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the European Social Charter
and 5th report on the implementation of
the 1988 Additional Protocol

submitted by

THE GOVERNMENT OF GREECE

(Articles 3, 12 and 13 for the period 01/01/2005 –
31/12/2007;
Articles 11, 14 and Article 4 of the Additional
Protocol for the period 01/01/2003 – 31/12/2007)

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EUROPEAN SOCIAL CHARTER

19th GREEK REPORT

ARTICLES 3, 11, 12, 13, 14

AND 4 OF THE ADDITIONAL PROTOCOL

Reference period

2005-2007 (for articles 3, 12, 13)

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Article 3 The right to safe and healthy working conditions

1/1/2005-31/12/2007

Paragraph 1

Question 1

Greece, through the Ministry of Employment and Social Protection and its specialized agencies, promotes the occupational safety and health issues by defining a national policy that is based on the tripartite representation and social dialogue and giving particular emphasis to the balanced participation of workers and employers in the decision making process. The occupational safety and health policy is implemented through a national system of appropriate structures and processes that involves government bodies, employers' and workers' organizations, scientific and professional bodies, educational institutions, and safety and health agencies.

The national law of the country, which is continually supplemented, is timely harmonized with the community directives and developed through the ratification of international labour conventions, includes organizational and technical measures related to workers' safety and health. As regards the content of statutes, there are numerous general regulations of a horizontal enforcement, while at the same time there are many special statutes regulating occupational safety and health issues in particular sectors of economic activity, special hazards, specific occupations, etc.

All provisions governing occupational safety and health apply to every worker employed by an employer under any employment relationship.

Very important is the current process for the *codification of the legislation on health and safety at work*.

During the reference period, the following statutes and regulatory deeds on issues of safety and health at work were issued:

LEGISLATION on Health and Safety at Work 2005-2007		
TITLE	NUMBER	OFFICIAL GAZETTE NUMBER
Correction of errors Presidential Decree 43/2003 (Official Gazette 199/A/11-8-2005)		199/A/2005
Regulations for the promotion of employment, strengthening of social cohesion and other provisions	Law 3385/2005 [article 3]	210/A/2005
Minimum health and safety requirements regarding the exposure of workers to the risks arising from natural agents (vibration) in compliance with Directive 2002/44/EC	Presidential Decree 176/2005	227/A/2005
Establishment of a Quality and Efficiency Directorate and office for assisting persons with disabilities at the Ministry of Employment and Social Protection	Presidential Decree 194/2005	235/A/2005
Further training of safety technicians of secondary education	Ministerial Decision	196/B/2005

	130197/2005	
Further training of employers and workers in issues of safety technician's duties discharge – Programmes of 2006	Ministerial Decision 260557/2005	1775/B/2005
Further training of employers in issues of safety technician's duties discharge at their enterprises, provided that they fall within Category C pursuant to Presidential Decree 294/1988 and they employ less than 50 workers - Programs of 2006	Ministerial Decision 260556/2005	1775/B/2005
Minimum health and safety requirements regarding the exposure of workers to the risks arising from natural agents (noise) in compliance with Directive <u>2003/10/EC</u>	Presidential Decree 149/2006	159/A/2006
Adaptation of the Greek legislation to the provisions of Directive 2002/15/EC of the European Parliament and of the Council “on the organisation of the working time of persons performing mobile road transport activities (L80/23.3.2002)”	Presidential Decree 167/2006	179/A/2006
Establishment of the maritime training institute under the name ‘POSEIDON MARITIME TRAINING INSTITUTE S.A.’ and other provisions	Law 3490/2006 [article 10]	206/A/2006
Protection of workers from the risks related to exposure to asbestos at work in compliance with Council Directive 83/477/EEC, as amended by Council Directive 91/382/EEC and Directive <u>2003/18/EEC</u> of the European Parliament and of the Council	Presidential Decree 212/2006	212/A/2006
Supplementation of the table of occupational diseases	F11321/27240/1941	1818/B/12.2.2006
Further training of employers and workers in issues of safety technician's duties discharge – Programmes of 2007	Ministerial Decision 1222/2006	1871/B/2006
Further training of employers in issues of safety technician's duties discharge at their enterprises, provided that they fall within Category C pursuant to Presidential Decree 294/1988 and they employ less than 50 workers - Programs of 2007	Ministerial Decision 1223/2006	1871/B/2006
Amendment of Decision 131782/26.10.1987 'Establishment of joint control committees in the shipbuilding and repair zone of Piraeus - Drapetsona - Keratsini - Perama - Salamina'	Ministerial Decision 130248/2006	29/YODD/ 2006
Protection of the health of workers from the risks related to exposure to certain chemical agents at work by amendment of Presidential Decree 307/1986, as currently in force, in compliance with Directive 2006/15/EC	Presidential Decree 162/2007	2002/A/2007
Terms of services rendering and time limits of compulsory employment of safety technicians during discharge of shipbuilding and repair works on ships	Ministerial Decision 130134/2007	1369/B/02.08.2007

Protection of workers against Asbestos

By Presidential Decree 212/2006 our national law was harmonized with Directive 2003/18/EC. This Directive amended the previous Directives 83/477/EEC and 91/382/EEC regarding the protection of workers from asbestos. The said Presidential Decree comprises in a single text both the new community requirements and older provisions. For this reason, the Presidential Decree abolished all pertinent previous legislation, that is, Presidential Decree 70a/1988, Presidential Decree 175/1997 and article 3, Presidential Decree 159/1999 (see article 24).

Presidential Decree 212/2006 deals with the protection of workers from the risks for their health and safety, including the prevention of those risks that arise or may arise from activities where workers are exposed to dust from asbestos or materials containing asbestos.

The Presidential Decree applies mainly to works of demolition, maintenance or removal of asbestos or materials containing asbestos from buildings, constructions, plants, ships, etc. It should be mentioned that the Presidential Decree applies also to the cases where there is the slightest doubt about the presence of asbestos in a material or building or plant.

An interpretative–technical circular for the implementation of Presidential Decree 212/2006, ref. no 130115/06.07.2007 has already been issued.

Moreover, an authorizing provision of law is promoted for the issuance of a ministerial decision that will define the terms and conditions for the licensing of enterprises that will be engaged in demolition and asbestos removal works. The said ministerial decision is currently being prepared and bears the title ‘Terms and conditions of operation of enterprises engaged in demolition and asbestos materials removal works’.

Until the completion of the process of issuance of the relevant decision, the provisions of paragraph 6, article 12, Presidential Decree 212/2006 (submission of Works Plan, Notification of Works to the competent Labour Inspectorate) shall apply.

Natural Agents

As regards the protection of workers from the exposure to risks arising from natural agents:

By *Presidential Decree 149/2006 (Official Gazette A 159/2006)* national legislation was harmonized with Directive 2003/10/EC in respect of risks arising from noise.

A “Code of practice for employers and workers in the sectors of music and entertainment” under no 18640/64/14.03.2008 has already been issued within the context of the said Presidential Decree.

By Presidential Decree 176/2005 (Official Gazette A 227/2005) national legislation was harmonized with Directive 2002/44/EC in respect of risks arising from vibrations.

The processes of issuance of a presidential decree for harmonization of national legislation with Directives 2004/40/EC – 2008/46/EC and 2006/25/EC, regarding the risks arising from electromagnetic fields and artificial optical radiation respectively, are promoted.

As regards the **public sector**, the following apply:

One of the fundamental rights of the civil servants, which is expressly protected by the Employees’ Code (Law 3528/2007, article 44), is the safeguarding of health and safety conditions at the

workplace. In addition, pursuant to the provisions of article 44 of the Employees' Code, by a Presidential Decree issued upon recommendation by the Minister of Interior and Minister of Economy and Finance and following an opinion given by the A.D.E.D.Y. (Supreme Administration of Greek Civil Servants Trade Unions), a permanent unit was established within the Ministry of Interior for the supervision of and compliance with health and safety conditions at the workplace of the civil servants and employees of public law entities. The same Presidential Decree specifies the level of the permanent unit and any other issue that concerns its operation. The establishment of the said permanent unit is already being considered by the Committee formed within the General Secretariat of Public Administration and Electronic Government for the drafting of the new by-law of the said agency.

Moreover, pursuant to the provisions of paragraph 5, article 48, Employees' Code, by a Presidential Decree issued upon recommendation by the Minister of Interior and Minister of Health and Social Solidarity, the regular leave of workers engaged in dangerous and unhealthy occupations was increased. A process has already started, in collaboration with the jointly competent Ministry of Finance, Ministry of Employment and Social Protection, Ministry of Health and Social Solidarity, so as to specify the occupations that will be considered dangerous and unhealthy because they endanger the health and safety of the workers.

Regarding the measures taken following consultation with the employers' and workers' organizations, they appertain to collective negotiations and within this context consultation with the trade unions is currently taking place, mainly with the Supreme Administration of Greek Civil Servants Trade Unions, for the promotion of regulations improving the health and safety conditions at work.

Question 2

The role of the social partners is important for the framing and implementation of the national policy with a view to the improvement of the safety and health conditions at work, which is structured at many levels. The most important collective consultation bodies established and currently operating are the following:

- At the level of strategic planning, it has been stipulated that every legislative regulation on health and safety issues shall be completed upon consultation within the framework of the Occupational Health and Safety Council (S.Y.A.E.), where representatives of the State, of the third-degree employers' and workers' organizations (of both the private and public sectors) and scientific bodies (Technical Chamber of Greece, Greek Medical Association, Greek Chemists Association) participate.
- At the level of enforcement and control of the legislative provisions, the Social Inspection Council of the Labour Inspectorate (S.K.E.E.E.) has been established, whose members, among others, are representatives of the most important third-degree employers' and workers' organizations, thus ensuring transparency in the work of the Labour Inspectorate (S.E.P.E.) and quality of services rendered thereby. Its competencies include opinion giving on action planning of the Labour Inspectorate at a national level, as well as recommendations about the promulgation of laws and regulations for the purpose of improvement of its operation.
- Accordingly: (i) at a Prefectural level there are the Occupational Health and Safety Prefectural Committees (N.E.Y.A.E), which give their opinion on the enforcement of the provisions on occupational health and safety in the Prefectures, coordination of the actions of the competent agencies and organization of events and training programmes; and (ii) at a Regional level there are the Social Inspection Regional Committees of the Labour Inspectorate, which give their opinion on the planning of the action of the Labour Inspectorate in the Regions and its annual activities report.

However, in addition to the above, our legislation provides for, at the level of the enterprises, the possibility of consultation and participation of workers and/or their representatives with regard to health and safety issues within the enterprise, through the Occupational Health and Safety Committees (E.Y.A.E) or the representatives who are competent for issues of health and safety protection. Their main task is their contribution to ensuring the appropriate working conditions, and recommendation of measures for their improvement.

In the framework of rendering protection and prevention services there is, at a national level, an opinion-giving committee for the licensing of External Protection and Prevention Services (EX.Y.P.P), where representatives of the social partners and competent scientific bodies participate. It is competent to give its opinion on the granting of operation licences to the prospective External Protection and Prevention Services, by ensuring the impartiality of judgement, in respect to their compliance with the established terms and conditions.

Furthermore, the social partners and other bodies concerned are informed and participate in events or other actions or campaigns for information dissemination, such as the European Week for Safety and Health at Work organized every year and co-financed by the European Agency for Safety and Health at Work (EU-OSHA, Bilbao), while in many cases there is also cooperation between the agencies of the Ministry of Employment and Social Protection and bodies of the social partners (e.g. with the Hellenic Institute for Occupational Health and Safety (EL.IN.Y.A.E.), which was founded and is managed by third-degree workers' and employers' organizations), for the issuance of printed material or organization of information actions.

More specifically, during the reference period:

In the **field of information** since 2005 many and diverse actions described in detail hereinbelow have been implemented. It should be noted that the persons interested can have an easy and free access to every kind of action (one-day meetings, online advertising, television and radio spots, publications, CDs, etc.) through the dispatch of invitations to their employers' organizations, free distribution of printed material or downloading thereof from the webpages of the Ministry of Employment, etc:

- In the framework of the annual information campaign of the European Agency for Safety and Health at Work:

- European Week for Safety and Health at Work (24-28 October 2005)

Subject: "*Fight noise!*"

Actions:

One-day meeting in Patra

Publication of a technical manual entitled "Noise at work"

- European Week for Safety and Health at Work (23-27 October 2006)

Subject: "*Safe start*"

Actions:

One-day meeting in Thessaloniki

Publication of 2 technical manuals entitled "Safe start" and "Safety and health of young workers; legislation and good practice."

- European Week for Safety and Health at Work (22-27 October 2007)

Subject: "*Lighten the load*"

Actions:

One-day meeting in Ioannina

Publication of 2 technical manuals entitled "Good practices for the prevention of musculoskeletal diseases" and "Musculoskeletal diseases at work; lighten the load."

Within the context of celebration of the “World Day for Health and Safety at Work” of the International Labour Organization (ILO):

2005: Adoption of the anniversary by the political leadership of our Ministry; press conference of the Minister and announcement on the webpage of the Ministry.

2006: Press release, updating of the webpage of the Ministry through material for the 2 subjects of the celebration:

(a) Reduction in the number of fatal occupational accidents

(b) Elimination of discrimination related to AIDS at workplace.

- Special joint meeting of the Occupational Health and Safety Council (S.Y.A.E.) and the Social Inspection Council of the Labour Inspectorate (S.K.E.E.E.)

- Publicity of the occupational safety and health issues through Greek Television (2 television spots)

- Communication with schools and educational institutions for the information, awareness-raising and development of actions regarding occupational safety and health issues.

2007: Notification of celebration of the World Day to all bodies involved; support of actions of bodies through making available speakers and distributing printed information material; two television spots, enrichment of the website of the Ministry regarding the two subjects of the celebration: (a) *Safe and healthy workplaces*; (b) *Making decent work a reality*; hanging of information posters at public places (Attiko Metro, Athens and Piraeus Electric Railways, Athens Area Urban Transport Organization, tram, etc.); publication of the announcement and poster in a magazine and printed Press; issuance of a manual that includes all legislation on occupational health and safety to this day; collaboration with the Hellenic Institute for Occupational Health and Safety (EL.IN.Y.A.E.) and Labour Inspectorate (S.E.P.E.) for a joint organization of actions.

Moreover, regardless of the above, the following events have been organized:

- Two-day meetings with the subject: “Workers’ safety and health at the workplace; employment policies” in Xanthi on 22 and 23-09-2006 and in Kilkis on 29 and 30-09-2006;

- “One-day meeting on major accidents Sevezo” in Athens, 09-05-2007.

With a view to promoting information on occupational health and safety issues, printed and electronic information material is published and distributed every year: posters, informational leaflets, books and material in digital form (CDs – Website).

The regular updating and upgrading of the website of the Ministry of Employment and Social Protection (www.ypakp.gr) on occupational health and safety issues is of first priority.

The actions include the creation of radio, television and electronic messages on issues related to occupational safety and health and reproduction thereof in mass media and public transportation means (e.g. metro, tram).

- Furthermore, various publications on special occupations, risks or groups of workers have been made, which are not included in any information campaign but aim at the awareness of workers on occupational health and safety issues.

- Moreover, every circular of an informative or explanatory nature that stipulates technical and organizational measures (e.g. circular 130115/06.07.2007 “Asbestos: Issuance of an explanatory-technical circular on the enforcement of Presidential Decree 212/2006”), is also notified to all interested bodies, such as workers’ and employers’ organizations, chambers, labour centres, scientific bodies, etc.

- In addition to the actions by the Ministry of Employment and Social Protection, similar actions are organized by other bodies, e.g. Hellenic Institute for Occupational Health and Safety (EL.IN.Y.A.E.) and Athens Labour Centre (E.K.A.), etc.

In the field of **training** the following training programmes continue:

“For employers and workers in issues of safety technician’s duties discharge at their enterprises”;
“For employers in issues of safety technician’s duties discharge at their enterprises, provided that they fall within Category C¹ pursuant to Presidential Decree 294/1988 and they employ less than 50 workers”;
“For safety technicians of a Higher and Technological Education”; and
“For safety technicians of a Secondary Education” (graduates of Technical Senior High Schools, Technical Schools).

Additional information requested by the European Committee of Social Rights (ECSR)

1. Progress of transfer to the national legislation of the latest amendment of the Council Directive 83/477/EEC of 19 September 1983

The Council Directive 83/477/EEC, as amended by Council Directive 91/382/EEC and Directive 2003/18/EC of the European Parliament and of the Council, was incorporated into the national law by Presidential Decree 212/2006 (see also Question 1).

2. Enforcement of legislation in the field of protection of the temporary employment workers with explanations as to whether these workers are informed/trained upon appointment, in case of change of job or in case of introduction of new equipment or technology

As mentioned hereinabove (see Question 1), the legislation on occupational safety and health includes general provisions of horizontal enforcement and special provisions which apply, in addition to the general ones, to specific branches of activities or special occupations. It applies to every worker employed by an employer under any employment relationship. All workers shall enjoy the same level of safety and health conditions at their work. Thus, there is no issue of differentiation between workers having different employment relationships. This also applies to the fields of information, education and training.

The information and education of workers in issues of occupational safety and health are stipulated in every legislative provision and apply to all workers regardless of the employment relationship.

The employer (Presidential Decree 17/1996, article 12) shall ensure for every worker a proper and sufficient education in the field of safety and health, in particular, in the form of information and instructions upon their recruitment, transfer or change of duties, introduction or change of work equipment, introduction of a new technology regarding specifically their post or duties. Such education must be adjusted to the development of risks and manifestation of new risks. Moreover, if necessary, it shall be repeated in regular intervals.

In addition to those mentioned above (in Question 2) in respect of the training programmes, safety technicians, occupational doctors and workers’ representatives are trained (Presidential Decree 17/1996, article 6) by bodies, such as the Hellenic Institute for Occupational Health and Safety. The time of workers’ absence from work for attending such courses is considered working time.

3. Information on the manner of medical supervision when a worker is recruited by an enterprise through a temporary work agency.

¹ Low risk

The processes of supervision of workers' health apply regardless of the employment relationship existing from time to time.

The occupational doctor carries out a medical examination of the workers in connection with their post, after their recruitment or change of post. He/she ensures the performance of medical examinations and assesses the appropriateness of workers for certain jobs and issues the pertinent certification (article 10, Law 1568/1985).

The salaried workers having a temporary employment contract enjoy, as regards occupational safety and health, the same level of protection with that provided to other workers of the indirect employer. The indirect employer, without prejudice to a contractual provision for joint responsibility cumulatively also of the Temporary Work Agency (TWA), is responsible for the conditions under which the salaried worker's job is performed as well as for any occupational accident (Law 2956/2001, article 22, paragraph 10).

Furthermore, the indirect employer must specify, before the worker is made available to him/her under the contract, the required professional qualifications or skills, the special medical supervision and particular characteristics of the vacancy. He/she shall also specify the major or special risks related to the specific job. Such information shall be notified to the salaried workers by the Temporary Work Agency (Law 2956/2001, article 22, paragraph 8).

Moreover, the contracts between the Temporary Work Agencies and those recruited as temporary employees [Ministerial Decision 30342/2002 (Official Gazette B 179), article 8, paragraph 1, subparagraph (c)] must mention the obligation of the employer (Temporary Work Agency) for adoption of and compliance with health and safety terms.

4. The right of non-permanent workers to be represented at work in respect of health and safety issues

As mentioned in Question 2, all workers at an enterprise are entitled to choose their representatives authorizing them with regard to issues of safety and health protection at work (or form an Occupational Health and Safety Committee composed of elected representatives within the enterprise) (articles 3, 7, Presidential Decree 17/1996 – articles 2, 3, Law 1568/1985).

All workers have the right to be represented regardless of the employment relationship, therefore, non-permanent workers have this right too.

5. Access of the self-employed to training regarding health and safety skills and their access to medical supervision appropriate for the risks to which they are exposed.
Please refer to the negative conclusion for the self-employed persons.

Negative Conclusion of the ECSR – Health and Safety of Self-employed persons

After the submission of the previous (17th) Greek Report on Article 3 ESC, progress has been made concerning coverage of the self-employed by health and safety regulations. This includes arrangements concerning the organisation and the structure of the competent administrative services, legislation on health and safety at work and informative activities.

Recent legislative arrangements focusing on occupational health and safety matters of the self-employed are:

By article 2§4, Law 3227/2004 a new Directorate (Directorate for OSH Information Management, Training and Monitoring of Policies on OSH Issues) was established at the Ministry of Employment and Social Protection, whose competencies include, among others, pursuant to Decision 80025/2004 “*Determination of the competencies of the Directorates for (a) Working Conditions; (b) OSH Information Management, Training and Monitoring of Policies on OSH Issues; and (c) Occupational Health and Safety Centre*” the following:

- Chapter B, paragraph (b)2: The Department of Training, Information, Publications and Technical Support is competent for the training and implementation of training programmes for the self-employed in occupational health and safety issues.

- Chapter B, paragraph (b)7: The Department of Training, Information, Publications and Technical Support is competent for the drafting of the content and editing of the publication of any kind of printed material for the information of Safety Technicians, Occupational Doctors, members of the Occupational Health and Safety Committees, workers, self-employed and officers of enterprises in occupational health and safety issues.

Article 3, paragraph 6, Presidential Decree 212/2006 “*Protection of workers from the risks related to exposure to asbestos at work in compliance with Council Directive 83/477/EEC, as amended by Council Directive 91/382/EEC and Directive 2003/18/EEC of the European Parliament and of the Council*” mentions that: “in respect of a technical project as well as the safety and protection of health during execution thereof, the self-employed have all the obligations of employers and workers”.

For the same issue, the circular 130115/06.07.2007 on the enforcement of Presidential Decree 212/2006, within the context of attempting to establish a chain of responsibility and awareness of all parties to an asbestos management project, provides for clear obligations for the self-employed, as well as for the contractors and subcontractors when they perform a professional activity at the worksite (article 3 – section “Coordination of employers – joint responsibility of employers”).

Article 14, Presidential Decree 212/2006 stipulates that demolition works or works for the removal of asbestos may be carried out only by enterprises that have a relevant licence. The draft Ministerial Decision specifying the terms and conditions of the said licensing shall refer specifically to the self-employed.

Chapter 2 of the “Code of practice for employers and workers in the sectors of music and entertainment” under ref. no 18640/64/14-03-2008 mentions that the provisions of the Code apply also to the self-employed musicians / members of groups. The Code was issued in compliance with article 14, Directive 2003/10 in respect of minimum health and safety requirements regarding the exposure of workers to the risks arising from the professional exposure to sounds (noise). This Directive was incorporated into the national law by Presidential Decree 149/2006. The scope of application of the Code is quite broad and covers all categories of workers in the sectors of music and entertainment, such as actors, dancers, technicians, security personnel, producers, singers, musicians, etc.

It should be noted that Presidential Decree 167/2006, which adapts Greek legislation to the provisions of Directive 2002/15/EC “on the organisation of the working time of persons performing mobile road transport activities”, provides for certain characteristics of working time organisation that may in the future apply to the self-employed too. The purpose of this Presidential Decree is to determine the minimum requirements for working time organisation so as to improve the safety and health

protection of persons performing mobile road transport activities and also improve road safety, among others. The scope of application of the said Presidential Decree includes the self-employed drivers. In addition to the above regulations, every circular of an informative or interpretative nature, which includes technical and organizational measures (e.g. circular 130329/3-7-1995 “*Handling of thermal stress of workers during summer*”), is notified to bodies, such as the General Confederation of Small and Medium Sized Business (G.S.E.V.E.E.), whose members are many categories of self-employed persons. Besides, such measures do not exclude the self-employed. Furthermore, it should be mentioned that these bodies are represented also in the Occupational Health and Safety Council (S.Y.A.E.), which gives its opinion on every promoted regulatory deed.

As regards the safety and health protection of the self-employed in high risk sectors (fishery and transport) as defined by the European Committee of Social Rights (ECSR), there are special provisions without limitation as to the employment relationship (consequently, they also cover the self-employed) that deal with the approval of licences, technical specifications, etc., which aim in general at ensuring a safe and healthy work environment for both the self-employed and other workers.

In particular, in the sector of fishery:

The improvement of the working conditions and in particular, of the safety during fishing is the first demand by the professional fishers, owners of professional fishing vessels. Under the special working conditions of traditional fishery (dependence on weather conditions, working far from the coast, etc.) the safe performance thereof is connected directly with the horsepower of the engines and the capacity of the fishing vessel, taking into consideration that the Greek professional fleet consists of 17,657 fishing vessels, of which those having a length shorter than 12m represent a percentage of 92.06% (Community Fleet Register 12/2007). The increase in engine horsepower is a steady demand by the professional fishers of both the very small and bigger fishing vessels.

The common fisheries policy by applying the precautionary approach to fishery management aims at the exploitation of the living aquatic resources that provides sustainable economic, environmental and social conditions. The measures taken by the member states for the achievement of the targets include, among others, measures for the adjustment of fishing capacity of their fleets, that is, the overall capacity of the fishing vessels in GT and the total power of their engines in KW.

According to article 11, paragraph 5, Council Reg(EC) 2371/2002 on the reform of the Common Fisheries Policy, on fishing vessels of 5 years of age or more, modernisation over the main deck to improve safety on board, working conditions, hygiene and product quality may increase the tonnage of the vessel, provided that such modernisation does not increase the ability of the vessel to catch fish. Detailed rules for the implementation of this provision were established by Commission Reg(EC) 1438/2003. The Ministry of Rural Development and Food by its circulars 175577/22-08-2003 and 180342/27-07-2004, through the Fishery Agencies of the Prefectural Self-administrations, informed the fishery bodies so as to take advantage of the beneficial provisions of the Regulation.

As regards the labour legislation on occupational safety and health, when the professional activity of the self-employed harms the working environment and endangers the safety and health not only of themselves but also of other workers, then, as already mentioned in the previous Report, the regulations of Presidential Decree 17/1996, article 7, paragraph 9 and Presidential Decree 305/1996, article 9 apply.

The first regulation ensures that the working environment shall continue to provide safe and healthy working conditions even in the event that the enterprise of a self-employed person operates in the premises of another enterprise.

The second regulation covers the biggest part of self-employment cases, that is, technical works. It must be pointed out that the enforcement of this provision does not concern only the construction sites but also every temporary work within premises already existing and operating, such as those used for maintenance, cleaning, repair, configuration, etc. (see Presidential Decree 305/1996, Annex I).

In respect of the aforementioned regulations, we should mention that the competent inspection bodies (agencies of the Labour Inspectorate) conduct regular inspections of the self-employed who work at construction sites as regards the measures taken for the protection of the safety and health of themselves and other workers at the same place.

Regarding the actions implemented in the **sector of information** since 2005, those have been detailed in Question 2.

We reiterate that the persons interested (including the self-employed) can have an easy and free access to every kind of action, through the dispatch of invitations to their employers' organizations, free distribution of printed material or downloading thereof from the webpages of our Ministry, etc.

Moreover, the information material concerning occupational health and safety is distributed free of charge both by the General Directorate of Working Conditions and Occupational Health of the Ministry of Employment and Social Protection and by other bodies dealing with issues of occupational health and safety, such as the Hellenic Institute for Occupational Health and Safety, Institute of Labour-Greek General Confederation of Labour (IN.E.-G.S.E.E.), Athens Labour Centre (E.K.A.), etc.

With regard to the training programmes in occupational health and safety issues, which can also be attended by the self-employed, those were dealt with in Question 2 above. Furthermore, among the bodies implementing training programmes is the Vocational Training Centre of the General Confederation of Small and Medium Sized Business (K.E.K. G.S.E.V.E.E.), whose educational work is intended for workers, self-employed and employers of small enterprises and which has established for its members a very low cost of participation in its programmes. As already mentioned, the members of the General Confederation of Small and Medium Sized Business are many categories of self-employed.

Paragraph 2

Question 1

As regards the inspections procedure and imposition of administrative and penal sanctions please see the previous Greek report. During the reference period in respect of the sanctions related to the enforcement of the provisions on workers' safety and health, the following amendments have been made:

Paragraph 2, article 3, Law 3385/2005 amended article 17, Law 2639/1998 (Official Gazette 205 A) as follows:

“1. Every employer violating the provisions of the labour legislation in respect of ... or workers' safety and health shall be punished by an imprisonment of at least six (6) months or pecuniary penalty of at least nine hundred (900) euro or by both penalties” instead of “an imprisonment of at least three

(3) months or pecuniary penalty of at least one hundred thousand (100,000) drachmas or by both penalties”.

“2. Special provisions of the labour legislation that provide for a more severe penal treatment continue to be in force” instead of “... provide for a different penal treatment...”.

Paragraph 3, article 3, Law 3385/2005 amended article 4, Law 3227/2004 (Official Gazette 31 A) as follows: “a. Fine for each violation ranging from one thousand (1,000) euro to thirty thousand (30,000) euro” instead of five hundred euro to thirty thousand euro stipulated for each violation of the provisions and regulations of the legislation on occupational health and safety.

Question 2

(a) **Total number of occupational accidents** during work and number of workers per year (data from the National Statistical Service of Greece). Percentage of accidents per 100,000 workers for years 2005-2006.

Year	Total number of accidents	Number of workers	Percentage of accidents per 100,000 workers
2005	10684	2.799.500	381
2006	10489	2.840.200	369
2007	*	2.924.400	

Source: National Statistical Service of Greece

* There are no available data from the National Statistical Service of Greece for 2007.

The above data concern occupational accidents that resulted in an absence from work longer than three (3) calendar days according to the Regulation of Eurostat.

Data about the number of occupational accidents during work are also kept by:

- the Labour Inspectorate, to the agencies of which the most serious accidents are reported. The relevant details are mentioned below:

Year	2005	2006	2007
Total number of accidents reported to the Labour Inspectorate	6044	6255	6561
Fatal	111	128	115

- the Social Security Institution, to which all occupational accidents concerning the insured therewith are reported, regardless of the days of absence from work.

(b) **Inspections – sanctions** by the agencies of the Technical and Sanitary Inspectorate of the Labour Inspectorate during the period 2005-2007.

Year	Inspections	Prosecutions	Suspensions	Fines	Amounts
2005	25477	1045	2065	1349	1.928.250€
2006	27857	1303	2248	1379	2.949.100€
2007	27895	1132	2201	1315	3.021.500€

Concerning the number of workers and enterprises covered by the inspection by the agencies of the Technical and Sanitary Inspectorate of the Labour Inspectorate, we wish to inform you that such data are not available, since there is no collective recording of the number of workers employed at the enterprises inspected and the most recent data provided to us by the National Statistical Service of Greece on the number of enterprises of the country concern year 2004.

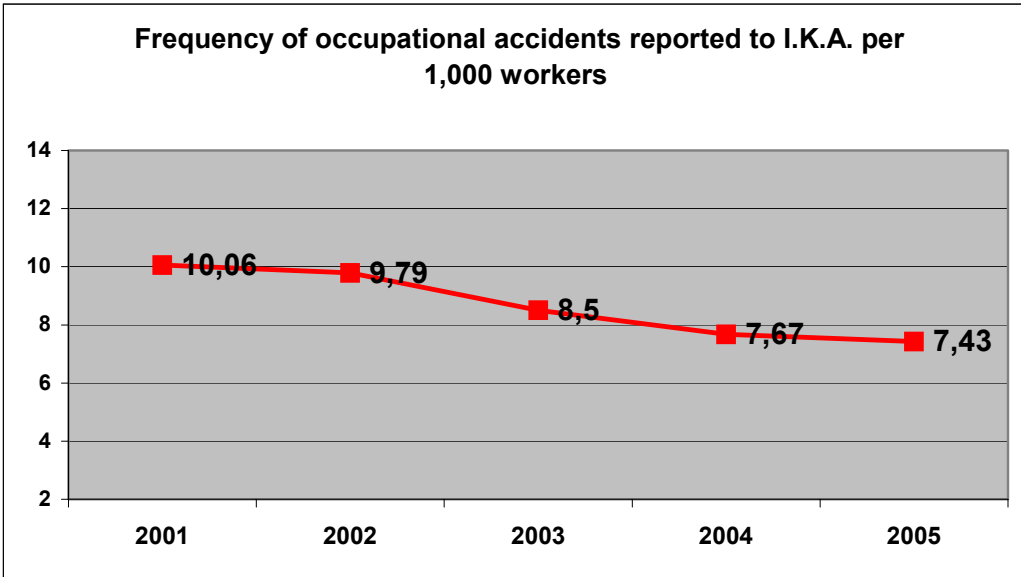
Additional Information requested by the European Committee of Social Rights

1. According to the report, the number of onsite inspections by the personnel of the Labour Inspectorate in 2004 was 26,161. The total number of workers during that year was 2,742,700 and the number of enterprises was 795,556. The Committee remarks that the frequency of visits was slightly higher at the beginning of the reference period (31,072 visits in 2001) and requests an explanation for this fact.

The Labour Inspectorate was founded in 1998 and following a massive employment of 225 new Technical and Sanitary Inspectors in 2000, the immediate target was the dynamic entrance of Inspectors in the workplaces and the performance of an increased number of inspections of primarily an informative and also controlling nature. In the course of time and while workers and employers were aware of the institutional role of the Labour Inspectorate, mainly through the visits of the Labour Inspectors to enterprises, particular emphasis was given to the quality improvement of inspections by focusing on specific branches of economic activity on the basis of risk, frequency of accidents and delinquency, as well as on the performance of more essential and thorough inspections in the workplaces. There was an attempt to examine in depth all phases of the productive activity of the enterprises and to bring up the problems arising from new techniques and new types of employment.

The aforementioned practices are certainly more time-consuming and may lead to a reduction in the number of inspections, however, they contribute significantly to the improvement of quality and effectiveness thereof.

An important element in favour of the effectiveness of the inspections is the decreasing trend in the frequency of accidents per 1,000 workers during the period 2001-2005, as it emerges from the annual statistical data announced by the Social Security Institution (I.K.A.), where almost all workers in the private sector of economy are insured (for more details, visit www.ika.gr). More specifically, the number of accidents per 1,000 insured persons for all branches in total decreased from 10.06 in 2001 to 7.43 in 2005.



Finally, we inform you that during the period 2005-2007 there was an increase in the number of inspections by the agencies of the Technical and Sanitary Inspectorate of the Labour Inspectorate as compared to 2004, as it appears from the following table:

Year	Number of inspections
2004	26161
2005	25477
2006	27857
2007	27895

2. The Committee remarks that the number of inspectors at the Labour Inspectorate in 2004 was 313. The Committee considers this number small and asks whether the authorities have examined the possibility to increase the number of inspectors or the personnel of the Labour Inspectorate dealing with health and safety issues.

