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## **1961 EUROPEAN SOCIAL CHARTER**

23rd National Report on the implementation of  
the 1961 European Social Charter  
and

8<sup>th</sup> National Report on the implementation of the Additional  
Protocol of 1988  
submitted by

### **THE GOVERNMENT OF GREECE**

(Articles 3, 11, 12, 13 and 14 of the 1961 Charter  
and Article 4 of the 1988 Additional Protocol  
for the period 01/01/2008 – 31/12/2011)

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Report registered by the Secretariat on 23 January 2013

**CYCLE XX-2 (2013)**



# 23rd Greek Report on the European Social Charter

*On the second thematic group – health, social security and  
social protection {articles 3, 11, 12, 13, 14}*

*Reference Period*

*01/01/2008 – 31/12/2011*

## Article 3 – The right to safe and healthy working conditions

### *Paragraph 1 – Issue of safety and health regulations*

#### **Question 1 – Description of the general legal framework. Nature of, reasons for and extent of any reforms.**

Those mentioned in the previous Report of the Greek Government shall apply. Moreover, as regards the beneficiaries and the determination of the terms and conditions of granting of the arduous and unhealthy occupation allowance in the public sector, we wish to inform you that **para1, art. 15, Law 4024/2011 stipulates that “in addition to the basic salary, an employee may receive an arduous and unhealthy occupation allowance up to the amount of one hundred and fifty euro per month.** The beneficiaries of this allowance as well as the terms and conditions of granting thereof shall be specified by a joint decision of the Minister of Administrative Reform and E-government, the Minister of Finance and the competent Minister from time to time, to be issued strictly within six months from the entry into force of this law”.

In pursuance of the above provision, the Joint Ministerial Decision “Determination of the arduous and unhealthy occupation allowance as per para1, art.15, Law 4024/2011” was issued and specified the categories of beneficiaries of the arduous and unhealthy occupation allowance in the public sector and the amount which each of those categories is entitled to. Also, four Joint Ministerial Decisions were issued regarding the employees of the Ministry of National Defence, the Ministry of Culture, the forestry employees of the decentralized administrations and the employees of the Archaeological Receipts Fund.

#### **Question 2 – Measures (administrative regulations, programs, action programs, projects, etc.) taken to implement the legal framework upon consultation with employers’ and workers’ organizations**

The Labour Inspectorate (SEPE) includes a Safety and Health Inspection Agency, which mainly aims at the improvement of the working conditions and the working environment. More specific targets are the prevention and steady reduction of the occupational accidents and occupational diseases, as well as the promotion of measures aiming at the protection of workers’ health, according to the World Health Organization’ definition. These targets are fulfilled both through inspections and investigations conducted daily by Occupational Health and Safety Inspectors and through their informative and advisory roles on issues related to workers’ health and safety.

During the reference period, **the inspections were conducted on the basis of the annual action programs drawn up at the beginning of every year upon consultation with employers’ and workers’ representatives**, within the context of the Social Inspection Council of the Labour Inspectorate (SKEE). The total number of inspections and follow-up inspections carried out by the Health and Safety Inspection agencies of the Labour Inspectorate during the reference period are as follows:

Year	2008	2009	2010	2011
<b>Inspections</b>	24,600	24,496	25,259	28,150

Moreover, the Health and Safety Inspection agencies of the Labour Inspectorate participated in a great number of special inspection and information actions, the most important of which are presented below.

## **Inspection actions**

### *Inspection in the construction sector*

The construction sector was, during the reference period, the sector of economic activity where the Health and Safety Inspection agencies of the Labour Inspectorate conducted the highest number of inspections (38.5% of the total number of inspections), due to the danger posed by the works performed and the high rate of serious and fatal occupational accidents. A great number of inspections were conducted by **three-member Building Sites Joint Inspection Committees** operating in most prefectures of the country and composed of one labour inspector, one representative of the local trade union of workers in the sector of construction and technical projects, and one engineer who represents the Technical Chamber of Greece. During the reference period, **emphasis was given to the inspections of big technical projects and asbestos-containing materials removal operations.**

### *Inspections in areas with high thermal stress*

Every year in the summer and particularly on very hot days during the reference period, inspections were carried out in workplaces with high thermal stress of workers (building sites and technical projects, agricultural works, metalworking and glass industries, etc.) in order to identify the measures required to be taken, in compliance with the legislation and the guidelines of the relevant circulars issued annually by the Labour Inspectorate in order to deal with issues of thermal stress of workers in indoor and outdoor areas.

### *Inspection in the Shipbuilding and Repair Zone*

During the reference period, daily inspections continued in the Shipbuilding and Repair Zone of Piraeus-Drapetsona-Keratsini-Perama-Salamina, where the works carried out are very dangerous due to their nature and the conditions under which they are performed.

It should be pointed out that, in pursuance of a 2006 J.M.D., **daily inspections were conducted in the Shipbuilding and Repair Zone by two six-member Joint Inspection**

**Committees**, each composed of a labour inspector from the Occupational Hazard Prevention Centre of Piraeus and South Aegean (KEPEK) as President, two representatives of the workers designated by the Trade Unions of the Shipbuilding and Repair Zone, one representative of the Technical Chamber of Greece, one representative of the General Chemical State Laboratory and one officer of the local Port Authority.

By art.17, L.3996/2011 the occupational health and safety conditions joint inspection committees as per art.28, L.3850/2010 (G.G. A'84), were replaced, with regard to the part that concerns the Shipbuilding/Repair Zone of Piraeus-Drapetsona-Keratsini-Perama-Salamina, by Workers Health and Safety Committees in the Shipbuilding and Repair Zone in the above areas.

#### *Inspections at industries – small craft industries*

During the reference period, priority was given to the inspection of enterprises having a high frequency of accidents (number of accidents per 1,000 workers in the particular sector) according to the statistical data of the Labour Inspectorate and of the Social Insurance Institute (IKA), in sectors such as the production of base metals, manufacture of machinery, metal products and products from non-metallic minerals, electrical machines and apparatuses, products made of wood and elastic or plastic materials, production of chemical products, disposal of waste water and refuse, etc.

#### *Participation in European information and inspection campaigns of SLIC*

During the reference period, the Health and Safety Inspection agencies of the Labour Inspectorate participated in the following campaigns organized by the Committee of Senior Labour Inspectors (SLIC) of the European Commission:

- Information and inspection campaign on the prevention of musculoskeletal disorders of the back and the lumbar region in occupations involving a manual handling of loads in the sectors of construction and commerce (2008-2009);
- Information and inspection campaign on the risk assessment during the use of hazardous substances at workplaces, in the sector of woodworking and cabinetmaking (2010) as well as in the sectors of bakeries, motor vehicle repair workshops and cleaning (2011).

#### *Other inspection actions*

During the reference period, the Health and Safety Inspection agencies of the Labour Inspectorate participated in fixed-term targeted inspection action programs (usually for four or six months), including the inspection of motor vehicle repair workshops, health and social care institutions, enterprises providing cleaning services, enterprises providing security services, seasonal

enterprises, recycling companies, technical projects and subcontractors, as well as cleaning and waste collection agencies of local government organizations.

### **Information actions**

The Labour Inspectorate in cooperation with the General Directorate of Working Conditions and Health, Ministry of Labour, Social Security and Welfare or with local trade unions of workers and employers, labour centres, workers' associations, Occupational Health and Safety Committees of enterprises, Municipalities, municipal enterprises, hospitals, scientific and professional bodies (university institutions, branches of the Hellenic Institute for Occupational Health and Safety (ELINYAE), the Technical Chamber of Greece, chambers, etc.) organized one-day information meetings and other events in capital cities of the prefectures throughout the country, in order to inform the stakeholders (workers, employers, safety technicians, occupational doctors, etc.) on labour law issues and safe work practices.

Furthermore, within the context of the European information and inspection campaigns of SLIC, the Labour Inspectorate published information brochures<sup>1</sup> in Greek and four other languages (English, Albanian, Romanian and Russian), so that they can be understood by the greatest possible number of workers. By using pictures and examples of good and bad work practices, these brochures focus, as the case may be, on special preventive measures, both technical and organizational, that can be taken for the prevention of occupational hazards, and they were distributed during the inspections to employers, workers, safety technicians, occupational doctors. Moreover, posters concerning the relevant campaigns were distributed to regional agencies, trade unions and employers' organizations as well as other bodies throughout the country.

There were also several information actions addressed to **all workers without exception, including the self-employed persons**. More specifically:

- distribution of CD's and promotional material
- production of spots for the radio and television stations
- campaign promotion through the network of the public transport means
- presentation of the relevant information material on the website of the Ministry of Labour, Social Security and Welfare ([www.yeka.gr](http://www.yeka.gr))
- visits to workplaces and distribution of information material
- promotion of the relevant actions of the European Organization through the dissemination of information material and good practice models
- organization of the "European Good Practice Awards" in Greece simultaneously with all member states.

In 2008 the following actions took place:

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<sup>1</sup>(a) "Reduce fatigue! Information for employers and workers in the sector of construction"; and (b) "Hazardous substances: information, prevention, protection" (for bakeries, dry-cleaning enterprises, cleaning services, motor vehicle repair workshops, woodworking and cabinet-making factories)

In April Greece participated in the campaign of the International Labour Office *28<sup>th</sup> of April World Day for Safety and Health at Work*. Three one-day information and awareness meetings took place in three big Greek cities.

Moreover, within the framework of our country's participation in the European campaign of the European Agency for Safety and Health at Work, which for 2008 was dedicated to risk assessment and whose slogan was "Healthy Workplaces: Good for You, Good for Business", information and awareness actions for all parties concerned at a national level were carried out (organization of an information one-day meeting in November 2008 in Athens with the participation of employers, workers, representatives of social partners and other bodies involved, as well as issuance and distribution of printed information material – book entitled "Risk Assessment Tool", information brochure containing practical instructions for risk assessment drafting in small enterprises, posters).

In 2009 the following actions took place:

In April our country participated in the campaign of the International Labour Office *28<sup>th</sup> of April World Day for Safety and Health at Work* and one-day information and awareness meetings took place in two big cities.

In addition, within the context of our country's participation in the European campaign of the European Agency for Safety and Health at Work, which for 2009 was dedicated to risk assessment and whose slogan was "Healthy Workplaces: Good for You, Good for Business", information and awareness actions for all parties concerned at a national level were carried out (organization of an information one-day meeting in December 2009 in Athens with the participation of employers, workers, representatives of social partners and other bodies involved, as well as issuance and distribution of printed information material – books entitled "Risk Assessment Tool" and "Non-binding Guide to Good Practice for Work at a Height", posters containing practical instructions for risk assessment drafting in small enterprises).

