facilitating beneficiaries in their involvement in cultural, entertainment, social and religious activities.

The services provided to the programme's beneficiaries are the following, *inter alia*:

(a) Social Support Services, such as evaluation and prioritization of social needs, individual and social information of beneficiaries on their rights and support offered during their contact with the competent social security, health and social protection services, facilitating or accompanying beneficiaries during their religious, cultural, entertainment and social activities.

(b) Nursing Care Services, such as blood sampling, blood pressure measurement, blood sugar measurement, pulse measurement, change and placement of a catheter, blood sampling/transfer of

blood and urine to hospital, injections, taking care of wounds, prevention and treatment of pressure ulcers, providing the prescribed medication, first aid, visiting the doctor to obtain a prescription, etc.

(c) Domestic Help Services, such as maintaining and cleaning the house, do the shopping, taking care of the appearance and personal hygiene, i.e. bathing, dressing, cutting nails, preparing meals, buying food and essential items, payment of bills, etc.

Services are provided for ten (10) hours on a monthly basis, the visits take place at least twice (2) every week while the minimum duration of every visit is thirty (30) minutes in case of more than two (2) visits. The number of visits per week is fixed by agreement between provider and beneficiary depending on the beneficiary's needs.

The provider's fee per beneficiary for all services provided is set at hundred (100) Euros per month in accordance with the previous paragraph. The fee per beneficiary is calculated depending on the presented supporting documents.

The programme's beneficiaries are specific categories of uninsured elderly and disabled persons who need help at home, i.e. assistance and nursing services.

The selection criteria for the beneficiaries are mainly: their age, income, marital status and health status, temporary or permanent dependence.

By decision of the Minister of Labour, Social Security and Social Solidarity, the above criteria, the programme content, the selection process of beneficiaries and any other necessary issue are specified.

2. «Social Care at Home» programme

By virtue of article 127 of Law 4199/2013 (O.G. 216/A'), article 64 of Law 4277/2014 (O.G.156/A') as supplemented by article 14 of Law 4312/2014 (O.G.260/A') the «Social Care at Home» programme was established which is now implemented in the framework of the «Help at Home» programme by Municipalities or their Legal Entities or other Legal Entities of Local Self-Government Agencies or Public Bodies Corporate.

This programme aims at ensuring independent living conditions for the elderly and the disabled in their residence in order to ensure their stay in their familiar natural and social environment, avoid sending them to closed care structures, prevent social exclusion situations and also support uninsured and financially weak citizens who are in need and meet the criteria.

Beneficiaries:

The programme's beneficiaries are uninsured elderly and financially weak persons and disabled persons who need help at home, i.e. assistance and nursing services.

Selection criteria of beneficiaries:

The selection criteria of the program's beneficiaries are the following:

- * age (persons over 65)
- * marital status
- * income
- * health status
- * temporary or permanent dependence

Priority is given to:

- persons who are lonely
- persons who cannot fully take care of themselves
- persons who have low income

Persons who live in closed care units of any legal form, or receive hospital treatment in NHS units or units of the private sector are not included in the program for as long as they remain in those units.

Provided Services:

- a) minimizing the dependence of the elderly and the disabled by organizing and systematically providing community work, psychosocial support, health care, physiotherapy, occupational therapy and domestic help services,
- b) informing beneficiaries on their rights and supporting them during their contacts with the competent health and welfare services,
- c) facilitating beneficiaries in their involvement in cultural, entertainment, social and religious activities.

The programme's resources are the following:

- a) Budget resources.
- b) Resources from the State Lottery for Social Policies.
- c) Central Independent Resources of Local Self-Government Agencies of A. Degree.
- d) Resources from the 2007-2013 NSRF and the 2014-2020 Partnership Contract.
- e) Resources from EU Programmes.
- f) Private resources in the context of CRS welfare initiatives.
- g) Private resources in the context of organized social initiatives by foundations and associations.