(a) The personnel are hired in the Public Sector pursuant to Law 2190/1994 “Establishment of an Independent Authority for the Selection of Personnel and Regulation of Administration Issues”, as amended and currently in force. Only according to this procedure the Labour Inspectorate can hire Technical and Sanitary Inspectors.

(b) The approval decision DIPP/F.EGR.7/582/oik.34494/17-12-2007 of the Committee, as per article 2, paragraph 1, Act of the Council of Ministers 33/2006 authorized the hiring of the following Technical and Sanitary Inspectors by the Labour Inspectorate:

CATEGORY AND BRANCH	NUMBER OF POSTS
University Education - Computer Science	3
University Education - Engineers	1
University Education - Doctors, Doctors’ Specialities, Occupational Doctors	6

University Education - Exact Sciences	1
Technological Education - Engineers	1
Technological Education - Health and Welfare, Public Health Supervisors	2
Technological Education - Computer Science	2
Secondary Education - Technicians	1
TOTAL	17

(c) The Labour Inspectorate, on the basis of the existing framework governing the reassignments in the Public Sector (article 71 of the New Employees' Code, Law 3528/2007, in conjunction with article 6, Law 3613/2007) and taking into consideration the organizational and operational needs of the Agencies of the Labour Inspectorate, recommended the filling of permanent vacancies of Technical and Sanitary Inspectors through reassignments for 2007 as follows:

CATEGORY AND BRANCH	NUMBER OF POSTS
University Education - Engineers	5
University Education - Doctors, Doctors' Specialities, Occupational Doctors	9
Technological Education - Health and Welfare, Public Health Supervisors	2
Total	16

In the Labour Inspectorate there are currently 313 Technical and Sanitary Inspectors.

Negative Conclusion of the ECSR – Enforcement of health and safety regulations to the mining industry – Lack of inspectors – Number of accidents

The Mining Inspectorates are Services of the Ministry of Development, which play an essential role and constitute the connecting link between mining and quarrying undertakings, workers, citizens and the Public Administration. Their mission is to implement a common policy, so that the mineral wealth of our country be rationally exploited, supervise health and safety conditions of both workers and neighbours and, generally, protect the working and the wider social and natural environment, in pursuance of the legislation governing mines and quarries.

The said Services are fully activated and perform their duties sufficiently. They carry out inspections at mines and quarries legitimately operating and take all measures provided for in article 3§§1,2 of the European Social Charter, i.e. they issue safety measures, supervise their application, draw up reports on the investigation of occupational accidents and collaborate with the workers' associations and impose administrative sanctions, if necessary, aiming at the application of healthy and safe working conditions.

Number of preventive inspections carried out by the two (2) Mining Inspectorates (in Northern and Southern Greece) per year	
YEAR	TOTAL
2005	472
2006	251
2007	92

Source: Ministry of Development

Moreover, the Ministry of Development deals with providing Inspectorates with staff and equipment, through, for example, the current notice of job transfers, the procedure of which is to be completed as soon as possible.

Also, we would like to inform you that, as far as data collection about mines, especially lignite mines, is concerned, every year, the mine exploiters submit printed newsletters to both Labour Inspectorates and the Headquarters of the Ministry of Development, which, inter alia, include data on occupational accidents. In addition, detailed occupational accident statistics are quarterly submitted, including, inter alia, the kind of accident, days, hours of absence, etc., and Reports on the investigation of accidents are drawn up, in which specific preventive measures are proposed and administrative sanctions are imposed in case of non-compliance.

Number of accidents in mines and quarries per year		
YEAR	NUMBER OF ACCIDENTS	FATAL ACCIDENTS
2005	139	6
2006	129	6
2007	104	9

Paragraph 3

Question 1

The consultation mechanism and process involving representatives of employers and workers on occupational safety and health issues have been dealt with in previous reports too.

As regards the work resulting from such mechanisms during the reference period, they are presented in detail in the answer in article 3, paragraph 1 of this report. More specifically, the answer to Question 1 refers to the regulatory work (which is a result of an extensive consultation at the Occupational Health and Safety Council – S.Y.A.E.), while the answer to Question 2 refers to the sectors of information and vocational training. Moreover, during the reference period the Occupational Health and Safety Council met for the promotion of occupational health and safety issues as follows:

- 2005: 15 sessions
- 2006: 20 sessions
- 2007: 11 sessions.

EUROPEAN SOCIAL CHARTER
19TH GREEK REPORT
01/01/2003 – 31/12/2007

Article 11 The right to protection of health
Paragraph 1

Question 1

Implementation of public health policy – legal framework

Law 3370/2005 (Official Gazette 176/Part A/11-07-2005) ‘Organization and operation of public health agencies’ stipulated the establishment at the Ministry of Health and Social Solidarity of the General Secretariat for Public Health, which falls under the Minister of Health and Social Solidarity. Moreover, by the same Law (article 13) the General Directorate for Public Health was established and operates and is competent to implement measures within the framework of the National Action Plan for Public Health, to inspect the public health agencies and to monitor and supervise the implementation of the policies of the European Union and of the World Health Organization.

Law 3305/2005 (Official Gazette 17/Part A/27-01-2005) ‘Implementation of the Medically Assisted Reproduction’ regulates the issues of implementation of the Medically Assisted Reproduction in the country. The provisions of this law stipulate the methods and techniques of the Medically Assisted Reproduction, the requirements of their implementation and the establishment of the National Authority for Medically Assisted Reproduction as an independent administrative authority which shall be competent to enforce the legislation and deal with any issue related to the Medically Assisted Reproduction.

National Planning for the promotion of mental health and transformation of psychiatric care

The National Action Plan ‘Psychargos B’ for period 2001-2010 provides for the following:

1. Development of a network of units in the community, reduction of the average duration of hospitalization by 40%, abolition of the Psychiatric Hospitals in Petra Olympou, Chania, Tripoli and the Children’s Psychiatric Hospital of Attiki by 2006, of Dromokaitio Psychiatric Hospital by 2010 and at a second stage abolition of the Psychiatric Hospitals of Athens, Thessaloniki and Leros by 2015;
2. Community education against the stigma, and acceptance of the particular characteristics of the patient and support of psychosocial rehabilitation actions through volunteer actions;
3. Vocational reintegration of patients by the operation of 46 Vocational Reintegration Units and Social Cooperatives with Limited Liability (KOISPE) in a number equal to the Mental Health Sections (TOPSY). Moreover, the target is the vocational integration of 30% of the patients who are able to work by 2005 and of 55-65% by 2007-2010.

Mental Health Axis of the Operational Program Health-Welfare

The implementation of the above planning was possible within the context of implementation of Axis 2 (‘Mental Health’) of the Operational Program Health-Welfare with a total budget amounting to 218,639,990€².

² The Mental Health axis includes four (4) intervention Measures:

2.1 deinstitutionalization and socioeconomic (re)integration of mental patients;

During the period 2002-2007, 199 psychosocial rehabilitation units (M.Ps.A)³ were created for the deinstitutionalization of 1,894 chronic institutionalized patients from the mental hospitals and 4 Psychiatric Hospitals were abolished⁴. The personnel of such units (mental health professionals) includes 2,478 persons.

The community agencies network, respectively, has been expanded significantly by the establishment of 4 Psychiatric Departments in General Hospitals, 10 Mental Health Centres, 5 Medicopedagogical Centres and 20 Day Centres during the period 2002-2007⁵. More than 2,000 persons have been employed or are soon to be employed in order to staff the new community structures providing mental health services (that are currently operating or that will soon start operating).

Stigma Combating Program

The actions for combating the stigma of mental disorders are the following:

1. Implementation of the Greek Program against the Social Stigma of Schizophrenia with the title 'Open the doors'. This action is included in the world-wide program for fighting stigma and discrimination related to schizophrenia, which has been designed by the World Psychiatric Association⁶. Within this framework the University Mental Health Research Institute (EPIPSY) developed a complex network of actions in the communications, educational and research sectors⁷.

2. The academic bodies and the mental health units developed actions against the stigma which are intended for the mental health professionals, the families of the patients and the community. They aim at the further training of professionals and information of the public. The information and psychoeducation interventions for the families of persons suffering for mental diseases are very positive. In addition, actions against the stigma or for the education of the community are currently being carried out within the context of implementation of the deinstitutionalization program⁸.

Reform program in the mental health sector, National Strategic Reference Framework (ESPA) 2007-2013

2.2 development/supplementation/expansion of structures in the community for an integrated implementation of the psychiatric reform;

2.3 actions for the prevention, reinforcement of social solidarity and socioeconomic integration;

2.4 training of the personnel for the support of deinstitutionalization and socioeconomic reintegration and continuous support of mental patients.

³ The psychosocial rehabilitation units comprise the Boarding Houses, Guest Houses, Protected Apartments and Host Families 'that aim at the placement and psychiatric observation in places of living, treatment and support for a long-term or short-term residence of persons with mental disorders when they do not have a house or appropriate family environment' (article 9, Law 2716/1999).

⁴ The Psychiatric Hospital in Petra Olympou was abolished in January 2005, the Mental Health Infirmary of Chania in February 2006, the Psychiatric Hospital of Corfu in October 2006, the Children's Psychiatric Hospital of Attiki in September 2007, while the Psychiatric Hospital of Tripoli is to be abolished.

⁵ See Annex 1.

⁶ 1996 was the commencement year of the program of the World Psychiatric Association 'Open the doors' for the awareness-raising of public opinion on schizophrenia and its treatment and development of actions for the reduction of prejudice and discrimination. After the initial pilot phase of program implementation the World Psychiatric Association included Greece in 1999 into the next zone of its implementation.

⁷ See Annex 2.

⁸ Good practices for fighting stigma within the context of the 3rd Community Support Framework were the actions of the body 'Promitheas' Civil Not-for-profit Company and Guest House 'Agapi', General Hospital of Aghios Nikolaos, Crete intended for the students and wider local society respectively.

In 2007 the proposal of the Ministry of Health for the 4th Programmatic Period (2007-2013) with the title ‘Consolidation of the reform in the mental health sector’ was approved, which will be implemented within the context of the National Strategic Reference Framework and includes the following priorities:

1. Development of psychosocial rehabilitation units for the psychosocial rehabilitation of persons with mental disorders living in the community;
2. Horizontal – intersectoral programs for mental health prevention and promotion, support of organizations of mental health services users and advocacy and fight against stigma;
3. Operation and implementation of mechanisms, tools and procedures for monitoring, evaluating and certifying mental health services;
4. Administrative, operational and scientific support of the Mental Health Sectoral Committees⁹ for the promotion of the institution and the support of their work;
5. Mechanisms supporting the mental health agencies and networking at a sectoral and regional level;
6. Social integration and vocational integration actions for persons with mental disorders;
7. Electronic mental health and electronic government (electronic psychiatric file, electronic interconnection of the agencies and telepsychiatry applications sought).

Question 2

National Action Plan for Depression

The National Action Plan for Depression prepared by the Ministry of Health was submitted to public consultation in 2008 and constitutes an organized and systematic strategy of the Ministry for an effective treatment of the problem of depression, based on prevention, early intervention-therapy and social care strategies¹⁰.

It consists of 5 axes and 17 actions and aims at improving the existing policies and mental health services rendered and at highlighting all issues related to primary and secondary depression prevention.

- 1st Axis: Prevention
- 2nd Axis: Early Diagnosis
- 3rd Axis: Therapy
- 4th Axis: Intersectoral cooperation
- 5th Axis: Research – Documentation – Education

The coordination and monitoring of the National Action Plan will be entrusted to a National Coordination Committee, which will include members from all bodies involved in the implementation of the Plan, including the scientific and business community, volunteers and workers.

The Decision of the Deputy Minister of Health and Social Solidarity ref. no Y3g/GP oik. 18567/14-02-2006 stipulated the inclusion of the examination for the disease of galactosemia in the National Program for Infants Preventive Screening. The program is implemented free of charge throughout Greece by the Institute of Child Health, and within its framework infants of the country are screened

⁹ The Mental Health Sectoral Committees are bodies staffed with mental health professionals and are competent to monitor, evaluate and coordinate mental health units and to give opinions to the Ministry of Health on psychiatric care of the Sector.

¹⁰ <http://www.mohaw.gr/gr/thefuture/anakoinoseis/esddydd/esdkatathlipsi/>.

in respect of four diseases: phenylketonuria (PKU), congenital hypothyroidism (TSH), glucose-6-phosphate dehydrogenase enzyme deficiency (G6PD) and galactosemia.

Information on the legislative arrangements adopted in connection with the access to medical care by all disadvantaged population groups

The Ministry of Health and Social Solidarity in pursuance of article 5§2 of the Constitution of Greece, which mentions: ‘*All persons living within the Greek territory shall enjoy full protection of their life, honour and liberty irrespective of nationality, race, language and religious or political beliefs*’, has established a series of measures and defined requirements and criteria for the processes of access to the Health and Welfare sectors by all persons living permanently and legally in our country.

During the reference period the following statutes were adopted, which govern the care of sensitive social groups and regulate issues of access to health services:

- Presidential Decree 220/2007 (Official Gazette 251/Part A/13-11-2007), articles 8, 12 and 14: Free of charge hospital and medical care to asylum seekers and financially weak refugees;
- Joint Ministerial Decision P2a/139491/2006 (Official Gazette 1747/Part B/30-11-2006): Requirements for the free of charge hospital and medical care to Greek and foreign citizens.

A. Financially weak

Pursuant to the Joint Ministerial Decision 139491/30-11-2006 (Official Gazette 1747/Part B/30-11-2006) ‘Determination of the requirements, criteria and procedures of access to the system of hospital and medical care for uninsured and financially weak citizens’, the financially weak and uninsured persons can acquire a Booklet for Uninsured Person for free of charge medical and hospital care. In the field of Welfare, they are entitled to the allowances for large families, disability, child protection, etc. like all Greek citizens. The aforementioned Programs are prepared by the Ministry of Health and Social Solidarity and implemented through the Prefectural Self-administrations of the country.

1. According to the above Joint Ministerial Decision, Chapter A§4, subparagraph (b) ‘The aliens having a residence permit for humanitarian reasons, as prescribed by Law 3386/23-08-2005 (Official Gazette 212/Part A/26-08-2005): ‘Entry, residence and social integration of third-country nationals in the Hellenic Territory’, shall be entitled to free of charge hospital and medical care.

Moreover, paragraphs 4, 5 and 6 of the same Chapter mention that the following persons are entitled to hospital and medical care:

- Greek expatriates who have a certification of submission of the supporting documents for obtaining the Special Identity Card of Greek Expatriate or for acquiring Greek nationality;
- Nationals of member states of the European Social Charter;
- Aliens who are not ethnic Greeks but are spouses of Greeks or Greek expatriates or nationals of member states of the European Union and their children;
- Recognized political refugees;
- Aliens, who have submitted an application for recognition of the refugee status, which is being examined by the Ministry of Public Order; and
- Persons having a residence approval for humanitarian reasons or for whom a deadline has been fixed which has not expired yet, are entitled to a free of charge medical and hospital care upon showing their refugee’s identity card or alien asylum seeker’s card or alien’s special card of residence for humanitarian reasons respectively at the agencies of the National Health System;
- ‘Aliens who are victims of the crimes stipulated in articles 323, 323A, 349, 351 and 351A of the Criminal Code (pursuant to Presidential Decree 233/2003), (victims of illicit trafficking in

persons for the purpose of sexual and economic exploitation) and are uninsured, shall be entitled to immediate and free of charge medical and hospital care from the agencies of the National Health System for the period of validity of the protection and assistance measures upon showing only the relevant certification issued by the appropriate Police Division directly to the agencies of the National Health System, which will mention explicitly the time of protection and assistance’.

2. The aliens who are victims of mines are entitled to care, hospitalization and placement of artificial extremities. Moreover, aliens who have been amputated for another reason during entering illegally the country, are entitled for humanitarian reasons to an equal treatment with the victims of mines (Ministerial Decision, Ministry of Health and Social Solidarity P2a/G.P. oik. 10532).

B. Greek Roma

The Roma as Greek nationals according to the Constitution have the same rights and obligations with all other Greek nationals, such as the right of free access to all Public Services of the country, including the Health Services.

The Joint Ministerial Decision 139491/30-11-2006 (Official Gazette 1747/Part B/30-11-2006) stipulates their right to obtain a Booklet for Uninsured Person in order to receive free of charge medical and hospital care like all financially weak and uninsured Greek nationals. Furthermore, within the framework of the Integrated Action Plan for the social integration of the Greek Roma, the Ministry of Health and Social Solidarity creates Medicosocial Centres in their organized settlements and its Mobile Units visit the encampments of wandering Roma.

Medical-Social Centers

a) Institutional framework - goal

The Medical-Social Centers are incorporated into the actions for fighting the exclusion of the socially vulnerable population groups. The establishment and operation thereof has been approved within the framework of the Regional Operational Programs (PEP) of the C’ Community Support Framework and are jointly financed by the European Social Fund (ESF). The institutional framework that governs the operation of the Centers is defined by the Common Ministerial Decision of the Ministries of Health and Social Solidarity, Labour and Social Security, Economy and Finance, Interior-Public Administration and Decentralization (JMD 110309/13.02.06 (GG 196/i. B’/13.2.2006)¹¹

b) Object of the actions

The object of the action is the operation of structures that will offer medical and social care. Through the Medical-Social Centers it will be promoted the primary health care and the social protection of the Greek Roma with their social integration as ulterior target. The above target should be achieved by the exploitation of the services and the benefits of the National Health System and of the Social care, as well as by the familiarization of the target group with the public services of the state.

c) Scientific inspection body

¹¹ “Amendment and replacement of the Common Ministerial Decision No. 113956/02.10.02 (GG 1295/i. B’/04.10.2002), which defines the “System for Management and Evaluation of Observance, Control and Implementation Procedure of the Action “Health Protection-Promotion and Social Incorporation of the Greek Roma”, jointly financed by the European Social Fund (ESF) within the frameworks of the Regional Operational Programs (PEP) pursuant to the C’ Community Support Framework”.

The Diseases Control and Prevention Centre (KE.EL.P.NO), a Legal Entity of Private Law of the Ministry of Health and Social Solidarity, is responsible for the scientific supervision on topics of Public Health.

d) Supervision Body

The Ministry of Health and Social Solidarity shall have the responsibility for the operation and the adequacy of the Centers. Control and observance shall be carried out by the Health Region (H.R.) each time.

e) Target

The Medical-Social Centers are mainly housed at facilities assigned by the Municipalities inside the settlements limits. The personnel that staff them includes a Doctor, a Social Worker, a Health Visitor, a Gym Instructor or a Special Pedagogist, Intermediary from the target group. Already 30 Medical-Social Centers are operating around the country.

The main levels of action of the MSC concern the writing down of the population, the civil-municipal settlement of the population, health promotion actions, employment, education, collective representation of the inhabitants, as well as housing.

A further basic target of the Centers are the cooperation with local or not agents for the possibility of publication of the actions as well as the possibility of the Center networking with other services. Sensitization meetings are also organized:

1. of the Roma on topics of hygiene-family planning,
2. of the local society and of the Public and Social agents (schools, parishes, cultural centers et al.)

Finally the Centers may be connected between them via the forum <http://www.esfhellas.gr/forum/default.asp>, where the executives have the possibility to exchange views by electronic networking.

- Mobile Units

Pursuant to P2a/GP 33667/23.3.05, completion of the Ministerial Decision No. P2a/G.P. oik 115284/10.11.04, since April 2004, the program “Protection, Promotion and Psychosocial Support of the Greek Roma” is implemented, through which visits by **Mobile Units** to the camps of the moving Greek Roma are carried out in order to perform clinical examinations and vaccination of children. The above Program is implemented with the responsibility of the Ministry of Health and Social Solidarity and with the participation of the Prefectures’ Health Directorates, the Medical Districts and the Diseases Control and Prevention Center.

The aim of the interventions pursuant to the Ministerial Decision is the clinical examination and the vaccination of children as well as the handling of the social problems and the writing down of the living conditions of the Greek ROM at local level.

The vaccines used are those indicated by the Directorate of Public Health of the Ministry pursuant to the national vaccination program. These are the D.T.P. – D.T. adults type – Sabin – Hib – Hepatitis B’ for children. Until today vaccinations have been performed in almost all the camps. The repeating dosages are usually organized by the local agents (Health Centers, Prefectures etc.) in cooperation with the Ministry and the Directorate of Social Relief and Solidarity, which has the coordination of the program, and the Directorate of Public Health, which supplies the vaccines.

In every intervention the children’s health booklets are updated or new ones are opened for the newborns or for children that have lost them.

The Prefectures and the Diseases Control and Prevention Centers keep further record.

	REGION	MUNICIPALITIES WHERE MEDICAL-SOCIAL CENTERS OPERATE
1	EASTERN MACEDONIA	Municipality of Drama

2	AND THRACE	Municipality of Komotini
3		Municipality of Aegerus
4		Municipality of Sappes
5		Municipality of Ksanthi (Drosero)
6		Municipality of Chrysoupoli
7		Municipality of Alexandroupoli
8		Municipality of Didimoticho
9		Municipality of Orestiada
		MACEDONIA
10		Municipality of Alexandria (Prefecture of Imathia)
11		Municipality of Katerini (Prefecture of Pieria)
	THESSALY	
12		Municipality of Trikala
13		Municipality of Sofades
14		Municipality of Volos
15		Municipality of Nea Ionia
16		Municipality of Larissa
17		Municipality of Tirnavos
18		Municipality of Farsala
		WESTERN GREECE
19		Municipality of Agrinio
20		Municipality of Movri
21		Municipality of Gastouni
	CENTRAL GREECE	
22		Municipality of Ano Liosia
23		Municipality of Acharnes
24		Municipality of Zefiri
25		Municipality of Amfissa
26		Municipality of Chalkida
27		Municipality of Thiba
28		Municipality of Lamia
29		Municipality of Megara (Province of Vlichos)
		CRETE
30		Municipality of Alikarnassos (Prefecture of Iraklio)

Source: Ministry of Health and Social Solidarity

VACCINES	2007	2008 (1st SEMESTER)
Sabin	150	
Tetrava	2161	943
Polio IPV	1644	943

Source: Ministry of Health and Social Solidarity

Cost of health services

In pursuance of the above, free of charge health services were rendered, whose cost amounted to:

For 2003

Health services to Greeks and aliens who are financially weak:

74,758,703.66 Euro

For 2004

Health services to Greeks and aliens who are financially weak:
74,983,620.06 Euro

For 2005

Health services to Greeks and aliens who are financially weak:
85,002,692.01 Euro

For 2006

Financially weak Greeks	48,738,538.20	Euro
Financially weak Greek expatriates	4,324,895.83	Euro
Care of political refugees	854,037.23	Euro
Care of aliens (whether legal or not)	7,025,009.29	Euro
Pharmaceutical assistance to financially weak (Greeks and aliens)	32,096,163.60	Euro
TOTAL	93,038,644.15	Euro

For 2007

Financially weak Greeks	65,060,815.73	Euro
Financially weak Greek expatriates and aliens	3,387,014.11	Euro
Care of political refugees	1,485,839.45	Euro
Care of aliens (whether legal or not)	5,099,325.80	Euro
Pharmaceutical assistance to financially weak (Greeks and aliens)	37,356,632.63	Euro
Financially weak Greeks and aliens hospitalized at the University Hospital of Patra**	2,980,856.60	Euro
TOTAL	115,370,484.32	Euro

** (The University Hospital of Patra did not provide data by category.)

Access to Mental Health Services

Access to mental health services of the community

A consequence of the enlargement of the community agencies network is that only 4¹² of the 52 prefectures of the country do not have mental health community agencies, while upon completion of the Operational Program 'Health-Welfare' half of the prefectures of the country shall have at least two community agencies. The development of community agencies will operate as a filter in curtailing institutional care of persons with mental disorders and will ensure the social integration of persons suffering from mental diseases. The aim of such agencies is the prompt observation and treatment of persons suffering from mental diseases at agencies which are close to their house, the post-hospital observation of those previously hospitalized so as to prevent recurrence of the disease, and the promotion of the mental health of the general population.

¹² Those prefectures are the following: Preveza, Florina, Imathia, Viotia, 3 of which include a Psychiatric Division having only an outpatients department.

Access to mental health services by institutionalized chronic mental patients

During the years 2002-2007 within the framework of implementation of Phase B of the 'Psychargos' program 4 out of 9 Psychiatric Hospitals were abolished and 199 (out of 410) Psychosocial Rehabilitation Units (Boarding Houses, Guest Houses, Protected Apartments) were developed.

As a result of the implementation of the deinstitutionalization program, patients who lived for a long time in psychiatric hospitals have been rehoused to Psychosocial Rehabilitation Units within the urban web of cities throughout the country on the basis of the place of their origin and the existence of a supportive social network. The Psychosocial Rehabilitation Units constitute a framework which aims at providing standards and conditions of living that approach as much as a possible the norms of the rest of the society with a view to achieving the best possible level of their independent functioning in the community and to protecting the rights and dignity of persons with mental disorders.

Access to mental health services by vulnerable population groups with mental disorders (elderly people, Roma, immigrants, refugees, homeless persons)

The Ministry of Health and Social Solidarity has developed services for mental patients having cultural and religious differences within the framework of the 'Psychadelfeia' program. The 'Psychadelfeia' program does not aim at creating separate structures that 'isolate' the patients belonging to the aforementioned groups. Such units are intended for preparing the other agencies for accommodating such persons, while at the same time they support the personnel and the residents of the hospitality structures to accept them and respect their rights. Those agencies include, for the Prefecture of Attiki, Day Centres for Muslims in Gazi (1) and for the Roma in Zefyri (1) by the non-governmental organization 'Klimaka'. Moreover, a Guest House, a Protected Apartment and a Day Centre for refugees with mental health problems have been developed by the non-governmental organization 'Greek Council for Refugees' in the Prefecture of Attiki. Finally, the non-governmental organization 'Social Solidarity' runs a Day Centre for immigrants with mental disorders in Athens.

In addition, the non-governmental organization 'Klimaka' runs a Day Centre and a short-term hospitality guest house in the Prefecture of Attiki for the provision of psychosocial support to homeless persons. This structure aims at the improvement of their living conditions and promotion of their gradual social reintegration.

As regards the senile dementia and diseases like Alzheimer, during 2002-2007 six (6) Centres were developed by private law entities, three (3) in Athens, one (1) in Thessaloniki, one (1) in Volos and one (1) in Chania, which aim at the prevention, diagnosis, therapy and continued involvement of the patients in the life and activities of the local community. They include Day Centres serving 200 persons a day on the average, Boarding Houses accommodating about 60 persons and Family Support Agencies, Assistance Units, Nursing at Home Units and Mobile Units acting supportively and covering a wide range of services. Furthermore, there are 26 Boarding Houses that host psychogeriatric patients from Psychiatric Hospitals of the country within the framework of the deinstitutionalization program. The target of the Boarding Houses is to ensure that the persons will remain in the community and continue to be involved in the life and activities of the local community.

Question 3 and Information requested by the ECSR on the principal causes of death

Table 1: Health indicators and other factors determining the health level Greece compared to the other EU-25 member states

INDICATOR PARAMETER	#EU-25	GREECE	EU-25	Min	Max
Health Expenditure, GDP %	3	9,4	7,72	5,7	10,7
Health expenditure per capita US\$ PPP	16	1511	1641	478	2808
In-patients healthcare expenditure Health Expenditure %			39,12	28,1	53,3
Number of physicians per 1000 persons	1	4,4	3,23	2,2	4,4
Number of Intensive Care Beds per 1000 persons	10	4 (2000)	4,82	2,4	6,6
Average hospitalization duration (days)	14	6,3 (1998)	7,03	3,8	9,3
Number of Caesarian sections per 1000 deliveries			211,43	132,5	347,6
Number of hospital discharge notes per 100.000 persons			16979	7394	28442
Public Health Expenditure Health Expenditure %	23	56	73,37	47,7	91,4
Public Health Expenditure GDP %	21	5,2	7,49	4,6	14,6
Pharmaceutical Expenditure Health Expenditure %	12	14	17,83	8,9	34
Social Security Expenditure Public health Expenditure %	17	35	44,34	0	96,5
Direct medical-pharmaceutical healthcare expenditure Private Health Expenditure %	16	73,9	71,73	24,1	100
Private Insurance Expenditure Health Expenditure %			6,42	0,3	15,5
Expected life expectancy for women (in years)	11	81,1	80,28	75,8	83,6
Expected life expectancy for men (in years)	10	75,8	73,46	64,6	78
Child Mortality Indicator per 1000 births	5	5,9	5,17	3,2	8,1
Rate of neonates weighting more than 2,500 gr.	18	91.4	93.1	90.5	95.9

Annual Alcohol Consumption per capita (liters/per person)	15	9,4	10,67	6,5	14,9
Tobacco Consumption Indicator (daily smokers rate)	1	35	27,16	18,9	35
Population rate over 65 years	2	17,3	15,11	11,2	18,4

Source: OECD Health Data 2003, WHO The World Health Report 2004

According to the data from the World Health Organization (2005)¹³ the available psychiatric care indexes are as follows:

- Total psychiatric beds per 10,000 inhabitants: 8.7
- Psychiatric beds in Psychiatric Hospitals per 10,000 inhabitants: 4.3
- Psychiatric beds in General Hospitals per 10,000 inhabitants: 0.3
- Psychiatric beds in other structures per 10,000 inhabitants: 4.1
- Number of Psychiatrists per 100,000 inhabitants: 15
- Number of Neurosurgeons per 100,000 inhabitants: 2
- Number of Psychiatric Nurses per 100,000 inhabitants: 3
- Number of Neurologists per 100,000 inhabitants: 4
- Number of Psychologists per 100,000 inhabitants: 14
- Number of Social Workers per 100,000 inhabitants: 56

Table 2: Standardized Mortality Indicators (SMI) per 100.000 inhabitants

INDICATOR / CAUSE	DATA SUMMARY
Ischaemic Heart Disease	SMI from heart ischemia is lower than the EU-25 average (88.5 and 95.5 respectively). In the period 1994 -2004, though, the SMI remained almost stable presenting only small fluctuations. On the contrary, the EU-25 average dropped from 125.6 in 1999 to 95.5 in 2004. (1)
Cancer	The SMI is presented lower than the EU-25 average (162 and 180.4 respectively). Contrary to the EU-25 average, the SMI does not present any improvement. During the period 1994-2004 the SMI remained quite remarkably almost unchanged. (1)
Accidents	Based on total accidents number, SMI for the period 1994 – 2004 decreased from 39.4 to 29.3 It remains though higher than the EU-25 average which was 27.2 for 2003. (1)
Road Accidents	Road accidents still constitute the most severe problem. On the basis of 2004 data, the SMI of road accidents reached 16.1 while the respective European average was 9.3. (2)
Fatal Occupational Accidents	Deaths from occupational accidents calculated per 100.000 workers for the year 2003 stood at 81, very close to the respective EU-25 average, estimated at 80 for the same period. (1)
Suicides	The number of deaths from suicides was and still is much lower than in most of the EU-25 countries. For 2004 the SMI due to suicide was estimated at 2.8 for Greece while the corresponding European average

¹³ WHO (2005), Mental Health Atlas 2005 http://www.who.int/mental_health/evidence/atlas/profiles_countries_e_i.pdf

	reaches 11.2. (1)
AIDS	The number of cases based on the diagnosis year followed the overall decline of cases in EU-25 during the period 1992 -2000 (from 18.5 to 11.6). (1)
Drug dependence	The problem of drug dependence, substances use and abuse is not that dramatically intense as in the rest of European countries (France, England etc). According to the annual report of EKTEPIN (National Documentation and Information Centre on Drugs) during the five-year period 1998 -2003 a decline has been registered in the use of illegal substances among adolescents. Risk perception is strong in 2004 compared to previous years. Drug-induced deaths gradually increased in the period 1996 -2005. (3)

Sources: (1) Eurostat, Bureau of the Census, (2) European health for all database, WHO Regional Office for Europe, and (3) Drug Enforcement Coordination Body Announcements.

According to the data from the National Statistical Service of Greece¹⁴, concerning maternal mortality, deaths registered during the period 2005-2007, are as follows:

During 2005:

2 deaths caused by diseases of female genital organs

During 2006:

1 death caused by abortion
 1 death due to direct obstetric causes
 1 death due to indirect obstetric causes

During 2007:

2 deaths due to direct obstetric causes.

Information on the question of the ECSR on the structures and professionals in the sector of Health and on health services in rural areas and in islands.

Structures and professionals in the sector of Health

The already existing sanitary structures of Primary Health Care were reinforced by the Ministry of Health and Social Solidarity during the period from 01-01-2003 to 31-12-2007 as follows:

- by the establishment of seven (7) Health Centres in the Provinces, eight (8) Urban Health Centres, thirty-eight (38) Regional Surgeries, two (2) Special Regional Surgeries in Courthouses and eighteen (18) Special Regional Surgeries in the State Airports of the country. The creation of other Primary Health Care units has been promoted and is under way;
- by the implementation of a pilot program for the provision of mental health services by Health Centres (within the context of improving accessibility of disadvantaged persons to Primary Health

¹⁴ Source: General Secretariat of the National Statistical Service of Greece, Deaths in Greece during 2000-2007, by age and cause. (Abridged International List of 1975)

Care structures) through the establishment of posts of Psychiatrist, Children's Psychiatrist, Psychologist and Social Worker with the following distribution per Regional Health Administration as follows:

- 1st Regional Health Administration, in five (5) Health Centres
- 3rd Regional Health Administration, in four (4) Health Centres
- 5th Regional Health Administration, in six (6) Health Centres
- 6th Regional Health Administration, in six (6) Health Centres

Professionals in the sector of health

1. Doctors

According to the data of the Greek Medical Association, the number of doctors is 56,310 of which 1,516 hold the speciality of General Medicine.

2. Dentists

According to the data of the Greek Dental Federation, the number of dentists is 15,130.

3. Pharmacists

According to the data of the Panhellenic Association of Pharmacists, the number of pharmacists is 9,500.

4. Radiophysicists

According to the Ministerial Decision A2/2073 (Official Gazette 280/Part B/26-05-1983), a licence to practise the profession of clinical physicist – medical radiophysicist, outside the area of ionizing radiation, is granted without examinations, while a licence to practise the profession of clinical physicist – medical radiophysicist, inside the area of ionizing radiation, is granted upon examinations. The licence is granted by the local Health Directorates of the Prefectures.

5. Psychologists

The licence to practise the profession is granted by the local Health Directorates of the Prefectures in accordance with the provisions of Law 991/1979 (Official Gazette 278/Part A/20-12-1978), as they were replaced by the provisions of article 27, Law 2646 (Official Gazette 236/Part A/20-10-1998).