In the framework of the EU program on Employment and Social Solidarity PROGRESS (2007-2013) two books entitled "Prevention of accidents in the workplace" and "Safety and health signs in the workplace" were published.

In 2010 the following actions took place:

Participation in the campaign of the International Labour Office *28<sup>th</sup> of April World Day for Safety and Health at Work* and press conference of the Minister of Labour and Social Security, where the draft National Strategy on Health and Safety at Work was presented. In addition, the new European Campaign 2010-2011 on "Safe Maintenance" was launched.

Within the context of Greece's participation in the European Campaign 2010-2011 on "Safe Maintenance" of the European Agency for Safety and Health at Work, the following took place: working meetings, meeting of the National Information Network with the participation of partners in Safety and Health at Work (Volos, September 2010, information and awareness meetings, one-day meeting on the "Basic principles of safety and health at work", organization of a national information focal point for safety and health at work and the Enterprise Europe Network-Hellas, while the General



Directorate of Working Conditions and Health published three books (Electrical Work Safety, Non-binding Guide to Good Practice for Implementing Directive 2002/44/EC-Vibrations at Work and New and Emerging Chemical Risks in the Construction Sector).

Finally, in 2011 the following actions took place:

Within the context of our country's participation in the campaign 2010-2011 on "Safe Maintenance" of the European Agency for Safety and Health at Work, the following took place: information and awareness one-day meetings on the "Promotion of Safety and Health at Work – Safe Maintenance" in four big cities (Heraklion 13/5/2011; Rio-Patra, 22/6/2011; Larissa, 30/9/2011; and Thessaloniki, 21/10/2011).

Furthermore, a Cooperation Agreement between the Ministry of Labour and the Enterprise Europe Network-Hellas was signed with a view to an effective promotion of Safety and Health at Work and to ensuring the active participation of social partners at a national level. In this context, three one-day meetings on the "Information and Awareness of Small and Medium-sized Enterprises on Safety and Health at Work" took place in three big cities.

Moreover, an information and awareness one-day meeting for the representatives of the social partners took place on 18/2/2011 in Athens for the promotion of the results of the European Survey of Enterprises on New and Emerging Risks (ESENER). Finally, the General Directorate of Working Conditions and Health republished the books "Electrical Work Safety" and "New and Emerging Chemical Risks in the Construction Sector".

In the field of **training**, educational and further training programs were implemented for safety technicians, employers and workers on the discharge of duties of safety technicians and personnel involved in work with asbestos and asbestos-containing materials.

Also, in the framework of the training program on safety and health of hotel personnel ("Month of Safety and Health at Work" which was organized by Starwood hotel chain), presentations were systematically made by personnel of various bodies including the Ministry of Labour, Social Security and Welfare.

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

**1. Regarding the additional question of the ECSR on the progress of codification of the legislation on health and safety at work**, we inform you that **its first phase has been completed by the adoption of Law 3850/2010 (G.G. A'84) "Ratification of the Code of Laws on Workers' Health and Safety"**, which includes the laws and fundamental regulations. The codification procedure continues through the elaboration of the other regulations on health and safety at work by the competent committee thereof established in 2010. The codification of the legislation shall contribute to its better understanding and implementation by employers, workers and self-employed persons.

2. As regards the **harmonization of the national legislation with Directives 2004/40/EC and 2006/25/EC**, we wish to inform you as follows:

a. **Directive 2004/40/EC** “on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (18<sup>th</sup> individual Directive within the meaning of Art.16(1) of Directive 89/391/EEC)” **is to be replaced by a new Directive at the level of the Working Party on Social Questions of the EU**. The deadline for harmonization of Directive 2004/40/EC expired on 30.04.2008, however, issues that emerged at a European level, mainly in relation to the static magnetic field of the MRI as well as a plethora of new scientific facts led to two extensions of the deadline for harmonization with Directive 2008/46/EC (extension until 30/04/2012) and Directive 2012/11/EU (extension until 31/10/2013). Significant disagreements emerged within the Working Party on Social Questions both regarding technical issues (selection of limit values) as well as issues related to the scope of application of the new Directive (possible exemption of MRI and armed forces from the provisions of the Directive), hence, no final agreement has been reached yet. The Ministry of Labour, Social Security and Welfare participates actively in the drafting procedure of the new draft Directive.

b. **Directive 2006/25/EC** “on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (19<sup>th</sup> individual Directive within the meaning of Art.16(1) of Directive 89/391/EEC)” **was transposed into our national law by the issuance of Presidential Decree 82/2010 (G.G. A'145) “Minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) in compliance with Directive 2006/25/EC”**.

### 3. Inventory of buildings and materials contaminated with asbestos

The tasks of the Labour Inspectorate include, inter alia, the monitoring of compliance with labour law on the protection of workers' safety and health. In this context, in order that Greece harmonizes its national legislation with Council Directive 83/477/EEC of 19/09/1983 on the protection of workers from the risks related to exposure to asbestos at work<sup>2</sup>, it issued P.D.212/2006 on the protection of workers from health and safety risks, including the prevention of risks that arise or may arise from activities in which they are exposed to asbestos dust or materials derived from asbestos.

The said Presidential Decree stipulates that the **demolition or asbestos removal works may be performed only by enterprises having a relevant licence**, while, for every activity in which workers are or may be exposed to asbestos dust or materials containing asbestos, the contractor of the entire project and, in case there is no contractor, the project owner, shall:

1. not later than 10 days prior to the commencement of the works, submit in writing to the competent agency for Safety and Health at Work of the Labour Inspectorate the following information (para1,

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<sup>2</sup>(OJ L 263, 24.09.1983) as amended by Council Directive 91/382/EEC of 25 June 1991 (OJ L 206, 29.7.1991) and Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 (OJ L 97, 15.04.2003)

art.4, Presidential Decree 212/2006): location of the construction site, type and quantity of asbestos-containing materials, the type of asbestos contained in those materials, the activities and methods applied, the number of workers exposed to asbestos dust and asbestos-containing materials, the date of commencement and duration of the works, the measures taken for reduction of workers' exposure to asbestos dust and the work equipment to be used;

2. prior to commencement of the works, submit to the competent agency for Safety and Health at Work of the Labour Inspectorate a Safety and Health plan incorporating a Work Plan that would provide for the necessary measures for workers' safety and health at work (protection and decontamination of the personnel), the asbestos-containing materials removal method, the characteristics of the equipment to be used, as well as the enterprise (which must have a special licence) that will undertake the project;

3. during the execution of the demolition and asbestos-containing materials removal works, implement those provided for by article 3, Presidential Decree 212/2006 and, as the case may be, other special provisions of the labour law on workers' safety and health.

Moreover, we wish to inform you that in 2005 the School Buildings Organization (OSK) started demolishing school buildings containing asbestos throughout the country and replacing asbestos-containing materials at the schools of the country. The demolition works and the works for the removal of asbestos-containing materials have been carried out by the School Buildings Organization S.A. pursuant to the legislation and more specifically:

For the award of the project by tender, the execution of the contract and the construction of the project, applicable shall be the legislative framework on the execution of Public Works, the regulations in force from time to time on seismic protection, technology of concrete, materials, facilities, thermal and sound insulation, fire protection, safety, hygiene, the local commitments (Archaeological Agency, Forest Agency, Public Power Corporation), as well as all provisions concerning the School Buildings Organization, including but not limited to:

1. Law 3669/2008 "Ratification of the Codification of the legislation on public works construction";
2. Law 1650/10-1-1986 on the protection of the environment;
3. 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/EC of the European Parliament and of the Council;
4. J.M.D. 8243/1113/91 "Defining measures and methods for the prevention and reduction of environmental pollution by asbestos";
5. J.M.D. 1568/1985 "Workers' health and safety";
6. J.M.D. 72751/3054/85 "Toxic and hazardous waste and elimination of PCBs and PCTs in compliance with Council Directives 78/319/EEC, 78/403/EEC of 20/03/1978 and 06/04/1976";
7. Regulation (EC) no 1013/2006 of the European Parliament and of the Council of 14 June 2006 on shipments of waste;
8. Law 2203/1994 "Ratification of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal";

9. J.M.D. 13588/725/2006 “Measures and terms for management of hazardous waste” in compliance with Council Directive 91/689/EEC of 12 December 1991 on hazardous waste;
10. J.M.D. 19744/454/1988 “Monitoring and control of transboundary transportation of hazardous waste”;
11. J.M.D. 21017/84/30-6-2009 “Operation terms and conditions of firms engaged in the demolition and removal of asbestos and/or materials containing asbestos from buildings, structures, equipment, facilities and vessels, as well as maintenance, coating and encapsulation of asbestos and/or materials containing asbestos”.

Furthermore, asbestos removal operations were carried out on the basis of the Special Technical Description which presents in detail the professional qualifications of the enterprise that would undertake the project, the subject of the works, the methodology of mobilization of the construction site and asbestos-containing materials removal operations, as well as the works for the replacement of the removed materials by new materials which do not contain asbestos. As regards the schools where, upon their application, the School Buildings Organization S.A. carried out works related to asbestos, we wish to inform you that:

- (a) 54 school buildings with asbestos-containing materials in 12 prefectures of the country were demolished;
- (b) asbestos-containing materials in 48 schools throughout Attica were replaced;
- (c) works were carried out in 15 schools in the Prefecture of Thessaloniki.

### **Negative Conclusion of ECSR – Health and Safety for Self-employed Persons**

In its conclusions, ECSR considers that the self-employed persons remain only partly covered by the regulations on health and safety at work and there is a big gap in their protection (e.g. vessels, agriculture, hotels and restaurants). However, it recognizes **improvements in the Greek legislation considering that in high risk sectors (fishery and transport) there are special provisions that apply also to self-employed workers. Therefore, the Committee deems that the self-employed fishers are covered by the legislation on health and safety.**

At this point, regarding the **workers on vessels**, we wish to state that there is a **maritime labour relationship and those workers have the status of seafarer**, therefore, **they are covered by the pertinent provisions of the legislation in force**. More specifically, paragraph 4, article 2, Law 3850/2010 “Ratification of the Code of Laws on Workers’ Health and Safety” specifies the relevant provisions that apply to sea transport. Moreover, Law 4078/2012 ratified the Maritime Labour Convention of the International Labour Organization, which contains provisions on the protection of seafarers’ health and safety and the prevention of accidents.