The Ministry of Labour, Social Security and Social Solidarity established the National Committee on Primary Social Care.

The National Committee analyses, monitors and evaluates primary social care activities by providing counseling and assistance to the Ministry of Labour, Social Security and Social Solidarity for the design and implementation of the «Social Care at Home» programme and to other Ministries for the design and implementation of relevant interventions.

By decision of the Minister of Labour, Social Security and Social Solidarity all issues concerning the organisation and operation of the Committee are regulated.

It has to be noted that beneficiaries do not have to pay any amount for the services provided by the «*Help at Home*» programme and that its cost is fully covered by the State Budget.

In 2015 the programme's beneficiaries were 73.580 and the total cost amounted to 70.511.247,19 €.

The Hellenic Agency for Local Development and Local Government (EETAA) has undertaken the programme's coordination as technical consultant of Local Self-Government Agencies.

Depending on the geographical distribution of the programme's structures and the staffing, certain differences may be noted in supply and demand and in services provided. Complaints may be submitted at the municipalities responsible for the structures that provide the above mentioned services.

To ensure the adequate funding of the «*Help at Home*» programme, for the period 1.10.2013 to 30.9.2014 the following resources were transferred:

- a) up to 35 million euros annually from the Pensioners' Solidarity Contribution Fund kept at the Insurance Fund for Inter-generational Solidarity (AKAGE) provided that there is such available amount after the monthly payment of structures referred to in Law 4019/2011, as in force, for the implementation of «Home Care for Pensioners» programme (Law 4052/2012 as in force).
- b) from resources of the Ministry's budget and in particular the Special Account 33- 220,
- c) from resources of the Ministry of the Interior under article 259 of Law 3852/2010 and
- d) 5 million euros paid as special contribution by insured persons, established by virtue of article 138 of Law 4052/2012 for the programme's funding, provided that there is available balance after funding the beneficiaries of the «Home Care for Pensioners» programme who are served by other providers.

The «Help at Home» programme may provide «Home nursing» services for patients who need treatment at home provided that they meet the conditions (personnel, equipment etc) specified by joint decision of the Ministers of Health and of Labour, Social Security and Social Solidarity which is pending.

All issues relating to procedures and the regions where the pilot «Home Nursing» programme will be implemented are determined by similar decisions. By virtue of a ministerial decision, the Ministry of Health has specified the regions where the pilot programme will be implemented.

By virtue of article 64, paragraph 1 of Law 4277/2014 (A'156), the duration of the «Help at Home» programme was extended from 1.10.2014 till 31.12.2015.

To ensure the adequate funding of the «Help at Home» programme, for the period 1.10.2014 to 31.12.2015 the following resources were transferred:

- a) up to 35 million euros annually from the Pensioners' Solidarity Contribution Fund kept at the Insurance Fund for Inter-generational Solidarity (AKAGE) provided that there is such available amount after the monthly payment of structures referred to in Law 4019/2011, as in force, for the implementation of «Home Care for Pensioners» programme (Law 4052/2012 as in force).
- b) from resources of the Ministry's budget and in particular the Special Account 33- 220,
- c) from resources of the Ministry of the Interior under article 259 of Law 3852/2010 and
- d) 10 million euros paid as special contribution by insured persons, established by article 138 of Law 4052/2012 for the programme's funding, provided that there is an available balance after funding the beneficiaries of the «Home Care for Pensioners» programme who are served by other providers and
- e) by any unallocated resources of the programme for the period 1.10.2013 till 30.9.2014.

By joint decision of the Ministers of Finance, of Labour, Social Security and Social Solidarity and of the Interior, the amount of transferred resources, the transfer procedure and any other necessary detail are specified.

The management of these resources, the updating of the electronic register of beneficiaries with all their necessary data and the programme's implementation procedures are specified in a program contract signed on 20.4.2016 (Ref. No.: ΩP2M465Θ1Ω-26X) between the Ministers of Labour, Social Security and Social Solidarity, of the Interior and Administrative Reconstruction, the IKA/ETAM and the Hellenic Agency for Local Development and Local Government (EETAA), including clauses for the evaluation of the Programme's implementation.