6. Assistant Nurses

The 47 Vocational Schools (EPAS) for Assistant Nurses, which operate pursuant to the provisions of Law 3475/2006 'Organization and operation of secondary vocational education and other provisions' (Official Gazette 146/Part A/13-07-2006), fall under the competence of the Ministry of Health and Social Solidarity.

According to the data kept, the Assistant Nurses who graduated from Vocational Schools from 2003 to 2008 were 5,622. The Annex contains in detail the number of graduates of the Vocational Schools of the nursing institutions by year.

According to the data kept by the Ministry of Health and Social Solidarity, 61,000 licences to practise the profession of Assistant Nurse have been issued by the Health Directorates of the Prefectural Self-administrations of the country since the commencement of issuance of licences to practise the profession of Assistant Nurse.

7. Obstetricians – Midwives

According to document no 140/05-06-2008 of the Athens Association of Scientist Midwives and Obstetricians (public law entity), the number of registered members (both of the Athens Association of Scientist Midwives and Obstetricians and other Associations of Midwives) is currently five thousand (5,000).

8. Nurses

According to document no 13461/05-06-2008 of the Greek Association of Nurses (public law entity), the registered nurses are 21,148.

Working at hospitals of the National Health System	Working at public bodies as private law employees	Working at hospitals of the private sector	Working under a fixed term contract (Stage)	Exercising other professions
11,834	953	1,530	20	63

9. Health Inspectors

According to the data kept with the Health and Welfare Professions Directorate of the Ministry of Health and Social Solidarity, 3,500 licences to practise the profession of Health Inspector have been issued to this day by the Health Directorates of the Prefectural Self-administrations of the country.

10. Physiotherapists

As regard the Physiotherapists, according to the data kept with the Greek Association of Physiotherapists (public law entity) its members are 5,000.

11. Social Workers

According to the register of Social Workers kept with the Health and Welfare Professions Directorate of the Ministry of Health and Social Solidarity, the holders of a licence to practise the profession of Social Worker are 6,992.

12. Other professions

The professions of **Speech Therapist, Radiologist, Radiographer, Medical Laboratories Technician, Dietologist, Dietician and Nursery Nurse** are carried out by holders of a degree of the department of the relevant specialization at a Technological Educational Institution (TEI).

No licence to practise the aforementioned professions is granted, because the relevant Presidential Decrees have not been issued, which would stipulate the terms and conditions of granting a licence to practise the profession. Thus, we do not know the number of professionals of such specializations.

Regarding the **inaccessible rural areas** during the period 2003-2007 12 Mobile Units were developed to serve the following prefectures:

Ioannina-Thesprotia, Kozani-Grevena, Pieria, Trikala, Karditsa, Magnisia, Argolida, Iliia, Achaia, Corinthos, Lakonia and Euboea. The Mobile Units are intended for providing prevention and nursing home services in areas presenting special problems of access to mental health services. Such structures along with the Mobile Units that already existed (in Evros and Fokida) constitute a satisfactory network of agencies serving rural and inaccessible areas.

In the **island regions** respectively the following agencies operated respectively during the period 2002-2007:

Northern Aegean: Day Centre and Mobile Unit in Chios, reinforcement of the Psychiatry Department of Mytilini and Mental Health Centre of Samos;

Prefecture of Dodecanese: Day Centre and Psychiatry Department on the island of Rhodes and reinforcement of the Mobile Unit of the State Infirmary of Leros to serve the entire prefecture;
Crete: (a) 2 Day Centres and 1 Mobile Unit in the prefecture of Lasithi; (b) Mobile Unit in the Prefecture of Chania, Day Centre and development of Psychiatry Department at the General Hospital of Chania, Prefecture of Chania; (c) development of an Acute Cases Department at the University Hospital of Iraklio and Medical Pedagogical Centre and Mental Health Centre in the Prefecture of Iraklio; (d) development of a Psychiatry Department at the General Hospital of Chania, Prefecture of Rethymno;
Ionian Islands: (a) 1 Mobile Unit in the Prefectures of Cephalonia and Zakynthos; and (b) 1 Mobile Unit and Day Centre in the Prefectures of Corfu and Lefkada;
Cyclades: 3 Mobile Units; and
Sporades: Mobile Unit.

The non-governmental organization ‘KLIMAKA’ since 2003 implements a telepsychiatry program within the framework of operation of the Mobile Unit in the South-eastern Cyclades, thus introducing an alternative and modern manner of providing mental health services.

The Program was co-financed by the Ministry of Health and the European Union (ESF) within the context of the Operational Program ‘Health-Welfare 2000-2006’ and has been nominated by the Managing Authority for best practices award of the 3rd Community Support Framework at a National and European level. Within 5 years (2003-2008) the number of persons benefited – users of psychiatric services – by the program is about **3,500**, who live in remote and isolated islands of the South-eastern Cyclades. The telepsychiatry applications are used to carry out therapeutic sessions, for personnel groups, telegovernance, supervision and training of personnel, etc.

Annex II contains the Tables of the Regional Health Administrations of the country including the hospitals falling within their competence, the specialities, the number of posts of doctors of the National Health System and the number of beds by hospital.

Paragraph 2

Question 1, 2

Healthy Nutrition

The National Nutrition Policy Committee was reconstituted in 2005 by Decision of the Minister of Health and Social Solidarity¹⁵. The task of the Committee is to draft proposals for the implementation of the nutrition policy, which according to the World Health Organization is a set of coordinated activities planned at a government level. The target of this policy is to promote health through a balanced nutrition, prevention of nutritional deficiencies and control of diseases transmitted by food.

The Committee consists of the following five (5) Subcommittees:

- Reduction of child obesity;
- Increase of consumption of pulses and vegetables;
- Reduction of meat consumption and increase of fish consumption;
- Implementation of the principles of proper nutrition in catering; and
- Consumers’ information on the nutritional value and safety of food.

The said five Subcommittees undertook to record the existing situation and formulate specific targets that will constitute the basic axes for the elaboration of the National Action Plan.

¹⁵ DY1/1d/oik. 30528/23-03-2005

School Health

During the reference period the following legislative measures were adopted:

- Joint Ministerial Decision of the Ministry of National Education and Ministry of Health and Social Solidarity, ref. no 58410/G4/14-06-2005 (Official Gazette 859/Part B/23-06-2005) regarding the definition of type, content and method of completing students' personal health cards. The Personal Health Card is very important for the prompt diagnosis of students' health problems and prevention of undesirable incidents during the lesson of Physical Education and, in general, during school activities.
- Sanitary Provision ref. no DY1g/G.P. oik. 93828 (Official Gazette 1183/Part B/31-12-2006) regarding the health rules and specification of products sold by the canteens of the public and private schools, which was drawn up by a Working Group composed of officials of the Ministry of Health and Social Solidarity, Ministry of National Education and Religious Affairs, Ministry of Development, Hellenic Food Authority (EFET) and scientists specialized in nutrition. This Group was established by Decision of the Ministry of Health and Social Solidarity DY1d/G.P. oik. 91425/01-09-2005. The main target of this Sanitary Provision is the protection and promotion of the health of the sensitive student population in primary and secondary education, healthy nutritional conditions for the student population and creation of a supportive school environment that contributes to proper nutritional choices by the students. In addition, this Provision constitutes an important step of measures adoption for the protection of public health and dealing with obesity and chronic food-related diseases. The list contained in the aforementioned Sanitary Provision was based on directives and recommendations of international organizations (World Health Organization and UNICEF) and recognized Greek and foreign scientific paediatric associations.
- Decision of the Minister of Health and Social Solidarity DYid/G.P. oik. 65775/01-06-2006 stipulated the establishment of a Committee to draw up the list of the absolutely necessary medicines for the schools' first-aid kits. The said Committee completed its task and its recommendations have been forwarded to the Central Health Council (KESY) for opinion giving.

Programs of Health Education by the Ministry of Health and Social Solidarity

The Ministry of Health and Social Solidarity during the reference period developed the following actions:

1. It carried out an information campaign on drugs on the occasion of the relevant World Day (26-06-2003). The targets of the information campaign focused on the information and awareness-raising of the wider public, in particular, young people regarding this issue. The means used for the campaign were:
 - production and placement of posters and billboards in special display panels along central streets and at public transport stop shelters;
 - production and broadcasting of two (2) television spots and one (1) radio spot by all national stations and many local-regional stations.
2. It issued special brochures about health and social solidarity, on the occasion of the assumption by Greece of the EU Presidency (first semester of 2003), including the book 'Health, Health Care and Welfare in Greece' which was distributed to foreign officials and special scientists.

Moreover, within the context of Greek Presidency central and regional stations produced and presented one (1) television and one (1) radio spot about mental health (change of the negative attitude and prejudice towards mental disorders).

3. On the occasion of the Olympic Games of Athens 2004 it issued and distributed widely the following:

- Olympic Guide for Health 2004 (Pocket Book in Greek and English)
- Leaflet 'Protection Measures Against Heatwave'
- A series of television spots about voluntary blood donation presented by the national stations.

4. On the occasion of the World Health Day, 7 April 2004, whose subject was road safety, it carried out an information program in collaboration with the Ministry of Transport, Ministry for the Environment, Physical Planning and Public Works and Ministry of Public Order, which included:

- the reproduction of the relevant poster of the World Health Organization and wide distribution thereof;
- two (2) radio spots about the prevention of road accidents, which were presented by national stations.

5. On the occasion of the World Blood Donor Day (14-06-2006) it organized events in Athens (Zappion Megaron) for the information and awareness-raising of the public, which included: Information day, a mobile blood donation unit, where persons interested who participated in the events or visitors could offer their blood, relevant information leaflets, stalls of blood donor associations and other bodies active in the field of health, and television spots.

6. In addition to the above, from 2003 to 2007 various booklets, leaflets, posters and stickers were issued and reprinted for the information of the public on the following subjects:

First aid – thalassemia – family planning – accessibility by persons with disability and hindered persons to public transport means – volunteer blood donation – volunteerism – rights of the children.

Printed material issued in the previous years was also utilized along with such material. The above printed material was distributed to the central and regional agencies of the Ministry, to the Ministry of National Education for school students, to other public and private bodies and to every citizen interested.

7. It reproduced in Greek and distributed to the aforementioned bodies the material of the World Health Organization on World Health Day, World No-Smoking Day, International Thalassemia Day and International Breast-feeding Week for the period from 2003 to 2007. Furthermore, television and radio spots were produced, reproduced and presented on the occasion of the World Days and Weeks regarding the following: *Breast-feeding, Thalassemia and Smoking*.

8. During the said period it produced, reproduced and presented/broadcasted free of charge through state and private stations, spots with the following subjects: *Persons with Disability – Volunteer Blood-donation during Christmas period – Volunteerism – Vaccination – AIDS*.

Moreover, it produced: (a) a short film in videotape about 'Contraception'; (b) a set of slides about 'Family Planning'; and (c) a set of slides about 'Psychoprophylactics'. The above were used by midwives and health inspectors for information programs.

9. It provided financial and other support to several bodies for the organization of conferences, information days and other events related to issues of health education and latest developments and research findings in the field of medical science.

Regarding the question of the European Committee of Social Rights about the Geographical Coverage of the Health Education Programs (2003-2008), we wish to inform you as follows:

Actions of the Diseases Control and Prevention Centre (KEELPNO)

(A) The Ministry of Health and Social Solidarity, in cooperation with the Diseases Control and Prevention Centre (KEELPNO) and the NGO ‘ACT UP HELLAS’, implemented interventions in the community with the title ‘**Safe Summer 2006**’.

Within the context of this action during summer 2006, the following took place:

1. Presentation by the mass media for a period of fifteen (15) days of a television and radio spot about the potential risk of sexual contact regarding the transmission of AIDS/HIV;
2. Prevention campaign against HIV in cooperation with the Diseases Control and Prevention Centre for fifty-four (54) days from 15/07/2006 to 08/09/2006 in popular tourist destinations, more specifically: Paros, Mykonos, Chania, Rethymno, Iraklio, Aghios Nikolaos, Sitia and Rhodes;
3. Prevention campaign in cooperation with ACT UP HELLAS for the corresponding period in the following destinations: Mykonos, Samothraki (youth camping – cooperation of the General Secretariat for Youth with International Amnesty), Syros, Corfu and Rhodes.

During the campaign the following were carried out: distribution of condoms and information material (50,000 leaflets) about all Sexually Transmitted Diseases issued in collaboration with the Directorate General for International Development Cooperation (YDAS), Ministry of Foreign Affairs, and about UNAIDS subject for 2006 (‘Keep the Promise’). In addition, visual art information interventions were implemented whose target group were young people (painting on the street having HIV/AIDS as its subject, and concerts in several places). 370 questionnaires on the knowledge and attitude of the population in connection with the contagious diseases and the use of condoms were distributed and collected back.

(B) Within the context of the attempts by the Ministry of Health and Social Solidarity for continuous information of the general population of the country and special groups – pupils, cultural associations, labour force of factories, hotels, etc. – a winter and spring information campaign was carried out for 37 days from **20 February to 28 March 2007** in the Prefectures of Fokida, Fthiotida, Kozani, Trikala and Karditsa, during which **4,978 pupils and 2,300 soldiers** were informed by specialized personnel of the Diseases Control and Prevention Centre in respect of the use of condoms for the prevention of HIV transmission and other Sexually Transmitted Diseases.

An information campaign took also place at the Girls Foundation of the Prefecture of Fthiotida, an Association of Persons with Disability, for employees of the Public Power Corporation and at the cultural association of Aghios Athanasios in the Prefecture of Kozani, as well as at the Social Organization for the Support to the Youth ‘ARSIS’ (program for the Roma) in the Prefecture of Karditsa.

(C) Participation of the Diseases Control and Prevention Centre in the Athens Pride Festival (June 2007) – set-up of a stall and distribution of printed information material at Syntagma Square.

(D) The team of the Diseases Control and Prevention Centre developed a summer campaign at the towns of Kamena Vourla, Gythio, Oropos and Anavyssos from 7/8/2007 to 9/9/2007. During its visits to the said places the following actions were developed:

- (a) information – educational speeches to parents’ and guardians’ associations, military units, etc. in cooperation with the local social bodies;

(b) visits and activation of the Information Mobile Unit at central and busy locations of the destinations on a 8-hour daily basis; and

(c) participation in cultural activities and events.

The information-communication campaign included the distribution of 500,000 (five hundred thousand) information brochures and completion of 751 anonymous questionnaires by the population. The said questionnaire has been drafted by UNAIDS in order to collect data on the knowledge, attitudes and behaviour regarding HIV/AIDS, so that finally a national report for UN be drawn up and the interventions in the community be assessed and redefined. The Greek report appears on the website of UNAIDS. Particular emphasis was given to the cooperation with the local mass media, for the best possible information of the public.

(E) In cooperation with the Ministry of Health and Social Solidarity within the context of 1st December (World AIDS Day), the Diseases Control and Prevention Centre set up stalls at two central squares in Athens (Omonia Square and Syntagma Square), which distributed printed information material and condoms for one week and informed the citizens, while streetwork method (intervention on the street) was employed through the use of awareness-raising teams at central points of Athens (Kolonaki, Gazi, Psyri).

(F) The Counselling Station and the Hotline of the Diseases Control and Prevention Centre also develop an intense information and educational activity regarding the awareness-raising and information of the public on AIDS issues with particular emphasis on pupils and students, and the training of professionals in this field, especially, sector of mental health. More specifically, groups of students of the Technological Educational Institutions Departments of Nursing and Health Visiting and students of Psychology are informed within the framework of their practical training by specialized scientists of the Counselling Station on psychosocial issues related to AIDS. Similarly, health professionals of various specializations and teachers are informed by the Station within the context of training programs or other further training activities. These targeted actions are supplemented through the cooperation of the mass media (printed and electronic press), so that the contact with the widest possible population be achieved.

The Diseases Control and Prevention Centre has issued and distributes information material referring to HIV/AIDS (ways of transmission/methods of protection) and its target group is the foreign population in the country.

Moreover, the Diseases Control and Prevention Centre started to implement an intervention Program for adolescents. A recent research conducted due to the need for data collection, so that the National Report for UNAIDS be drawn up, highlighted significant misconceptions and erroneous beliefs about the ways of transmission and methods of prevention of HIV/AIDS mainly among young persons 15-24 years old. Aiming at the proper information of such population group in accordance with the National Action Plan for HIV/AIDS and Sexual Transmitted Diseases, a special project committee was formed in order to prepare a special peer education program for adolescents for the purpose of not only the information and acquisition of knowledge but also the development of skills in the field of sexuality management and safer sexual practices. The development of the material takes into consideration the perspective of gender so as to comply with gender mainstreaming.

The indexes used by the Diseases Control and Prevention Centre refer mainly to epidemiological data and appear on the website of the body: www.keel.org.gr.

Paragraph 3

Air pollution

General assessment of the air pollution in Greece and, in particular, in Athens

During the last 20 years there has been a clear differentiation of the main components of the phenomenon of air pollution in Greece, in particular, in the broader Athens area where the issue mainly appears. The ‘conventional’ pollutants, such as carbon monoxide, sulphur dioxide, lead and black smoke, present a significant downward trend which resulted mainly from structural interventions, including the quality upgrading of the vehicle fleet (new catalyst technology), the improvement of fuel quality (reduction of the sulphur content), the introduction of the use of the natural gas as fuel, etc., which were crucial.

Ozone levels remain stable and particles show a stabilization trend. The levels of such pollutants depend on various parameters, including, inter alia, long sunshine duration and increased background ozone concentration, weather conditions, natural contribution from deserted areas, such as the Sahara, and resuspension of particles. The impact of local factors (e.g. weather conditions, simultaneous implementation of many infrastructure projects), which aggravate the accumulation of air pollutants (mainly of suspended particles), is apparent.

Targets set, institutional framework applying and air quality control system

Institutional framework

The need for an integrated and uniform, at a European Union level, management of the phenomenon of air pollution has led to a new generation of directives on ambient air quality. These new directives replace older ones and establish among others: new marginal values and alarm limits, uniform methodology for the assessment of air quality, procedures of informing the public etc.

At this stage the following directives on air pollution have been issued by the European Union and incorporated into the national legislation:

- The Framework Directive on air pollution (Directive 1996/62/EC) on ambient air quality assessment and management (Joint Ministerial Decision 3277/209/2000, Official Gazette 180/B/17-2-2000);
- Its first “daughter” directive (Directive 1999/30/EC) relating to limit values for sulphur dioxide, nitrogen dioxide and oxides of nitrogen, particulate matter and lead in ambient air (PYS 34/30.5.2002, Official Gazette 125/B/5-6-2002);
- Its second “daughter” directive (Directive 2000/69/EC) relating to limit values for benzene and carbon monoxide in ambient air (Joint Ministerial Decision 9238/332, Official Gazette 405B/27.2.2005);
- Its third “daughter” directive (Directive 2002/3/EC) relating to ozone in ambient air (Joint Ministerial Decision HP 38638/2016, Official Gazette 1334B/21.9.2005);
- Directive 2004/107/EC relating to arsenic, cadmium, mercury, nickel and polycyclic aromatic hydrocarbons in ambient air (Joint Ministerial Decision HP 22306/1075/E103, Official Gazette 920B/8.6.2007).

Within the framework of European Union, Directive 2008/50/EC was issued recently, which merges the Framework Directive and the first three daughter directives. The same Directive also sets limits and target values for concentrations of fine particles PM2.5.

Current situation for the monitoring of air pollution

At this stage (2008), the National Network for the Monitoring of Air Pollution comprises 36 automated stations installed in several areas of the country and distributed as per the following figure. All stations are interconnected through a tele-transmission system with the central station situated at the seat of each regional (or local) authority responsible for the monitoring of air quality, pursuant to Law 2647/1998¹⁶.



All stations are equipped with a data logger system, a calibration system using standard cylinders with known pollutant concentration, in combination with a dilution and clean air supply system. A significant number of stations are also equipped with a meteorological station, for parallel measurement and analysis of the values of the basic weather parameters that affect air pollution (wind intensity and direction, temperature, humidity). All stations are further interconnected with the central offices of the system (Department of Air Quality – Directorate of Air Pollution and Noise Control – Ministry for the Environment, Physical Planning and Public Works), where data from all stations are collected.

A software of central units' interconnection with the measurement stations allows to obtain values at almost real time and to carry out distant quality control procedures (calibrations, operation supervision). The development of air pollution values is mainly monitored on a 1-hour or 24-hour basis, depending on the requirements of applicable legislation.

Since summer 2006 there has been a population warning and information system for the broader Athens area where about 40% of the country's population lives and where the most important environmental problems related to air pollution appear, for the cases where ozone values have been exceeded even during non-working hours and days. This warning refers to protection measures to be taken by the population in case ozone values are higher than a certain level.

Within the context of the 3rd Operational Program 'ENVIRONMENT' (EPPER) partly financed by the European Union, operational plans have been prepared to deal with air pollution in thirteen cities of the country. Such operational plans constitute the basis for the national plan on combating air pollution, which was recently announced by the Minister for the Environment, Physical Planning and Public Works (12/5/2008) and will be submitted to a public consultation. Furthermore, a joint ministerial decision was signed recently (July 2008) which set maximum emission limits for four pollutants (sulphur dioxide, nitrogen oxides, volatile organic compounds and ammonia).

By employing funds of the 3rd Operational Program 'ENVIRONMENT', cartographical mapping of air pollution in Greece was performed in accordance with the requirements of the pertinent legislation, which by using the indicative measurements and mathematical simulation identified the regions of the country where the air pollution limit values are exceeded.

¹⁶ (Official Gazette 237/A/22-10-1998) "Delegation of competences to the Regions and Local Administration and other provisions".

By using funds of the 3rd Operational Program 'ENVIRONMENT', laboratory equipment was purchased in order to analyze particles in metals in accordance with the requirements of the relevant legislation.

The following actions are currently being prepared or implemented on a short-term basis:

-Further extension of the national monitoring network for ambient air quality: new stations shall be created in the areas of Ioannina, Kavala, Mytilini, and in two background areas, in Axios River area (Region of Central Macedonia) and Viotia (Region of Continental Greece). This action has been planned within the framework of the 3rd Operational Program 'ENVIRONMENT'. However, due to administrative difficulties it was planned anew for the National Strategic Reference Framework (partial financing by the European Union) of period 2007-2013.

-Replacement and renovation of measurement equipment at the existing stations. This refers to replacing the old measurement equipment, basically in stations operating out of Athens. This action has been planned within the framework of the 3rd Operational Program 'ENVIRONMENT'. However, due to administrative difficulties it was planned anew for the National Strategic Reference Framework (partial financing by the European Union) of period 2007-2013.

-Development of a reference lab for Quality Assurance - Quality Control procedures. This action has been planned within the framework of the 3rd Operational Program 'ENVIRONMENT'. However, due to administrative difficulties it was planned anew for the National Strategic Reference Framework (partial financing by the European Union) of period 2007-2013.

Greenhouse gas emission issues

Greece has ratified Kyoto Protocol (KP) by Law 3017 (Official Gazette 117 A, 30-5-2002). On the basis of allocation of obligations among EU member states, Greece is obliged to limit its total emissions of 6 KP gases, during the period 2008-2012, to +25% compared to 1990 levels.

To attain the target set in the joint commitment agreement, the National Program for Greenhouse Gas Emission Limitation is being implemented (2000-2010) in Greece (PYS 5/27-2-2003, Official Gazette 58 A, 5-3-2003). This program was revised in 2007 in order to identify any sectors where the enforcement of the measures needs to be intensified for the achievement of the Kyoto Protocol target. In consideration of the development of emissions in the country to this day and recent forecasts, it is estimated that, through the application of measures, emission limitation to +25% is feasible for the period 2008-2012.

Measures include inter alia:

1. expansion of the use of renewable energy sources;
2. expansion of the use of natural gas;
3. energy saving in industries, tertiary sector and households;
4. improvement of the thermal behaviour of buildings;
5. improvement of the vehicle fleet;
6. promotion of the use of public transport means;
7. exploitation of biomass in thermal usage;
8. improvement of the solid waste management systems.

Given its long-term and intensive endeavours to reduce greenhouse gas emissions, the European Union has decided to strongly follow the policy of promoting KP targets, by giving great emphasis to:

The revision, expansion and improvement of the gas emission trading system;

The efforts of the member states for emission reduction in sectors other than trading;

The achievement of special targets for the promotion of the renewable energy sources, energy saving and use of biofuels;
The development of applications for carbon capture and geological storage.

Greece also participates in the greenhouse gas emission allowance trading scheme. Within this framework the first national plan for the greenhouse gas emission allowance allocation for the period 2005-2007 which included 139 installations, was implemented. The second plan for the greenhouse gas emission allowance allocation for the period 2008-2012 was submitted to the European Commission in September 2006 and revised on the basis of a reduction by 8.5% as required by the European Commission by its Decision of November 2006. Upon final approval by the European Commission, a joint ministerial decision approving the plan, as provided for by the national legislation, shall be issued.

Regarding the question of the ECSR on the water pollution we inform you of the following:

The Ministry for the Environment, Physical Planning and Public Works is responsible for the enforcement of Law 3199/2003 OG A'280/9.12.03 "Protection and Management of water - Harmonization with the Directive 2000/60/EK of the European Parliament and the Council of 23 October 2000", which deals with **water contamination** as regards the monitoring of surface and ground water quality.

The Joint Ministerial Decision Y2/oik. 2600/2001 (Official Gazette 892/Part B/11-07-2001)¹⁷ 'on the quality of water intended for human consumption' applies to the monitoring of **drinking water** quality in compliance with Directive 98/83/EC of the Council of the European Union, and the inspections provided for thereby are carried out. The responsibility for the study, construction, operation and maintenance of the water supply system, performance of sanitary recognitions, laboratorial examinations and, in general, adoption of any measure required for the supply of a drinking water quantity adequate to satisfy the needs of the water-supplied population without interruptions or any sanitary danger existing in the water supply system, lies with the water supply bodies, that is, the Municipal Authorities which are competent for the water supply of the Municipalities, as stipulated in article 23, Law 1065/1980, or the corresponding Organization or Enterprise or Association of Municipalities and Communities that is responsible for the water supply. The Ministry of Health collects all relevant data of drinking water quality monitoring for the entire country and draws up the pertinent reports and sends them every three years for the information of and timely notification to the Commission of European Communities.

As regards the protection of the population from **radioactivity**, the radiation protection regulation applies, continuous monitoring and measurement of radiation have been imposed and, in cooperation with the Greek Atomic Energy Commission, standards are issued, which are related to the terms, materials of construction and use of substances, devices or buildings where activities involving radioactive radiation emission are carried out. Moreover, the Ministry of Health issued Decision DYG2/Oik. 57793 (Official Gazette 802/Part B/07-05-2008) regarding the 'criteria and procedure for the issuance of feasibility license for ionizing radiation machinery used in medical applications'.

Noise pollution

The Ministry for the Environment, Physical Planning and Public Works is responsible for the planning and implementation control of the policy on combating environmental noise in Greece (where

¹⁷ As amended and currently in force (corrected by Deed Y2/3423 (Official Gazette 1082/Part B/14-08-2001) and amended by Joint Ministerial Decision DYG2/G.P. oik. 38295/2007 (Official Gazette 630/Part B/26-04-2007)).

environmental noise means the noise of the environment coming from transportation means and the industry).

Within the framework of upgrading the acoustic environment of Greek cities, along with the required mapping actions, the Ministry for the Environment, Physical Planning and Public Works carries out, considers and plans several measures and projects focusing on environmental noise management and control.

During the last years, this policy has been focusing also on the preparation of actions deriving from the adoption of the new European Directive 2002/49/EC relating to “the assessment and management of environmental noise” and the development of both an institutional framework and mechanisms for the collection, processing and presentation of the required data.

For these reasons, the Ministry for the Environment, Physical Planning and Public Works intends – within a period of 2 years – to have completed the relevant studies concerning the implementation of Directive 2002/49/EC. At the same time, it will have introduced and established:

- new European environmental noise assessment indexes (introduction and establishment of new indexes L_{den} , L_{day} , $L_{evening}$ and L_{night} in dB(A), in issues of environmental noise assessment);
- new limits of environmental noise (introduction and establishment of limits – for the said indexes – of assessment of the country’s acoustic environment);
- a new harmonized procedure for the collection of calculations entry data (introduction and establishment of a new methodology of collection and codification of data, such as population data, traffic loads, geometric data, etc, consultation with bodies and coordination of procedures);
- a new method of noise impact assessment (introduction of a new automated methodology for the processing of noise curve drawing data through a special software);
- a new methodology for the processing of data regarding population’s exposure to noise and pilot application, investigation and selection of an optimal procedure of presentation (through the introduction of new technologies of data presentation and methods of information of the public);
- a new procedure for taking noise protection measures (connection of the mapping procedure with local action plans for noise management); and finally
- determination of data for the uniform preparation of report on the acoustic environment status.

By introducing and establishing the said procedures deriving from the adoption of European Directive 2002/49/EC on the assessment and management of environmental noise, the Ministry for the Environment, Physical Planning and Public Works shall develop a procedure for maintenance and provision of data, regarding the exposure to and definition of the disturbance of the population in big urban centers (Athens and Thessaloniki at a first stage) from environmental noise, on the basis of a European common scientific approach that shall contribute to an easy and useful comparison of actions and outcomes among the member states.

Noise Monitoring

The Ministry for the Environment, Physical Planning and Public Works has already imposed the development of two (2) 24-hour noise monitoring systems (urban area of Thessaloniki, “El. Venizelos” Athens Airport and “Attiki Odos” motorway) which will collect and process various parameters of the acoustic environment, such as the new noise assessment indexes (L_{den} and L_{night}), which are anticipated to contribute, on one hand, to the identification of the acoustic environment quality and, on the other hand, to the harmonization with the requirements of 2002/49/EC Directive.

Noise Limits

Environmental noise limits applicable to mechanical noise (i.e. machines used in industrial, manufacturing, trading and other professional activities and home air condition systems) are defined by Presidential Decree 1180/1981 (Official Gazette 293/A/6-10-1981).

This Decree – article 2, paragraph 5, table I – provides for an environmental noise limit, that is, a maximum allowable noise level emitted by a mechanical installation under control, determined by the land usage of the area where the installation is situated, as follows:

Area type	Maximum Noise Limit - dB(A)
1. Statutory industrial areas	70
2. Mainly industrial areas	65
3. Areas both industrial and urban	55
4. Mainly urban areas	50

Therefore, for all urban areas of the country, a noise limit applies on a 24-hour basis and is controlled, according to the last type – that is, on the basis of a maximum level of 50 dB(A) – at the boundaries of the property.

In case there is a structural contact between the person disturbed and the noise source, then a maximum level of 45 dB(A) shall apply – as an internal limit – inside the houses regardless of the land usage in the area.

The said limits and the application procedure and control mechanism shall be reviewed in order to comply with Directive 2002/49/EC.

Noise coming from recreation facilities, such as amusement parks, circuses, etc

The main noise emitted by such facilities comes from:

- (a) mechanical installations (mechanical games, generators, etc) ;
- (b) the voices of children and other customers in general, music, etc; and
- (c) local traffic problems caused by their operation.

The two last sources cannot be controlled by technical procedures, therefore, establishing maximum noise limits for the operation of such facilities, shall not provide sufficient protection.

Thus, Joint Ministerial Decision 703/24-3-2000 (Official Gazette/368/B/2000) established a distance of 150 meters as the minimum distance to be kept between such activities and houses.

Noise Prevention

Prevention of noise coming from a project or an activity is very important, since it may achieve an economic and effective environmental noise management. Employing the procedure of environmental examination and licensing – as derived from the classification of all public and private projects in categories (Official Gazette 1022/5-8-2002) in conjunction with Laws 1650/1986 and 3010/2002 – all projects are examined through the procedure of environmental impact studies and thereafter their environmental operation conditions are decided upon.

In this context, special conditions for the protection of the acoustic environment are set, depending on the nature of each project.

Noise of machinery in open-air spaces – worksites

By the recently published Joint Ministerial Decision 37393/2028 on measures for noise emission in the environment by equipment for use outdoors (Official Gazette 1418/1-10-2003), our legislation has been harmonized with European Directive 2000/14/EC.

The said Joint Ministerial Decision, which concerns 57 categories of machines (mainly worksite machinery) specified primarily:

1. the noise certification control related to machinery licensing by a special labelling mentioning the noise level emitted;
2. control of machinery licensing, which presupposes noise certification. Machinery without such certification must be temporarily withdrawn;
3. data collection related to the registration and withdrawal of the said machinery and drafting of special tables to be sent every six months or one year to the European Union;
4. data collection related to noise emission, which is useful for the Environmental Impact Studies of various worksites.

The Ministry for the Environment, Physical Planning and Public Works in cooperation with the Ministry of Development is responsible for the implementation of the Directive. More specifically, the Ministry for the Environment, Physical Planning and Public Works (D.13 Directorate, General Secretariat for Public Works) is responsible for the control and approval of 27 types of machinery out of the 57 mentioned in the Directive, while the remaining types are controlled and approved by the Ministry of Development. The entire procedure is supervised by the Noise Pollution Department of the Directorate of Air Pollution and Noise Control, Ministry for the Environment, Physical Planning and Public Works, which informs the European Union by sending semi-annual and annual Registration, Inspection and Approval Bulletins.

Further to the above, we wish to mention that
in 2005 1,929 worksite machines
in 2006 1,949 worksite machines
in 2007 2,092 worksite machines
were inspected and approved.

Motorcycles and other vehicles Noise Control

The Noise Pollution Department of the Directorate of Air Pollution and Noise Control, Ministry for the Environment, Physical Planning and Public Works in cooperation with the Traffic Police of Athens has prepared since 1996 an inspection program for motorcycles and other vehicles in the wider area of the Municipality of Athens. A mixed team of the Traffic Police of Athens and officers of the Noise Pollution Department conducted for eight years daily inspections of motorcycles and other vehicles of all types.