Besides, during the reference period, actions were implemented, which concerned all workers without exception, including the self-employed persons. As mentioned hereinabove, **the first phase of the codification of the legislation on safety and health at work was completed by the adoption of Law 3850/2010 (G.G. A’84) “Ratification of the Code of Laws on Workers’ Health and Safety”**, which includes the laws and fundamental regulations. The codification procedure continues through the elaboration of the other regulations on health and safety at work by the competent committee established in 2010. The codification of the entire legislation shall contribute to its better understanding and

implementation by employers, workers and self-employed persons. It is pointed out that **all aforementioned information actions concern the self-employed persons too.**

In addition, there are **new developments concerning the information and training of the temporary workers on health and safety at work**, since Law 4052/2012 (G.G. A'41) on the "Powers of the Ministry of Health and Social Solidarity and the Ministry of Labour and Social Security regarding the implementation of the Law *Approval of the Draft Financial Assistance Facility Agreements between the European Financial Stability Facility (EFSF), the Hellenic Republic and the Bank of Greece, approval of the Draft Memorandum of Understanding between the European Commission, the Hellenic Republic and the Bank of Greece and other urgent provisions for the reduction of the public debt and the rescue of the national economy*" stipulates that:

(a) with regard to health and safety at work, **employees under a temporary employment contract or relationship** shall enjoy the same level of protection as that provided to the indirect employer's other staff (para1, art. 125).

(b) the powers of the safety technician of the Temporary Employment Agency shall be specified by articles 14 and 15 of the "Code of Laws on Workers' Health and Safety", as ratified by the first article of Law 3850/2010 (G.G. A'84), in particular, as regards employees' information and training concerning the places where they will work (para2, art.125);

(c) regarding the other issues, the provisions on safety and health shall apply to employees of the Temporary Employment Agencies (para2, art.125).

***Paragraph 2 - Adoption of measures for monitoring implementation of the health and safety regulations***

**Question 1 - Description of the general legal framework. Nature of, reasons for and extent of any reforms.**

In 2011 Law 3996/2011 "**Reform of the Labour Inspectorate, regulation of social security issues and other provisions**" was passed and its articles 23 "Type and range of sanctions" and 24 "Administrative sanctions in case of violation of the labour law" include **provisions on the imposition of sanctions**, while those provisions deal with issues such as the exclusion from public tenders of employers who have committed the same or similar offence repeatedly, the **labour inspector's power to impose administrative sanctions** for certain offences **immediately upon identifying them, the classification of the offences and the determination of the amount of the fines depending on the offence**, the power of the Head of the Department, instead of the Director of the agency, to sign the fine imposition deed, as well as the changes dealing with the problem of the time-consuming and bureaucratic fine imposition procedure.

There were changes in the number of the Labour Inspectors, since Law 3996/2011 **redefined the number of the permanent positions by category and branch** that is necessary for the effective operation of the Labour Inspectorate, and provided for the **establishment of 916 posts of Labour Inspectors**, of which 377 were Occupational Safety and Health Inspectors [Engineers (university education):153; Exact Sciences (university education):72; Doctors, Specialized Doctors and Occupational Doctors (university education):28; Engineers (technological education):90; Health Professionals (technological education):34].

The final selection of the number of Inspectors was made through a feasibility study that included **the distribution of the labour force** (number of enterprises, employment class / enterprise and geographical grouping of the labour force), **ease of accessibility to control points**, **level of danger posed by the enterprises**, in particular, for the distribution of the regional Agencies of the Occupational Safety and Health Inspectorate, placement in departments of employees who are not redundant, so as to make possible and effective the management of the personnel by the Head (maximum number of officers per department: 15).

According to data as of July 2012, the personnel of the Labour Inspectorate currently comprise 785 employees, of which 684 are Labour Inspectors (405 Labour Relations Inspectors and 279 Occupational Safety and Health Inspectors).

### **Safe and healthy working conditions at mines and quarries**

As regards the safe and healthy working conditions at mines and quarries, we inform you that the **Ministerial Decision of 23/5/2011 (G.G. 1227/B'/14.6.2011)** enacted a **new Regulation on Mining and Quarrying Works**, which adopts **new rules on mining and quarrying activities with a view to the improvement of the protection of workers' safety and health and a more effective protection of the environment**. The new Regulation replaces the older regulation of 1984 and aims at the harmonization with the corresponding provisions of the relevant EU Directives, the modernization of provisions in order to be in line with the new technological developments and the environmental protection.

**Compliance with the provisions** of the said Regulation is monitored by the **competent Mines Inspectorate**. It is pointed out that the employer in every mining or quarrying project must hire an occupational doctor solely for first aid services. Moreover, according to the Regulation the workers and the technical personnel of every project must undergo periodic medical examinations, whose frequency and kind shall be determined on the basis of the working conditions.

Regarding safety and health, the Regulation stipulates that **in every project the employer shall hire a safety technician**, who shall advise the employer on safety and health at work issues and the prevention of occupational accidents. In addition, for every project **there must be a safety and health office**, whose tasks shall, among others, be to assist the safety technician and the occupational doctor, draw up special safety rules for the project, recommend the organization of seminars for workers, process statistical data, evaluate them and draft reports on the improvement of the working conditions. Moreover, the Regulation contains detailed provisions on both general safety measures and special measures on workers' protection from physical and chemical agents (noise, suspended dust, vapours, fumes, thermal stress, radioactive dust, ionizing radiation, vibrations).

### **Question 2 – Statistical data**

The data that concern the accidents reported to the Labour Inspectorate during the inspections conducted, as well as the sanctions imposed by the Safety and Health agencies of the Labour Inspectorate during the period 2008-2011 appear in the following tables.

Table 1: Occupational accidents reported to the Labour Inspectorate: Total & fatal accidents

<b>YEAR</b>	<b>TOTAL OCCUPATIONAL ACCIDENTS REPORTED TO THE SEPE</b>	<b>FATAL OCCUPATIONAL ACCIDENTS REPORTED TO THE SEPE</b>
<b>2008</b>	6657	142
<b>2009</b>	6381	113
<b>2010</b>	5721	94
<b>2011</b>	5203	70

Footnote: 1. The above data are based on the accidents reported by the employers.  
2. The total occupational accidents include the fatal accidents.

The above accidents involving salaried workers **must**, pursuant to the legislation in force, **be reported to the Labour Inspectorate by the employers**. This obligation shall not be incumbent upon the self-employed persons, the members of family enterprises as well as the workers at quarries and mines for which the competent agency is the Mines Inspectorate (see below).

Table 2: Occupational accidents reported to the Labour Inspectorate: Fatal – Pathological Road Accidents

<b>YEAR</b>	Fatal Occupational accidents (no pathological nor road accidents)	Pathological	Road Accidents
<b>2008</b>	104	38	27
<b>2009</b>	84	29	38
<b>2010</b>	63	31	49
<b>2011</b>	39	31	29

Table 3: Percentage of occupational accidents reported to the Labour Inspectorate per 100,000 workers

<b>YEAR</b>	<b>REPORTED ACCIDENTS</b>	<b>NUMBER OF WORKERS*</b>	<b>PERCENTAGE PER 100,000WORKERS</b>
<b>2008</b>	6657	2.931.400	227
<b>2009</b>	6381	2.871.400	222
<b>2010</b>	5721	2.747.200	208
<b>2011</b>	5203	2.479.500	209

Table 4: Inspections conducted and sanctions imposed by the Labour Inspectorate

<b>YEAR</b>	<b>INSPENCTIONS</b>	<b>LAWSUITS</b>	<b>CESSATION OF WORKS</b>	<b>SANCTIONS</b>	<b>FEEES</b>
<b>2008</b>	24600	1063	1738	1246	3.354.900 €
<b>2009</b>	24496	971	1599	1018	2.856.400 €
<b>2010</b>	25259	839	1357	1023	2.405.900 €

2011	28150	775	806	590	1.704.111 €
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### **Statistical data on workers at quarries and mines**

The main task of the Mines Inspectorate of Northern and Southern Greece under the legislation in force is to inspect the operation of quarries and mines as well as of the processing facilities therein throughout mainland Greece and on the Greek islands within the framework of a) implementation of the law on mines and quarries with a view to a rational exploitation of the country's mineral resources; b) protection of the natural environment in the areas where quarrying and mining enterprises are active; c) safeguarding workers' safety and health conditions and the general man-made environment; and d) elimination of illegal mining activities constituting a criminal offence.

Concerning the reference period we inform you as follows:

**TABLE 1: Number of incidents - accidents**

	Number of incidents	Number of accidents		TOTAL
		Severe accidents	Fatal accidents	
2008	127	2	14	143
2009	125	1	14	140
2010	89	1	10	100
2011	88	2	6	96

The above Table shows a **downward trend both in the number of incidents and the number of accidents as well as a significant reduction in the period 2010-2011**. It is pointed out that, according to the Regulation on Mining and Quarrying Works, accident is the event that causes person's serious injury or mutilation or death.

**TABLE 2: Inspections conducted**

	Precautionary inspections	Inspections for illegal mining activities	TOTAL	TOTAL SANCTIONS
2008	133	2	135	1.483.637€
2009	179	22	201	1.355.000€
2010	140	14	154	3.303.216€
2011	164	26	190	1.296.000€

It should be clarified that the amount of the fines imposed by the Mines Inspectorates for violations of the Regulation on Mining and Quarrying Works ranges from 1,000 euro to 3,000 euro for each violation, while the amount of fines imposed for the performance of illegal mining activities ranges from 16,000 euro to 160,000 euro.

The target of the Mines Inspectorate is to carry out inspections twice per year in enterprises that employ a great number of workers and/or are active in underground mining activities, and at least once per year in respect of other activities. **Onsite and other inspections are always conducted upon reports - requests filed by trade unions** in cooperation with workers' representatives.

We should stress that the onsite inspection is followed by (a) a report drawn up by the inspecting engineers which records the findings, observations and proposals deriving from the onsite inspection; and (b) the forwarding of a document for adoption of safety measures that contains orders-recommendations regarding the rational exploitation, protection of the natural environment and identification of workers' safety and health conditions. If violations are identified, then the procedure for the imposition of



administrative sanctions (summons to present views, decision on fine imposition) is initiated.

During the reference period the Agency employed eight inspecting engineers. This resulted in that the preventive inspections were restricted, during the reference period, to operating companies that employ a great number of workers and/or are active in underground mining activities, and also the onsite inspections were conducted upon public prosecutor's orders, serious complaints, etc. Since 2011 the number of mining engineers of the Agency rose to ten thus **increasing the frequency of preventive inspections**.