❖ *Services to families taking care of elderly persons*

K.I.F.I. (Day Care Centers for the Elderly)

(Data for 2015)

Number of units: 75

Number of workers: 347

Beneficiaries: 1.581

Paragraph 2 – Measures and policies allowing the elderly to choose their way of life freely and to live independently within their family for as long as they wish and are able to do so

A. HOUSING

❖ Housing Aid Programme:

The housing aid is granted in the form of rent to lonely uninsured and financially weak elderly persons over 65, provided that they are not owners of a residence and live in a rented dwelling, they are financially weak and do not have any income from any source in Greece or abroad or immovable property that may help them meet their housing needs (Decision G3/οικ.2615/22-5-1985 (O.G.329/B'/1985), as amended by G3/2435/8-7-1987 (O.G.435/B'/1987).

The welfare service of the relevant municipality must issue a decision concerning the housing aid entitlement following an application filed by the interested party together with the necessary supporting documents, *inter alia*, a marital status certificate, written statement of the applicant declaring that he/she does not receive any pension by any social security fund or any other source in Greece or abroad and that he/she has no income from labour or any other source, that he/she has no immovable properties, etc. The application should also be accompanied by the report of the competent service's social worker referring to the marital and socioeconomic status of the uninsured person together with a proposal of whether the housing aid should be granted or not.

The housing aid is paid directly to the owner of the property by the competent welfare services of the relevant municipalities while the aid amount does not exceed 362 euros monthly per beneficiary.

In 2015 the number of beneficiaries was 2.530 and the total cost amounted to 7.506.866,55 euros.

We would like to note that the said programme is targeted to a specific vulnerable population group and the provided aid is granted under specific conditions (financially weak, uninsured, lonely persons, etc) provided that they are not owners of a dwelling, taking into account that in Greece there is a high rate of house ownership, according to official Eurostat estimates.

B. HEALTHCARE

Article 17 of Law 3918/2011 (A'31) establishes the National Healthcare Service Provider (E.O.P.I.I.) which included the Healthcare Sections, in terms of provisions in kind of the social security bodies falling under the area of competence of the Ministry of Labour, Social Security and Social Solidarity, in order to provide healthcare services in kind to insured persons, pensioners and members of their families.

Health provisions in kind, from 1.1.2012 onwards have been granted by the E.O.P.I.I. in accordance with the Single Regulation for Health Provisions {JMD E.M.P.5/17.11.2011 (B'3054) of the Ministers of Finance, of Labour, Social Security and Welfare and of Health}.

This Regulation ensures the access of all insured persons with the E.O.P.I.I. to a single system of healthcare services on equal footing. It aims at preventing, maintaining, promoting, improving, restoring and protecting the health of citizens. In particular, the Regulation specifies health provisions in kind, the range, amount, manner and procedure followed as well as the payment method used.

Health provisions granted by the E.O.P.I.I., as defined in the articles of the Regulation are the following:

1. Prevention and promotion of health
2. Primary health care – medical care – diagnostic medical services

3. Paraclinical tests
4. Physiotherapy – occupational therapy – speech therapy - psychotherapy
5. Pharmaceutical products
6. Dental – oral treatment
7. Specific treatment
8. Other types of treatment
9. Hospital care
10. Use of exclusive nurses

In particular, article 16 provides for the payment of 200euros as aero-therapy allowance to pensioners of all social security funds as well as food allowance to pensioners of the I.K.A-E.T.A.M.

In accordance with article 1 of Law 4238/2014 (A'38), the State ensures the provision of healthcare services through the Primary Health Care (P.F.I.) for all citizens, thus safeguarding their health and promoting social well-being as much as possible.