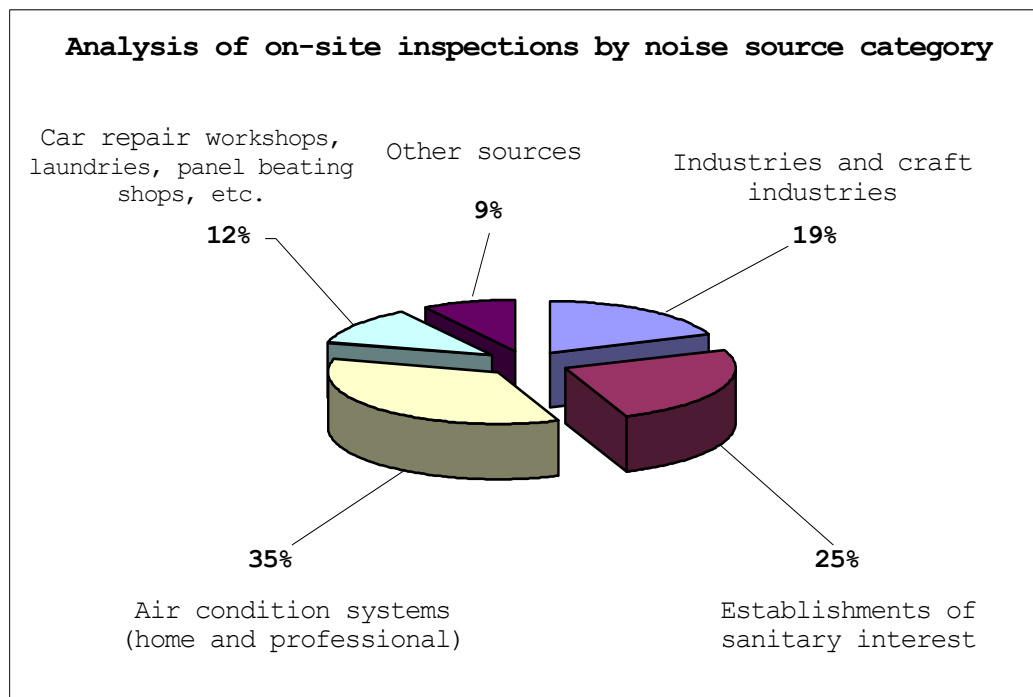
Since mid-2004 the inspections are performed only by the Traffic Police of Athens as provided for. The Noise Pollution Department of the Directorate of Air Pollution and Noise Control, Ministry for the Environment, Physical Planning and Public Works continues to supervise the entire program providing any necessary technical and scientific support to the Traffic Police of Athens. Moreover, the Noise Pollution Department collects in monthly and annual tables the inspections data.

The aggregated data collected from such inspections are as follows:
 in 2004 45,139 vehicles were inspected, 1,745 offenders (3.86%) were found and fines amounting to 144,835 euro were imposed;
 in 2005 32,498 vehicles were inspected, 1,071 offenders (3.3%) were found and fines amounting to 88,893 euro were imposed;
 in 2006 34,763 vehicles were inspected, 314 offenders (0.9%) were found and fines amounting to 26.062 euro were imposed;
 in 2007 43,294 vehicles were inspected, 53 offenders (0.12%) were found and fines amounting to 1,732 euro were imposed.

On-site inspections for the noise coming from facilities

Following complaints filed by citizens and bodies for noise disturbance, control teams carry out daily noise on-site inspections by the use of precision sound meters in order to ascertain whether there are any noise excesses from different sources. Thus, according to such data, a first indicative assessment of the acoustic environment condition is made in terms of disturbance by each urban noise source.

We present below an on-site inspections analysis by each category of noise source for the city of Athens.



Source:

Ministry for the Environment

Action Plans for Environmental Noise Management

The implementation of integrated local Action Plans for Environmental Noise Management is required pursuant to the harmonization of Directive 2002/49/EC. Thus, by funding through the 3rd Operational Program ‘ENVIRONMENT’ and under the supervision of the Ministry for the Environment, Physical Planning and Public Works, such implementations have been initiated in

various regions of the country with a total estimated cost of approximately 2,000,000 euros. Most of such projects have been completed.

The areas where those projects have been completed include the Municipalities of Psychiko, Aspropyrgos, Melissa, Iraklio, Veria, Ioannina, Rethymno, Perama, Keratsini, Nikea, Korydallos, Drapetsona and Nea Philedelphia, etc.

These Action Plans for the Environmental Noise Management constitute an integrated program for environmental noise management and in conjunction with the completion of the studies stipulated in Directive 2002/49/EC they will formulate the general framework for determining the steps required to be taken during the forthcoming years – at a local level – so that the noise management attempt be comprehensive, coordinated, controlled and effective.

These programs are anticipated to lay the foundations for controlled development and parallel limitation of the parameters causing acoustic degradation in all areas and for all activities carried out in the Municipalities.

Ionizing radiations

The following statutes apply to the protection from ionizing radiations:

- Joint Ministerial Decision 53571/3839, Official Gazette 1105/B/6.9.2000 ‘Measures for the protection of the public from the operation of land-based antennas’;
- Joint Ministerial Decision 3060 (FOR)238, Official Gazette 512/B/25.4.2002 ‘Measures for the protection of the public from the operation of low frequency electromagnetic field emission devices’.

As regards the protection of the population from **radioactivity**, the radiation protection regulation applies, continuous monitoring and measurement of radiation have been imposed and, in cooperation with the Greek Atomic Energy Commission, standards are issued, which are related to the terms, materials of construction and use of substances, devices or buildings where activities involving radioactive radiation emission are carried out.

Moreover, the Ministry of Health issued decision DYG2/Oik. 57793 (Official Gazette 802/Part B/07-05-2008) regarding the ‘criteria and procedure for the issuance of feasibility licence for ionizing radiation machinery used in medical applications’.

Asbestos

A number of statutes apply to the protection of the population from risks connected with the exposure to **asbestos**, which are a result of harmonization with the relevant European directives.

The Directorate of Hygiene of Environment of the Ministry of Health and Social Solidarity has already notified **guidelines** and the relevant **circular** to the Health Directorates of the Regions and Prefectural Self-administrations of the country and to jointly competent bodies in respect of the removal of materials containing asbestos fibres and asbestos pipes of the water supply system.

Finally, we wish to point out that the Ministry for the Environment, Physical Planning and Public Works is mainly responsible for issues related to the asbestos management method when asbestos is a waste, as well as to the prohibition of its use in structural works, compliance with building requirements of the structural materials used, etc.

Measures to combat Smoking

With a view to protecting Public Health, Sanitary Provisions¹⁸ were issued, which concern the prohibition of smoking in public places, health services provision units, transport means and private workplaces. The existing legislative framework on prohibition at a national level provides for the possibility to create special spaces for smokers.

Greek legislation has been fully harmonized with the community legislation upon incorporation into Greek law of the European Directives 37/2001/EC and 33/2003/EC¹⁹ on the manufacture, presentation and sale of tobacco products and on the advertising and sponsorship of tobacco products respectively.

At the same time, Greece has ratified the Framework Convention on Tobacco Control of the World Health Organization (WHO FCTC) by Law 3420/2005²⁰ and as from 27-04-2006 it is a contracting party with a voting right.

There was a considerable increase in the broadcast of antismoking spots in the Mass Media for the information – awareness-raising of the general population on the consequences of smoking on health and for the protection of public health, thus contributing to the antismoking campaign of the Ministry of Health and Social Solidarity.

Measures to combat drug addiction

1. Legal framework

- Law 3424/2005 (Official Gazette 305/Part A/13-12-2005) ‘Amendment, supplementation and replacement of provisions of Law 2331/1995 (Official Gazette 173 A) and adaptation of Greek legislation to Directive 2001/97/EC of the European Parliament and of the Council on prevention of the use of the financial system for the purpose of money laundering and other provisions’;
- Law 3459/19-05-2006 (Official Gazette 103/Part A/25-05-2006) ‘Code of Laws on Drugs’.

2. Administrative deeds

- Decision F.429.1/5/150045 (Official Gazette 34/Part B/18-01-2006) of the Ministry of National Defence ‘Regulation of certain recruiting issues’. This ministerial decision refers to the deferment of enlistment due to a treatment at domestic or foreign drug rehabilitation centres;
- Circular EGK 2/2006/0-0 EGK. SS. 2/2006: article 4, ‘Law 3424/2005: Amendment of Law 2331/1995 on money laundering’. This circular concerns the amendment, supplementation and replacement of Law 2331/1995 and adaptation of Greek legislation to Directive 2001/97/EC of the European Parliament and of the Council on prevention of the use of the financial system for the purpose of money laundering and other provisions;
- POL 1131/2006/0-0 P1131: ‘Law 3424/2005 on money laundering’. It concerns the notification of the provisions of Law 3424/2005 on amendment and replacement of provisions of the first Chapter of Law 2331/1995, adaptation of Greek legislation to Directive 2001/97/EC of the European Parliament and of the Council on prevention of the use of the financial system for the purpose of money laundering and other provisions and provision of guidelines for the enforcement of the aforementioned provisions;

¹⁸ Y1/G.P. oik. 76017 (Official Gazette 1001/Part B/01-08-2002) and Y1/G.P. oik. 82942 (Official Gazette 1292/Part B/12-09-2003)

¹⁹ by the relevant Joint Ministerial Decisions Y1/G.P. oik. 266 (Official Gazette 8/Part B/13-01-2003) and Y1/G.P. oik. 81348 (Official Gazette 1075/Part B/29-01-2005)

²⁰ Official Gazette 298/Part A/06-12-2005

- Decision DYG3g/38075 of the Ministry of Health and Social Solidarity. Classification of a proprietary medicinal product according to the provisions of Law 3459/2006 on drugs. The ministerial decision refers to the classification of the proprietary medicinal product SUBOXONE, which contains the substance BUPRENORPHINE in combination with the substance NALOXONE, according to Table D of paragraph 2, article 1, Law 3459/2006. It will be dispensed as stipulated in paragraph 2, article 22, Law 3459/2006;

- Decision DYG3g/52708 of the Ministry of Health and Social Solidarity. Classification of proprietary medicinal products according to the provisions of Law 3459/2006 on drugs. The ministerial decision refers to the classification of the proprietary medicinal products FENTADUR and MATRIFEN, which contain the substance FENTANYL, according to Table C of paragraph 2, article 1, Law 3459/2006;

- Decision DYG3g/80696 of the Ministry of Health and Social Solidarity. Classification of a proprietary medicinal product according to the provisions of Law 3459/2006 on drugs. The ministerial decision refers to the classification of the proprietary medicinal product OXXALGAN, which contains the substance TRAMADOL, according to Table C of paragraph 2, article 1, Law 3459/2006;

- Decision DYG3g/63672 of the Ministry of Health and Social Solidarity. Determination of the method of dispensation of proprietary medicinal products, which contain the substance FENTAN, a material in the form of transdermal patches;

- Decision DYG3g/50153/06 of the Ministry of Health and Social Solidarity. Determination of the maximum daily dose of TRAMADOL. The ministerial decision determines that the maximum daily dose of TRAMADOL shall be 400 mg.

3. Actions and programs for combating drugs

A. National Organizations

The Organization against Drugs (OKANA) was founded in 1993 and is the national body responsible for:

- elaborating the national strategy on drugs;
- coordinating all actions and programs against drugs;
- developing services and programs of prevention, therapy and reintegration; and
- considering and monitoring the problem of substance addiction, and providing information to and ensuring the awareness-raising of the population.

The Organization against Drugs has developed a versatile activity and has established services and programs throughout the country.

The Therapy Centre for Dependent Individuals (KETHEA) was founded in 1987 and its main task is to organize therapy and psychological drug rehabilitation services and programs. Its activity extends also to sectors of primary prevention, training of mental health professionals and research.

The rehabilitation program '18ANO' that operates within the framework of the **Psychiatric Hospital of Attiki** started in 1969 and in 1995 it was divided into two independent parts, one for drug addicts and one for alcoholics. There is also a Counselling Station for Alcoholics and Drug Addicts.

Other bodies that provide treatment to addicted persons are the following:

- Psychiatric Hospital of Thessaloniki
- Psychiatric Clinic of the University of Athens
- Public General Hospitals
- Mental Health Centre
- other bodies of Local Self-administration (e.g. Municipality of Kallithea).

The National Documentation and Information Centre on Drugs and Drug Addiction ('EKTEPN') started to operate in 1994 in order to carry out research and monitor diachronically the substances use. Since 1998 it has been the national reference centre on drugs – member of REITOX network, which cooperates with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The Inter-party Parliamentary Committee on Drugs was formed in 1998 in order to monitor and evaluate the new aspects of the problem from time to time, to recommend measures and formulate proposals on the effective action at a national level.

B. Use prevention structures and programs

1. Prevention Centres of the Organization against Drugs

On the initiative of the Organization against Drugs there are currently 74 Prevention Centres in 49 Prefectures of the country cooperating with the Local Self-administration, which employ about 350 persons in total. The Prevention Centres operate under the scientific supervision of the Organization against Drugs in collaboration with the local and prefectural self-administration and are co-financed by the Organization against Drugs, Local Self-administration and local bodies.

The actions of the Prevention Centres include:

- long-term and short-term actions for teachers and pupils of primary and secondary education;
- long-term and short-term actions for adolescents and young people inside or outside the school environment;
- long-term and short-term actions for parents;
- interventions in teams of conscripts and officers of the Armed Forces;
- interventions in volunteers so that they undertake an active role in prevention;
- interventions in the wider society, which concern the mass media, students, health professionals, police officers, etc.; and
- other programs of primary prevention, events and one-day meetings.

2. Prevention Programs of the Therapy Centre for Dependent Individuals (KETHEA)

The Prevention Sector of the Therapy Centre for Dependent Individuals comprises:

- Prevention Departments in Primary and Secondary Education;
- Mobile Information Unit 'PIGASOS'; and
- Prevention Unit 'ICARUS' for interventions in high risk groups.

The first International Award of the Mentor Foundation was won by the Therapy Centre for Dependent Individuals in 2003 for the Integrated and Systematic Long-term Prevention Intervention model in school communities among 150 candidates from 49 countries.

Through such units the Therapy Centre for Dependent Individuals develops the following prevention programs:

- long-term and short-term prevention programs for teachers;
- prevention programs for children, adolescents and young people;

- long-term and short-term prevention programs for parents;
- pilot integrated school programs;
- community primary and secondary prevention programs throughout Greece;
- prevention programs for high risk groups; and
- short-term and long-term prevention further training programs for professionals.

3. National Health Training Educational Network

The National Health Training Educational Network was established by the Ministry of National Education and Religious Affairs in order to support the health training programs initially in secondary education and later in primary education through the appointment of Health Training officers in regional education directorates. The National Health Training Educational Network organizes, in cooperation with the Organization against Drugs, the Therapy Centre for Dependent Individuals and other bodies, drugs use prevention programs in schools of primary and secondary education.

4. Prevention sector of the Psychiatric Hospital of Attiki '18ANO'

The 6th prevention sector of 18ANO elaborates and implements prevention programs for all sectors of 18ANO.

5. Information of public opinion

Public opinion is systematically informed on issues of addiction through information publications, television and advertising spots, press conferences, websites and open events, in cooperation with recognized Greek and foreign bodies, such as the Information Directorate of the United Nations.

6. Intersectoral collaboration in prevention

At an executive level the Organization against Drugs has undertaken initiatives in relation to the promotion of the following actions of intersectoral collaboration in the field of prevention:

- Understanding and Cooperation Memorandum among the Ministry of National Education, Ministry of Health and the Organization against Drugs in respect of prevention in schools;
- reinforcement of the cooperation within the framework of the Understanding and Cooperation Memorandum between the Ministry of National Defence and the Organization against Drugs;
- promotion of the cooperation with the Union of Prefectural Self-administrations of Greece (ENAE) for the joint implementation of prevention interventions at a national level.

C. Treatment and drug rehabilitation services

There are currently 50 treatment units or programs throughout the country for substance-addicted persons. Through the gradual development of the various programs and services during the last years, there has been a range of alternatives for substance-addicted persons.

The basic types of treatment provided in Greece are:

- 'drug free' programs of internal residence;
- 'drug free' programs of external residence for adults and adolescents; and
- substitution programs through the administration of pharmaceutical substances, such as methadone and buprenorphine, for users of opiates.

The officially recognized bodies providing treatment to dependent individuals are: the Organization against Drugs, the Therapy Centre for Dependent Individuals, the Psychiatric Hospital of Attiki, the Psychiatric Hospital of Thessaloniki, the Psychiatric Clinic of the University of Athens, Public General Hospitals, certain bodies of Local Self-administration and the Mental Health Centre.

1. Treatment units of the Therapy Centre for Dependent Individuals

The services network of the Therapy Centre for Dependent Individuals, which started in 1983 with the first therapeutic community, covers now different regions of the country and comprises:

- **Counselling Centres** for dependent individuals and their families in Athens, Piraeus, Thessaloniki, Juvenile Courts of Athens and seven provincial cities. Moreover, in cooperation with the local self-administration there are counselling agencies supporting the persons concerned and referring them to drug rehabilitation units in six more cities.

- **Drug Rehabilitation Units** aiming mainly at the psychological rehabilitation of their members. They include:

- Therapeutic Communities for adults of internal residence and external day care in Rafina, Attiki (PAREMVASI), Sindos, Thessaloniki (ITHAKI), Larissa (EXODOS), Salamina (NOSTOS), Athens (DIAVASI) and Iraklio, Crete (ARIADNI);

- Drug Rehabilitation Units for adolescents and/or young adults of external day care in Athens (STROFI, PLEFSI), Piraeus (EXANTAS), Thessaloniki (ANADYSI), Volos (PILOTOS) and Patra (OXYGONO).

2. Therapeutic programs of the Organization against Drugs

The Therapeutic programs of the Organization against Drugs include:

- **Substitution programs.** The Organization against Drugs started to implement pilot substitution programs in Greece in 1995. Now it has throughout Greece:

- 8 therapeutic substitution units in Athens, Piraeus and Thessaloniki;

- 9 substitution units, in cooperation with the Regional Health Administrations, either in the form of independent units or in the form of outpatient departments in collaboration with the local hospitals (Thessaloniki, Chania, Rhodes, Patra, Lamia, Agrinio, Livadia, Larissa, Chalkida).

Within the context of the national strategy on combating drugs for the integration of the substitutes units into the public hospitals of the country, the Organization against Drugs has already established a unit in the Hospital of Rio and in the AHEPA (American Hellenic Educational Progressive Association) of Thessaloniki.

- **The ‘drug free’ therapeutic programs of the Organization against Drugs are intended for** adults and adolescents and are implemented in collaboration with other bodies. Now, the Organization against Drugs runs throughout Greece:

- 3 ‘drug free’ programs for adults in Athens (ATHINA), Thessaloniki and Patra (GEFYRA);

- 4 ‘drug free’ programs for adolescents in Athens (ATRAPOS), Thessaloniki (NAFTILOS), Larissa and Rethymno;

- 1 clinic for the support of dependent individuals – in collaboration with the Social Security Institution (Peristeri).

- **Immediate access agencies.** The Organization against Drugs has developed some immediate access agencies for approaching and assisting users who are not attending a therapeutic program. These agencies aim at providing medical aid for health problems, referring users to other health agencies, encouraging and supporting the contact between the users and the medical system, contributing to the development of therapy motivation and limiting individual, family and social harm and drug related criminality. Such agencies include:

- (a) an **Assistance Centre** in Athens which provides: primary care to active users by the operation of an internal medicine clinic, dental surgery, microbiology lab, agency for the exchange of used syringes for sterile ones, first aid mobile unit dealing with emergencies related to substance use in cooperation with the National Centre for Emergency Care (EKAV) and social care services: counseling, psychological support, mobilization for therapy, referral of users to therapeutic programs,

information on the services rendered by the Assistance Centre and other health agencies, seminars on safe use and behaviour;

- (b) a **Dependent Individuals Care Station** in Athens: it started to operate in April 2003 and has been a homely, friendly and safe environment for various activities that gives the opportunity to active users of psychoactive substances to cover the basic health and safety needs, to receive psychosocial support in order to achieve positive changes in their behaviour, and to be creatively involved in various activities. The users may cover the following basic needs:

- food and personal hygiene and cleanliness (meals, coffee, juice, shower, shaving, clothes washing, etc.);

- Health Care (information on the possibilities of dealing with the existing and potential health problems, referral and facilitation of examinations performance, etc.);

- Social Care aiming at the psychological support through individual and group counseling;

- information on the dangers from the use, possibilities of safer use, social welfare issues, possibilities to utilize the resources of the community, therapy possibilities;

- distancing from the drug scene – creative activities and recreation so that the members of the Station can develop social skills and entertain themselves.

A very important action of the Care Station is ‘**streetwork**’: distribution of protection material (syringes, condoms), counseling on issues of safe use and safe sex, mobilization of the users for utilization of the services of the Organization against Drugs and other bodies.

- (c) **SOS Hotline** (1031): it gives reliable and valid answers to users, their wider family and friendly environment, persons who request emergency care in state of crisis, professionals in the field who seek specialized information, as well as to the wider public. Moreover, the hotline agencies collect and record data and evaluate the problem and needs, as expressed by those using the hotline, thus offering valuable information for a further development of the services.

- (d) **Legal Support Agency**: it concerns the representation and defence before the courts throughout the country in cooperation with the corresponding bar associations;

- (e) Provision of temporary housing to homeless users.

3. Psychiatric Hospital of Attiki

The Drug Addicts Rehabilitation Unit, Psychiatric Hospital of Attiki 18ANO, which has been operating for 20 years within the National Health System, following its recent staffing with specialized personnel and relocation to new, more functional multi-structural buildings, comprises six sectors that implement several programs of internal residence and external supervision, which are functionally independent but constitute a single unit, that is, 18ANO.

1st Section of drug rehabilitation 18ANO

(Program of the Psychiatric Hospital of Attiki 18ANO)

It includes:

● Counselling Station A (19 Asklipiou Street, 2nd floor)

● Psychological Rehabilitation Department, Psychiatric Hospital of Attiki 18ANO

Internal residence, 35 places

● Social Reintegration Department (4 Chanion Street, Kypseli).

This department includes:

1. The Vocational Training Centre of 18ANO and the school of 18ANO (housed at 122 Mavromichali Street)

2. Guest House A (Michail Voda Street & 10 Ygias Street)

3. Education and creation centre - Guest House B of K.E. (21 Tzavella Street)

4. Photography Workshop of 18ANO (131 Ippokratous Street).

The 1st Section includes also:

1. The Addiction Research and Education Centre A;
2. Counselling Station B (3 Athanasaki Street, Ambelokipi).

2nd Section of drug rehabilitation 18ANO

(‘Program of Iera Odos’ and ‘Program of Marathonodromon Street’)

1. Counselling Station B (89 Patisision Street, 2nd floor)
2. Psychological Rehabilitation Department at Iera Odos
Internal residence, 15 places
3. Psychological Rehabilitation Department at Marathonodromon Street
Internal residence, 15 places
4. Social Reintegration Department (85 Palamidiou Street).

It includes:

- A Guest House (at 32 Thiramenous Street)
- Printed Material Electronic Design Department
- Music Workshop of the K.E.

3rd Section of drug rehabilitation 18ANO

(Programs for women)

1. Reception centre for female drug addicts (10-12 Aristidou Street, 3rd floor)
2. Special department of psychological rehabilitation for women (21 Taygetou Street, P. Psychiko) Internal residence, 15 places
3. Special department of psychological rehabilitation for drug addicts who are mothers (93 Charilaou Trikoupi Street). Internal residence of mothers with their minor children, 20 places for mothers and 8 for children
4. Social Reintegration Department and Guest House of K.E. (2 Iras Street & Sismani & 1 Nikolaou Street, Syngrou-Fix).

The Women’s Section includes also an Addiction Research and Education Department and a puppet and marionette Workshop.

4th Section of drug rehabilitation, Department for Adolescents and Young People 18ANO

It includes:

1. Department for Adolescents and Young People (19 Asklipiou Street, ground floor)
It welcomes and registers adolescents involved in drugs use into external supervision programs.
2. Day Centre for Adolescents and Young People (21 Marathonodromon Street, P. Psychiko)
3. Hotline (210-3617089)
4. Addiction Research and Education Department

5th Section – Family Section 18ANO

Family Counselling and Therapy Department (30 Marni Street)
Family Department 18ANO (Patisision Street and Feron Street)

6th Section – Prevention Section 18ANO

Elaboration and implementation of prevention programs within the context of all sections of 18ANO
Within the framework of 18ANO there are currently two special programs:

- The women’s drug rehabilitation special program that has been running for 12 years and has an effectiveness of 70-80%; and
- The special program for drug addicts, who are mothers, and their children, which has been running for the last 2 years and has also been very effective.

D. Availability and use of therapy services

1. Therapeutic programs

On the basis of the data for 2005, there were in total 50 therapy and rehabilitation programs of all types throughout the country. The addicted persons that attended such programs were 4,285 in total, out of which 2,225 were new admissions.

2. Substitution programs

The substitution therapy is a type of therapy intended for persons addicted to opiates (heroin) and involves the administration of pharmaceutical substances, such as methadone and buprenorphine. At the Substitution Therapeutic Units the pharmaceutical treatment is given in combination with psychosocial support and psychiatric and physical comorbidity therapy. The aim of the substitution program is to reduce the use of drugs and the – social and health – problems related to such use, as well as to protect public health from transmission of infectious diseases. At the same time, it also aims at helping the persons – who wish and are able– to achieve rehabilitation.

The scientific data show that the substitution therapy contributes to the reduction of criminality, infectious diseases, drug related deaths and social exclusion, while at the same time it helps persons treated to reintegrate into the society. Currently, there are 17 substitution programs in Greece.

On the basis of the data for 2004 (when there were 15 substitution programs), 1,500 persons started a substitution therapy in 2004, out of whom 1,217 (92.3) were new admissions (Table). The number of admissions in buprenorphine units was almost three times the number of persons already treated due to the new units that started to operate in 2004.

In comparison with the data for 2003 there was an increase of 30% in the places offered and 45.5% in the total number of persons who received substitution services.

Table . Patients in substitution programs in 2004

Therapeutic programs	Patients receiving treatment	Total admissions	New admissions
Methadone units (N=7)	1,571	859	588
Buprenorphine units (N=8)	265	641	629
TOTAL	1,836	1,500	1,217

Source: National Documentation and Information Centre on Drugs and Drug Addiction, 2005

E. Social support and reintegration units and programs

The main target of the social support and reintegration programs is the training and specialization in various professional sectors of persons who attend drug rehabilitation programs or former drug users, so that they can smoothly be integrated into the society and labour market. At the same time, they aim at the awareness-raising of the professional bodies, enterprises and employers regarding issues of promotion of trainees to the labour market through the utilization by them of the special incentives established by the State for the effective professional integration of such population. There is a close cooperation with the Ministry of Employment and Social Protection and professional unions for the furtherance of the entire program.

1. Social support and reintegration programs of the Therapy Centre for Dependent Individuals

The Therapy Centre for Dependent Individuals is developing an important activity in the field of social support and reintegration through a series of programs and services that include:

- **Social Reintegration Centres** in Athens, Piraeus, Thessaloniki, Larissa, Volos, Patra and Iraklio, Crete for the support of the social and employment integration of persons who have completed the main phase of therapy at a drug rehabilitation unit;
- **Family Support Centres** for families facing a drugs use problem, regardless of whether their members using drugs attend a therapy program. They operate in Athens, Piraeus, Thessaloniki, Larissa, Alexandroupoli, Kavala, Volos, Patra, Iraklio and Aghios Nikolaos, Crete;
- **Alternative-Transitional Schools** in Athens, Thessaloniki, Larissa, and Iraklio, Crete for former drug users who attend a therapy program. This is, in fact, done pursuant to the legislation on ‘persons taught in private’ for the purpose of their further enrolment in public schools and their participation in entrance and final examinations;
- **Specialized Centres for Social and Professional Integration** in Athens, Thessaloniki, Larissa and Iraklio, Crete for members and graduates of recognized therapy programs;
- **Legal Support Agency** for members of therapy programs of the Therapy Centre for Dependent Individuals with offices in Athens and Thessaloniki.
- **Counselling Unit for Prisoners** of Thessaloniki with a network of programs of counselling support and mobilization for therapy in prisons of Northern Greece;
- **Reception and Reintegration Centre for Released Prisoners of Thessaloniki** for the drug rehabilitation and/or social reintegration of users and former users who have been released from prison;
- **Program EN DRASI** with counselling programs for prisoners and Therapeutic Community in prisons of Attiki and Reception Centre for Released Prisoners in Athens;
- **The Therapy Centre for Dependent Individuals EXELIXIS** for the multi-faceted support to addicts who do not have access to social services or who do not wish to participate in a therapy process. It includes an approach program for users in the streets, a place for substance users, a diagnostic centre, etc;
- **The Therapy Centre for Dependent Individuals MOSAIC** for the counselling support, social care and education of immigrants, repatriates and refugees for the purpose of their employment and social integration and prevention or treatment of substance use and delinquency;
- **Hotline for Psychological Support, Therapy Centre for Dependent Individuals ITHAKI** for substance users, their relatives and friends;
- **Guest Houses for accommodation of adolescents and adults** who attend therapy programs of the Therapy Centre for Dependent Individuals in Athens and Iraklio, Crete;
- **Employment Club** in Athens for connection of persons who have completed the therapy program DIAVASI with the labour market;
- **Graphic arts unit** in Sindos, Thessaloniki for reinforcement of self-financing of the organization and vocational training of the members of the therapy programs. There is also a carpenter’s workshop, a pottery workshop and a farm in the same area having similar targets.

2. Reintegration units of the Organization against Drugs (OKANA)

In the field of social reintegration, the Organization against Drugs runs:

- **Social Reintegration Unit** in Athens for the psychosocial support, socialization and integration in the labour market of former drug addicts;
- **Two specialized Centres for Social and Professional Integration** in Athens (1998) and Thessaloniki (2003) aiming at the training and specialization, in various professional sectors, of persons who are in the process of drug rehabilitation or are former drug addicts for the purpose of their reintegration in society and the labour market.

3. Hospital of Attiki 18ANO

In the field of social reintegration, the Psychiatric Hospital of Attiki 18ANO has 4 Social Reintegration departments, 4 guest houses, 3 workshops, 6 groups, a Vocational Training Centre and a School of 18ANO.

F. The Report of the Inter-party Committee on Drugs

The Inter-party Parliamentary Committee on Drugs was formed in 1998 in order to monitor and evaluate the new aspects of the problem from time to time, to recommend measures and formulate proposals on the effective action at a national level. The Report of the Inter-party Committee on the Study and Treatment of the problem of drugs was submitted to an extensive public consultation for the depiction of the current situation in the field of drugs, which led to specific proposals for the elaboration of the national strategy on the effective handling of the problem.

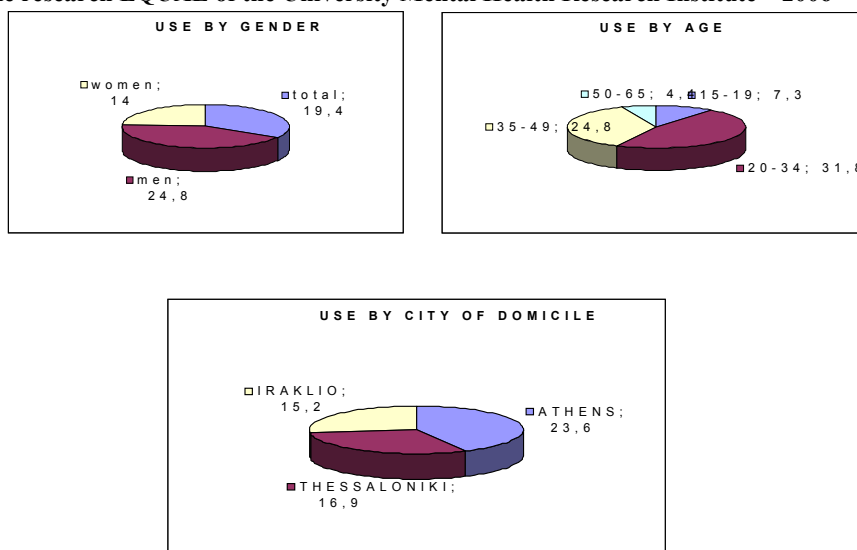
The use of drugs in Greece – Statistical Data

General population

According to the data of EMCDDA for 2004, the use of drugs during the previous year (2003: including the latest available data given by each country) in the general population aged 15-64 years in Greece reached 1.7% for cannabis, 0.1% for cocaine and 1.3% for injecting drugs. As regards the percentages of cannabis and cocaine use, the corresponding percentages for Greece were among the lowest in Europe. The percentage of use of injecting drugs, though low, is however comparable to that of other countries.

According to the research conducted in 2006 by the National Documentation and Information Centre on Drugs and Drug Addiction / University Mental Health Research Institute within the framework of the 'ENTAXI' Development Partnership, 2nd cycle of the Community Initiative EQUAL of the Organization against Drugs, which was designed in order to measure the degree of acceptance of addicted persons and former drug users, 19.4% of the persons interviewed (702 persons aged 15-64 years of the general population in three cities on the basis of a multistage random sampling) stated that they had tried or used at least once in their life a drug. The use concerns mainly marijuana / hash (19.3%). 3.2% of the interviewees stated that they have also used another drug (except for marijuana). A higher percentage of men (24.8%) compared to women (14%) and a higher percentage of young adults (20-34 years old, 31.8%) compared to other age groups have stated that they have used a drug at least once in their life.

Graph 1. Percentage of persons (15-64 years old) who have tried an illegal substance at least once in their life according to the research EQUAL of the University Mental Health Research Institute – 2006



Source:

National Documentation and Information Centre on Drugs and Drug Addiction / University Mental Health Research Institute, 2007

Diachronic trends

During the period 1984-2004 the use of drugs showed an initial upward trend until 1998 and then a declining trend until 2004. The use of illegal substances is higher in Athens in comparison to Thessaloniki (12.4% and 7.9% respectively) and the other big cities (7.3%) and semi-urban and rural areas (5.8%).

Young adults

According to the data of EMCDDA for 2004, the percentage of young adults aged 15-34 years who used drugs during the previous year (according to the latest available data given by each country) in Greece reached 3.2% for cannabis and 0.2% for cocaine. Such percentages are among the lowest in Europe.

Problematic use

Problematic use means the systematic injecting or long-term use of opiates, cocaine and amphetamines. According to the data of EMCDDA, the problematic use of drugs in Greece is 2.6/1,000 inhabitants, which is one of the lowest in Europe. The heroin users are estimated for 2004 to be 19,600 persons, slightly more than those in the previous two years and slightly less than those in 2001. According to estimates by EMCDDA, the number of users of injecting drugs in Greece in 2005 varies from 17,335 to 21,209. In general, since 1998 the number of persons using injecting drugs appears to remain stable and is lower than the number for 1994.

Drug related deaths

According to the data base of EMCDDA, in 2005 284 drug related deaths were reported in our country. The number of drug related deaths increased rapidly during the period 1990-2001, when the number of deaths raised from 79 to 321. Afterwards, the number decreased to 259 deaths in 2002 and 217 in 2003, however since 2004 it has increased again: in 2004 the deaths were 250 and in 2005 they were 284.

In comparison with the international situation, the number of deaths is quite high and this means that the enhancement of therapy and drug rehabilitation programs should be a priority.