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

***1. Methods of presentation and collection of data related to occupational accidents - estimated levels of insufficient reference and measures to address the phenomenon***

According to ESAW (European Statistics on Accidents at Work) methodology, in case where there is a financial incentive for the worker or employer to report occupational accidents (daily compensation, allowances, pensions), the level of reporting is considered to be at 100%. On the contrary, where there is only a legal obligation to report occupational accidents, there is a moderate level of reporting which, for the member states of the European Union having a similar reporting system, ranges from 30% to 50%.

The accidents reported to the Social Insurance Institute belong to the first of the above two categories with reporting level of 100%, while, as regards the accidents reported to the Labour Inspectorate for which there is only a legal obligation, the reporting level is at the average of the member states of the European Union, that is, from 30% to 50%. We wish to point out that for the reference period 2008-2011 the Social Insurance Institute has not yet officially released data on the occupational accidents.

In every case where **the safety and health agencies of the Labour Inspectorate establish that an occupational accident has not reported, they impose the sanctions provided for by the law.**

***2. Data on aliens' occupational accidents - measures for the improvement of the situation***

Detailed data on the distribution of occupational and fatal occupational accidents involving Greek and foreign workers, as reported to the Labour Inspectorate for the years 2008-2011.

YEAR	REPORTED OCCUPATIONAL ACCIDENTS			FATAL ACCIDENTS		
	OCCUPATIONAL ACCIDENTS	ACCIDENTS OF FOREIGN WORKERS	PERCENTAGE	FATAL ACCIDENTS	FOREIGN WORKERS' FATAL ACCIDENTS	PERCENTAGE
2008	6680	68	10%	142	37	26,1%
2009	6381	01	10,6%	113	41	36,3%
2010	5721	13	11,1%	94	27	28,7%
2011	5203	89	13,4%	70	14	20%

Those data show that, regarding the total occupational accidents reported to the Labour Inspectorate for the reference period, the percentage of the foreign workers suffering

an occupational accident ranges from 10% to 13.4%, while the corresponding percentage for fatal accidents ranges from 20% to 36.3%.

The measures provided for by the Greek legislation for the protection of workers' health and safety, as well as the actions to be taken in case of occupational accidents (immediate activation of the inspection mechanism of the Labour Inspectorate for investigation of the causes of the accident and drafting of an onsite inspection report, provision of recommendations for the adoption of the required measures, forwarding of the onsite inspection report to the competent judicial bodies for the imposition of the prescribed penalties), **are the same for all workers regardless of their nationality.**

In addition, we wish to inform you that the inspections of the Labour Inspectorate have always focused on those sectors that pose an increased occupational risk (e.g. sectors of **construction** and **industry** where a great number of foreign workers are employed). The percentage of inspections by the Labour Inspectorate in these two sectors **exceeds 60%.**

Furthermore, within the framework of the European Campaign organized in 2010 by the SLIC of the European Commission on Risk Assessment in the Use of Dangerous Chemical Substances in sectors where immigrants are employed (motor vehicle repair workshops and cleaning services, woodworking and cabinetmaking and bakeries), the Labour Inspectorate prepared four information brochures (one for each sector) in five languages (Greek, English, Russian, Albanian and Romanian). The initiative was repeated for the European Campaign on Psychosocial Risks at Work (2011-2012), for which a part of the information material of SLIC was published also in Bulgarian and Polish.

Finally, in 2009 the Ministry of Labour and Social Security published information material entitled "Prevention of accidents at work" in 11 languages, which was distributed by the Inspectors of the Labour Inspectorate in the workplaces of foreign workers.

### ***3. Measures that are taken for a proper presentation of data on occupational diseases.***

The Greek Government has initiated the procedures for the organization of a more effective cooperation between the jointly competent officers (health professionals) and bodies (social security bodies and units of the national health system), thus aiming at the collection and utilization by the Labour Inspectorate of the data on occupational diseases.

In this context, in March 2008 a circular was sent to all regional agencies of the Labour Inspectorate, so that they regularly remind the enterprises, in which due to the nature of their activities and working conditions the occupational diseases risk is high, that they must report the accidents and occupational diseases. Moreover, for the purpose of a comprehensive recording of data on occupational diseases, the "Form of reporting a work-related disease to the Labour Inspectorate" was drafted. Also, it was decided that following the completion of the investigation of any work-related disease a "Report on the investigation of the causes of the work-related disease" must be drawn up. The aforementioned data must be sent to the Central Agency of the Labour Inspectorate for the creation of a single record, the processing of the data and the planning of targeted actions.

Further, for the improvement of the systematic procedure of collection and analysis of the data derived from the medical examination of workers, a document was sent in August 2009 to the Ministry of Health and Social Solidarity, so as to ensure compliance by all supervised nursing institutions falling within its competence (hospitals, health centres) with the obligation to report to the Labour Inspectorate work-related diseases of their personnel and the patients visiting them for diagnostic or treatment purposes.

### **Comments on the Conclusions XIX-2 of ECSR concerning the 19<sup>th</sup> Report of the Greek Government**

In its conclusions, the Committee expresses its concern about the discrepancy in the data presented for years 2005 and 2006 by Eurostat as compared to the data of the Labour Inspectorate, since the data of Eurostat show a reduction in occupational accidents, while the data of the Labour Inspectorate show an increase.

The data of Eurostat derive upon adjustment of the accidents reported to the Social Insurance Institute concerning only persons insured with the Social Insurance Institute from all sectors of economic activity, while the data of the Labour Inspectorate refer to insured persons of all dependent employment social security bodies, excluding the workers at Quarries and Mines. Hence, the comparison between those data is not reliable, because it does not concern comparable population groups.

The level of accidents reporting to the Labour Inspectorate is estimated at 30-50% due to a legal obligation only and the lack of financial incentives. The reporting level is changing and, considering those mentioned in the previous paragraph, it is difficult to estimate it. Additionally, the percentage of occupational accidents reporting to the Social Insurance Institute is close to 100%. Hence, no contradiction arises from the increase of the accidents reported to the Labour Inspectorate in comparison with the decrease in the accidents shown in the data of Eurostat (upon adjustment of the data of the Social Insurance Institute) for the period 2005-2006.

Moreover, it is not safe to draw conclusions from the evaluation of accidents of just two years. In corroboration thereof, it should be noted that there is a **steady decline in the number of the total and the fatal occupational accidents reported to the Labour Inspectorate for years 2008-2011**. This reduction is, inter alia, due to the reduction in the productive activity in our country as a result of the recession and hence reduction in the building activity, where most fatal accidents occurred. This proves that **we cannot treat occupational accidents as simple figures, because they are closely related to many other factors (economic, social)**.

Concerning the fatal accidents and the comparison of the percentage per 100,000 workers shown by the data of Eurostat in relation to those in other Member States of the European Union, we wish to state that:

While the data of Eurostat for the period 2004-2006 show that 41-24-58 fatal accidents occurred in Greece, 127-11-28 accidents have been reported to the Labour Inspectorate for the same period (including the fatal accidents which are due to pathological reasons). The rate of fatal accidents per 100,000 workers for the years 2008-2011 is:

YEAR	REPORTED ACCIDENTS	NUMBER OF WORKERS	PERCENTAGE PER 100,000 WORKERS
2008	142	2.931.400	4,8
2009	113	2.871.400	3,9
2010	94	2.747.200	3,4
2011	70	2.479.500	2,8

According to the above data, the percentage for 2011 is very close to the average of the EU countries.

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

**Question 1 – Description of the consultation between employers and workers with regard to the measures for the improvement of occupational safety and health**

There are no changes with respect to the mechanism and the procedure of consultation with employers’ and workers’ representatives on occupational safety and health issues during the reference period. Hence, we refer to our previous Report.

**Question 2 – Measures (administrative regulations, programs, action programs, projects, etc.) taken to implement the consultation with employers’ and workers’ organizations**

Concerning the consultation mechanism during the reference period, we inform you that:

Following extensive consultation with Workers’ Health and Safety Council (SYAE) and the opinion given by it, the following regulations were issued:

- Presidential Decree (PD) 45/2008 (G.G. A’73) “Health and Safety Measures for the Uniformed Personnel of the Hellenic Police”;
- Joint Ministerial Decision (JMD) 21017/84 (G.G. B’1287) “Operation terms and conditions of firms engaged in the demolition and removal of asbestos and/or materials containing asbestos from buildings, structures, equipment, facilities and vessels, as well as maintenance, coating and encapsulation of asbestos and/or materials containing asbestos”.
- P.D. 161/2009 (G.G. A’200) “Harmonization of the Greek legislation with Council Directive 2005/47/EC of 18 July 2005 (OJ L 195/15 of 27.7.2005) on the agreement between the Community of European Railways (CER) and the European Transport Workers’ Federation (ETF) on certain aspects of the working conditions of mobile workers engaged in interoperable cross-border services in the railway sector”;
- P.D. 82/2010 (G.G. A’145) “Harmonization with Directive 2006/25/EC of the European Parliament and of the Council on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (19<sup>th</sup> individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)”;
- J.M.D. 15616/398 (G.G. B’1340) “Procedure for approving training courses for personnel involved in work with asbestos or asbestos-containing materials. Organization, implementation, operation, type, cost of executing, agencies conducting training programs, curricula, qualifications of teachers and learners, licenses granted and every necessary detail”;
- J.M.D. 16935/D10.104 (G.G. B’1346) “terms of service and time limits for the compulsory employment of safety engineers during shipbuilding operations”;
- Ministerial Decision 15526/94 (G.G. B’1295) “Works for which the employment of a salaried worker by an indirect employer under a temporary employment contract is prohibited” as provided for by article 3, Law 3846/2010 “Guarantees for Safety at Work”;
- Law 3850/2010 (G.G. A’84) “Ratification of the Code of Laws on Workers’ Health and Safety”; Presentation for information at the Workers’ Health and Safety Council.

Moreover, within the context of consultation and cooperation with the social partners, information as well as information dissemination and training actions took place (see article 3, paragraph 1).

**Question 3 – Statistical data**

We inform you that during the reference period the following took place at the Workers' Health and Safety Council for the promotion of occupational health and safety issues: 8 meetings in 2008, 8 meetings in 2009, 6 meetings in 2010 and 6 meetings in 2011.

## Article 11 – The right to protection of health

### **Paragraph 1 – Removal of the causes of ill-health**

#### **Question 1 – Description of the general public health policy and the legal framework. Nature of, reasons for and extent of any reforms.**

During the reference period significant developments took place in the mental health sector. More specifically:

1. Continuation of the psychiatric reform programme through financial resources from the EU: Within the framework of the ten-year National Action Plan 2001-2010, the development of mental health units continued in order to ensure the provision of mental health services at the level of primary and secondary health care, with a parallel development of housing rehabilitation units for the integration of mental patients into the community. There are currently 740 mental health units.