The National Primary Healthcare Network (PEDI) was established within the National Health System (E.S.I.) and operates at the country's Healthcare Administrative Regions.

P.F.I. services are provided to all citizens, on equal footing, irrespective of their financial, social, professional, social security status, and their place of residence, through a single and decentralized National Primary Healthcare Network (PEDI).

Paragraph 3 – Guarantee of adequate support to the elderly who live in institutions

INSTITUTIONAL CARE

Institutional care to the elderly is provided by Care Homes for the Elderly (**M.F.I.**), that are Public Entities under Private Law and the amount paid by the elderly for the services provided is market driven and agreed upon by the Unit.

The inspection of services provided in Care Homes for the Elderly is carried out by the competent Regions through the function of a consultant who every semester shall prepare reports on the organization and operation of each provider and the quality in general of services offered, recommending specific solutions, actions and improvements. These reports are submitted to the competent unit of the Region and communicated to the provider concerned. In case of non-compliance with the consultant's recommendations or provision of services in breach of Law 2345/1995 provisions (O.G. 213/A'/1995) «Organised protection services by social welfare providers and other provisions» or in case no acceptable level of care and treatment is ensured due to the fault of the persons responsible, a fine is imposed on the provider as well as closure of the undertaking, in accordance with article 2 of the above law. In particular, in case of illegal continuation of business activities, all relevant data are forwarded to the public prosecutor to examine whether the persons responsible should be held criminally liable.

We would like to note that the function of the consultant and the competent Social Care and Social Solidarity Departments of the Regions are independent services responsible for examining whether the requirements are met for the establishment and operation licenses of Care Homes for the Elderly and, therefore, in no way are they associated with the Service Providers to the Elderly. In 2015, the number of MFI amounted to 245 and the beneficiaries were almost 10.000.

TABLE: Data on the EKAS (for the reference period, i.e. 01/01/2012 – 31/12/2015)

PERIOD	AMOUNT OF EKAS (in €)	ANNUAL PERSONAL NET TAXABLE INCOME (in €)	REMARKS
1/1/2012 - 31/12/2012 (article 34, Law3996/2011)	230,00 € 172,50 € 115,00 € 57,50 € 30,00 €	Up to 7.715,65 7.715,66 – 8.018,26 8.018,27 – 8.219,93 8.219,94 – 8.472,09 8.472,10 – 9.200,00	INCOME CRITERIA: - The total annual net income from pensions, salaries, wages and other benefits should not exceed 8.472,09 € (especially for the 5 th category, it should not exceed 9.200,00 €) - The total annual personal taxable income of the pensioner as well as the income which is exempt from tax or is taxed in a special way should not exceed 9.884,11 € (especially for the 5 th category, it should not exceed 13.500,00 €) - The total annual family taxable income as well as the income which is exempt from tax or is taxed in a special way should not exceed 15.380,90 € - The total gross monthly amount of main and supplementary pension, including Christmas, Easter and holiday bonuses, should not exceed 850,00 €
1/1/2013 - 31/12/2013 (article 34, Law3996/2011)	Same amounts as in 2012		INCOME CRITERIA: The amounts remain the same as in 2012.
1/1/2014 - 31/12/2014 (article 34, Law3996/2011)	Same amounts as in 2013		It is paid to old-age, disability and survivor's pensioners after they reach the age of 65. Children receiving a pension due to their parent's death as well as disabled pensioners with a disability rate of at least 80% are excluded (article 8, Law 4237/2014). INCOME CRITERIA: The amounts remain the same as in 2013.

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<p>1/1/2015 - 31/12/2015 (article 34, Law3996/2011)</p>	<p>Same amounts as in 2014</p>	<p>It is paid to old-age, disability and survivor's pensioners after they reach the age of 65. Children receiving a pension due to their parent's death as well as disabled pensioners with a disability rate of at least 80% are excluded (article 8, Law 4237/2014).</p> <p>INCOME CRITERIA: The amounts remain the same as in 2014.</p>
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