Frequency of infectious diseases among users

According to the data of EMCDDA (2004), which derive from the processing of medical examination results of users who resort to the agencies on drugs, the infection with hepatitis C virus among intravenous drug users is at very high levels varying from 43.3% to 61.7%, while infection with hepatitis B virus is low at about 3%.

According to the same source, the HIV seropositivity levels and the AIDS cases among users remain at very low levels in our country, which are considerably lower than those in the other European countries.

National Action Plan on Drugs 2008-2012

In January 2007 the Ministry of Health and Social Solidarity submitted to public consultation the National Action Plan on Drugs 2008-2012. The National Action Plan on Drugs is a comprehensive attempt to draft a national viable and targeted policy for combating narcotic drugs in Greece. The national strategy follows the guidelines of the European Strategy for combating narcotic drugs and the recommendations of the inter-party parliamentary committee, focusing on the simultaneous reduction in the demand and supply of narcotic drugs. The action axes of the plan are the prevention, treatment, reintegration, research, education, documentation, certification, public consultation, intersectoral cooperation and social participation.

Information on the Legislation on Epidemiological Supervision

According to article 20, Law 3370 (Official Gazette 176/Part A/11-07-2005) on the reconstitution of the Diseases Control and Prevention Centre (KEELPNO), the Diseases Control and Prevention Centre shall henceforth be competent to perform and coordinate the epidemiological supervision of infectious diseases (paragraph 7). According to the same law (article 20, paragraph 8), decisions by the Minister of Health and Social Solidarity upon opinion given by the Diseases Control and Prevention Centre specify the mandatory reporting diseases that shall be reported and entered in the register of infectious disease cases of the Diseases Control and Prevention Centre, wherefor secrecy and respect for human rights should be safeguarded²¹.

A Chronic Non-infectious Diseases Prevention Directorate is established at the Diseases Control and Prevention Centre for the development of related actions (article 20, Law 3370/2005). Moreover, the competent Epidemiological Supervision Department already operates at the Diseases Control and Prevention Centre (paragraph 7, article 20, Law 3370/2005). The Diseases Control and Prevention Centre is financed by the Ministry of Health and Social Solidarity.

The cooperation and joint proposal by the Assisted Reproduction Committee and the HIV infection and Sexually Transmitted Diseases Office of the Diseases Control and Prevention Centre resulted in the drafting and passing of the legislation on Medically Assisted Reproduction for HIV seropositive persons (Decision oik. 2, YIA (Official Gazette 170/Part B/06-02-2008). In addition, in compliance with the community directive on the mandatory reporting diseases, the Board of Directors of the Diseases Control and Prevention Centre adopted on 10/04/2008 the decision to recommend the inclusion of Chlamydia, Herpes Infections and HPV infection in the mandatory reporting system.

²¹ According to article 5, By-law of the Diseases Control and Prevention Centre, Ministerial Decision Y1/oik. 5028/22-06-2001 (Official Gazette 831/Part B/29-06-2001)

National Action Plans (2008-2013)

Within the context of compliance with the international practices, the Diseases Control and Prevention Centre made recommendations and participated, along with the Strategic Planning Unit of the Ministry of Health and Social Solidarity, scientific associations and non-governmental organizations, in the elaboration of the following National Action Plans for the period 2008-2013.

- Action Plan for Influenza
- Action Plan for HIV and Sexually Transmitted Diseases
- Action Plan for Tuberculosis
- Action Plan for Cancer.

All action plans, in addition to monitoring and epidemiological supervision, include information interventions and planning of therapeutic interventions.

As regards Collective Complaint 30/2005 against Greece and within the period of reference of 19th Report 2003-2007, apart from the general measures mentioned above, we would like to inform you of the following:

As regards local air pollution, all internationally accepted air quality targets and threshold values have been respected and kept under control. As regards global warming, emission control conforms to the obligations entered into by the Rio Convention on Climate Change, followed by the Kyoto Conference. All lignite power plants operate according to the approved Environmental Permits. As a result of the detailed environmental impact assessment that has been carried out at each power plant and as a part of the process of conforming with the Best Available Techniques (BAT), the following technical projects and programmes to reduce particulate, SO₂ and NO_x emissions are realized in lignite fired power plants:

- Programme for the reduction of carbon dioxide (CO₂) emissions
- Installation of pollution abatement equipment in order to reduce dust emissions
- Installation of flue gas desulphurization (FGD) plants in order to reduce SO₂ emissions, wherever necessary
- Installation of improved wastewater treatment plants
- Programmes aiming at increasing energy efficiency / energy - saving projects

Concerning the air quality matters, we inform you of the following:

1. Greece has proven that there is a constant improvement in the ambient air quality, despite the continuous increase of power generation. That is due to the measures imposed on DEH for pollution abatement and the adoption of BAT. The ambient air quality in Kozani-Ptolemais and Megalopolis areas is satisfactory and comparable to other areas in the country, even non-industrial ones.
2. The State takes all necessary measures in order to protect its population and minimize health risks associated to global warming, by abiding to EU legislation (Directive 2003/87/EK), to its obligations undertaken under NAP1 and by being dedicated to the universal efforts for Greenhouse Gas (GHG) emissions reduction through the UN Framework Convention on Climate Change and its Kyoto protocol.
3. Greece and DEH fully comply with the principles of Kyoto Protocol and its obligations.
4. The air quality in the KPV (West Macedonia) and Megalopolis regions is being monitored since the beginning of the 80s. There are nine air quality monitoring stations in the prefectures of Kozani and Florina (Western Macedonia) and three in the Arcadia prefecture (Megalopolis). These stations measure concentrations of SO₂, NO_x, NO₂ and particulates, as well as meteorological parameters, such as wind force and direction and humidity.
5. The air quality monitoring data are publicly available. Specifically all measured data is telecommunicated to the local Prefectures and submitted at regular intervals (at least annually) to the

competent agencies. The data is also available to national institutions and independent researchers and serves as the basis for all studies relevant to the case.

Recent measures

1. Operation of highly efficient new Electrostatic Precipitators (ESPs) in SES Aghios Dimitrios Units I-II, respectively since November and May 2006.
2. Recent issue of new additional IPPC Environmental Permits of power plants (Aghios Dimitrios and Megalopolis)
3. Significant progress at a fast pace in the construction of the wet-FGD (flue-gas desulphurisation) system in SES Megalopolis, Unit III.

Article 12 The right to social security

Paragraph 1

A. Regulations concerning the Salaried Workers

During the period 2005-2007 important measures were adopted with a view to maintaining a social security system by expanding the categories of the beneficiaries of retirement benefits and ensuring the retirement possibility for the insured. More specifically:

The provisions of **Law 3518/2006** “Reorganization of the Engineers and Public Constructions Pension Fund and regulation of other issues under the competence of ministry of Employment and Social Protection”, (OG 272/A/21.12.2006), stipulated transitional measures for assisting elderly people in fulfilling the requirements of establishment of the retirement right. In particular:

Article 45 (which replaced article 5, Law 3385/2005) provided for the possibility of buying out insurance time up to 6 months (150 days of insurance) for insured persons of all bodies of main and supplementary insurance falling within the competence of the Ministry of Employment and Social Protection, who are nearing the end of their working lives, so that they can fulfil the minimum requirements for establishing an old age retirement right.

Article 29, paragraph 2 stipulated the extension of the period of validity of the transitional provisions of article 15, Law 3232/2004 regarding the possibility for those insured with the Social Security Institution – Unified Insurance Fund for Employees (IKA-ETAM) who are unemployed for a period of at least 24 consecutive months prior to the month in which they submit an application for retirement, to establish a right to a reduced pension due to old age without having completed 100 days of insurance per year during the last five years prior to the year of submission of the application for retirement.

The provisions of paragraphs 4 and 5, article 29 of the above law provide for the granting of a family burdens allowance also to the woman, who is a pensioner of IKA-ETAM, for her husband on the same terms and conditions governing the allowance granted to the man, who is a pensioner of this Institution, for his wife.

B. Regulations concerning the Self-employed Persons

According to the provisions of paragraph 6, article 61, **Law 3518/2006**, which amended the provisions of paragraph 4, article 5, Law 3232/2004, the insured mothers of disabled children with a disability percentage of at least 67%, regardless of the time when they were insured for the first time, shall have the possibility of retiring without an age limit, if they have completed 25 years of insurance.

The provisions of article 46, Law 3518/2006 stipulate that the professional craftsmen and traders who started their professional activity after 1.1.2003 and reside permanently on islands with less than 1,300 inhabitants, shall be exempted from the insurance with the Insurance Organization for the Self-employed (OAEE).

Moreover, according to the same Law 3518/2006, the branches of the Public Works Engineers and Contractors Pension Fund (TSMEDE) were restructured for the purpose of a clear specification of

such Branches, abolition of the Special Account for Additional Benefits (ELPP) by establishing a Special Surcharge on the main pension, safeguarding of the rights acquired, increase of the amount of pension and ensuring of the financing of the branches.

According to the provisions of article 9, Law 3385/2005, individuals insured with main insurance bodies for self-employed persons and free-lancers, who owe amounts of contributions up to 20 monthly pensions, may retire even if they have not paid in full the said insurance contributions to their Fund. The amount due shall be deducted from their pensions.

C. Regulations concerning the Bodies of Supplementary Insurance and Welfare

a. Supplementary insurance of bank employees

By **Law 3371/2005** (Official Gazette 178/A/14.7.2005), the restructuring of the supplementary insurance funds of the personnel of Credit Institutions was attempted, so that they be included in the general regulations on the reform of the social insurance system of the country, which were established by Laws 1902/1990, 2084/1992, 2676/1999 and 3029/2002.

The intervention of the State in this field was deemed necessary in order to deal with the multiple inequalities among the bank employees due to the fragmentation of their supplementary insurance bodies, as well as with the consequences of the observed increase in the ratio of pensioners to insured persons, which affects directly the viability of such bodies. An effective solution was opted to be the establishment of a special legal framework for the inclusion of bank employees in wider groups of insured persons.

More specifically, articles 58-61, Law 3371/2005 regulate the issue of supplementary insurance of bank employees as follows:

- Those working at credit institutions as from 1.1.2005 shall compulsorily enjoy supplementary insurance coverage offered by the Unified Supplementary Insurance Fund for Employees (ETEAM).
- The 'Unified Insurance Fund for Bank Employees' (ETAT) is established as a public law entity.
- Those hired until 31.12.2004, if the relevant Fund has been dissolved upon agreement between the employer and the workers, shall receive supplementary pension granted by the Unified Supplementary Insurance Fund for Employees, and the additional benefits that had to be paid by their supplementary insurance fund shall henceforth be paid by the Unified Insurance Fund for Bank Employees.
- In case the parties disagree about the dissolution of the relevant supplementary insurance fund and the contract, by virtue of which the relevant fund was established, is terminated unilaterally, the Unified Insurance Fund for Bank Employees, according to paragraph 6, article 62, Law 3371/2005, shall handle and manage all the affairs of the insured persons and pensioners of the supplementary insurance funds of the credit institutions, which relate to their insurance and pension issues, such as the award of pensions and collection of contributions.

In pursuance of this paragraph, the terms and conditions of management and handling of the said affairs were stipulated by *Presidential Decree 209/2006* (Official Gazette 209/A/5.10.2006).

On the basis of the above legal framework, the insured persons and pensioners of the Supplementary Insurance Fund for the Personnel of the Commercial Bank of Greece (TEAPETE) (*article 26, paragraph 1, Law 3455/2006, Official Gazette 84/A/18.4.2006*) were included in the Unified Supplementary Insurance Fund for Employees and the Unified Insurance Fund for Bank Employees.

The insured persons and pensioners of the Special Assistance Account for the Personnel of the Agricultural Bank of Greece (ELEM) (*article 38, paragraph 2, Law 3522/2006, Official Gazette 276/A/22.12.2006*), those insured for the first time until 31.12.1992 and pensioners of the Account for the Management of Funds of Additional Insurance of Supplementary Retirement Benefits of the Account for Insurance Coverages of the Personnel of the Attica Bank (LAK) (*article 9, Law 3554/2007, Official Gazette 80/A/16.4.2007*) falling under this category, and the insured persons and pensioners of the Mutual Assistance Fund for the Personnel of the Credit Bank (*article 10, Law 3620/2007, Official Gazette 276/A/11.12.2007*) have been also included in the Unified Insurance Fund for Bank Employees.

- More favourable requirements for full payment of the insurance contributions in arrears by self-employed professionals and free-lancers to the supplementary insurance bodies are introduced (*article 10, paragraph 1, Law 3385/2005, Official Gazette 210/A/19-8-2005*).

b. Law 3518/2006 (Official Gazette 272/A/21.12.2006) stipulates the following:

- Restructuring of the Branches of the Public Works Engineers and Contractors Pension Fund (TSMEDÉ), as mentioned above in part B, paragraph 3 of this Report. More specifically, as from 1.1.2007 the Special Account for Additional Benefits (ELPP) was abolished and the additional pension of this Account is replaced by the Special Surcharge to be paid by the Branch of Main Pension of the Fund. The independent Branch of One-off Benefits was also established for the payment of a one-off allowance, while the new Branch of Additional Insurance was established for the provision of a monthly supplementary pension (*articles 1-27*).

- More favourable requirements for full payment of the insurance contributions due to the supplementary insurance bodies (*article 28, paragraph 2*).

- Granting of the full disability allowance to blind pensioners of the supplementary insurance bodies (*article 58, paragraph 1*).

- Possibility of pension award also by the supplementary insurance bodies to mothers of disabled children with a disability percentage of at least 67%. Moreover, the insured spouses having 7,500 days of work or 25 years of insurance, regardless of the age limit and the time when they were insured for the first time, shall be entitled to a pension, provided that the other spouse has a disability percentage of at least 80%

- Extension of the possibility of buying out insurance time up to 150 days or 6 months for fulfilling the minimum requirements for establishing an old age retirement right, in order to cover the supplementary insurance bodies of the self-employed for reasons of equal treatment (*article 45*).

- Removal of the higher limit (ceiling) of pensions granted by the Supplementary Insurance Fund for Social Security Organizations (TEAPOKA) (*article 55, paragraph 3*).

D. Regulations concerning the Regulation of Sickness Benefits of IKA-ETAM

Sickness benefits in kind

In order to receive sickness benefits in kind from IKA-ETAM according to the provisions of its Regulation, from the first (1st) of March of every year and for twelve months the insured persons must have completed at least fifty days of work, which as from 1.1.2009 shall be increased by ten per year

up to one hundred (100) for ordinary insured persons and eighty (80) for workers at construction projects, either during the previous calendar year or during the last fifteen months prior to the reporting of the sickness or possible day of delivery, excluding the days of work performed during the last three calendar months of the said fifteen-month period (Emergency Law 1846/1951 as amended by the provisions of article 148, Law 3655/2008 [Official Gazette 58, Part A]).

The reason justifying this increase is that, as proved in practice, the time of fifty (50) day wages does not cover the benefits granted by the Institution in relation also to the contributions paid. Furthermore, it is dissuasive as to whether the worker will continue to be insured with the Institution, since he/she and the members of his/her family can receive care both for the current year and the next year on the basis of this minimum number of day wages.

Sickness benefits in money- Sickness allowance

In order to receive a sickness allowance from IKA-ETAM the insured persons must have completed at least one hundred (100) days of work, which as from 1.1.2009 shall be increased by ten per year up to one hundred and twenty (120), during the calendar year preceding the year of reporting of the sickness or during fifteen months prior to the reporting, excluding in this case the above 100 days of work performed during the last three calendar months of the fifteen-month period.

As regards builders, the eighty (80) days shall be increased as from the aforementioned date by ten per year up to one hundred (100) (Emergency Law 1846/1951 as amended by the provisions of article 148, Law 3655/2008 [Official Gazette 58, Part A]).

E. Regulations concerning the persons insured with the Agricultural Insurance Organization (OGA)

For 2008 the basic welfare pension of the Agricultural Insurance Organization is 330 euro (in respect of a beneficiary without family burdens) for beneficiaries of this pension only.

For pensioners of the Branch of Main Insurance who are entitled at the same time to the basic welfare pension the amount of the basic welfare pension for 2008 is reduced by 24% and amounts to 250.8 euro. The number of beneficiaries of the basic welfare pension in 2008 was 792,000. The amount of increase of the basic welfare pension for 2007 was 50.00 euro and for 2008 it was 52.25 euro.

Moreover, the above legislative regulations have been added to the regulations concerning the Agricultural Insurance Organization:

- Granting of pension by the Agricultural Insurance Organization to mothers having disabled children or a disabled husband upon completion of 15 years of insurance with the Branch of Main Insurance of Farmers without age limit;
- Granting of the basic welfare pension by the Agricultural Insurance Organization to persons insured with it, who had been excluded because they were not insured with the Branch of Main Insurance of Farmers, provided that they had completed 25 years of insurance with the Agricultural Insurance Organization by the time of commencement of operation of this Branch (1-1-1998).

Additional Questions of the European Committee of Social Rights

Insured population

Tables follow with the data of IKA – ETAM, which constitutes the greatest / largest insurance body for the insurance of paid employees, and concern the number of insured persons and of pensioners, as well as the benefits granted by the Institute.

(A) IKA – ETAM

PERSONS INSURED – PENSION SCHEME	2005	2006	2007
IKA-ETAM (Main Pension)	2.068.000	2.080.000	2.093.000

BENEFICIARIES	2005	2006	2007
Illness – provisions in kind	1.985.000	1.995.000	2.006.000
Illness – provisions in cash	2.014.000	2.025.000	2.035.000
Maternity	829.333	855.360	859.584
Unemployment	1.781.000	1.793.000	1.806.000
Occupational Hazard	1.016.000	1.028.000	1.041.000

IKA – ETAM PENSIONS	2005	2006	2007
Old-Age	552.278	570.081	601.121
Disability	130.558	129.852	129.876
Survivors [?]	243.283	250.712	258.337
Total	926.119	950.645	989.334

PENSIONERS RECEIVING MARITAL BENEFIT	205.913	206.968	210.912
PENSIONERS RECEIVING CHILDREN'S BENEFIT	28.878	28.873	29.877

MINIMUM IKA – ETAM PENSIONS (FORMERLY INSURED PERSONS)	2005	2006	2007
Old-Age – Disability	€428,24	€445,37	€463,18
Survivors [?]	€385,40	€400,82	€416,85

MINIMUM IKA- ETAM PENSIONS (RECENTLY INSURED PERSONS)	2005	2006	2007
Old-Age – Disability	€436,26	€453,71	€471,86
Survivors [?]	€349,00	€362,96	€377,48

(II) ETEAM

ETEAM (SUPPLEMENTARY PENSION)	1.620.000	1.630.000	1.638.000
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ETEAM PENSIONS (SUPPLEMENTARY)	2005	2006	2007
Old-Age	354.977	377.023	396.753
Disability	66.605	66.851	69.392
Survivors'	114.788	121.730	132.005
Total	536.370	565.604	598.150

MINIMUM ETEAM PENSIONS	2005	2006	2007
Old-Age – Disability	€106,97	€111,25	€115,70
Survivors'	€85,57	€88,99	€92,55

Question regarding the Unemployment Benefit***a) Minimum Unemployment Benefit***

The minimum unemployment benefit for the years 2005-2006 was €12,45 per day, €311,25 per month, while the highest was €13,17 per day and €329,25 per month.

In accordance with the provision of article 5 of Act3552/4-4-2007 (O.G.77/a/4-4-2007), article 21 of Legislative Decree 2961/54 and article 12, paras1, 2 of Act2224/94 respecting the calculation of the amount of the unemployment benefit, have been replaced since 1/1/2007.

The basis for the calculation of the minimum unemployment benefit is now the unskilled worker's minimum wage, as each time applicable, irrespective of whether the unemployed person was remunerated by a salary or a wage.

Thus, the daily unemployment benefit is divided in three categories, as follows:

- a. Unemployed persons who were employed on full-time basis or unemployed persons whose salary was more than 12 times the unskilled worker's wage (€27,96), i.e. higher than € 335,53. In this case, from 1.1.2007 onwards, the unemployment benefit is set at 50% of the unskilled worker's wage, i.e. €13,98 per day or €359,50 per month.
- b. Unemployed persons whose salary was higher than 6 times the unskilled worker's wage and equal to or less than 12 times the unskilled worker's wage. In this case the unemployment benefit is set at 75% of the minimum unemployment benefit as this is defined in the previous (A) category.

In this category, from 1.1.2007 to 30.4.2007, for the beneficiaries without dependants whose monthly salary was from €167,76 (27,96 X 6 = 167,76) to €335,52 (27,96 X 12 = 335,52), the daily unemployment benefit is €10,48 (13,98 X 75%) and the monthly benefit is €262,00 (10,48 X 25).

c. Unemployed persons whose monthly salary was equal to or less than 6 times the unskilled worker's wage. In this case the unemployment benefit is set at 50% of the minimum unemployment benefit as this is defined in category A.

Thus, from 1.1.2007 to 30.4.2007, for the beneficiaries without dependants, with monthly salary up to €167,76, i.e. less than or equal to 6 times the unskilled worker's wage (€27,96 X 6 = 167,76), the daily unemployment benefit is €6,99 (13,98 X 50%) and the monthly benefit is €174,75 (6,99 X 25).

A relevant readjustment will take place also for all the beneficiaries without dependants of this category from 1.5.2007 to 31.12.2007, for whose the daily unemployment benefit is €7,34 (14,69 X 50%) and the monthly benefit is €183,50 (7,34 X 25).

A relevant readjustment has taken place also for all the beneficiaries of all the above categories from 1.5.2007 to 31.12.2007, for which the unemployment benefit was configured as follows: a) the daily benefit is €14,69 (29,39 X 50%) and the monthly benefit is €367,25 (14,69 X 25) b) the daily benefit is €11,02 (14,69 X 75%) and the monthly benefit is €275,50 (11,02 X 25) and c) the daily benefit is €7,34 (14,69 X 50%) and the monthly benefit is €183,50 (7,34 X 25).

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
328.446	700.619.310,85	282.362	628.760.371,75	291.002	643.487.626,86

As regards the question of the ECSR concerning the suspension of the unemployment benefit, we would like to inform you of the following:

Article 15 of Legislative Decree 2961/54, in conjunction with paragraph 1 of Article 3 of Law 1545/85 stipulates that among the basic eligibility criteria for the unemployment benefit are: a) the unemployment status, b) this status to have occurred due to ending of the working relation, c) the person's capability to work and d) the unemployed must be available to work and unable to find employment against their will.

From the above it becomes explicit that the unemployed lose their right to unemployment subsidy in case they reject an **appropriate** job offer. A job is deemed appropriate when it is offered by the competent OAED Services, and corresponds to the physical and intellectual capabilities as well as to the previous employment of the unemployed.

There is no initial period during which the unemployed can reject a job offer. It should be noted that if the person looking for a job considers the job offer unsuitable, he/she can make an appeal to the

competent collective bodies of OAED, in order to be decided whether the unemployment benefit should be suspended or not.

B) Special benefits

The following Tables include data concerning the amounts paid and the number of beneficiaries. For the payment preconditions please refer to the previous Greek report.

a) Special seasonal benefit

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
150.379	99.796.409,15	142.918	100.470.090,67	146.947	109.017.481,15

b) Special benefit after expiry of the unemployment subsidy

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
12.748	2.383.896,00	12.667	2.330.386,00	10.310	1.946.106,00

The annual family income must not exceed the amount of 7.630,23€ for the year 2005, 7.923,70€ for 2006 and 8.217,17 for 2007.

c) Special benefit after being in the unemployment records for three months

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
3.849	2.232.176,00	4.571	2.828.727,00	3.921	2.479.026,00

The annual family income must not exceed the amount of 7.630,23 € for the year 2005, 7.923,70 € for 2006 and 8.217,17 € for 2007.

d) Special benefit to ex-prisoners

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
3.037	528.041,00	2.565	508.782,00	2.106	467.370,00

The annual family income must not exceed the amount of 7.630,23 € for the year 2005, 7.923,70 € for 2006 and 8.217,17 € for 2007.

e) Special benefit for repatriates

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
119	36.949,00	96	31.812,00	93	31.065,00

The annual family income must not exceed the amount of 7.630,23 € for the year 2005, 7.923,70 € for 2006 and 8.217,17 € for 2007.

f) Benefit for young people aged 20-29 years

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
1.773	579.495,85	1.870	617.525,00	1.507	506.401,00

g) Supplementary maternity benefits

2005		2006		2007	
Persons	Amount	Persons	Amount	Persons	Amount
16.862	14.939.101,00	16.848	15.349.694,00	16.872	16.674.746,00

Question of the ECSR regarding the right to long-term benefit for victims of employment injury

The legislative arrangement concerning the granting of a periodic benefit (pension), in case the disability due to an occupational accident is less than 50%, is pending.

For the purpose of compliance of the national legislation with the provisions of article 36, European Code of Social Security, which provide for the granting of the aforementioned benefit, a meeting took place on 27 June 2008 between employees of the competent insurance agencies of the General Secretariat for Social Security (GGKA) and two experts, Ms. Ana Gomez from the Council of Europe and Mr. Alexander Egorov from the International Labour Office, during which various alternative proposals from both sides towards the solution of the problem were discussed. Following explanations given to our agencies by the said experts about the enforcement of the relevant provision also in other countries that have ratified the European Code of Social Security, the leadership decided to form a committee composed of social security officers of the General Secretariat for Social Security and IKA-ETAM, which shall consider, inter alia, the economic impact on IKA-ETAM of the enactment of the relevant provision.

Paragraph 2

The Greek social security system covers all nine sectors of social security as defined by the ILO Convention 102 ‘on the minimum standards of social security’ and the European Code of Social Security of the Council of Europe, namely: Medical care, Sickness, Old Age, Invalidity, Survivors, Unemployment, Family Benefit, Employment Injury, Occupational Disease and Maternity. In pursuance of the ILO Convention 102 and the Code, Greece implements the relevant provisions related to the coverage of 50% of the salaried workers, which are the standards stipulated in the ILO Convention 102 and the European Code of Social Security.

Paragraph 3

During the period 2005-2007 significant measures were adopted for the improvement of the social security system. More specifically:

1. Increase of pensions

The State, by the increases in pensions and minimum pension limits, which were above inflation, makes every effort to safeguard the real income of the pensioners.

The increase rate of pensions for the years 2005-2007 and the relevant minimum pensions of IKA-ETAM are shown in the following table:

Year	Minimum old age – invalidity pensions (full)	Minimum pension due to death of the spouse	Increase rate
2005	428,24	385,40	4%
2006	445,37	400,82	4%
2007	463,18	416,85	4%

2. Pensioner's Social Solidarity Benefit (EKAS)

The amounts of EKAS for the period 1/1/2005-31/12/2007 are shown in the following table:

	Time period	Amount of EKAS	Increase rate
1	1/1/2005-31/12/2005	149,67 112,25 74,84 37,42 Depending on the pensioner's income	6%
2	1/1/2006-31/12/2006	160,15 120,11 80,08 40,04 Depending on the pensioner's income	7%
3	1/1/2007-31/12/2007	190,15 146,36 97,58 48,79 Depending on the pensioner's income	21,85%

3. The provisions of article 4, Law 3385/2005 stipulated more favourable conditions for award of pension due to death of the spouse. Thus, the pension due to death is now granted to the surviving spouse without interruption regardless of the age at the time of death of the spouse, provided that the other conditions have been fulfilled (time of insurance, valid marriage, etc.) Moreover, it is stipulated that the amount of survivor's pension curtailed or suspended, because it derives from an agency of the Public Sector, is allocated among the dependent children, so that the family income, in case there are dependent children, is not reduced.

4. By the provisions of article 4, Law 3518/2006, the already existing measures concerning the persons with disability were improved by the following changes:

- More favourable manner of calculation of the full disability allowance granted to beneficiary pensioners of IKA-ETAM, so that the allowance amount granted be equal to 50% of the payable amount of pension;
- More favourable age requirements for the determination of the pension right of incompetent children, siblings, grandchildren, step children suffering from mental diseases or the right to a surcharge on the pension for them;
- More favourable terms of granting the non-institutionalized allowance to upper or lower extremity amputees;
- Extension of implementation of the favourable provisions on retirement of article 1, Law 612/1977 in order to cover the insured persons who have undergone a bone marrow transplantation, those suffering from multiple sclerosis that results in a paraplegia-quadruplegia and extremity amputees.

‘Article 1, Law 612/1977: Blind persons in both eyes, who are insured with Insurance Organizations falling within the competence of the General Secretariat for Social Security, shall be entitled to an old age pension regardless of the age limit, provided that they have completed insurance time of fifteen (15) years, or, in case of insurance calculated pursuant to the legislation of the appropriate body in days, 4,500 days of insurance. The amount of pension of the above persons shall be equal to the amount corresponding to 35 years of insurance or 10,500 days of insurance’.

- Extension of the categories of beneficiaries of the non-institutionalized allowance in order to cover persons suffering from the cri du chat syndrome, osteopsathyrosis or imperfect osteogenesis;
- More favourable requirements of retirement of mothers of disabled children and, at the same time, extension of implementation of the said provisions so as to cover the supplementary insurance bodies.

5. Moreover, the provisions of article 15, paragraph 6, Law 3607/2007 stipulated the possibility of granting a temporary pension at 80% of the pension amount calculated on the basis of the insurance information (length of insurance and salary) within 15 working days as from the submission of the application for retirement due to old age or death. This measure aims at the acceleration of the process of pension award to the beneficiaries and at the safeguarding of their income for the period until the issuance of the final decision on retirement.

Additional Question of the European Committee of Social Rights about pensions

The **annual readjustment** of the pensions mentioned hereinabove is within the framework of the general income policy of the Government and **is not connected with any increase in salaries, but mainly with the cost of living and inflation.**

Paragraph 4

Additional Questions of the European Committee of Social Rights

Principle of equal treatment

The aliens (nationals of other countries that are parties to the Social Charter), as long as they reside permanently in Greece, enjoy equal social security treatment as the Greek nationals, even if there is no bilateral agreement on social security with the country from which they come.

Question 2 Bilateral agreements

As from 1-1-2007 the community regulations apply fully to the Bulgarian nationals who live and work in our country. Greece promotes the conclusion of bilateral agreements with countries that have

ratified the European Social Charter and are not members of the European Union. It has already accepted the proposal of Moldova for a meeting of competent officers from the two countries, which will take place in the first half of May of the next year, so that exploratory talks start with a view to a conclusion of a bilateral agreement on social security between the two countries.

As regards the observation of the Committee that according to the previous Conclusions (Conclusions XVII, page 245), *when there is no bilateral agreement, nationals of other contracting parties enjoy equal treatment in social security issues with Greek nationals, when they stay permanently in Greece*, we would like to clarify that for equality of treatment is required legal stay on the Greek territory and not “permanent stay”. According to par. 1 of article 71 of the migration legislation 3386/2005, third country nationals residing legally in Greece, enjoy the same insurance rights and the relevant benefits by the social security institutions by which they are insured, as native workers.

EUROPEAN SOCIAL CHARTER
19TH GREEK REPORT
01/01/2005 – 31/12/2007

Article 13 The right to social and medical assistance

Paragraph 1

Question 1 General legal framework

A. Legal framework for access to health services by Greek and foreign citizens ‘who are in a state of need’.

We refer to the previous Greek reports.

In addition, we wish to inform you that during the reference period the following **legislative texts** were adopted:

- Law 3386/18-08-2005 (Official Gazette 212/Part A/23-08-2005): ‘Entry, residence and social integration of third-country nationals in the Hellenic Territory’;

- Presidential Decree 220/06-11-2007 (Official Gazette 251/Part A/13-11-2007) ‘Adaptation of Greek legislation to Council Directive 2003/9/EC as of 27 January 2003 laying down minimum standards for the reception of asylum seekers by the Member States (EEL 31/6.2.2003)’. Articles 8, 12 and 14 deal with the free of charge nursing and medical care to asylum seekers and financially weak refugees.

Moreover, the following **administrative deeds** were issued:

- Decision P2a/GP 33667/23-03-2005 supplementing P2a/GP oik. 115284/10-11-2004 ‘Protection – promotion of health and psychosocial support of Greek Roma’;

- Joint Ministerial Decision Y4a/48566/06-05-2005 (Official Gazette 668/Part B/18-05-2005): ‘Determination of requirements, criteria and procedures of access to the system of nursing and medical care for uninsured and financially weak citizens’;

- Joint Ministerial Decision 110309/06-02-2006 (Official Gazette 196/Part B/13-02-2006) ‘Amendment and replacement of Joint Ministerial Decision 113956/02-10-2002 (Official Gazette 1295/Part B/04-10-2002) which defined the “management, evaluation, monitoring and control system and the enforcement procedure of action ‘Protection-promotion of health and social integration of Greek Roma’ co-financed by the European Social Fund within the context of the Regional Operational Programs, 3rd Community Support Framework”’;

- Decision P2a/GP37105/10-04-2006 (Official Gazette 507/Part B/20-04-2006): ‘Program of health protection at guest houses for aliens seeking asylum and refugees’;

- Joint Ministerial Decision P2a/139491/16-11-2006 (Official Gazette 1747/Part B/30-11-2006) ‘Requirements for the free of charge nursing and medical care to Greeks and aliens’. This Joint Ministerial Decision supplemented the previous one as of 2005 in respect of the beneficiaries (the categories of citizens of Member States of the European Union and of states that have ratified the European Social Charter were included).

In consideration of the above it can be concluded that the financially weak citizens who need protection include the following population groups:

1. Greek nationals who are uninsured and financially weak’;
2. nationals of Member States of the European Union who legally reside in Greece and are financially weak – uninsured;

3. nationals of countries that have ratified the European Social Charter, who reside permanently and legally in Greece and are financially weak – uninsured;
4. aliens having a residence permit for humanitarian (health) reasons;
5. aliens who are not ethnic Greeks but are spouses of Greeks or of Greek expatriates or of nationals of Member States of the European Union and their children, provided that they reside legally in Greece and are financially weak – uninsured;
6. recognized political refugees;
7. aliens, who have submitted an application for asylum, which is currently being examined; and
8. aliens who are victims of the crimes stipulated in articles 323, 323A, 349, 351 and 351A of the Criminal Code (pursuant to Presidential Decree 233/2003), and are uninsured.

It should be mentioned that the Joint Ministerial Decision P2a/139491/16-11-2006 (Official Gazette 1747/Part B/30-11-2006) ‘Requirements for the free of charge nursing and medical care to Greeks and aliens’ stipulated the increase of the minimum limit of the annual family income from 5,000 euro to 6,000 euro which shall be further increased by 20% for the wife and every minor or dependent child, provided, however, that this income does not come from a professional activity that provides an insurance possibility. This income shall be increased by 50% in cases of persons with a disability percentage of at least 67%. In pursuance of this decision, Social Protection Certificates are issued to the beneficiaries for the facilitation of their access to health services.