2. Continuation of the deinstitutionalization through the abolition of the psychiatric hospitals: During the reference period, the transfer of departments of the Children's Psychiatric Hospital of Attica to the General Hospitals of the Prefecture of Attica started.

3. Improvement of the legislative framework on the management and operation of the mental health units by the adoption of the following laws:

▪ Law 3754/11.03.2009 "Regulation of the employment terms of the hospital doctors of the National Health System, pursuant to Presidential Decree 76/2005, and other provisions". Article 11 "*Mental health regulations*" supplements the basic law (Law 2716/1999) with regard to issues of the diagnosis-related groups for mental health units and also administrative, economic and management inspection issues of the Mental Health Units by the establishment of a special inspection committee.

▪ Law 3868/03.08.2010 "Upgrading of the National Health System and other provisions falling within the competence of the Ministry of Health and Social Solidarity". Article 21 "*Provisions on Mental Health*" amends Law 2716/1999, thus enabling Mental Health Centres, Medico-Pedagogic Centres, Multi-functional Psychiatric Clinics and Multi-functional Medico-Pedagogic Clinics to offer short-term and medium-term hospitalization with a capacity of up to 12 beds, as well as crisis intervention centres.

4. Enhancement of the psychiatric reform implementation monitoring framework: The monitoring of the psychiatric reform implementation progress was a primary priority during the reference period in the mental health sector, so as to identify the degree of implementation of the strategic targets defined by the PSYCHARGOS Programme.

With a view to enhancing the psychiatric reform implementation monitoring framework, an action was carried out concerning the design and development of a mental health map for the collection of quantitative and qualitative data on the mental health sector, while at the same time a project for the mental health services support mechanism was drafted and announced.

The procedure of intermediate evaluation by an independent assessor is now in progress with a view to feeding the Community Support Framework and the programme in the middle of its implementation period with the necessary adjustments and offer data on the intervention performance assessment.

#### **Question 2 – Measures taken to implement the legal framework upon consultation with employers' and workers' organizations**

With a view to enhancing access and mental health services at a primary level, *Ministerial Decision on the approval of the feasibility study* concerning the development of structures and infrastructures in the mental health sector during the three-year period 2010-2013 in the context of the PSYCHARGOS Programme was issued. This Ministerial Decision gave emphasis to the abolition of Psychiatric Hospitals, the ensuring of continuous care and the meeting of the needs of community hospitalization.

For the enhancement of the management and operation framework of mental health units, a relevant decision approved the implementation of actions for:

- the development of standards of operation and of the services rendered for all types of mental health structures and programmes;
- the development of quality and efficiency indicators for all types of rehabilitation mental health units;
- the training of the mental health staff;
- the design of training programmes for the special training of other mental health workers in early diagnosis.

Moreover, a special team of experts with experience in mental health was established in order to design the psychiatric reform for the period 2011-2020.

As regards the abolition of the Psychiatric Hospitals, four Ministerial Decisions were issued for the transfer of departments and other mental health agencies of the Children's Psychiatric Hospital of Attica to General Hospitals of Attica.

### **Question 3 – Statistical data or other information about the main health indicators and the health services and professions (e.g. data of WHO and/or Eurostat)**

Below are data on the health and welfare professionals who, according to the law which was in force until 2011, had to be registered in the appropriate associations. In detail:

According to the data of the Panhellenic Medical Association (for year 2010) the registered **doctors** were:

<b>DOCTORS – YEAR 2010</b>	
<b>DOCTORS OF VARIOUS SPECIALTIES</b>	41,660
<b>RURAL SERVICE DOCTORS</b>	1,299
<b>DOCTORS WITHOUT A SPECIALTY</b>	17,758
<b>RESIDENT DOCTORS</b>	4,038
<b>TOTAL NUMBER</b>	<b>64,755</b>

About the detailed classification of doctors by specialty, please see the Annex. Of the above doctors, the following had a statutory specialty (from 1996 to 2011):

Specialized in <b>Intensive Care</b>	360
Specialized in <b>Infant Intensive Care</b>	88
Specialized in <b>Infectious Diseases</b>	119
Specialized in <b>Clinical Microbiology</b>	116

According to the data of the Hellenic Dental Federation, the number of **members-dentists** was as follows:

<b>DENTISTS (for the period until 2011)</b>	
Total number of dentists	13,632
Oral and Maxillofacial Surgeons	173

Orthodontists	431
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According to the data of the Panhellenic Pharmaceutical Association (until July 2010) and the Panhellenic Union of Pharmacists (until 2011), the pharmacists were as follows:

Those having a pharmacy	10,892
Those not having a pharmacy	2,800
<b>TOTAL NUMBER</b>	<b>13,692</b>

According to the data of the Union of Nurses of Greece, the Nurses were **28,978**.

Public Servants	17,985
Nurses in the Private Sector	3,372
Workers under a Contract or Stage Programme	1,477
Unemployed Nurses	6,144
<b>TOTAL NUMBER</b>	<b>28,978</b>

<b>HOLDERS OF THE CERTIFICATE OF THE NURSING SPECIALTY (1992-2011)</b>	
Internal Medicine	1,593
Surgery	2,003
Paediatrics	985
Mental Health	960
<b>TOTAL NUMBER</b>	<b>5,541</b>

According to the data of the Midwives Association of Athens, there were **7,727 Midwives**.

Midwives Association of Athens	3,067
Midwives Association of Thessaloniki	2,980
Midwives Association of Patra	298
Midwives Association of Larisa	292
Midwives Association of Crete	276
Midwives Association of the Aegean	270
Midwives Association of Thrace	200
Midwives Association of Nafplio	185
Midwives Association of Ioannina	159
<b>TOTAL NUMBER</b>	<b>7,727</b>

According to the data of the Pan-Hellenic Association of Physiotherapists, there were **5,556 Physiotherapists**. Moreover, until 2-3-2011 there were **7,988 Social Workers**.

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

**1. Medical care system in the private sector**

As regards the medical care system in the private sector, we inform you as follows:

In Greece there are 182 private clinics governed by the provisions of the Presidential Decrees on the operation, staffing and modernization of the private clinics<sup>3</sup>.

<sup>3</sup> (Presidential Decree 247/1991 – Government Gazette 93/A'/21-06-1991; Presidential Decree 517/1991 – Government Gazette 202/A'/24-12-1991; Presidential Decree 235/2000 – Government Gazette 199/A'/14-09-2000; Presidential Decree 198/2007 – Government Gazette 225/A'/14-09-2007)



The total number of beds of the private clinics is 16,301, of which 8,354 beds are in Attica Region, 2,927 beds are in the Region of Central Macedonia (Thessaloniki) and 5,020 beds are in the other Regions of the country. Moreover, “Henry Dunant” Non-Profit Public Benefit Nursing Foundation operates under the supervision of the Ministry of Health and comprises 462 beds.

Regarding the protection measures related to medical and pharmaceutical care of vulnerable groups, the State has enacted provisions whereby **hospital as well as medical and pharmaceutical care is provided free of charge to those citizens of the country** who belong to the group of the **financially weak and uninsured citizens**, as well as to **aliens who legally reside in Greece**, as long as they meet the requirements laid down by the legislation in force.

More specifically, on the basis of Legislative Order 57/1973 “regarding the adoption of social protection measures for financially weak persons and abolition of the provisions governing poverty”, a Joint Ministerial Decision (Government Gazette 1747/A/2006) specified the requirements, criteria and procedures of access to the system of hospital, medical and pharmaceutical care for uninsured and financially weak citizens. In particular, it stipulates that the persons entitled to such benefits are: “Greek nationals or persons of Hellenic descent (aliens of Hellenic descent, holders of the special identity card for aliens of Hellenic descent) who legally and permanently reside in Greece, are uninsured and whose annual family income does not exceed 6,000 euro”.

Then, by decision of the Ministry of Health and Social Solidarity, by way of derogation from the above Joint Ministerial Decision, those Greek expatriates from Albania who do not meet the requirements of permanent residence in Greece but have permanent and constant health problems, shall obtain a booklet of uninsured person for free medical, pharmaceutical and hospital care.

In addition, the Ministry of Health and Social Solidarity issued a circular (05-12-2012) giving explanations about the access to the hospital, medical and pharmaceutical care system of the country by uninsured aliens and Greeks. More specifically, it stipulates that **the recognized refugees, alien asylum seekers, beneficiaries of supplementary protection and those subject to the protection regime for humanitarian reasons, may be subject to the system of free medical, pharmaceutical and hospital care of the country** under certain conditions. The same circular provides for the **inclusion in the system of free medical, pharmaceutical and hospital care of the legally residing third-country nationals**. However, the third-country nationals shall not have access to health services **if they do not have legal documents, with the exception of:** (a) minor children, whether unaccompanied or not, for which, in case of hospitalization (emergency or not) and regardless of their legal status, an unimpeded access to health services must be ensured; and (b) cases admitted as emergency ones, which concern life threatening situations and are admitted by the Emergency Department of a Hospital, as well as persons infected by HIV or other infectious diseases who need treatment. The categories of cases referred to in (b) shall be covered until the stabilization of the health of the aliens who do not reside legally in the country.

Finally, according to the economic data about the seven Health Regions of the country concerning the total care expenditure for aliens who are uninsured or do not have a poverty booklet and have not settled their debts to the Hospitals, this expenditure amounts to 8,791,837.00 euro for 2011. Regarding the Greek nationals, the corresponding expenditure amounts to 20,482,646.16 euro for 2010 and 28,398,363.12 euro for 2011.

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As regards the expenditure for the inpatients having a booklet of uninsured person, it amounts to 72,350,012.00€approximately for Greek nationals and 6,365,952.75€approximately for aliens for 2010. For 2011 the same expenditure amounts to 79,750,836.00 €approximately with regard to Greek nationals and 4,969,610.00€approximately for aliens.

## **2. Information about the waiting lists**

As regards the sector of **mental health, no waiting lists for access to hospitals are recorded**. During the hospitalization of persons with mental disorders, there are problems due to the increase in the admissions to the nursing structures and to the avoidance of lifetime confinement of mental patients in Psychiatric Hospitals, which results in multiple admissions due to recurrences of the disease at regular intervals. The increase in the admissions encumbers significantly the nursing structures of the two big urban centres. **In order to tackle the problem of increased admissions, the services offered have been expanded and enhanced through the development of new structures and the recruitment of additional staff.**

Despite the expansion of the community nursing structures (32 Psychiatric Departments in General Hospitals), most admissions of patients still take place in the three big Psychiatric Hospitals, while a big part of the new structures does not cover voluntary cases. For this reason, **the enhancement of the secondary health care for the treatment of cases locally shall be a priority in the next reference period through the enhancement of the Psychiatric Departments of the General Hospitals of the country.** At the same time, **the development and integrated operation of the primary mental health care units are reinforced in order to restrain the flow to higher levels of mental health care.**

### ***Paragraph 2: Provision of advisory and educational facilities for the promotion of health***

#### **Question 1 – Description of the general legal framework. Nature of, reasons for and extent of any reforms.**

According to **Law 2519/21-8-1997 (Government Gazette 165A) “Development and modernization of the National Health System, organization of the public health services and other provisions”**, the Department of School Health, Ministry of Health, is competent to draft, monitor and implement programmes for the provision of prevention, education and health promotion services, as well as psychosocial support services to the children of the nursery, primary, junior high and senior high schools, supervise the school environment in terms of compliance with public health rules, and ensure the recording and archiving of students’ personal health status data. In this direction, in collaboration with the Ministry of Education, Lifelong Learning and Religious Affairs, it monitors closely students’ health issues and intervenes through certain actions, when this is required.

More specifically, the Ministry of Health, considering the protection of children’s health as an issue of utmost importance and taking into consideration the guidelines of WHO on the prevention of childhood obesity and other food-related chronic diseases, gave priority to actions in the school environment. In this framework, **a Public Health Regulation (31/8/2006) “Regarding the hygiene rules and determination of the products sold by the canteens of the public and private schools”** was issued.

Moreover, there are actions for the adoption of healthy choices of food:

- further training of teachers and parents on issues relating to the diet and dietary habits
- introduction of the subject of “nutrition”

- increase of the teaching hours of physical education
- creation of restaurant areas in all-day primary schools and adoption of diet and quantity recommendations
- cooperation between the school and the medical personnel and dietician
- introduction of restrictive measures on the advertising of high-sugar, -sodium and -fat packaged food
- change of the diet in the crèches of the country in accordance with the most recent scientific facts, which stress that safe and balanced meals since the infancy and preschool age contribute to the prevention of childhood obesity.

For school year 2012-2013 the Circular “*Public health inspections in day and evening schools of all levels and of the special categories, whether private or public, as well as in private and public crèches and day nurseries*” was issued. The aim of the inspections is to monitor compliance with the public health rules in the main, auxiliary and communal spaces, and mainly in school canteens, as well as to inspect the products sold in school canteens.

In addition, the Ministry of Health has cooperated with the Ministry of Rural Development and Food for the implementation of the “**Scheme for the promotion of fruit consumption in schools**” enacted in compliance with the **Council Regulation (EC) 13/2009**, whose key objective is durable increase in the share of fruit and vegetables in the diets of children, with a view to the improve their eating habits at the stage when they are being formed.

According to the *Joint Ministerial Decision “Standard Regulation on the Operation of Day Nurseries and Crèches – Municipal and Community Public Law Entities” (Government Gazette 497A)*, the aim of the crèches and day nurseries is, inter alia, to eliminate differences deriving from the cultural, economic and educational level of their parents, provide daily food and care to the children they host, in compliance with the public health and safety rules. **The monitoring of children’s health is also a parallel obligation of the legal entity, being comparable to the family obligation, and is carried out by a paediatrician who visits the crèches and day nurseries once per week.** For every child there is a Health File that is updated by the doctor. The parents are informed once per month about the children’s health issues.

According to the relevant legislation<sup>4</sup>, the medical supporting documents for the enrolment in the Nursery School and in the First Year of the Primary School are the child’s booklet, where the vaccination history is recorded, and the certificate of dental, cardiological and ophthalmological examination.

Furthermore, according to **Law 3194/2003 (G.G.267A) “Regulation of educational issues and other provisions”** and the **Joint Ministerial Decision “Determination of the type, content and updating method of the Personal Health Card” (G.G.859B)**, the Principals ensure that students’ Personal Health Cards are kept at the school units of primary and secondary education. The Personal Health Card is of a preventive nature and aims at the protection of the students’ life. For the uninsured Greeks and uninsured aliens as well as in the cases where the parents or guardians are unable to produce the Personal Health Card for economic reasons, the Principal of the school unit, upon written agreement of the parent or guardian, shall refer the

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<sup>4</sup> Presidential Decree 200/1998 (Government Gazette 161/1998, Part A’) “Management and Operation of Nursery Schools”, Presidential Decree 201/1998 (Government Gazette 161/1998, Part A’) “Management and Operation of Primary Schools”, Law 3687/2008 (Government Gazette 159/2008, Part A’) “Personnel Issues of the Ministry of National Education and Religious Affairs, and other provisions”

student to the closest Health Centre or Regional General Hospital for the completion of the Personal Health Card free of charge.

Moreover, every year the Ministry of Health organizes, by its circular, a Mantoux tuberculin skin test and antitubercular vaccination for the students of the first year of the primary schools throughout the country.

Regarding the implementation of Health Education Programmes, the provisions of the Legislation in force are as follows:

- Ministerial Decision (G.G.577B/1992) "Regulation of School Activities of Primary Education";
- M.D. (G.G.629B/1992) "Regulation of School Activities of Secondary Education";
- Law 2817/2000 (G.G.78A) "Education of persons with special educational needs and other provisions";
- Circulars of the Ministry of Education, Lifelong Learning and Religious Affairs dated 9/7/2009 and 24/9/2010 "*Design and implementation of school activities programmes (Career Education, Health Education, Environmental Education, Cultural Issues, Comenius-Leonardo da Vinci and eTwinning)*" for school years 2009-2010 and 2010-2011 respectively.

According to the legal framework in force, the School Activities Programmes, including Health Education, may be implemented in the context of any programme of **approved** cooperation between the **Ministry of Education and Religious Affairs, Culture and Sports** and other governmental and non-governmental bodies, public organizations, Local Government bodies, Higher Educational Institutions, Technological Educational Institutes, etc., as well as in the context of implementation of pilot programmes or international cooperation. This means that the Ministry of Education is exclusively in charge of monitoring such activities.

Health education and promotion, as defined by the relevant texts of the European Union, UNESCO and WHO, aim at the organization of school actions so as to promote the development of healthy individuals within healthy natural and social environments.

The responsibility of implementation of Health Education Programmes lies also with the Local Government bodies pursuant to *L.3852/2010 (G.G.87, A') "New Architecture of Local Government and Decentralized Administration – Kallikratis Programme"* and *L.3172/2003 (G.G.197A) "Organization and modernization of public health services and other provisions"*.

In addition, the Ministry of Health and Social Solidarity and the Ministry of Education, Lifelong Learning and Religious Affairs signed in 2011 a Memorandum of Cooperation for the protection and promotion of health of primary and secondary education students.

The objective of this Memorandum is the design, coordination and implementation of structured programmes and targeted actions in the school community, with a view to creating an attitude to life that aims at good health and the improvement of the citizens' quality of life, with a positive impact on public health and the economy of the country.

The actions contemplated by the Memorandum are developed in thematic units, which aim at tackling the most important current public health problems of childhood and adolescence and at the proper psychological and physical development of the children and adolescents.

The most important actions relating to the promotion of a healthy diet and physical activity within the context of prevention of childhood obesity and other food-related chronic diseases follow below.

*(1) Enrichment of the programmes of study with theoretical knowledge about nutrition and Greek traditional food, as well as application thereof in practice*

- diet actions with emphasis on the breakfast and physical activity;

- enrichment of the chemistry, biology and home economics syllabuses with diet issues;
- preparation of educational material on diet, physical exercise and quality of life issues and use thereof in the activities of “Health Education”.

In particular, in the primary school classes information is provided on the composition and nutritional value of the foodstuffs, the human nutritional needs, the use of the foodstuffs and metabolism, as well as the healthy food preparation and the proper food combination. Moreover, the subjects include economics, advertising, modified foods, standardized products, all of them in relation to nutrition.

### **Nutrition and prevention of childhood obesity**

Structured programmes for the prevention of childhood obesity and hence reduction of its prevalence, are drafted in schools. The parents are informed about exercise programmes and sport events taking place outside school, where the children can participate, while the physical education teachers are trained in the preparation of specialized exercise programmes for the improvement in the body weight. Moreover, teachers are trained in order to diagnose obesity early. Finally, in collaboration with health centres and obesity clinics of the nursing institutions, the parents are informed about intervention programmes for obesity and other chronic diseases of childhood and adolescence.

Regarding physical activity and sports in schools, the most important proposals are:

- reform of the syllabus in order to give the opportunity to primary and secondary education students to exercise every day;
- change in the performance of the school championships in order to ensure the participation of students in more games; and
- development of the school yards so as to facilitate students' mobility - exercise during the school recess.

### **Question 2 – Measures (administrative regulations, programmes, action programmes, projects, etc.) taken to implement the legal framework upon consultation with employers' and workers' organizations**

During the reference period the Ministry of Health and Social Solidarity published booklets, leaflets, posters and stickers in order to inform the public about the following issues: voluntary blood donation, protection measures against the heat-wave, breastfeeding, oral health, diabetes mellitus, no smoking stickers, (in the context of total ban on smoking in enclosed spaces, workplaces, restaurants and entertainment facilities).

The above printed material was distributed to the central and regional agencies of the Ministry of Health, various public and private bodies and to interested citizens. Furthermore, a quantity of printed material was given to the Ministry of Education in order to support information lessons at schools. Most of those leaflets are posted on the Ministry's website.

Moreover, in 2008 an updated version of the Child's Health Booklet was issued. This booklet is compulsorily given to the parents of a newborn child at its discharge from the Maternity Clinics of the Hospitals or the Maternity Hospitals of the country.

In addition, in 2009 the booklet “International Code of Marketing of Breast-milk Substitutes” was printed and contains the Code as adopted by the member states of WHO. This booklet was distributed to all Maternity Clinics of the Hospitals and Maternity Hospitals for the

information of the doctors and midwives with a view to promoting breastfeeding, with breast-milk substitutes to be used only in cases this is deemed scientifically necessary.

Also, in 2008 and 2011 the booklet "International Certificate of Vaccination of Prophylaxis" was reprinted in an identical form with WHO's version, in collaboration with the Hellenic Center for Disease Control and Prevention (KEELPNO), and was distributed to the Regions of the country. The booklet is used as a vaccination certificate for the people who travel abroad and, particularly, to Africa or Asia.

In 2011 a television spot about the voluntary blood donation was reproduced and broadcast free of charge by (state and private) national and regional television stations during the Christmas period.