In pursuance of the above, free of charge health services were rendered, whose cost amounted to:

For 2005

Health services to Greeks and aliens who are financially weak:

85,002,692.01 Euro

For 2006

Financially weak Greeks	48,738,538.20	Euro
Financially weak Greek expatriates	4,324,895.83	Euro
Care of political refugees	854,037.23	Euro
Care of aliens (whether legal or not)	7,025,009.29	Euro
Pharmaceutical assistance to financially weak (Greeks and aliens)	32,096,163.60	Euro
TOTAL	93,038,644.15	Euro

For 2007

Financially weak Greeks	65,060,815.73	Euro
Financially weak Greek expatriates and aliens	3,387,014.11	Euro
Care of political refugees	1,485,839.45	Euro
Care of aliens (whether legal or not)	5,099,325.80	Euro
Pharmaceutical assistance to financially weak (Greeks and aliens)	37,356,632.63	Euro
Financially weak Greeks and aliens hospitalized at the University Hospital of Patra**	2,980,856.60	Euro
TOTAL	115,370,484.32	Euro

** (The University Hospital of Patra did not provide data by category.)

The said benefits regarding nursing and medical care are provided by the public nursing institutions of the country to financial weak and uninsured Greeks and aliens (in a state of need), and the expenses incurred due to their hospitalization are charged against the budgets of the hospitals (state budget).

Uninsured and socially weak citizens

The Prefectural Self-administrations issue Uninsured Person Booklets and Social Protection Certificates to various categories of uninsured citizens for nursing and medical care.

TABLE OF BENEFITED CITIZENS – YEAR 2007 (ISSUANCE/VALIDATION OF BOOKLETS – SOCIAL PROTECTION CERTIFICATES)	
GREEK CITIZENS	44,809
OF GREEK ORIGIN	
(a) From Albania	2,328
(b) From other countries	3,030
Citizens of European Union member states – European Social Charter member states	55
MEMBERS OF THE VISUAL ARTS CHAMBER	258
UNINSURED GREEK MUSICIANS, SINGERS, ETC.	17
CITIZENS OWING MONEY TO INSURANCE FUNDS	
(a) Trades and Crafts Fund of Greece (TEVE)	252
(b) Traders’ Insurance Fund (TAE), Public Works Engineers and Contractors Pension Fund (TSMEDE), Agricultural Insurance Organization (OGA), Insurance Organization for the Self-employed (OAEE), Social Security Institution (IKA), Merchant Seamen’s Fund (NAT)	62
ALIENS HAVING A RESIDENCE PERMIT ON HUMANITARIAN GROUNDS	
(a) From Albania	82
(b) From other countries	62
ALIENS WHO ARE NOT ETHNIC GREEKS BUT ARE SPOUSES OF ETHNIC GREEKS	
(a) Greeks	228
(b) Ethnic Greeks	153
(c) European Union member states	42

Source: Ministry of Health and Social Solidarity

* The number of persons benefited is even higher, however, in many cases the data have not been classified by the agencies and such data have not been included.

B. Social assistance

B.1 Measures for the support of weak population groups

A. The support of socially weak population groups, especially those living below poverty line and being in a real state of need, is a priority of the current economic and social policy. To this end, the role of the **National Social Cohesion Fund**, which was established by Law 3631/2008, will be crucial. Through the Fund a transition is attempted from the general social expenditure to expenditure targeted to poor households, while the effectiveness of social expenditure at a national level is expected to improve. The aim of the Fund is to support the most vulnerable groups at risk of poverty through integrated programs of targeted income support. The categories of beneficiaries shall be

determined on the basis of specific income and social criteria and this gives an *innovative character* to the Fund. The income criterion refers to an annual income lower than 60% of the median equivalent total available income²² (which is now officially defined as poverty line), while at the same time social criteria will also be taken into consideration, such as single-parent families, unemployed persons, low income pensioners, etc.

The Fund shall finance the relevant programs to be prepared and implemented by the competent Ministries within the framework of poverty combating policies. An amount of 100 million euro has been estimated for 2008.

B. During the reference period, within the context of the income policy the following **economic and tax measures** were established:

- granting of a one-off non-taxable financial support of 2,000 euro for the birth of the third or more children (Law 3454/2006). The expenditure is charged against the state budget;
- granting of the large family allowance to families having three children on the same terms and conditions governing the granting thereof to large families (Law 3631/2008). The expenditure is charged against the state budget;
- increase of the tax-free threshold for wage earners and pensioners to 12,000 euro and for non-wage earners (self-employed, traders, farmers, etc.) to 10,500 euro. Such tax-free thresholds shall be increased by 1,000 euro in case the taxpayer has one child, by 2,000 euro in case the taxpayer has two children, by 10,000 euro if the taxpayer has three children and by further 1,000 euro for every child after the third (Law 3522/2006). The same law stipulates the exemption from tax of the large family allowance;
- exemption from conveyance tax and real estate transaction fee for first residence with a maximum limit of 200 square meters of the real estate to be purchased, increased by 25 square meters for the third child and each one of the next minor children (Law 3634/2008);
- the same law stipulates the abolition of the inheritance tax and parental grant tax, which varied from 5% to 30% of the value of the real estate and will be replaced by a tax of 1% of the value of the real estate to be conveyed; and
- extension to families having three children of the exemption from the classification tax for the purchase of passenger cars, as it applies to large families (Law 3454/2006).

In particular, an income support has been prescribed for **households living in disadvantaged areas** and having a low income (Law 3016/2002 – Joint Ministerial Decision 2/37653/0020/8.7.2002). The allowance is granted on the basis of income limits readjusted by Decision 2/49670/23.9.2005 at 600 euro for an annual income up to 2,000 euro and at 300 euro for an annual income up to 3,000 euro. The measure is financed by appropriations of the ordinary budget.

The following tax measures were established for the **financial support of certain vulnerable population groups**:

- increase from 1,900 euro to 2,400 euro of the amount of expenditure without supporting documents, deducted from the income of a disabled taxpayer (Law 3522/2006);
- reduction of the VAT rate from 19% to 9% for certain devices and technological aids used exclusively by disabled persons (Law 3522/2006);

²² According to the methodology followed in the Survey on Income and Living Conditions of Households conducted every year by the General Secretariat of the National Statistical Service of Greece (ESYE), by virtue of Regulation 1177/2003 of the European Parliament and of the Council.

- increase from 70 to 90 square meters of the housing needs limit for an existing residence in respect of exemption of persons with a disability percentage of at least 67% from real estate conveyance tax, when purchasing a new residence (Law 3522/2006);
- reduction of the inheritance tax up to 60%, depending on the relation with the inherited person, for persons with a disability percentage of at least 67% (Law 3634/2008); and
- exemption from the financial support, food, house maintenance, house equipment, rental subsidy or other tax paid to political refugees, so that they can integrate into Greek society.

Special Emergency Fund

Due to the emergency caused by the devastating fires in summer 2007 and for effectively dealing with natural disasters henceforth, a Legislative Deed was issued (ratified by Law 3624/2007), which provided for the establishment of the **Special Emergency Fund** in the form of a public law entity aiming at financing programs for the support and relief of people stricken by Acts of God, fires, earthquakes, floods and other natural disasters and extreme weather phenomena.

The relevant administrative deeds for the operation and financing of the Fund have already been issued. The resources of the Fund come from (a) contributions of the Special Account for Assistance to Fire Stricken People through amounts from natural or legal entities; (b) contributions of the State Budget; and (c) contributions of private individuals.

The same Deed stipulated the granting of social benefits and financial support to all permanent residents of the fire-stricken areas without any exception.

Within the same year administrative deeds were issued, pursuant to which the stricken people received the prescribed support which mainly consisted in the following:

1. *Decision oik/6996/A32/31.10.2007 of the Minister of Economy and Finance and Minister for the Environment, Physical Planning and Public Works, as amended and currently in force.*

Free of charge state assistance for repair or reconstruction of fire-stricken houses and other buildings, coverage of expenses for demolition of such buildings, supply and transportation of prefabricated houses for optional housing of stricken people, infrastructure works for restoration of fire-stricken areas, etc.

The expenditure incurred amounts to 150 million euro, of which 100 million euro are covered by the Special Emergency Fund and 50 million euro are covered by national resources of the Public Investment Program.

2. *Decision P2a/GP/oik.109463/29.8.2007 of the Deputy Minister of Economy and Finance and Minister of Health and Social Solidarity.*

One-off allowance of 3,000 euro per family and 10,000 euro for replacement of the household effects of the main and secondary residence and a monetary compensation to persons who sustained a permanent and irreparable harm (8,000 euro) and to the relatives of deceased persons (10,000 euro).

3. *Decision 37670/B.1693/31-08-2007 of the Minister of Economy and Finance and Minister of Development.*

Free monetary support of 5,000 euro per enterprise in fire-stricken areas.

4. *Decision oik/5532/A36p/7.9.2007 of the Deputy Minister of Economy and Finance and Minister for the Environment, Physical Planning and Public Works.*

Rental subsidy for the coverage of housing needs in fire-stricken areas up to 250 euro for individual persons, 300 euro for three-member families, 350 euro for four-member families and 400 euro for larger families. The subsidy is granted every three months for 2 years in case of owners and for 6 months in case of tenants.

5. Decision 36579/B.1666 of the Minister of Economy and Finance, as amended and currently in force.

Loans for working capitals and other credit facilities (e.g. arrangement of overdue debts on favourable terms) to enterprises and professionals in fire-stricken areas.

6. Decision 258379/11.4.2008 of the Minister of Economy and Finance and Minister of Rural Development and Food.

Financial support to producers whose farming and stockbreeding undertakings sustained damage due to the fires in 2007.

7. Decision F11321/23873/1513/9.10.2007 of the Minister of Economy and Finance and Minister of Employment and Social Protection.

Special financial support equal to one pension along with the allowances to pensioners of main insurance funds falling within the competence of the Ministry of Employment and Social Protection, who are permanent residents of fire-stricken areas.

B.2 Granting of Social Assistance

The Welfare Directorates of the Prefectural Self-administrations provide social assistance to persons who are in a state of financial weakness and are therefore unable, through their own means, to secure the necessary means for a living. The above agencies provide assistance and social and counseling support to persons in need, through specialized personnel (psychologists, social workers, sociologists, health inspectors, etc.)

The Social Welfare and Solidarity Directorate of the Ministry of Health and Social Solidarity, which cooperates to this end with jointly competent ministries, the UN High Commission and non-governmental organizations, is competent to provide assistance (residence in reception centres, food, social – psychological – legal support, counselling, medical care) to the categories of alien refugees, asylum seekers and unaccompanied children seeking asylum.

Regarding the negative conclusion of the European Committee of Social Rights we inform you as follows:

The basic statutes on provision of social assistance are the Legislative Order 57/1973 (Official Gazette 149/Part A/07-03-1973) ‘regarding the adoption of social protection measures for financial weak persons and abolition of the provisions governing poverty’ and Joint Ministerial Decision P2A/2673/29-08-2001 (Official Gazette 1185/b/11-09-2001) ‘Amendment and supplementation of Programmatic Decisions on provision of Social Protection’.

Legislative Order 57/73 stipulates the possibility of payment to poor people of a one-off allowance of 234.75 euro (during the reference period), provided only that the person receiving the welfare allowance is unable to cover his basic living needs from any source of income.

Regarding the possibility of people in need to appeal to an independent authority in respect of the exercise of the right to social and medical assistance, we inform you that one of the Departments of

the Ombudsman, which is an independent authority constitutionally protected and established by Law 2477/1977 and providing free of charge services, is the Social Protection Department which examines reports related to the protection of citizens' social rights. The Health and Social Solidarity Ombudsman, established by Law 3293/2004, was incorporated into the Social Protection Department and operates since 2005 and renders services to all citizens – users of health and welfare public services.

As regards citizens' possibility to appeal to the judicial authorities in connection with the control of acts or omissions of the administration related to the right to social and medical assistance, we wish to point out the following:

Article 20, paragraph 1 of the Constitution prevents the legislator from establishing procedural requirements that would amount to abolition of the right to provision of legal protection. Moreover, article 10, paragraph 1 of the Constitution stipulates that the internal control of the administration is caused by all statutory kinds of administrative appeals which constitute manifestations of the fundamental right to petition. The acts of the administration are normally subject to the essential control of the ordinary administrative courts without a special provision in law being necessary (Administrative First Instance Court of Athens, Judgements 9200/1988 and 4763/1989). In case of insufficient welfare benefit at the risk of harming a person, the judicial control of the relevant essential administrative dispute may even result in the coercion of the administration to ensure adequate lawful social assistance. The said coercion is founded on articles 54, 56, 4 of the Presidential Decree 341/1978 in conjunction with article 259 of the Criminal Code, which stipulates criminal sanctions for breach of duty. Case law conclusions on social security issues (Council of State Judgements 4403/1988, 2032/1988, 4948/1987, 2212/1987) reinforce the relevant claimability of the welfare right. In addition, the cassation ground of authority abuse (Council of State Judgement 1915/1982 and Supreme Court Judgement 1687/1987) may be invoked, in order to effectively prevent many antisocial results.

Actions of the Operational Program 'Health-Welfare' 2000-2006

Within the framework of Measure 3.1 of the Operational Program 'Health-Welfare' 2000-2006: *'Actions for the support of persons threatened with exclusion or excluded from the labour market within the context of the Actions of the Social-Supportive Services Network at a local level'*, specialized, primary, social supportive services are provided on the basis of the individualized approach and interconnection of the persons served with the structures promoting employment. The Measure seeks to contribute essentially to the coordinated action, which is being developed at a national level, for a comprehensive approach of the socioeconomic (re)integration of persons threatened with exclusion or excluded from the labour market.

II. QUANTITATIVE DETAILS OF MEASURE 3.1 of the Operational Program ‘Health-Welfare’ 2000-2006 ‘*Actions for the support of persons threatened with exclusion or excluded from the labour market within the context of the Actions of the Social-Supportive Services Network at a local level*’ (FOR THE ENTIRE COUNTRY).

	GENDER		AGE				TARGET GROUP						ORIGIN		FINANCIAL STATUS				OCCUPATIONAL STATUS	
	FEMALE	MALE	0 - 29	30 - 44	45 - 64	65 +	UNEMPLOYED	IMMIGRANTS	SINGLE-PARENT FAMILIES	ROMA	DISABLED	REPATRIATED GREEK	GREECE	OTHER COUNTRY	0 - 3000 €	3001 - 6000 €	6001 - 10,000	10,000 or above	UNEMPLOYED	EMPLOYED
TOTAL	43.767	28.449	17.248	28.491	14.721	3.990	41.076	6.611	3.204	3.172	3.011	1.444	63.376	8.840	33.696	8.302	4.937	705	41.883	12.455
2007	6.102	4.633	2.067	3.554	1.846	423	4.799	691	397	246	432	93	9.992	743	3.979	1.111	1.134	705	5.071	2.420

Source: Ministry of Health and Social Solidarity

Information on the **social and medical assistance by category of vulnerable social groups** is presented below:

I. Citizens afflicted by natural disaster

The competent Prefecture provides immediately to citizens afflicted by Natural Disaster the following:

- tents and blankets for their temporary housing;
- financial support in the amount of 586.94 euro to every family for the coverage of their first needs;
- in addition to the 586.94 euro given for coverage of the first needs, the large families that sustained damages shall receive an additional amount of 589.94 euro;
- a further financial support of 589.94 euro shall be given to the stricken families for each member thereof who is a person with special needs and subsidized by the Welfare Agency;
- financial support of 5,869.41 euro per household for repair of the main residence or replacement of household effects;
- financial support of 4,402.05 euro to persons who suffer from disability due to an injury resulting from an Act of God.

The following appropriations (in euro) have been transferred from the Ministry of Health and Social Solidarity, F 220 KAE 2739 ‘Other general social welfare aids and allowances’, to the Welfare Directorates of the Prefectural Self-administrations:

	2006	2007	2008 (1st semester)
For earthquake	2,310,544.94	544,183.00	57,613.00
For flood	2,273,085.00	1,829,607.00	41,460.00
For fire	673,738.00	69,622.00	7,807.00
For poverty	584,423.00	684,414.00	676,376.00
For tornado		34,932	117,827.00
For snowfall	35,000.00		
For landslide	28,930.00		
Lebanon	20,000.00		

Source: Ministry of Health and Social Solidarity

II. Repatriated Greeks

The following amounts from the budget of the Prefectural Self-administrations of the country are given to the repatriated Greeks:

- one-off financial aid of 117.39 euro for the coverage of the cost of first settlement;
- one-off financial aid of 176.08 euro for the transportation of the family household effects;
- one-off financial aid of 146,73 euro for the families of repatriated Greeks that settle in frontier areas;
- coverage of the transportation of the corpse in the amount of 293,43 euro (in respect of repatriated persons); and
- monthly financial aid of 35,22 euro to financially weak persons who have attained the age of 60 or are unable to work.

III. Greek Roma

For the Greek Roma, the Ministry of Health, within the framework of the Integrated Action Plan for the Roma, created Medicosocial Centres in their organized settlements, while its Mobile Units visit the encampments of wandering Roma. Detailed information is given in article 11 of the Report.

IV. Refugees – Asylum Seekers

Special care is exercised for refugees and asylum seekers. Please, see the information given in article 14.

V. Homeless people

Please, see the information given in article 14.

VI. Victims of illicit trafficking in persons

Please, see the information given in article 14.

Paragraph 2

The legislation governing the access by citizens ‘who are in a state of need’ (Greeks and aliens) to social and health services does not include any provision that stipulates discrimination against those receiving medical and social assistance in respect of the exercise of their civil, social and political rights.

Paragraph 3

We refer to the information given in Article 14 of the present Report

Paragraph 4

Questions 1 and 2

Please, describe the legal framework - administrative deeds.

We refer to the previous Greek reports and the information on Question 1, paragraph 1, article 13.

A. During the reference period, the Joint Ministerial Decision P2a/139491/16-11-2006 (Official Gazette 1747/Part B/30-11-2006) ‘Requirements for the free of charge nursing and medical care to Greeks and aliens’ was adopted. This Joint Ministerial Decision supplemented the previous one as of 2005 in respect of the beneficiaries (the categories of citizens of Member States of the European Union and of states that have ratified the European Social Charter were included).

Within the context of the aforementioned Ministerial Decision the following persons ***are entitled to hospital and medical care*** at Hospitals mentioned in Legislative Order 2592/1953 and Law 1397/1983 (Official Gazette 143/Part A/07-10-1983 ‘National Health System’) and at Hospitals contracted with the Ministry of Health and Social Solidarity or infirmaries of the Social Security Institution, as well as at welfare nursing institutions, provided that they are not entitled to receive such care directly or indirectly from any insurance body and they reside lawfully and permanently in the country:

- nationals of Member States of the European Union who are uninsured and whose annual family income does not exceed 6,000 euro, increased by 20% for the wife and every minor or dependent child, provided, however, that this income does not come

from a professional activity that provides an insurance possibility. This income shall be increased by 50% in cases of persons with a disability percentage of at least 67%. Income is considered to be the taxable real or imputed income and that exempted or taxed in a special manner;

- uninsured members of the Visual Arts Chamber of Greece and members of their families (spouse and minor children) and members of Visual Arts Chambers of Member States of the European Union;
- persons hosted in therapeutic communities for drug rehabilitation or outpatients thereof.

A Booklet for Uninsured Person is issued to such beneficiaries for one (1) year.

In addition:

- **Aliens having a residence permit for humanitarian (health) reasons.**
- Nationals of member states of the European Social Charter;
- Aliens who are not ethnic Greeks but are spouses of Greeks or Greek expatriates or nationals of member states of the European Union and their children;

A social protection certificate is issued to beneficiaries of such categories, as long as there is provenly a health problem.

In addition, under Presidential Decree 266/99:

- Recognized political refugees;
- Aliens, who have submitted an application for recognition of the refugee status, which is being examined by the Ministry of Public Order; and
- Persons having a residence approval for humanitarian reasons or for whom a deadline has been fixed which has not expired yet, are entitled to a free of charge medical and hospital care upon showing their refugee's identity card or alien asylum seeker's card or alien's special card of residence for humanitarian reasons respectively at the agencies of the National Health System;

Moreover:

- Aliens who are victims of the crimes stipulated in articles 323, 323A, 349, 351 and 351A of the Criminal Code (pursuant to Presidential Decree 233/2003), (victims of illicit trafficking in persons for the purpose of sexual and economic exploitation) and are uninsured, shall be entitled to immediate and free of charge medical and hospital care from the agencies of the National Health System for the period of validity of the protection and assistance measures upon showing only the relevant certification issued by the appropriate Police Division directly to the agencies of the National Health System, which will mention explicitly the time of protection and assistance'.

Persons having a booklet for free of charge medical and hospital care are entitled to:

1. full free of charge hospitalization at 3rd class beds;
2. examination and free of charge medication (included in the list) at the institutions mentioned in the Decision and paraclinical or laboratory tests;
3. transportation of patients by sea or air.

B. During the reference period, Decision P2a/GP37105/10-04-2006 (Official Gazette 507/Part B/20-04-2006): '*Program of health protection at guest houses for aliens seeking asylum and refugees*' was adopted. Within the framework of this decision the following are provided:

(a) accommodation to refugees – asylum seekers at guest houses falling within the competence of the Ministry of Health and Social Solidarity and non-governmental organizations, which are co-financed by the European Refugee Fund and the Ministry of Health and Social Solidarity;

(b) accommodation to asylum seekers – aliens, who are serviced by the Aliens Directorate of Attiki.

The program implements the following actions:

- clinical examination of asylum seekers;
- recording of personal and family medical history;
- evaluation of the level of health of asylum seekers with emphasis on infectious diseases;
- radiological and laboratory tests, if the attending physician deems them necessary; and
- awareness-raising – information of the persons hosted on issues of health and hygiene through lectures at the Reception Centres.

The following bodies cooperate for the implementation of the said Program:

- the Social Welfare and Solidarity Directorate of the Ministry of Health and Social Solidarity, which is competent for the planning-coordination-control of the Program, collaborations with public bodies and handling of social cases, with the Director and Head of the Vulnerable Groups Protection Department being the responsible officers; and
- the Public Health Directorate, which is competent to deal with any issue of a sanitary nature, dispensation of vaccines for inoculation as related to Public Health;
- the Diseases Control and Prevention Centre (KEELPNO), which is competent for the clinical tests – investigation of infectious disease cases – inoculation – completion of the medical card – entry in an electronic database – drawing up of the six-monthly report on the results of the Program to be submitted to the Public Health General Directorate of the Ministry of Health;
- the Regional Health Administrations, Prefectural Self-administrations of the country and Local Self-administrations, where this is deemed necessary.

C. In order to satisfy the accommodation needs of aliens seeking asylum, the following Temporary Accommodation Centres for Aliens Seeking Asylum were financed by the **State Budget** in the amount of 1,690,000.00€:

- i. Reception Centre for minor alien Refugees in Anogia, Crete
- ii. Refugee Reception Centre in Lavrion
- iii. Refugee Reception Centre in Sperchiada

D. The following Projects are implemented by **Ministerial Decision**:

- i. 'Project for reception of newcomers alien refugees seeking asylum', implemented by the NGO 'Greek Council for Refugees'.
- ii. 'Operation of the Intercultural Centre of Lavrion' by the Hellenic Red Cross.

E. A **Policy Contract** has been signed between the Ministry of Health and Social Solidarity, the 5th Sanitary District of Thessaly-Continental Greece and the Hellenic Red Cross for provision of housing and food services to unaccompanied minor aliens:

- i. from 20-02-2008 to 31-05-2008 at the Autistic Persons Support Centre of Magnisia (Volos) with a capacity of 25 persons;
- ii. from 01-06-2008 to 31-08-2008 at the Children's Town of Aghia Sofia, Volos with a capacity of 24 persons.

The said centres, in addition to the basic housing services, offer services related to means of subsistence, social support, food, counselling and medical coverage.

F. Within the context of **support of the Family** the following are provided:

1. Within the context of the Program for the Financial Support of Unprotected Children (Law 4051/1960 (Official Gazette 68/Part A/1960)) an Allowance is granted to all beneficiaries, regardless of race, religion or origin. The only condition is that they reside permanently in Greece.

2. Monetary benefits due to maternity (maternity allowance) to all working mothers who are unable to claim such benefits from their insurance body or who are uninsured. This allowance is granted pursuant to article 4, paragraph 5, Law 1302/1982 (Official Gazette 133/Part A/1982) which ratified the International Labour Convention ‘on protection of maternity’ 103/52. The maternity allowance is also granted to all female foreign citizens, provided that they meet the above requirements (legal residence in Greece and non-payment thereof by their insurance body).

Additional questions of the European Committee of Social Rights

1. Aliens who are illegally in Greece

Within the framework of Law 3386/2005 (Official Gazette 212/Part A/23-08-2005): ‘Entry, residence and social integration of third-country nationals in the Hellenic Territory’, article 8§1, the necessary health services in case of emergency are provided to immigrants who **are not legally** in Greece, until their health stabilizes, as well as to minor children.

Moreover, in cases of mass arrivals of illegal immigrants, as soon as they are located by the competent authorities (Police, Port Police, etc.), the required medical personnel from the nearest health units visit the location in order to test and examine everybody and then, if deemed necessary, any patients shall be evacuated to the appropriate nursing units so as to be treated.

Law 2955/02-11-2001 (Official Gazette 256/Part A/09-11-2001) ‘Supplies of hospitals and other health units of the Regional Health Systems and other provisions’, which refers to alien economic immigrants who have been infected with HIV or other infectious diseases, stipulates in article 11, Annex E, the possibility for free of charge nursing and medical care to aliens – whether legal or not – who suffer from infectious diseases. The requirement defined by the said provision is that the infectious disease cannot be treated in the country of their origin.

2. During the reference period, Law 3304/2005 (Official Gazette 16/A/27-1-2005) ‘Implementation of the principle of equal treatment irrespective of racial or ethnic origin, religion or belief, disability, age or sexual orientation’ was adopted, whereby Directive 2000/78/EC and Directive 2000/43/EC ‘implementing the principle of equal treatment between persons irrespective of racial or ethnic origin’ in the field of employment, occupation, participation in professional associations and trade unions, as well as in education, social benefits and access to goods and services offered to the public, were incorporated into the Greek law.

19TH GREEK REPORT

01/01/2003 – 31/12/2007

Article 14 The right to benefit from social welfare services

A. Legal Framework adopted during the reference period

- Law 3106/07-02-2003 (Official Gazette 30/Part A/10-02-2003): ‘Reorganization of the National Social Care System and other provisions’
- Law 3226/04-02-2004 (Official Gazette 24/Part A/04-02-2004): ‘Provision of legal aid to citizens of low income and other provisions’
- Law 3386/18-08-2005 (Official Gazette 212/Part A/23-08-2005): ‘Entry, residence and social integration of third country nationals in the territory of Greece’
- Law 3402/13-10-2005 (Official Gazette 258/Part A/17-10-2005): ‘Reform of the Blood Donation System and other provisions’
- Law 3459/19-05-2006 (Official Gazette 103/Part A/25-05-2006): ‘Code of Laws on Drugs’
- Law 3500/23-10-2006 (Official Gazette 232/Part A/24-10-2006): ‘on combating domestic violence and other provisions’
- Law 3625/21-12-2007 (Official Gazette 290/Part A/24-12-2007): ‘Ratification, enforcement of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and other provisions’
- Presidential Decree 266/11-10-1999 (Official Gazette 217/Part A/20-10-1999): ‘Administrative subjection and operation of the existing Refugee Centre in Lavrion, Attiki and social protection of recognized refugees, asylum seekers and residents on humanitarian grounds’, article 16 and article 15 paragraph 3.

B. Administrative deeds issued for the implementation of the above legal framework

- Joint Ministerial Decision P2a/2673/29-08-2001 (Official Gazette 1185/Part B/11-09-2001): ‘Amendment and supplementation of Programmatic Decisions on provision of Social Protection’
- Joint Ministerial Decision P2a/GP oik 56294/11-06-2003 (Official Gazette 876/Part B/02-07-2003): ‘Actions management, monitoring, evaluation and control system within the framework of Measure 3.1 of the Operational Program “HEALTH-WELFARE”: ‘Actions for the support of persons threatened with exclusion or excluded from the labour market within the context of the Actions of the Social-Supportive Services Network at a local level’
- Decision P2a/GP 33667/23-03-2005 supplementing P2a/GP oik 115284/10-11-2004 ‘Protection – promotion of health and psychosocial support of Greek Roma’
- Joint Ministerial Decision Y4a/48566/06-05-2005 (Official Gazette 668/Part B/18-05-2005): ‘Determination of requirements, criteria and procedures of access to the system of nursing and medical care for uninsured and financially weak citizens’
- Ministerial Decision F.429.5/5/150045 (Official Gazette 34/Part B/18-01-2006) of the Ministry of National Defence ‘Regulation of certain recruiting issues’
- Joint Ministerial Decision 110309/06-02-2006 (Official Gazette 196/Part B/13-02-2006) ‘Amendment and replacement of Joint Ministerial Decision 113956/02-10-2002 (Official Gazette 1295/Part B/04-10-2002) which defined the “management, evaluation, monitoring and control system and the enforcement procedure of action ‘Protection-promotion of health and social integration of Greek Roma’ co-financed by the European Social Fund within the framework of the Regional Operational Programs, 3rd Community Support Framework”’

-Decision P2a/GP37105/10-04-2006 (Official Gazette 507/Part B/20-04-2006): ‘Program of health protection at guest houses for asylum seekers, aliens and refugees’
 -Joint Ministerial Decision P2a/139491/16-11-2006 (Official Gazette 1747/Part B/30-11-2006) ‘Requirements for the free of charge nursing and medical care of Greeks and aliens’. This Joint Ministerial Decision supplemented the previous one as of 2005 in respect of the beneficiaries (the categories of citizens of member states of the European Union and of the European Social Charter were included).

C. Vulnerable population groups and their access to the social protection system

1. Socially weak citizens

The Prefectural Self-administrations issue Uninsured Person Booklets and Social Protection Certificates to various categories of uninsured citizens for nursing and medical care.

For year 2007 according to the information sent by the Prefectural Self-administrations to the Ministry of Health and Social Solidarity:

TABLE OF BENEFITED CITIZENS – YEAR 2007 (ISSUANCE/VALIDATION OF BOOKLETS – SOCIAL PROTECTION CERTIFICATES)	
GREEK CITIZENS	44,809
OF GREEK ORIGIN	
(a) From Albania	2,328
(b) From other countries	3,030
Citizens of European Union member states – European Social Charter member states	55
MEMBERS OF THE VISUAL ARTS CHAMBER	258
UNINSURED GREEK MUSICIANS, SINGERS, ETC.	17
CITIZENS OWING MONEY TO INSURANCE FUNDS	
(a) Trades and Crafts Fund of Greece (TEVE)	252
(b) Traders’ Insurance Fund (TAE), Public Works Engineers and Contractors Pension Fund (TSMEDE), Agricultural Insurance Organization (OGA), Insurance Organization for the Self-employed (OAEE), Social Security Institution (IKA), Merchant Seamen’s Fund (NAT)	62
ALIENS HAVING A RESIDENCE PERMIT ON HUMANITARIAN GROUNDS	
(a) From Albania	82
(b) From other countries	62
ALIENS WHO ARE NOT ETHNIC GREEKS BUT ARE SPOUSES OF ETHNIC GREEKS	
(a) Greeks	228
(b) Ethnic Greeks	153
(c) European Union member states	42

* The number of persons benefited is even higher, however, in many cases the data have not been classified by the agencies and such data have not been included.

The financially weak persons and therefore their children have, by priority, access to social welfare services: day nurseries, children's towns, Child Care Centres, summer camps of the State Program, Balneotherapies for the elderly people, Program 'Help at Home' and housing assistance.

2. Citizens afflicted by natural disaster

The competent Prefecture provides immediately to citizens afflicted by Natural Disaster the following:

- tents and blankets for their temporary housing;
- financial support in the amount of 586.94 euro to every family for the coverage of their first needs;
- in addition to the 586.94 euro given for coverage of the first needs, the large families that sustained damages shall receive an additional amount of 589.94 euro;
- a further financial support of 589.94 euro shall be given to the stricken families for each member thereof who is a person with special needs and subsidized by the Welfare Agency;
- financial support of 5,869.41 euro per household for repair of the main residence or replacement of household effects;
- financial support of 4,402.05 euro to persons who suffer from disability due to an injury resulting from an Act of God.

The following appropriations (in euro) have been transferred from the Ministry of Health and Social Solidarity, F 220 KAE 2739 'Other general social welfare aids and allowances', to the Welfare Directorates of the Prefectural Self-administrations:

	2006	2007	2008 (1st semester)
For earthquake	2,310,544.94	544,183.00	57,613.00
For flood	2,273,085.00	1,829,607.00	41,460.00
For fire	673,738.00	69,622.00	7,807.00
For poverty	584,423.00	684,414.00	676,376.00
For tornado		34,932	117,827.00
For snowfall	35,000.00		
For landslide	28,930.00		
Lebanon	20,000.00		

3. Greek Roma Medicosocial Centres

The Ministry of Health within the context of the Integrated Action Plan for Roma, established Medicosocial Centres in their organized settlements and performs visits to the encampments of the wandering Roma through Mobile Units. Please refer to information given under article 11.

4. Refugees –Asylum seekers- Aliens 4.1 EUROPEAN REFUGEE FUND

The Ministry of Health and Social Solidarity is the national managing authority of the European Refugee Fund and we are currently in the transitional phase from period

2000-2004 to the new period of Fund operation 2005-2010. In this context, the Social Relief and Solidarity Directorate of the Ministry of Health participates actively in the preparation of the legal instruments by the European Commission and the European Council within the framework of a common European policy for the specific group, as well as in the processes that take place with the cooperation of the jointly competent Ministries for incorporation of such instruments into Greek legislation.

Most projects implemented within the framework of the European Refugee Fund in 2006-2007 are in fact a natural follow-up of the previous years and mostly concern the operation of Reception Centres, provision of legal assistance and representation of asylum seekers, operation of intercultural centres providing integration services into the Greek society, and the awareness-raising and information of the public opinion and local authorities on refugee issues.

The Ministry of Health and Social Solidarity approved 12 Projects of the European Refugee Fund for the financial year 2006 implemented within the context of the stipulated Measures (7 Projects for Measure A, 4 Projects for Measure B and 1 Project for Measure C).