During the reference period, WHO's messages about the World Health Day, World No-Smoking Day and World Children's Day were announced through the forwarding of the relevant circulars and of translated texts of WHO for every day, and wide publicity was given through relevant press releases. The entire material was posted on the website of the Ministry of Health.

In 2011 booklets and DVDs about smoking, which had been produced by the Hellenic Center for Disease Control and Prevention, started being distributed by the Directorate for Health Education and Information of the Ministry of Health. This material concerns specifically the adolescence and is distributed mainly in schools.

Finally, during the period 2008-2011 about 750 events (workshops, conferences, information campaigns, etc.) on issues relating to health education, the recent developments and surveys in the field of medicine as well as social solidarity (persons with disabilities, volunteerism, etc.) were organized by various non-profit bodies under the auspices of the Ministry of Health. Some of those events were supported financially by the Ministry of Health upon evaluation as to the significance and scope of their subject.

In 2011 the procedure of statutory determination of the criteria for patronage and financing by the Ministry, for events organized by non-profit public law and private law entities, commenced. According to article 4, Law 4052/2012, the said criteria shall, in the form of a ministerial decision, be published in the Government Gazette.

The Institute of Child Health, in collaboration with the local government, established in 1992 the **Child Health Centre**. The objective of the Centre is to standardize the primary health services for children through the integration of developmental paediatrics, prevention, support of the vulnerable families and promotion of health in the community, into primary paediatric care, as well as to formulate guidelines of paediatric practices, developmental evaluation, health education and promotion programmes in the community.

Generally, the actions of the Child Health Centre are the following:

- a primary paediatric clinic, to which all residents in the community have equal access, regardless of their insurance eligibility, socioeconomic condition or ethnic origin;
- a developmental clinic which conducts developmental evaluation and diagnostic assessment of children with speech retardation, communication and socialization problems, gross or fine motor retardation and learning difficulties. There is an ongoing cooperation for the management of issues concerning the children with developmental disorders, with all educational stakeholders and school advisors of the provinces;
- psychological support of children and families through counselling and groups of parents;
- social support of particularly vulnerable families. Vulnerable are those families that face difficulties and problems at a socioeconomic, medical and psycho-emotional level, the single-parent families, and the families of immigrants and refugees. The support of those families has been undertaken by an interdisciplinary team, which provides paediatric and psychological services as well as social work. At the same time, within the context of community

development which constitutes a permanent aspect of the Centre's operation, bodies, associations and agencies have been activated in order to deal as effectively as possible with the issues that concern the vulnerable families, while the collaboration with agencies at a secondary or tertiary level is often required.

### Health education and promotion actions

The Directorate for Social and Developmental Paediatrics of the Ministry of Health and Social Solidarity is the national coordinator of the Schools for Health in Europe-SHE Network and, inter alia, has to cooperate with the Ministry of Health and the Ministry of Education for the drafting of policies and practices to support the establishment of a school environment that promotes physical, mental and emotional health in the school community.

Moreover, the same Directorate coordinates the European Programme HEPS (Healthy Eating and Physical Activity in Schools), in the context of which there are training seminars for teaching professionals and health education tutors in schools.

It also trains health professionals, while encouraging them to participate in seminars as well as in the activities of the Child Health Centre in order to be trained in primary paediatric care (resident paediatricians, students of the Departments of Health Visiting or Social Work).

In addition, the Ministry of Health is in charge of the production and publication of the audiovisual material. More specifically, the following have been presented:

- (1) "Start your day with a Bang! Say yes to a good breakfast", a social non-profit TV spot that was broadcast as a social message by the public television in 2009. This spot has also been posted on the website of the Institute of Child Health [www.ich.gr](http://www.ich.gr).
- (2) "Breastfeeding: It nourishes life" (2011), TV social message broadcast by the private and public television in April-July 2011 and March-April 2012.
- (3) Video on the early diagnosis of autism: broadcast in 2012 by private and public television.

### **Question 3 – Statistical data or other information, including any consultations and services of medical examinations at schools or for the rest of the population**

As mentioned above, every year the Ministry of Health organizes, by its circular, a Mantoux tuberculin skin test and antitubercular vaccination for the students of the first year of the primary schools throughout the country.

In addition, every school year free Health Education interventions are implemented in schools by Hospitals, Health Centres, Medical Associations, Institutes of Health and other bodies, which carry out preventive controls and tests and provide information about student health prevention.

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

##### ***1. Updated information about health education in schools***

In its conclusions, the European Committee of Social Rights stresses that the Greek Government's Report does not mention specific subjects related to the prevention of smoking and alcoholism, sex education, etc. Regarding this issue, we wish to inform you that, with a view to the prevention and promotion of health, the Ministry of National Education and Religious Affairs has included **Health Education programmes** in the school schedules and curricula (Law 2817/2000 and Ministerial Decision on school activities of 28-8-1992). Moreover, **Consumer**

**Education** (Ministerial Decision of 18-12-1997) and **Traffic Education** have also been included in the Health Education school activities.

A prerequisite for the implementation of such programmes is the further training of the teachers in innovative methods to be applied by them, as well as their theoretical and pedagogical support and documentation of the options proposed to them, so that they know exactly what they are to apply, for which reasons and what the expected consequences are.

The implementation of Health Education programmes in schools aims at enabling them to contribute, through active and experiential learning, to a change in the students' attitude to life, for the purpose of enhancing their sense of responsibility, self-confidence and capability.

For this reason, in addition to informing, these programmes **are based on new teaching methods** which encourage student participation and enhance the development of certain skills, such as decision making, drawing conclusions and evaluating consequences.

More specifically, the subjects of the Health Education Programmes are as follows:

- addictive substances (drugs – alcohol – tobacco)
- diet and eating habits – genetically modified products
- transgender relations – sex education
- sexually transmitted diseases (AIDS – Hepatitis B, etc.)
- interpersonal relations – mental health (racism – violence – mourning -xenophobia)
- traffic education – accidents
- dealing with stress (at school – at work)
- oral hygiene
- cancer – smoking – nutrition
- exposure to toxic substances and excessive sunlight
- accommodation and occupational conditions
- environment and health
- volunteerism (voluntary blood donation – voluntary tissue and organ donation – first aid – volunteer work)
- anaemia, cardiovascular diseases
- consumption and health
- gender equality
- social exclusion – equal opportunities
- prevention and management of emergencies, such as earthquakes, floods, fires, etc. (development of skills for stress and fear management)
- physical exercise and many other issues involving a proper and healthy way of living.

For the implementation of Health Education programmes, the Ministry of Education and Religious Affairs, Culture and Sports collaborates on Traffic Education with the Ministry of Public Order and the Ministry of Transport, as well as on Health Education with the Ministry of Health and many governmental and non-governmental organizations, such as the National School of Public Health, the Centre for Infectious Diseases Control, the General Secretariat for Youth, the National Youth Foundation, the Organization Against Drugs (OKANA), the Therapy Centre for Dependent Individuals, the University Mental Health Research Institute, the Institute of Child Health; and with scientific bodies, such as the Panhellenic Medical Association and the Hellenic Dental Association, the Cancer Society and the Hellenic Anti-Smoking Society, the Hellenic Heart Foundation, and the Greek Federation of Secondary Education State School Teachers, the local government, and the local parents and guardians organizations.

Moreover, in the context of implementation of these programmes, students may visit sites and bodies related to the programme they implement (e.g. traffic education parks, mental health institutions, exhibitions, factories, hospitals, institutions, etc.).



The training material (printed or electronic), which is used for Health Education programmes, based on the principles of active-experiential learning, includes booklets for both teachers and students as well as information material, which has been approved by, and whose intellectual property rights belong to, the Ministry of Education, upon positive recommendation by the Institute of Educational Policy.

**Every school year about 6,000 Health Education programmes take place**, while the corresponding programmes implemented by groups of students are coordinated by specifically trained teachers under the supervision of the Health Education Tutors. All programmes are carried out by teachers of the respective School Units, while the Special Scientific bodies train the teachers who implement the programmes.

Finally, every school year free Health Education interventions are implemented in schools by Hospitals, Health Centres, Medical Associations, Institutes of Health and other bodies, which carry out preventive controls and tests and provide information about student health prevention.

### ***Paragraph 3 – Prevention of epidemic, endemic and other diseases***

#### **Question 1 – Description of the general legal framework. Nature of, reasons for and extent of any reforms.**

Law 3730/2008 “*Protection of minors from tobacco and alcohol, and other provisions*” (Government Gazette 262A/23.12.2008) introduced new regulations on the reduction of tobacco consumption. More specifically, it prohibits:

- the sale of tobacco products to minors and by minors;
- the placement of tobacco products in shop-windows, excluding the duty-free shops, the kiosks and the shops selling only tobacco products;
- the manufacture, promotion, trading and sale of objects that have the external shape of tobacco products, as well as of the electronic cigarette;
- the advertising and sale of tobacco products in the premises of Health Agencies and public and private educational institutions of all levels, as well as in the canteens of those institutions and agencies;
- the sale of tobacco products and smoking in places of internet services and artificial intelligence games;
- the consumption of tobacco products in indoor areas where team or other sports as well as sport events take place;
- the free distribution of tobacco products;
- after the lapse of one (1) year from the promulgation of this law, the sale of tobacco products through vending machines as well as the sale of cigarettes individually or in packets containing fewer than twenty (20) cigarettes shall be prohibited;
- in places where tobacco products are sold, a sign concerning the prohibition of the sale of tobacco products to minors, should be displayed at a prominent place.

In addition, the same law, **as from 1 July 2009, totally bans smoking and the consumption of tobacco products** in the following areas:

- in all enclosed or covered public or private workplaces, excluding the special areas to be reserved for smokers by decision of the competent authority or body from time to time;
- in all health-regulated establishments, in particular, establishments that prepare and sell food, beverages, pastry as well as the entertainment venues, excluding their outdoor spaces, as well as in canteens;
- in all enclosed waiting areas;

- in airports, excluding the special areas to be reserved for smokers, in public transport stations and passenger ports;
- in all transport means, including the public passenger vehicles, with a taximeter (taxi) or private hire vehicles.

Separate smoking areas with a special ventilation system may be reserved in enclosed or covered places of the establishments.

Law 3868/2010 *“Upgrading of the National Health System and other provisions falling within the competence of the Ministry of Health and Social Solidarity”* amended Law 3730/2008 as follows: “The ban on smoking shall enter into force as from 1/9/2010, excluding the casinos and entertainment venues over 300 square meters with live music, to which it shall apply as from 1/6/2011. A decision of the Minister of Health and Social Solidarity shall specify the terms and conditions of compliance of the casinos and entertainment venues for the transitional period”.