A. RECEPTION (MEASURE A)

PRAKSIS (Projects of Development, Social Support and Medical Cooperation)
ARSIS (Social Organization for the Support to the Youth)
Hellenic Institute of Solidarity and Cooperation (ELINAS)
Greek Council for Refugees (ESP)
Medical Intervention (MED.IN.)
Support Centre for Repatriates and Immigrants – Ecumenical Refugee Program
Social Solidarity – Humanitarian Aid NGO

B. INTEGRATION (MEASURE B)

ARSIS (Social Organization for the Support to the Youth)
Hellenic Red Cross (EES)
Greek Council for Refugees
Medical Rehabilitation Centre for Torture Victims (IKATHV)

C. VOLUNTARY REPATRIATION (MEASURE C)

International Organization for Migration (DOM)

The targets of Measure A were:

- creation of additional reception – accommodation places and, in general, support of the attempts for the provision of the appropriate reception conditions;
- provision of all necessary facilities and services to repatriates so that they enjoy their rights, as they derive from the International Convention on human rights and the national legislation, including the just and effective procedures for provision of asylum; and finally
- reinforcement of the mechanisms that contribute to the reception attempts and treatment of the consequences of such reception.

The targets of Measure B were:

- promotion of autonomy – self-determination of refugees and prevention of social exclusion; and

- reinforcement and creation of Counselling and Psychosocial Support Services and provision of individualized services.

The target of Measure C was:

- facilitation of voluntary repatriation procedures for persons who are refugees or who have been granted a status of subsidiary protection or temporary protection.

It should be noted that, regarding the goal, there was a full coverage of the targets of each action both in respect of their quantitative and qualitative aspect.

In all cases the Bodies covered the target of all persons benefited from the actions undertaken by them (with minor divergences as to the achievement of the targets of the particular actions), sole exception being the Medical Rehabilitation Centre for Torture Victims, which offered services to 240 persons instead of 252 persons. However, in most cases the initial target was overachieved and this shows some decisive parameters, which are briefly as follows:

(a) There is a demand for this kind of services, higher than anticipated, also due to the continuous increase of the number of refugees (which is an international phenomenon) and particular characteristics of this group (refugees) which is a particularly disadvantaged and vulnerable social group with direct and intense problems requiring a financial, social, psychological, medical and legal support.

(b) The range of the implementation bodies and their impact on society is reflected on the overachievement of the targets, given that bodies like the Hellenic Red Cross and the Greek Council for Refugees receive more requests to be satisfied and correspondingly receive more subsidies and offers in kind, which gives multiple positive results.

Considering the results of the twelve projects financed by the European Refugee Fund for financial year 2006 we draw the following overall conclusions:

-The implementation of the projects was smooth and very successful for most of them, since the initial targets were overachieved and services were rendered to more refugees and asylum seekers.

-The total appropriation for the projects implemented in Greece exceeded 1,030,504€. The budget was absorbed almost entirely and its total internal distribution is considered satisfactory.

-The distribution of programs among Measures A, B and C reflects the maturation of the refugee problem settlement manner, that is, it shows that the initial support (Reception Actions) is necessary, however, the need for social integration actions for refugees already established in Greece has at the same time increased.

-The overall range, diversity, penetrability and effectiveness of the interventions correspond to those financed during the previous years.

-There was a systematic coordination among the bodies and this contributed significantly to the creation of synergies and exchange of know-how and good practices.

- In comparison with the effectiveness and penetrability of the actions of the Bodies, although most of the Projects were particular effective, the bodies rendering specialized services (Greek Council for Refugees), Praksis and Medical Intervention, or integrated services (Hellenic Red Cross) were proved more effective.

<i>Quantitative specification of the expected results</i>	MEASURE A': RECEPTION					
	Temporary accommodation	Legal counseling	Psycho-social support	Medical support	Feedback	Strategic cooperation
PRAKSIS	74 persons	36 sessions	451 private sessions	115 doctor appointments	74 sessions	Synergy with bodies and Programmes: Promotion into the labour market, education – training, legal assistance, subsidies – donations.
			49 group sessions			
			16 references			
«ARSIS» Social Organisation for the Support to the Youth	30 persons	56 meetings				
Hellenic Institute of Solidarity and Cooperation (ELINAS)	262 persons	55% of the quests were given personal legal counseling		13% references to Hospitals		
Greek Council for Refugees (ESP)		7.490 persons 11 delegations to entry ways for legal assistance to newcomers				
Medical Intervention (Med.in)			855 persons 718 persons (counseling services)	2.213 persons		

Support Centre for Repatriates and Immigrants		639 persons				
Social Solidarity – Humanitarian Aid NGO	188 persons		55 persons	120 persons		

	MEASURE B': INTEGRATION							
	SOCIAL INTEGRATION AND REFERENCE	PSYCHO-SOCIAL SUPPORT	RENT SUBSIDY ALLOWANCE	PROMOTION INTO THE LABOUR MARKET	CREATIVE OCCUPATION	GREEK LANGUAGE TEACHING	INTERCULTURAL EVENTS	TELEPHONE SUPPORT
«ARSIS» Social Organisation for the Support to the Youth	74 persons							
HELLENIC RED CROSS (EES)		865 persons	7 cases	236 persons	34 children	92 persons	100 directly 4.064 indirectly/ visitors	1048

Greek Council for Refugees (ESP)		857 persons						
Medical Rehabilitation Centre for Torture Victims (IKATHV)	<u>EXTENDED ACTIONS</u> (medical, counseling issues) <u>Total: 228 persons</u>				<u>SUPPORTING TEACHING</u> 12 refugee children			
MEASURE C': VOLUNTARY REPATRIATION								
International Migration Organisation (DOM)	REPATRIATION-REINTEGRATION				INFORMING OF THE TARGET GROUP			
	57				112			

4.2 Refugee Reception Centres

In order to satisfy the accommodation needs of aliens seeking asylum, the following Temporary Accommodation Centres for Aliens Seeking Asylum were financed by the **State Budget** in the amount of 1,690,000.00€:

- i. **Reception Centre for minor alien Refugees in Anogia, Crete**
Reception and accommodation of unaccompanied minors seeking asylum.
- ii. **Refugee Reception Centre in Lavrion**
Reception and accommodation of persons and families seeking asylum.
Capacity: 320 persons.
Due to the repair of one of the buildings, since September 2007 2 of the 3 buildings have been operating with a capacity of 240 persons. The third building is soon expected to start operating again.
- iii. **Refugee Reception Centre in Sperchiada**
Reception and accommodation of single women and families seeking asylum
Capacity: 130 persons.

4.3 Other Projects

The following Projects are implemented by **Ministerial Decision**:

1. ***'Project for reception of newcomers alien refugees seeking asylum'***
The Project is implemented by the NGO 'Greek Council for Refugees'.
2. ***'Continuation of the 'asylum seekers', aliens and refugees health protection and social support Project'***
3. ***'Operation of the Intercultural Centre of Lavrion'*** by the Hellenic Red Cross.

4.4 Policy Contract

A **Policy Contract** has been signed between the Ministry of Health and Social Solidarity, the 5th Sanitary District of Thessaly-Continental Greece and the Hellenic Red Cross for provision of housing and food services to unaccompanied minor aliens:

1. from 20-02-2008 to 31-05-2008 at the Autistic Persons Support Centre of Magnisia (Volos) with a capacity of 25 persons;
2. from 01-06-2008 to 31-08-2008 at the Children's Town of Aghia Sofia, Volos with a capacity of 24 persons.

The said centres, in addition to the basic housing services, offer services related to means of subsistence, social support, food, and counselling and medical coverage.

5. Homeless Persons

The phenomenon of homeless persons in Greece appeared in the last fifteen years mainly due to the migratory flows from neighbouring countries and the appearance of illegal immigrants. The issue of homeless persons is treated as a social exclusion problem and the Ministry of Health and Social Solidarity implements measures and actions to that direction:

-The National Centre for Social Solidarity which is a public law entity has a Hotline (three-digit number: 197) 24 hours per day, a Reception agency, Social Support Centres, and can host and intervene in cases of emergency, for example, in cases of

homeless persons in Athens and Thessaloniki. Moreover, it cooperates with all agencies of Prefectural and Local Self-administration throughout the country.

-Through the Prefectural Self-administrations, Social Protection Programs are implemented with a view to combating poverty and supporting households in case they are afflicted by natural disasters, so that they can immediately start to operate again without creating new homeless people.

-A housing assistance allowance is granted to uninsured and financially weak elderly people over 65 years old and to couples of uninsured and financially weak elderly people who have proven that they do not have a house and reside in a rented residence. A housing allowance is paid by the appropriate Prefectural Self-administrations in the form of a rental to the owner of the real property. The amount of the monthly allowance was 244€ for 2006 and 266€ for 2007.

-The Ministry of Health within the context of the 3rd Community Support Framework implements the Project 'Support to the Citizen' by developing a Network of Social Supportive Services in Municipalities throughout the country with a view to supporting persons threatened with or suffering from social exclusion. To this day and on the basis of the data recorded, of the 72,216 persons benefited 159 were homeless, in addition to the other cases dealt with preventively. For 2007, 10,735 persons were benefited and 17 of them had a housing problem.

-A Policy Contract has been signed between the Ministry of Health, the Municipality of Chania (Municipal and Social Policy Organization of the Municipality of Chania) and the National Centre for Social Solidarity for the creation of a Guest House for Homeless People in Chania.

-The Archbishopric of Athens has received by the Special State Lottery an amount of 250,000.00€ for the implementation of the Project 'Housing of homeless people in the Municipality of Piraeus' (Decision of the Ministry of Health P2b/GP oik 105653/30-8-2006).

-The Special State Lottery has also granted an amount of 45,000.00€ to the Municipality of Vouliagmeni for the Adults Social Guest House Institution that is currently operating (Decision P2b/GP oik 149359/14-12-2006).

-A Policy Contract has been signed between the Ministry of Health and Social Solidarity, the Hellenic Red Cross and the National Centre for Social Solidarity, and a building at 4 Epikourou Street owned by the Ministry of Health has been assigned for the creation of a Guest House for Homeless People since September 2007.

-A Social Guest House operates in Kareas, which is fully financed by the State Budget.

-The Special State Lottery funds public and private law entities (Bishoprics, Churches, NGOs, etc.) for purposes of social benefits to persons in a state of need (poverty, homeless, etc.)

-Finally, Law 3631/2008 (Official Gazette 6/Part A/29-01-2008) ‘Establishment of the National Social Cohesion Fund and other provisions’ has been passed, whose provisions regulate issues of poverty and social exclusion.

6. Persons undergoing an intense emotional crisis or in a state of emergency (abuse, abandonment, family violence, sexual exploitation)

A. Article 6, Law 3106/2003 (Official Gazette 30/Part A/10-02-2003) stipulated the establishment of a public law entity supervised by the Ministry of Health and Social Solidarity under the name ‘National Centre for Emergency Social Care’ (EKAKV). By Law 3402/2005, article 20, the said body was renamed to National Centre for Social Solidarity and currently it is the main state coordinating body of the network providing social solidarity and information services in welfare issues.

The aim of the National Centre for Social Solidarity is to coordinate the network providing social support to persons, families and population groups undergoing an intense emotional crisis or being in a state of emergency.

The services rendered include: counselling and information in welfare issues; psychological support to persons, families and groups; temporary accommodation to Guest Houses for persons undergoing a crisis or being in a state of emergency; coordination and intermediation for access to social solidarity services offered by other bodies, non-profit organization and non-governmental organizations.

The persons and population groups concerned, for whom the services network of the National Centre for Social Solidarity is intended, are as follows:

children and adolescents abused; children and adolescents neglected or wandering; adolescents abandoning their houses; abused women, victims of family violence; adults and elderly people needing an emergency social care; persons undergoing a crisis and in a highly emotionally charged state, etc.; victims of illicit trafficking for the purpose of sexual exploitation.

The National Centre for Social Solidarity does not deal with vulnerable groups having chronic problems that need a specialized therapeutic intervention, such as users of narcotic drugs, HIV/AIDS positive persons and mentally ill persons (see below).

The network of services offered by the National Centre for Social Solidarity includes:

1. a three-digit Hotline for Emergency Social Care (197 or 210 197 for places other than Attiki);
2. Social Support Centres (KKS);
3. a Crisis Management Agency (natural disasters, incidents and accidents);
4. an Emergency Social Intervention Agency; and
5. Short-term Accommodation Guest Houses.

In detail:

1. Emergency Social Care Hotline 197

The Emergency Social Care Hotline is the central, guiding reference point of the entire system of provision of emergency social care services. This line operates 7 days a week on a 24-hour basis providing counselling and psychological support and information, activating the emergency social intervention mechanisms and referring cases to the other agencies of the network of the National Centre for Social Solidarity and to other social agencies and bodies for further assistance. The webpage of ‘197’ is

currently under construction, so as to provide counselling and information guidelines for children and adolescents.

In 2007 10,560 persons (7,080 women and 3,480 men) were assisted by advisors of the '197' Hotline. Most calls were from the Prefecture of Attiki and the age group that calls more frequently is from 31 to 45 years. Most of the people assisted ask for help and support in order to deal with difficult situations related to their interpersonal relations or request information on health and psychosocial intervention issues and services.

2. Social Support Centres (KKS)

The Social Support Centres are the regional entryways to the emergency social care system. They are staffed with Social Workers, Psychologists and Sociologists and operate five days a week.

The Social Support Centres receive and evaluate the cases, provide psychological support and information, refer the cases to the short-term accommodation Guest Houses, intervene at home and at locations where the problem appeared for immediate rendering of services and give information on all Welfare and Social Solidarity issues.

The Social Support Centres are established in the prefectures of Attiki and Thessaloniki in various Municipal Districts and, more specifically, the following Social Support Centres are currently operating:- Social Support Centre of Aghios Ioannis Rentis; Social Support Centre of Ambelokipi; Social Support Centre of Kalamaki – Aghios Sostis; Social Support Centre of Piraeus; Social Support Centre of Platia Vathis; Social Support Centre of Finikas (Thessaloniki); and Social Support Centre of Pyli Axiou (Thessaloniki).

3. Crisis Management Agency

The Crisis Management Agency intervenes in cases of natural disasters and accidents involving many victims, in order to offer social and psychological support to the victims or their relatives. It is staffed with specialized personnel and has a Mobile Unit, which operates as a headquarters operational centre.

4. Emergency Social Intervention Agency

The Emergency Social Intervention Agency comprises three Units:

- i. Onsite Intervention Agency, which intervenes immediately at the location where the case has been identified or reported, by a car having as crew a specialized personnel;
- ii. Reception Agency – Emergency Few-day Accommodation Guest House to which persons directly or indirectly concerned can apply for the solution of their problems that have led them to a state of crisis requiring a social or psychological support;
- iii. Few-day Accommodation Guest House where serious and urgent cases are hosted.

5. Short-term Accommodation Guest Houses

The Short-term Accommodation Guest Houses offer temporary accommodation (lodging and care) to vulnerable population groups, such as adolescents, women who are victims of family violence – with or without children – women who are victims of violence in general, victims of illicit trafficking for the purpose of sexual exploitation, and adults in general who are in a state of emergency. At the Guest Houses, in

addition to accommodation, the persons benefited receive counselling and psychological support by specialized personnel. The Guest Houses cooperate with the local Social Support Centres and other public or private bodies. There are currently four (4) Guest Houses for temporary accommodation (three in Athens and one in Thessaloniki) for abused women having children, as well as for women who are victims of trafficking for the purpose of sexual exploitation, and one Guest House for adults.

Moreover, there is a pilot Guest House specially arranged at an area of Attiki which provides accommodation to relatives of patients coming from the provinces, who are hospitalized in Attiki and are unable to meet their accommodation expenses in Athens.

B. Furthermore, in 2006 Law 3500 ‘on combating domestic violence and other provisions’ (Official Gazette 232/Part A/24-10-2006) was passed, which defines family violence at a civil and criminal level.

7. Victims of illicit trafficking in persons for the purpose of sexual and economical exploitation

The materialisation of measures and actions, the co-operation with competent bodies towards **combating illegal human trafficking**, aiming at their sexual and economic exploitation, as well as providing the victims with assistance and protection, constitute basic priorities of the Ministry of Health and Social Solidarity.

Since 2002, the first part of the legal framework for combating human trafficking has been set up, with the review of the relevant articles of the Penal Code and the specific treatment of illegal trafficking with Law 3064/2002: “Combating trafficking of human beings, crimes against sexual freedom, child pornography and more generally on economic exploitation of sexual life and assistance to the victims thereof”. By order of the aforementioned law, Presidential Decree 233/26-08-2003 (Official Gazette 204/A/28-08-2003) was issued and put in force, which defines the status of protection and assistance to the victims under articles 323, 323A, 349, 351, and 351A of the Penal Code, according to article 12 of the aforementioned law.

In 2004 on the initiative of the Minister of Justice, a Special Committee at the level of General Secretaries of 8 Ministries involved (Ministry of Justice, Ministry of the Interior, Public Administration and Decentralization, Ministry of Economy and Finance, Ministry of Foreign Affairs, Ministry of National Education and Religious Affairs, Ministry of Health and Welfare and Ministry of Public Order) was established, which (in cooperation with experts, operational officers of the Hellenic Police and public prosecutors) and specialized NGOs prepared an integrated action plan against illicit human trafficking at a national level. The axes of this Plan define until today the action framework of the National Action Plan.

Articles 46-52, Law 3386/2005 (Official Gazette 212/Part A/23-08-2005): ‘Entry, residence and social integration of third country nationals in the territory of Greece’ define clearly the notion of victims of human trafficking and regulate thoroughly the issue of protection of and assistance to victims of human trafficking.

In May 2006 the special committee at the level of General Secretaries was upgraded by the Minister of Justice and its competences were broadened by the establishment of the Special Law Drafting Committee, so that it can also submit legal proposals or other measures for combating human trafficking.

The main state body providing assistance and accommodation to victims of illicit trafficking for the purpose of sexual exploitation is the National Centre of Social Solidarity, formerly EKAKV, a public law entity supervised by the Ministry of Health and Social Solidarity), which is the main coordinating body of the network rendering social solidarity and information services in welfare issues.

More specifically:

- By Joint Ministerial Decision ref. no P2a/G.P.oik.110026/13-12-2004 of the Deputy Minister of Economy and Finance, Deputy Minister of Foreign Affairs and Deputy Minister of Health and Social Solidarity, the operation of the '*Guest Houses for temporary accommodation of victims of trafficking*' (one in Athens and one in Thessaloniki) was assigned to the National Centre for Social Solidarity. The Short-term Accommodation Guest Houses offer temporary hospitality (lodging, food, psychological support, medical care) to victims of illegal trafficking.
- Moreover, the Emergency Social Care Hotline (197 or 210 197 for areas other than Attiki), which operates 7 days a week on a 24-hour basis, can receive reports of illicit trafficking, provides counselling and psychological support, while it refers cases to the competent agencies of the National Centre for Social Solidarity and to other bodies so that they deal with the cases.
- The Reception, Temporary Accommodation and Onsite Intervention Agency of the National Centre for Social Solidarity (which operates 7 days a week on a 24-hour basis) provides accommodation to particularly serious cases until the completion of the procedures for treatment of the problem, such as the collection of personal details, medical examinations, etc.

A car with specialized personnel intervenes on the location where complaints are made.

In addition to the above, the National Centre for Social Solidarity cooperates with all bodies involved, such as the Police, the Public Prosecutor's Office and NGOs, with which it has signed programmatic contracts for the operation of temporary accommodation guest houses ('The Smile of the Child', DESO (International Family Support Society)).

The victims of illicit trafficking contact the National Centre for Social Solidarity either through the Hotline or the Social Support Centres, or they are referred by the Police (competent Anti-trafficking Department), the Public Prosecutor's Office or NGOs involved.

For years 2006 and 2007 the following services were rendered in cases of Human Trafficking:

- **2006:** The National Centre for Social Solidarity provided in total psychosocial support to 14 cases, which were all referred to the body by the police authorities. Most of the cases involved women aged 16 to 30 years from countries of the ex Soviet Union, while 5 of them were hosted at Guest Houses of the body.

Furthermore, the agency of the 197 Hotline dealt with 5 calls for cases to which it provided counselling support and information or referred them to the agency of the National Centre for Social Solidarity and the Anti-trafficking Department of the Police Security Division.

● **2007**: 16 new cases visited the Social Support Centres of the National Centre for Social Solidarity and the Guest Houses hosted 21 cases in total. All of them were women aged 16 to 30 years from Romania.

During the same period the 197 Hotline dealt with 5 calls for cases of trafficking.

In order to deal with and support the aforementioned cases, the National Centre for Social Solidarity cooperated closely with the Anti-trafficking Department of the Police, Non-governmental Organizations, appropriate Embassies and other structures providing psychosocial care services.

Finally, the National Centre for Social Solidarity is the body designated as Responsible Authority by the Greek side within the framework of the “Agreement between Greece and Albania for the protection of and assistance to children victims of trafficking”.

8. Unprotected children

Within the context of the Program for the Financial Support of Unprotected Children (Law 4051/1960 (Official Gazette 68/Part A/1960)) an Allowance is granted to all beneficiaries, regardless of race, religion or origin. The only condition is that they reside permanently in Greece.

For the accommodation of children of Greeks and immigrants who are provenly unprotected and are deprived of family care, and children in a state of crisis – including abused children – there are Child Care Centres (KPM), Children’s Towns, ‘I Mitera’ Infants Centre and the Infirmary of Penteli.

These institutions admit children aged 5 ½ - 16 years except for the Child Care Centre for Girls of Rhodes and Children’s Town ‘Aghios Andreas’ of Kalamaki which also admit preschool age children. The unprotected infants are admitted to the ‘I Mitera’ Infants Centre, the Infirmary of Penteli and the Municipal Foundling Hospital of Thessaloniki, where they are hosted until their social rehabilitation through fostering, adoption or reintegration into their family environment.

The children leave the institutions after attaining their 18th year of age or earlier as soon as the reasons for their admission have ceased to exist. The children who study shall remain in the institution until the completion of their studies and their professional rehabilitation.

The ecclesiastical and charitable institutions have a similar object with that of the aforementioned public institutions and host school age children, except for the SOS Children’s Villages of Greece, Children’s Village of Northern Greece and the Normative National Nursing Home in Kallithea that admit younger children.

The most common reasons for placement of children in the said institutions are as follows:

Family break-up, death of parents, abandonment, child abuse, physical and mental health problems of parents, poverty, in particular, in relation to large families, children of refugees-immigrants, street children, etc.

9. Unprotected/uninsured mothers

Monetary benefits due to maternity (maternity allowance) to all working mothers who are unable to claim such benefits from their insurance body or who are uninsured. This allowance is granted pursuant to article 4, paragraph 5, Law 1302/1982 (Official Gazette 133/Part A/1982) which ratified the International Labour Convention 'on protection of maternity' 103/52. The maternity allowance is also granted to all female foreign citizens, provided that they meet the above requirements (legal residence in Greece and non-payment thereof by their insurance body).

10. Drug Addicts

Counselling and social support to drug addicts is provided by three main structures, which are active in the field of prevention, treatment and combating of drugs:

Therapy Centre for Dependent Individuals (KETHEA), Organization against Drugs (OKANA) and Psychiatric Hospital of Attiki 18ANO. For complete information on the actions undertaken please refer to article 11.

Other Social Support Programmes

1. Transnational Project 'Join-In: Mainstreaming of Equality and Non-discrimination'

The Project 'Join-in Mainstreaming of Equality and Non-discrimination' was one of the 25 transnational Projects financed by the European Union within the context of the Community Action Plan for combating discriminations, and was implemented from 2004 to 2006. The National Centre for Social Solidarity was designated as the body to coordinate the actions implementation in Greece in respect of Join-in.

The aim of the European Project Join-in was to promote attitudes (mainstreaming method), behaviours, practices and policies that support the principle of equality and non-discrimination towards vulnerable social groups in the sectors of health, social care, employment and education. The project partners were from 6 countries of the European Union (Finland, Greece, Sweden, Italy, Hungary, Spain).

Every country chose to deal with certain vulnerable groups suffering from or being at risk of discrimination in specific sectors where such discriminations may appear. The Ministry of Health and Social Solidarity selected for Greece to deal with asylum seekers, refugees and the Roma in the sectors of health and social care.

The Project was based on the cooperation of governmental bodies and non-governmental organizations, which jointly formed the National Working Group of each country. Participants in Greece were the Ministry of Health and Social Solidarity, the National Centre for Social Solidarity, the Greek Council for Refugees and the Municipality of Trikala with the Roma Network for the support of the Roma.

The Greek project focused on the information of the personnel and administration of the public health and social care agencies (Hospitals, Health Centres, Prefectures,

Municipalities) on the rights and social status of asylum seekers and refugees, and also focused on the joint promotion of equality practices.

For this purpose the following took place:

- Two-day information seminars for civil servants working at health-welfare agencies in respect of legal issues and social integration of refugees;
- Visits of teams composed of professionals of the National Working Group, who discussed with workers at health-welfare agencies in Athens and the provinces, regarding the legislative framework on asylum seekers and refugees in Greece, their practical problems, servicing thereof and possibilities of better treatment of their requests;
- One-day meeting on issues of Asylum Seekers and Refugees;
- One-day meeting on Roma issues;
- Information and awareness-raising of health and social care professionals through brochures;
- Awareness-raising of the public through radio spots on the prevention of discrimination and promotion of social solidarity;
- Manual for professionals in respect of equality, rights and bodies serving asylum seekers and refugees.

During implementation of the Project, the experience, the problems and good practices of every country were discussed in Transnational Seminars for the joint creation of a model to promote equality and to combat discrimination, which could be transferred to the member states of the European Union.

The last Transnational Seminar took place in Athens in September 2006 and evaluated the progress of the activities of the member states.

2. European Project 'PROGRESS'

The National Centre for Social Solidarity, within the framework of services rendered to socially vulnerable groups and persons being at risk of discrimination and social exclusion, submitted an Action Plan proposal for the implementation of the European Project PROGRESS for the purpose of promoting equal treatment and social integration of Roma, Refugees and Immigrants. The Proposal was prepared by the Research, Development and Education Department of the National Centre for Social Solidarity and was submitted to the European Commission under the title:

'Modern Strategies of Equal Treatment: Social Integration and Equal Access to Health and Social Solidarity Services for Immigrants, Refugees and Roma residing in Greece'.

The proposal of the National Centre for Social Solidarity was chosen by the Evaluation Committee of the European Commission on 26/10/2007, and then financing of the existing Action Plan was approved by document 15933/26-10-2007 of the General Directorate for Employment, Social Affairs and Equal Opportunities.

The actions of the National Centre for Social Solidarity for the implementation of the said Project **are intended for** the officers of the Social Agencies and Health Agencies, so as to inform them on the rights of the above social groups, as well on the national and European legislation against discrimination. At the same time, they aim at recording the access difficulties of the vulnerable groups to the said Agencies

through an open dialogue with the persons benefited and the officers of the Agencies, exchange of experience and transfer of good practices regarding equal treatment strategies. In addition, they **are also aimed at** the wider public for the awareness-raising on the issue of discrimination, promotion of the value of and benefits from the cultural diversity and information on legislation and policies of the Greek State and European Union on equal treatment.

Budget of the Project: 133,000 euro

Community funding: 106,400 euro (80%)

Funding by the body: 26,600 euro (20%)

Implementation period: 12 months starting on 1 December 2007.

The actions that have been organized by the National Centre for Social Solidarity are to this day the following:

- Visits of information teams staffed with professionals of the National Centre for Social Solidarity, to the Municipality of Athens, Municipality of Patra and Prefecture of Florina;
- Organization of Multicultural Concert ‘Diversity is our Power’ on 21 June 2008 at the ‘Technopolis’, Municipality of Athens;
- Printing and distribution of a high quality information material (brochures and posters in Greek and in the languages of origin of the immigrants/refugees);
- Creation and distribution of a Manual of Bodies, Agencies and Institutional Framework with title ‘The Social Rights of Immigrants in Greece: Social Integration and Access of Immigrants to Health and Social Solidarity Services’.

Until the expiry of the project, the National Centre for Social Solidarity has planned a series of actions:

- Visits of information teams to Samos, Corfu and Orestiada;
- Organization of a Two-day Awareness-Raising Conference in Thessaloniki in Autumn 2008;
- Organization of a Press Conference in Autumn 2008, where all actions of the National Centre for Social Solidarity shall be presented, and evaluation thereof.

3. Website of counselling and information guidelines for children and adolescents

In an attempt to provide specialized assistance to the adolescents and young people in general, Greeks and immigrants who live and are raised in Greece, the Coordination and Organization Directorate of the National Centre for Social Solidarity designed the website **www.aboutyouth.gr** which shall provide comprehensive and valid information on issues concerning adolescents/young people.

A Working Committee was established to construct the website, which is staffed with officers of:

- the Coordination and Organization Directorate, which has undertaken the coordination of the particular actions;
- the Social Interventions Directorate, which has undertaken the drafting of the texts of the website; and
- the Independent Computerization and Information Systems Department, which has undertaken the technical part of the construction of the website.

The website, which is under construction, consists of 14 sections that cover a big range of issues or difficulties concerning the adolescents/young people in modern Greece. More specifically, the website deals with the following issues: psychology of adolescence, sexuality, vocational orientation, difficulties in school attendance, family conflicts, domestic abuse, sexual abuse, mental health issues, use of substances, alcohol, electronic addiction, disease, mourning, anorexia, bulimia, adolescent immigrants, rights of minors.

In every section the visitor can find valid information and counselling guidelines related to specialized services of psychosocial support and social solidarity. In all cases the adolescent/young person can also call the Emergency Social Care Hotline '197' for more information and support or can contact the specialized agencies for further reference.

4. Intermediation Program as per Law 3500/2006

The Social Interventions Directorate of the National Centre for Social Solidarity in cooperation with the Public Prosecutor's Office of the First Instance Court carries out a **special Counselling-Therapeutic Program of intermediation and support** for couples and perpetrators of abuse within the meaning of articles 11 and 12, Law 3500/2006 for the purpose of combating **family violence**.

5. Participation in networks

The National Centre for Social Solidarity participates in the **Cooperation Network for the Support of Young People (DISYN)**. This Network comprises bodies dealing with children and young people at risk. More specifically, the following participate through their representatives: Ministry of Justice, Ministry of Public Order (Security Division of Attiki), General Secretariat for the Youth, General Secretariat for Adults Education, National Council of Social Care, 18ANO, Therapy Centre for Dependent Individuals, Minors' Custodians Agency of Athens and Piraeus, Institute of Child Health, SOS Children's Village and Regional General Hospital of Athens 'G. Gennimatas'.

Participant is also the '**Violence and Injury Prevention - VIP**' of the Ministry of Health and Social Solidarity. This Network is within the framework of activities of the Department of Injury and Violence Prevention of the World Health Organization and aims at the prevention of violence and injuries, mitigation of their consequences, as well as improvement of quality of life of persons with disabilities.

E. Actions for the improvement of the services rendered

Whereas the Ministry of Health and Social Solidarity considers necessary the existence of commonly acceptable and agreed criteria for the evaluation and quality assurance of the Social Care Units, it initiated the procedure for the development of the '**Social Services Quality Map**' that aims at the development of methodologies and tools for the creation of the Quality Map of the social care services, which will be the common reference framework for the bodies (public and private) providing social care services. The Quality Map will allow the monitoring of services in a systematic manner by the Ministry of Health and Social Solidarity, since it will define the levels

of services to certain target groups, specifying indicators and criteria of their evaluation.

There were significant changes in the monitoring and promotion of quality by the establishment in 2001 of the **Inspectorate of Health and Welfare Agencies** (Law 2920/22-06-2001). This Inspectorate has a Special Section of Welfare Bodies Control, whose competences include among others:

- The inspection and monitoring for ascertaining the quality and adequacy of the facilities, equipment and services rendered by the public agencies, the welfare agencies of the Municipalities, Prefectures and Districts and by the agencies of the supervised legal entities of the public and private sectors that provide services in the sector of welfare, such as Elderly People Care Units, Recovery and Rehabilitation Centres and Institutions for Chronic Patients.
- The inspection and control of compliance by all bodies with the sanitary provisions and necessary safety measures for the healthy living conditions of persons being cared and the personnel.

The Inspectorate of Health and Welfare Agencies conducted inspections at Institutions, Social Care Units and bodies cooperating with and subsidized by the Ministry of Health and Social Solidarity.

Answers to the Additional Questions of the European Committee of Social Rights

1. Access to the social services and their distribution in the Greek territory

National Program ‘Social Cohesion and Solidarity’ 2007-2013

New policies in the field of social solidarity are framed by the National Program ‘Social Cohesion and Solidarity’ 2007-2013. The said policies aim at the ‘**Decent Living of Vulnerable Population Groups**’ through two Actions Axes:

- a) Actions Axis ‘Preventing and combating social exclusion’, which includes the creation of Centres for Prediction and Evaluation of Disability, development of support programs for over-indebted households, reinforcement of employability of vulnerable population groups through the effective access and utilization of general, active employment measures, extension of decentralized structures of open and closed care, establishment and operation of Supported Living Housing for Persons with Disability, creation of support and care structures for homeless people and special actions for the social integration of the Roma; and
- b) Actions Axis ‘Targeted policies for combating poverty’, which includes the promotion of measures for the income reinforcement of poor households and persons.

The Greek long-term care system includes both direct provision of care either through the social agencies or through the insurance funds and specific support for indirect provision of care through granting tax reliefs. The typical long-term care services are provided by the State, Non-profit Private Organizations and For-profit Private Organizations.

There are no access discriminations or restrictions by law for people residing permanently in Greece. However, in fact there are deviations from the general model, since in general the bodies providing services are in the urban centres and there are deficiencies in the semi-urban and rural areas, such as insufficient specialized bodies (e.g. Recovery – Rehabilitation bodies).

The long-term care services are characterized by an unequal distribution and reduced accessibility and coverage, both as regards their geographical distribution and the vulnerable groups concerned. This has resulted in the need for extension of the successful structures and agencies created at a pilot level first of all, but also in the utilization of the significant experience acquired through the reform actions in the sector of mental health.

A package of measures was proposed for the achievement of the targets of the National Program ‘Social Cohesion and Solidarity’, which will ensure a comprehensive access to medical and long-term care. Those measures are the following:

1. Quality of legislative interventions

- This measure aims at the improvement of the quality of the institutional framework regulating public action in the field of social welfare taking into consideration the international good practices of other European states.

2. Ratification of international multilateral conventions

- This measure aims at the reinforcement of the level of rights protection of vulnerable population groups, ensuring at the same time the incorporation by the Greek State of the international system of principles and combating of discrimination, poverty and social exclusion.

3. Open administration and governance of the national system of social care

- This measure aims at the improvement of the quality of the public welfare policies and reinforcement of open administration so as to support directly – at the level of implementation – the new interventions of the Program ‘Social Cohesion and Solidarity’.

4. Active welfare policies

- This measure aims at the preparation and promotion of integration into the labour market of (persons) subsidized by the welfare system through policies reinforcing their labour ethics and development of entrepreneurship.

5. Open and closed care services of a high quality

- This measure aims at the facilitation of access to social open/closed care services by children, elderly people and dependants.

6. Modernization of the educational processes for welfare professionals and officers

- This measure aims at the upgrading of the educational qualifications and skills of the officers already employed or to be employed by welfare bodies of the public, private or volunteer sectors.

7. Prevention of social exclusion

- This measure aims at the development of a comprehensive policy for the prevention of social exclusion of persons who either face objective or subjective difficulties in their access to and utilization of social benefits and services to which they are entitled, or are unable to manage states of emergency at an individual or family level due to the complex social, biological-social (disability) or economic reasons.

8. Prevention and combating of institutionalization

- This measure aims at the mitigation of the stigmatization and at dealing with the medicosocial consequences of referring persons having family/medical problems to closed care agencies, with a view to replacing in the long-term the traditional programs of institutional care by types of care in the community. This measure includes the development of Supported Living Housing for Persons with Disability who suffer from mental retardation. Moreover, an organizational framework of Supported Living Housing for Persons with Disability suffering from physical disability is to be created.

By the attempted continuous legislative intervention, the Ministry of Health and Social Solidarity seeks a homogeneity of the services rendered at a minimum acceptable level in all sectors by every body.

6. Measure 3.1 of the Operational Program “Health-Welfare” 2002-2006:

‘ACTIONS FOR THE SUPPORT OF PERSONS THREATENED WITH EXCLUSION OR EXCLUDED FROM THE LABOUR MARKET WITHIN THE CONTEXT OF THE ACTIONS OF THE SOCIAL-SUPPORTIVE SERVICES NETWORK AT A LOCAL LEVEL’

Measure 3.1 of the Operational Program “Health-Welfare”, 3rd Community Support Framework (2002-2006) pursued the development of primary social care through services developed at a local level. The implementation of the Measure is directly connected with the creation of a Social Services Network in about 150 Municipalities throughout the country, within the framework of which supportive services are rendered, which aim at combating poverty and social exclusion.

The basic goals of the Network is to provide specialized, primary, social supportive services on the basis of the individualized approach and interconnection of the persons served with the structures promoting employment. The Measure, therefore, seeks to contribute essentially to the coordinated action which is being developed at a national level for a comprehensive approach of the socioeconomic (re)integration of persons threatened with exclusion or excluded from the labour market. To this direction, the central goal is a comprehensive and systematic intervention for the prevention of and meeting of social needs, reinforcement of the employment possibilities and provision of specialized services intended for individuals having difficulty in integrating into the labour market.

Thus, Measure 3.1 aims at supporting the operation of a new decentralized model of social services provision, which is served through actions of the social services network at a local level. The Social Services Network deals with vulnerable groups threatened with exclusion or excluded and persons who do not have access to services and are unable to manage their problems.

Among others, the persons benefited belong to the following categories:

persons with disabilities; members of families that provide care services to other dependants of the family and for this reason they face difficulties in remaining or being integrated in the labour market; single-parent families; abused women; repatriated persons; immigrants; asylum seekers and refugees; Roma; persons with language and religious particularities; released prisoners; former substances users; homeless persons; unemployed persons; and other categories of persons who are excluded from or threatened with social exclusion or exclusion from the labour market.

The social supportive services are aimed at the following interventions:

- recording at an individual level of the needs and drafting, jointly with the person benefited, of a package of actions for dealing with his/her problem;
- referral to and interconnection of the persons benefited with the agencies that develop employment promotion programs, such as the regional agencies of the Manpower Employment Organization (OAED) and other social agencies, such as the Centres for Promotion to Employment (KPA), the Vocational Training Centres (KEK) and the Accompanying Supportive Services Centres (KESYY);
- development of actions for monitoring and continuous evaluation of the persons benefited upon completion of the training programs or other employment promotion programs and during the first period following the integration into the labour market.

Within the framework of the above targets of the Measure, two categories of actions have been planned:

Rendering of services: It is the main category of actions of the Measure and includes the provision of social supportive services with a view to promoting employment at a local level and, more specifically, at the level of primary and secondary Local Self-administration bodies.

Supportive mechanism: It is the scientific and technical support of the actions of the Measure and includes: the preparation and coordination of the agencies, the support of the implementation, the creation of the system that monitors and evaluates the program, the technical support of the agencies of the Ministry which is the final beneficiary, as well as the encouragement and scientific support of the officers that will staff the agencies involved.

	GENDER		AGE				TARGET GROUP					ORIGIN		FINANCIAL SITUATION				VOCATIONAL SITUATION		
	FEMALE	MALE	0 - 29	30 - 44	45 - 64	65 +	UNEMPLOYED	IMMIGRANTS	SINGLE-PARENT FAMILIES	ROMA	DISABLED	REPATRIATED GREEKS	GREECE	OTHER COUNTRY	0 - 3000 €	3001 - 6000 €	6001 - 10.000	10.000 or more	UNEMPLOYED	EMPLOYED
TOTAL	43.767	28.449	17.248	28.491	14.721	3.990	41.076	6.611	3.204	3.172	3.011	1.444	63.376	8.840	33.696	8.302	4.937	705	41.883	12.455
2007	6.102	4.633	2.067	3.554	1.846	423	4.799	691	397	246	432	93	9.992	743	3.979	1.111	1.134	705	5.071	2.420

Source: Ministry of Health and Social Solidarity

1. Non-governmental Organizations

As regards the non-governmental, not-profit volunteer sector, the certification of the bodies providing social care services, such as the Register of Certified Organizations, has been established since 1998. The certification and entry in the Register are requirements for state funding from any source. To this day, 102 bodies, which are active in the field of Long-term Care, have been certified and 400 more, which are active in this field, are also to be certified. The Social Protection and Solidarity Institute falling under the Ministry of Health and Social Solidarity, following the change of its form, undertakes the certification of non-governmental organizations that provide social care services, through checking their quality. For the development of **social volunteerism** within the context of promotion of cooperation between the public sector and **Non-governmental Organizations** (NGOs), the '*Society of Volunteers*' organization is promoted in order to assist Non-governmental Organizations in connection with their development and more active participation in dealing with social needs, so as to utilize the organized volunteers' offer for provision of quality social care services. Furthermore, social investment capacity of the private sector is promoted in order to ensure the provision of quality social care services by private enterprises. In addition, the social work of the church is utilized to ensure quality social care services.

Article 4 The right of elderly persons to social protection

Paragraph 1

Measures for securing sufficient sources for the elderly

During the period 2003-2007 significant measures were enacted in order to safeguard adequate income for the elderly people. More specifically:

1.1 Law 3245/2004 stipulated the abolition of the deduction from the pensions, granted by the main and supplementary insurance bodies, in favour of the Social Securities Bodies Solidarity Account (LAFKA) and the State. It is estimated that the abolition of this charge on pensions has resulted in the enhancement of pensioners' income by 1-5%.

1.2 The provisions of Law 3385/2005 helped significantly the elderly people to establish a retirement right and receive an adequate pension. More specifically, the law stipulated the possibility of recognizing, through buying out, up to 150 days of work in order to complete the minimum 4,500 days of insurance required for receiving a full old-age pension. Moreover, it gave the right to recognize, through buying out, up to 50 days of insurance in order to fulfil the minimum requirements for receiving a disability pension.

1.3 Law 3607/2007 established the possibility of award of a temporary pension at 80% of the pension amount calculated on the basis of the insurance information (length of insurance and salary) within 15 working days as from the submission of the application for retirement due to old age or death. This measure aims at the acceleration of the process of pension award to the beneficiaries and at the safeguarding of their income for the period until the issuance of the final decision on retirement.

1.4 In addition to the above measures, in **April 2008** Law 3655/2008 was passed, which stipulated important structural changes in the social security system of our country. In particular:

- **Unifications of social security bodies.** The extensive administrative reorganization of the insurance bodies, under the management of powerful administrative schemes, aims at combating the intense structural problem of the multiple fragmentation of the Social Security System and makes feasible the possibility of essential monitoring and supervision, reduction of the administrative and operational cost and achievement of economies of scale through a more effective and more efficient utilization of the property of the insurance bodies.

- **Establishment of the Insurance Fund for Inter-generational Solidarity (AKAGE),** in order to safeguard future pension payments. More specifically, AKAGE aims at accumulating reserves in order to finance the pension branches of the Social Security Bodies (FKA) as from 01.01.2019. The Fund will receive specific State resources (proceeds from denationalisation of Public Enterprises and Organizations and revenue from VAT) and a percentage of the amounts collected by the social security bodies from social resources.

- **Granting of a special surcharge on the pension** of those who remain in active service for three years after the completion of 10,500 days of work (35 years) and 60th year of age (in respect of those insured for the first time with IKA-ETAM until 31-12-1992) or 65th year of age (in respect of those insured for the first time with any Main Insurance Body after 1-1-1993).

- **Possibility to remain in service for up to 3 years** upon worker's application in cases where, on the basis of the provisions of Labour Regulations and Enterprise Collective Labour Agreements (*in respect of workers of the broader public sector*) an automatic and compulsory retirement upon completion of either the determined time of service (*regardless of age limit*) or the prescribed age limit is stipulated.

As it has been reported in the previous Greek report on the non-insured elderly that have exceeded the 65th year of their age and do not take pension by another insurance body, a pension equal to OGA (Farmers' Insurance Organization) pension is paid and is increased if they have a spouse or a child below 18 years old. The number of beneficiaries in the year of 2006 ran into 6,400 persons.

The Ministry of Health and Social Solidarity developed and implements a network of services and programmes with the main purpose of supporting socially and financially the elderly, ensuring their self-sufficient living, their stay in the family and the maintenance of their mental and physical health. The above objectives are achieved either through free provision of medical-pharmaceutical and hospital care, pension to the non-insured elderly, or through the creation of the Social Solidarity Network, that is to say, services ensuring the coordination of the activities of the bodies involved and the upgrading of the Local Government's role, but also through the promotion of volunteerism and cooperation among the bodies of the public sector and the voluntary organisations.

1. As regards the additional question of the ECSR on the Pensioners Social Solidarity Benefit (EKAS) and on Pensions we inform you of the following:

The following table shows the amount of EKAS per year for the period from 1-1-2003 to 31-12-2008:

Period	Amount of EKAS	Percentage of annual increase
1/1/2003 -31/12/2003	111.18 83.39 55.59 28.80 According to the income of the pensioner	15.2%
1/1/2004 -31/12/2004	141.20 105.90 70.60 35.30 According to the income of the pensioner	27%
1/1/2005 -31/12/2005	149.67 112.25 74.84 37.42 According to the income of the pensioner	6%
1/1/2006 -31/12/2006	160.15 120.11 80.08 40.04 According to the income of the pensioner	7%

1/1/2007 -31/12/2007	190.15 146.36 97,58 48.79 According to the income of the pensioner	21.85%
1/1/2008 -31/12/2008	230.00 172.50 115.00 57.50 According to the income of the pensioner	21%

Source: Ministry of Employment and Social Protection, General Secretariat of Social Security

The following Table shows the percentage of annual increase of the pensions and minimum amount of IKA-ETAM for the years 2003 to 2008:

Year	Minimum Amount of age – disability pensions (full)	Minimum Amount of death pensions	Percentage of annual increase
2003	392,16	352,93 €	4% for the section of pension 0-500 2% for the section of pension 500-1000 0% for the section of pension over 1000
2004	412,00	371,00	5% for the section of pension 0-500 3% for the section of pension 500-1000 0% for the section of pension over 1000
2005	428,24	385,40	4%
2006	445,37	400,82	4%
2007	463,18	416,85	4%
2008	477,08 491,39	429,35 442,23	3% since 1/1/2008 3% since 1/10/2008

Source: Ministry of Employment and Social Protection, General Secretariat of Social Security

Given that the EKAS is a non-contributory social benefit wherefor no contributions are paid, its granting to low income pensioners depends on income criteria. If the pensioner receiving the minimum pension of IKA-ETAM does not have any income other than the said pension, then, indeed, the aggregate of the minimum pension of IKA-ETAM and EKAS corresponds to (in fact it exceeds a little) the minimum salary of a single employee without previous service, as the salary is determined following the increases granted on the basis of the National General Collective Labour Agreement.

Legislation against discriminations on grounds of age

Attached, in accordance with the request of the European Commission of Social Rights (ECSR), is a copy of Law 3304/2005 on the “Implementation of the principle of equal treatment regardless of the racial or national origin, religious or other convictions, disability, age or sexual orientation”, that put in effect the

legal context for the application of the principle of equal treatment and the combat of discriminations, inter alia, also on grounds of age. The principle of equal treatment applies in the work and employment sector, in all the entities of the public and private sector, as regards: a. the terms of access to work and employment, including all the terms of selection and hiring and professional advancement, b. the access to all types and levels of vocational orientation, c. the work and employment conditions, including those that concern the layoffs and the remunerations, c. the membership and the participation in organizations of employees or employers or in any professional organization, including the advantages deriving from the participation in them.

B. Services and Facilitations

The Social Solidarity National Centre (EKKA)

Pursuant to article 6 of Law 3106/03 (Government Gazette 30/issue A/10-02-2003), a Public Law Entity was established and is inspected by the Ministry of Health and Social Solidarity and is called Emergency Social Assistance National Centre (EKAKB). Pursuant to Law 3402/2005, article 20, the aforementioned body was renamed to Social Solidarity National Centre (EKKA) and now, it is the main state coordinating body to provide service of social solidarity and information network on welfare matters.

The purpose of EKKA is to coordinate the social support provision network to individuals, families and population groups that go through a hard emotional crisis or are under an emergency condition. The services provided include:

- Counseling information on welfare matters.
- Psychological support to individuals, families and groups.
- Provisional hosting in Guest Houses to individuals that experience a crisis or are under an emergency condition.
- Coordination and intermediation for access to services of social solidarity offered by other bodies, non-profit and non-governmental organizations.

Among the other population groups, to which the EKKA's service network addresses and sees, are the Adults and the **Elderly** in need of emergency social assistance.

The Elderly in need of emergency social assistance may be accommodated in ***Provisional Guest Houses***. Aside from the hosting in the Guest Houses, there is a specialized personnel providing the individuals with counseling and psychological support. One Guest House is currently functioning for the elderly.

The “Help at Home” and “Telehelp at Home” Programmes

The “Help at Home” programme is one of the most important programmes of social character and addresses third age individuals that may not fully serve their own needs and individuals with kinetic malfunctions and special problems, giving priority to those that live by themselves or have not the full care of the family or their income does not allow them to secure the required services to improve their life quality.

The purpose of the programme is to improve the life quality of the third age individuals and of individuals with kinetic or other special problems (Disabled), the assistance of the independent and decent standard of living, the support of the family environment of the benefited, and the promotion to the employment of a competent and specialized personnel. The programme provides counselling and psychological support, nursing care, family assistance and keeping company.

The smooth operation of the programme is secured by a specialized and well-organised group of 4 people in every structure, staffed by a social worker, a nurse and two family assistants. A medical doctor, who provides general medical services and advices, if this is deemed necessary, assists each group. The social worker of the programme has the overall inspection of the benefited, evaluating the cases, providing social support, coming in touch with co-competent bodies and referring cases that do not touch the programme's services.

The people who are provided with these services are benefited from the primary healthcare services offered by the nurse of the programme and which regard the domestic visits for the measuring and recording of vital points, the prescription of drugs and the escorting to hospitals for scheduled tests. At the same time, the domestic assistant of the programme undertakes to carry out external tasks, the supply of the elderly with emergency items, and the cleaning of their house. Another task of the family assistants, maybe the most important for these people, is the company they keep them proving in practice the social character of the programme.

Until now, 1172 "Help at Home" Units have been created. For the more effective operation and support of the programme, another 612 multipurpose vehicles and 48 vehicles coming from the Olympic Estates have been ceded (with no consideration, by absolute freehold) to Municipalities by the Ministry of Health and Social Solidarity.

The Public Investments Programme (PDE) has included a 5,543,609 Euros credit, which may be disposed to the supply of new vehicles for the implementation of Social Solidarity programmes.

Furthermore, the provisions of Law 3106/2003 on "Restructuring the national system of social care" enable other bodies to apply the programme, with the purpose of ensuring the right of the elderly and the people facing temporary or provisional social problems, health or disability problems, to stay in their familiar natural and social environment to keep the cohesion of their family, to avoid the use of institutional care or the social exclusion, to ensure decent and sound standard of living and to improve their life quality.

As from 2000, the pilot programme "Telehelp at home" was put into force in the Municipalities that the "Help at home" programme is implemented. The purpose of the programme is to enable the elderly who live by themselves and cannot serve their own needs to have a direct communication with their relatives or friends and with emergency services. The total number of those people is currently around 650.

By the Joint Ministerial Decision no. Π1γ/οικ.4128/2000/25-7-2008, the programme is expanded to Municipalities of the fire-stricken Provinces of Ilia, Messinia, Lakonia, Arkadia, Korinthia, Evia, Attica, Etoloakarnania implementing "Help at home" programmes and serving 1,650 persons in total.

Centres of Daily Care of the Elderly (KIFI)

The Centres of Daily Care of the Elderly are small daily hospitality units addressing to third age persons that may not fully serve their own needs (kinetic difficulties-senility, etc) and whose family environment taking care of them, is working or is encountering serious social and financial problems or health problems, and as a result they fail to respond to the continuous care of the elderly that are responsible for. Special stress is put on the living of the elderly in decent conditions, to be supported so as to keep independence, communication and self-sufficiency to the possible extent and to enjoy social care services that ensure them health and qualitative standard of living. KIFI provide nursing care, care for the satisfaction of practical living needs, personal sanitation and creative work programmes.

KIFI are established and operated by Municipal Enterprises, Intermunicipal Enterprises, Municipal Enterprise Unions, Private Law non-profit bodies, in urban and semi-urban areas and are connected at functional level with KAPI that may be established in the same area. They also work with local bodies that provide social services and apply respective or similar programmes, and with health units. Currently, the number of KIFI operating in the country is 51.

In relation to the question of ECSR on the costs incurred by the benefited persons at KIFI, please be advised that the hospitality of the elderly in KIFI is provided for free.

Centres of Open Protection of the Elderly (KAPI)

KAPI are open programmes in which the participants are the elderly above 60 years old, having no social-financial motives, and their purpose is to provide for the staying and socializing of all the members of the community. What is particularly significant in the meaning of open protection of the elderly is their stay in the community, in the familiar environment of the family, the neighbourhood, the friendly environment and the avoidance of the enclosed institutional care and other form of asylums. The institution of KAPI was adopted in 1984 following the legislative initiative and funding of the Ministry of Health and Welfare. Their institution was gradually developed and expanded via local government organizations throughout the country, and more than 900 centres operate today. The basic philosophy of the institution is to protect the social rights of the elderly.

In this context, the purpose of KAPI is:

-To prevent biologic, psychological and social problems of the elderly to enable them to remain self-sufficient, equal and active members of the community. It includes primary prevention (vaccines, advises how to avoid accidents) and secondary prevention (medical tests for the timely diagnosis to avoid many times long-standing therapy). Prevention is a remarkable approach of the third age where the elderly are not treated as human beings that have completed their life circle but as persons with special needs for care and protection in this given stage of their life.

-To enlighten and to work with the community and the special bodies with regard to problems and needs of the elderly.

-To search issues in relation to the elderly.

The services provided at KAPI are: Social Work to the same and to the immediate environment, Care and instructions on Medical-Pharmaceutical and Hospital care, Physiotherapy, Occupational Therapy, Self-action Group of the members of KAPI that help the members in getting into action.

Further education, lectures, study of issues, visits to Museums and Archaeological sites, participation in summer camps, Organized entertainment by bus, help at home to persons in need, coffee-shop offering drinks-refreshments at cost, aiming mainly at meeting other people.

KAPI are staffed by a Social Worker (Chief Authority of KAPI), a Health Visitor, a Nurse, an Occupational Therapist, a Physiotherapist and a Family Assistant.

Camp and Spa Programmes for the Elderly

The Ministry of Health and Social Solidarity keeps implementing every year the camp and spa programmes for the third age, throughout the country, from June to October, of a duration of ten (10) days, offered to every aged person. In 2007, approximately 13,400 aged were offered hospitality.

Workers Fund Organisation Programmes (OEE)

The OEE benefits programme was implemented in the period of reference. (For more information on the programmes, please read the previous greek reports). From 1/1/2003 to 31/12/2007, 240,711,264 euros

were spent and 4,555,635 beneficiaries of the Organisation were benefited who were also, among others, the elderly.

Data on Workers Fund Benefits for the years 2003-2007

YEAR	SOCIAL TOURISM VOUCHERS	TICKETS FOR EXCURSION PROGRAMS	COUPONS FOR BOOKS PURCHASE	ALLOTTED ENTERTAINMENT VOUCHERS	GENERAL TOTAL OF BENEFICIARIES	BENEFITS – RELATED EXPENDITURE
2003	312.106	68.414	145.577	336.069	862.166	38.035.639
2004	295.000	81.259	175.610	330.771	882.640	42.423.093
2005	367.123	73.134	194.351	320.669	955.277	48.677.223
2006	309.667	68.880	194.357	337.884	910.788	43.485.210
2007	501.955	70.446	213.705	158.658	944.764	68.090.099
TOTAL	1.785.851	362.133	923.600	1484.051	4.555.635	240.711.264

Paragraph 2

C. HOUSING

Housing contribution Programme

A rental-type housing benefit is paid to the lonely, non-insured and financially weak elderly above 65 years old, and to the non-insured and financially weak elder couples that have proved that they have no house and pay rent. The monthly income is currently 287 Euros. In 2007, 2,070 lonely, non-insured persons and non-insured couples were subsidized.

Workers Housing Organisation Programmes

These programmes are implemented by OEK and are covered by own funds (ready house in settlements, loans for improvement, repair or completion of an existing house, special programme for the disabled, special programmes of assistance in case of god's acts, etc) the pensioners, that is to say, for the most part the elderly, participate in equal terms with the working people, with no age limitation. (For more information on OEK and the programmes, please read the previous Greek report).

Given that these persons encounter very often health problems, which are recognized by their insurance body as a disability by more than 67%, they are benefited from the favourable provisions of the Regulation for the disabled. So, without participating in the lot, they take a ready house in a settlement constructed by OEK or are included in the special durable programme for the disabled by more than 67% through which they may take a house of OEK, or from the free market bought by the Organisation and ceded to them, or a 25 years interest-free loan to buy a house.

During the period of reference, a rental benefit was given to the low-salaried beneficiaries of OEK, a programme in which a great number of its elderly beneficiaries participate. In particular, as to the terms of participation and the subsidy amounts, the following were in effect:

In **2003**, the highest net family income line of the pensioners and the single persons of at least 60 years old or couples in which one of the spouses had reached the 60th year of his/her age was 9,150 euros. The subsidy amount was 92 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 6,457 euros.

In **2004**, the highest net family income line of the pensioners and the single persons of at least 60 years old or couples in which one of the spouse had reached the 60th year of his/her age, was 9,900 euros and the subsidy amount was 100 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 6,900 euros.

In **2005**, the highest net family income line of all the categories of beneficiaries was 11,000 euros and the subsidy amount was 105 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 7,500 euros.

In **2006**, the highest net family income line of all the categories of beneficiaries was 11,000 euros and the subsidy amount was 115 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 7,500 euros.

In **2007**, the highest net family income line of all the categories of beneficiaries was 11,500 euros and the subsidy amount was 115 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 8,000 euros.

In **2008**, the highest net family income line of all the categories of beneficiaries was 12,000 euros and the subsidy amount was 115 euros monthly for single persons and couples.

The rental subsidy amount was increased by 50% for the low-income beneficiaries who are mostly elderly, with a net family income below 8,000 euros.

In relation to the rental benefit, we refer to the following data:

RENT SUBSIDY

Programme of Year:	Number of beneficiaries	Subsidy amount	Drawn amounts in €
2003	39.918	55.108.838	51.666.434
2004	58.263	104.951.865	72.445.201
2005	64.044	110.570.801	65.679.614
2006	81.784	147.970.033	151.942.702
2007	93.784	170.042.600	183.609.904
2008 *	Started on 7/7/2008		**69.550.588

*Programme in progress

**Refers to the 2007 Programme

OEK ACTIVITY FROM 2003 TO THE 1ST SEMESTER OF 2008

I. DRAWN AMOUNTS FOR PURCHASE OF LANDS

YEAR	AMOUNTS in €
2003	429.900
2004	22.691.500
2005	641.988
2006	1.355.459
2007	10.210.730
2008 (A' SEMESTER)	881.058

II. DRAWN AMOUNTS FOR CONSTRUCTION OF HOUSES

YEAR	AMOUNTS in €
2003	44.899.493
2004	59.285.643
2005	71.994.043
2006	53.249.418
2007	53.995.563
2008 (A' SEMESTER)	22.235.902

III. DELIVERED HOUSES

YEAR	AMOUNTS in €
2003	624
2004	787
2005	570
2006	196
2007	454
2008 (A' SEMESTER)	284

IV. FOR LOANS (COMPLETION, REPAIR, EXPANSION OF HOUSES)

YEAR	SIGNED LOAN CONTRACTS	AMOUNTS in € (SUBSIDY)
2003	2.170	23.516.599
2004	2.455	28.111.185
2005	1.945	23.046.682
2006	3.662	66.456.737
2007	6.996	134.265.198
2008 (A' SEMESTER.)	3.200	61.024.927

V. LOAN PROGRAMME (SUBSIDISED LOANS)

YEAR	SIGNED LOAN CONTRACTS	DRAWN AMOUNTS in € (Amounts paid from O.E.K. for rent subsidy)
2003	2.366	24.600.737
2004	7.364	42.177.538
2005	7.999	57.697.336
2006	13.847	81.735.390

2007	11.296	104.748.042
2008 (A´SEMESTER.)	5.877	78.284.332

VI. SPECIAL PROGRAMME (FOR HOUSE PURCHASE OR CONSTRUCTION)

YEAR	SIGNED LOAN CONTRACTS	AMOUNTS in € (SUBSIDY)
2006	293	27.154.086
2007	741	107.383.030
2008 (A´SEMESTER.)	659	101.304.964

With regard to the additional questions of ECSR on the provision of adjustable residences by OEK, please be advised of the following:

With the programme of the organized building settlement construction, OEK offers not only an integrated proposal for the housing of the workers, but also an integrated proposal for the settlement intervention in the space for the construction of a structured complex harmonically placed in the broader environment that respects and all the more so, upgrades. The studies of the new settlements of OEK aim at forming an attractive and familiar town planning space. The effort to improve the designing of new settlements that will respond to the modern standards for the developing needs of the Greek family is continuous. The modern settlements of OEK include full road and pavement networks, playground, sport courts, parks, malls, reunion and cultural event rooms for the residents whilst there is a specific provision for the erection of schools, churches and kindergartens.

Although the ready house settlements are ceded to the beneficiaries by full freehold, OEK is sensitive towards the residents of his old settlements, and realizes from time to time, in its settlements that have been chosen by lot twenty five years ago, and in settlements that were constructed in the context of special housing care of the state for vulnerable groups of citizens, restoration of common-use areas of blocks of apartments of external facets, of buildings and of common-use rooms, as to improve their aesthetics and functionality.

It also provides loans for the repair of the existing house to beneficiaries as to ensure their suitability.

D. INSTITUTIONAL CARE

Units of Care for the Elderly (MFI)

With regard to the question of ECSR on the policies concerning the institutional facilities and the participation of the elderly in the organization of the life at institutions, pleased be advised of the following: The Ministry of Health and Social Solidarity estimated that the existing institutional context regulating the issues of establishment and function of the Units of Care for the Elderly needs a restoration, and improved it by issuing the Ministerial Decision no. Π1γ/οικ.81551/25-06-2007 (GG 1136/issue B´/06-07-2007), so that both the existing structures functioning and the new one that will function, be updated and ensure the sound, safe and decent standard of living of the overaged.

Currently, the MFIs provide:

-Healthy diet adjusted to the needs of each category of nursed people, their safe and comfortable living.

-Healthy and adequate diet corresponding to the health condition of each nursed person, with a minimum limit of 1,600 calories per day of proper quality.

-Continuous care of their personal sanitation, and cleaning of the Unit's rooms.

-Regular medical attendance and timely and proper medical-pharmaceutical assistance for each nursed person and provisional hospitalisation. The hospitalisation will be limited to the timely diagnosis of the disease and the care for the prompt admission to the proper hospital.

-Possibility of self-service and self-protection by taking proper measures to facilitate the nursed persons (handles, handrails, plain and special sticks, walkers, etc).

-Offer and facilitation of employment, entertainment, psychological support, depending on age, condition and case of the nursed person.

-Physiotherapy with the application of plain physiotherapies or kinesiotherapeutic methods or care for the further special therapy at a physiotherapist, if it is deemed proper, with the purpose of improving the possibilities of self-service, provided it is deemed scientifically feasible.

-Possibility of exercise of their religious duties and participation, provided their condition allows it, in cultural and art events.

-The respect and interest due to the human value, regardless of the physical or mental condition of the nursed people.

The Ministry of Health and Social Solidarity has concluded contracts with non-profit MFIs (Private Law Body Corporate) for the financially weak, non-insured, aged people, and the related cost is covered by the budget of costs of the regions, subsidized by the referenced Prefectural Government.

Throughout Greece, approximately 220 non-profit MFIs hosting 11,000 persons approximately and 140 non-profit MFIs hosting 10,000 persons approximately currently operate.

In relation to the **additional question of ECSR on the inspections at these Institutions**, please be advised that significant changes have been made in the monitoring and promotion of the quality of the services provided after the establishment of the **Health and Welfare Services Inspection Body** in 2001 (Law 2920/22-06-2001). The Body has a Special Control Sector of Welfare Bodies, the authority of which-among others-includes:

-The inspection and control to find the quality and the sufficiency of the facilities, equipment and abovementioned services by the public services, the welfare services of the Municipality, Prefectures and Regions and by the services of the inspected legal entities of the public and private sector rendering services in the welfare sector, such as the Units of Care for the Elderly, the Full Recovery and Rehabilitation Centres and the Chronic Sick Institutions.

-The inspection and the control to find the compliance by all the bodies with the health provisions and the necessary safety measures for the sound standard of living of the nursed persons and the staff.

The Health and Welfare Services Inspectors Body conducted inspections at Institutions, Social Care Units and bodies working with and subsidized by the Ministry of Health and Social Solidarity.

E. HEALTH CARE

The health care of the elderly pensioners is covered by the insurance organisations to which they are subject. They are provided all the medicines that are necessary for the rehabilitation of their health and the therapeutic, diagnostic, orthopaedic means and intentions indicated for the rehabilitation of the health or the relief from their sick condition.

By the Joint Ministerial Decision no. 139491/16-11-2006, GG 1747/issue B\30-11-2006 on “Conditions for the free nursing and medical-pharmaceutical care of Greek and alien citizens”, the previous decision issued in 2005 was completed, as regards the beneficiaries (included in the categories of citizens of members states of the EU and the ESC members states) and are ***entitled a nursing and medical-pharmaceutical care*** at Hospitals of the Legislative Decree 2592/1953 and the Law 1397/1983 (GG 143/issue A’/07-10-1983 on the “National Health System”), in the health institutions which are contracted with the Ministry of Health and Social Solidarity or the health institutions of the Social Insurance Fund (IKA), as well as the welfare hospital institutions, provided they are not entitled to it directly or indirectly by any insurance organisation, all the non-insured citizens, of which the family annual income does not exceed the amount of 6,000 Euros, increased by 20% for the spouse and for each minor or dependent child, on condition certainly that this income does not come from such a professional activity that would provide him/her the opportunity of insurance. Such determined income is increased by 50% in the cases of persons with a disability by more than 67%. Income means the taxable real or imputed and the exempted or taxable income in a special way. This measure covers all the insured aged citizens.

Preventive medicine

In addition, according to the Joint Ministerial Decision no. Φ7/οικ 1624/04-11-1999 on the “Services of Preventive Medicine provided to the insured of the State and the Insurance Organisations”, the Preventive Medicine Services are determined. The costs of the programme of preventive medicine are incurred by the insurance organizations and the state, without the participation of the insured with the purpose of the timely diagnosis and the taking of measures for the prevention of demonstration or averting of the appearance of sick conditions.

Vaccination of the Elderly

According to the ***National Vaccination Programme***, all the persons above 60 years old are recommended to annual vaccination against influenza and pneumococcus. It is noted that according to the circular of the Ministry of Employment and Social Protection, the insurance organizations furnish free vaccination from the national programme of vaccines to children and adults.

The Ministry of Health and Social Solidarity supplies vaccines against pneumococcus and influenza to the Health Directorates of the Prefectural Governments aiming at increasing the vaccination of special population groups (poor - non-insured).

The JMD Π1γ/81551/25-06-2007 (GG 1136/issue B’/06-07-2007): “Amendment and completion of the ministerial decisions no. Π4β/οικ 3176/06-06-1996 (GG 455/issue B’/1996) and Π4β/οικ 4690/30-08-1996 (GG 833/issue B’/1996) on the “Conditions of establishment and function of Units of Care for the Elderly (MFI) by non-profit individuals, and non-profit MFIs respectively”.

Aerotherapy allowance

In accordance with the provisions of Ministerial Decision F.40021/14022/1257/31.07.2008 (Official Gazette 1586, Part B) a **one-off aerotherapy allowance of 248.00€** is granted to the insured persons and old age and disability pensioners of IKA-ETAM and other insurance organizations falling within the competence of the Ministry of Employment and Social Protection, who:

- (a) suffer from tuberculosis;
- (b) suffer from lung cancer or pneumoconiosis;
- (c) suffer from kidney failure or who have undergone a kidney transplantation;
- (d) suffer from pneumonopathy and have a disability percentage of 80% in respect of the pulmonary disease; or
- (e) have undergone a lung, heart and liver transplantation.

The beneficiary insured persons and pensioners who have undergone a kidney, lung, heart and liver transplantation are entitled to an aerotherapy allowance for life. In case where the statutory provisions governing an insurance organization provide for the granting of an aerotherapy allowance in an amount greater than the amount stipulated by the above Ministerial Decision, up to twice the said amount stipulated may be paid, as long as the financial condition of the appropriate organization allows it.