Moreover, Law 3868/2010 stipulates: “The violation of the provisions on the ban on smoking by public functionaries, public servants, employees of public law entities and employees of the public sector in their agencies shall be a disciplinary offence and shall be punished pursuant to the provisions on their disciplinary liability.

A fine of 50 to 500 euro shall be imposed on those who smoke or consume tobacco products in violation of this law. The repetition of the offence shall be taken into consideration for the calculation of the amount of the fine to be imposed.

A fine of 500 to 10,000 euro shall be imposed on the person in charge of the management and operation of the venues mentioned in the first paragraph of article 3, who tolerates the violation of the law. The repetition of the offence shall be taken into consideration for the calculation of the amount of the fine to be imposed. Upon the fourth repetition of the offence, the operation licence of the health-regulated establishment shall be revoked for ten (10) days by decision of the authority that has issued the licence. Upon the fifth repetition of the offence, the operation licence shall be definitely revoked by decision of the authority that has issued the licence.

A fine of 500 to 10,000 euro shall be imposed on those who sell tobacco products and alcohol to minors or tolerate the violation of the relevant provision. The repetition of the offence shall be taken into consideration for the calculation of the amount of the fine to be imposed. Upon the fourth repetition of the offence, the operation licence shall be revoked for ten (10) days by decision of the authority that has issued the licence. Upon the fifth repetition of the offence, the operation licence shall be definitely revoked by decision of the authority that has issued the licence.

A fine of 500 to 10,000 euro shall be imposed on those who violate the provisions of Law 3868/2010 on the advertising of tobacco products. The repetition of the offence shall be taken into consideration for the calculation of the amount of the fine to be imposed.”

Finally, the Joint Ministerial Decision “Designation of the bodies, the inspection procedure for the confirmation of the offences and imposition of the prescribed sanctions, as well as the criteria for the determination of the amount of fine, the fine collection procedure and any other necessary detail for the implementation of Law 3868/2010 (Government Gazette 129A/3.8.2010)”, specifies the competent authorities and bodies for monitoring the implementation of the above law. More specifically, “(a) The competent Authorities for monitoring the implementation of Law 3868/2010 and of the community and national legislation in force, the confirmation of the offences and the imposition of sanctions, shall be the Public Health Agencies of the Primary and Secondary Regional and Local Government Organizations,

the municipal police and the port authorities within the area of their jurisdiction. (b) Inspection bodies shall be the competent public health bodies of the Public Health Agencies of the Primary and Secondary Regional and Local Government Organizations, the uniformed personnel of the Municipal Police and the uniformed personnel of the port authorities.

The Tobacco and Alcohol Control Division of the Health and Welfare Agencies Inspection Body (SEYYP) shall investigate the relevant complaints for violation of the law and shall collaborate, within the framework of its powers, with the other inspection authorities for the proper implementation of the law. During the discharge of their duties and upon their request, the inspection bodies shall be assisted by the local police and other authorities, including the inspection agencies of the Greek National Tourism Organisation (EOT) and the Labour Inspectorate (SEPE), which must respond to such request”.

The same Joint Ministerial Decision specifies the procedures of inspection and confirmation of the offences, as well as the imposition and collection of fines.

**Question 2 – Measures (administrative regulations, programmes, action programmes, projects, etc.) taken to implement the legal framework upon consultation with employers’ and workers’ organizations**

A Special Agency for the Protection of Minors from Tobacco and Alcohol was established at the Ministry of Health and Social Solidarity and shall be directly supervised by the Ministry of Health and Social Solidarity. The Special Agency, according to the WHO Framework Convention on tobacco control, as ratified by Law 3420/2005, shall be competent for:

- the development of the national research and the coordination of research programmes in the field of tobacco control;
- the promotion, encouragement and development of research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops;
- the training and support for all those engaged in tobacco control activities, including research, implementation and evaluation;
- the establishment, in collaboration with the Hellenic Center for Disease Control and Prevention, of a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators;
- the establishment and maintenance of an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence;
- the cooperation with competent bodies of other countries as well as with international or regional organizations for the implementation of their targets and actions and for the development of programmes for regional and global tobacco control;
- the creation, in collaboration with the Organization Against Drugs (OKANA) and the Therapy Centre for Dependent Individuals (KETHEA), of a national prevention plan to be determined by decision of the Minister of Health and Social Solidarity, concerning tobacco and alcohol issues.

A Tobacco and Alcohol Control Division is established at the Health and Welfare Agencies Inspection Body (SEYYP), which shall be competent for the monitoring of the implementation of the law as well as the community and national legislation in force on the protection from tobacco and alcohol. By decision of the Minister of Health and Social Solidarity, the Control Division shall be staffed with employees of the Ministry of Health and Social Solidarity and of public bodies supervised by the Ministry of Health and Social Solidarity. A similar decision shall specify organization and operation issues of the Control Division. During an

ex-post inspection, the local police and port authorities shall, upon a request by the Control Division, provide immediate assistance.

### **Question 3 – Statistical data or other information, including any consultations and services of medical examinations at schools or for the rest of the population**

According to a survey carried out in 2009 by the National Statistical Service of Greece, the total rate of systematic smokers is 37.90%; men's rate is 44.20% and women's rate is 31.90%.

As regards the age groups, the total (men's and women's) rates of systematic smokers are as follows: 18-24 years: 35%; 25-34 years: 52%; 35-44 years: 54%; 45-54 years: 46%; 55-64 years: 35%.

According to a survey carried out by the National School of Public Health, the rate of systematic adolescent smokers aged 13-15 is 10.40%; 11.30% for boys and 9% for girls. Finally, the number of deaths related to smoking (various kinds of cancer, heart and pulmonary diseases) is 19,094 annually.

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

##### ***1. Actions for reduction of air pollution***

Over the last years there has been a clear differentiation of the main components of the phenomenon of air pollution in Greece and, in particular, in Athens, where the problem mainly manifests itself. **The “conventional” pollutants** (carbon monoxide, sulphur dioxide, nitrogen dioxide) **present a significant downward trend** which resulted mainly from structural interventions, such as the improvement in the quality of the vehicle fleet (new catalytic converter technology), the improvement of the quality of fuel (reduction of sulphur content), the introduction of the use of natural gas as fuel.

Ozone levels remain stable, while the levels of suspended particulates show a stabilization trend. The levels of such pollutants depend on various parameters, such as long sunshine duration, increased background ozone concentration, weather conditions, natural contribution from deserted areas (Sahara), and resuspension of particles.

The institutional framework is covered by Directive 2008/50/EC on ambient air quality and cleaner air for Europe (Government Gazette 488/30.3.2011) and Directive 2004/107/EC relating to arsenic, cadmium, mercury, nickel and polycyclic aromatic hydrocarbons in ambient air (Government Gazette 920B/8.6.2007).

##### ***Current situation for the monitoring of air pollution***

In 2011 the National Network for the Monitoring of Air Pollution comprised 28 automated stations installed in several areas of the country. 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. The 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 at the Ministry of Environment, Energy and Climate Change, where data from all stations are collected.

The software of central units' interconnection with the measuring 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 the applicable legislation.

Since summer 2006 a population warning and information system has been established for Athens 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. For 2012 similar actions involving the information of the population in case the information and alarm thresholds have been exceeded, have been adopted by the competent Region of Central Macedonia (about 20% of the country's population).

In general, within the context of valid and prompt information of the population and interested bodies concerning the levels of air pollution, the Ministry of Environment, Energy and Climate Change, pursuant to article 26 of Joint Ministerial Decision as of 30-3-2011, implements the following information procedures for the population of Athens:

- through a special telephone number, recorded message about air pollution in Athens;
- through the website of the Ministry of Environment, Energy and Climate Change, which presents the analytical pollution values for each station;
- through the issuance of an annual detailed report on air pollution across the country, which is also available on the website of the Ministry of Environment, Energy and Climate Change;
- through emergency announcements and recommendations for vulnerable population groups and children in case the information and alarm thresholds have been exceeded.

In order to deal with air pollution, a number of long-term measures have been adopted from time to time concerning the limitation of the emission of pollutants from all categories of sources (traffic, central heating, industry), including the:

- use of the best available technologies in industrial activities;
- reduction of the volatile organic compound emissions from industrial and manufacturing plants that use organic solvents;
- operation of the environmental inspection agency for the monitoring of compliance with the environmental conditions;
- promotion of the use of natural gas in households and industries;
- use of more environmentally friendly fuels in vehicles (e.g. use of natural gas in buses);
- promotion of use of new technology vehicles (e.g. hybrid vehicles);
- renewal of the transportation means fleet (taxis and public transportation means);
- scrapping of old technology two-wheeled motorcycles (registered before 1995);
- control of emissions from vehicles and combustion plants;
- introduction of the Exhaust Control Card (support of this measure through the establishment of private Roadworthiness Test Centres (KTEO)) for cars and two-wheeled motorcycles;
- measures concerning the restriction on the use of private vehicles and the improvement of traffic (improvement of the management of the services of the public transportation means, construction of metro and suburban railway in Athens and Thessaloniki, use of special lanes by the public transportation means);

- measures for the reduction of volatile organic compound emissions in all stages of fuel storage and distribution through the use of a vapour recovery system;
- pricing policy for the prevention of the adulteration of diesel oil with domestic fuel oil.

In addition to the above measures implemented at a national level, our country implements all EU policies regarding the improvement of air quality, including the relevant directives concerning the improvement of fuel quality, use of biodiesel, use of new anti-pollution technology cars, etc.

### Greenhouse gas emission issues

Greece has ratified Kyoto Protocol by Law 3017/2002. On the basis of the 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% of 1990 levels.

To attain the target set in the joint commitment agreement, Greece implemented the National Programme for Greenhouse Gas Emission Limitation (2000-2010). This programme 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 so far and recent forecasts, it was estimated that, through the application of measures, emission limitation to +25% is feasible for the period 2008-2012.

The measures include, inter alia, the expansion of the use of renewable energy sources, the expansion of the use of natural gas, energy saving in the industries, the tertiary sector and households, the improvement of the thermal behaviour of buildings, the improvement of the vehicle fleet, the promotion of the use of public transportation means, the exploitation of biomass in thermal usage, the improvement of the solid waste management systems.

Furthermore, Greece has effectively implemented the greenhouse gas Emission Trading System with a view to a more effective fulfilment of the commitments to reduce greenhouse gas emissions. In conjunction with other policies and measures, the emission trading is treated as part of the national strategy for the fulfilment of the country's commitments.

The Trading System started on 1 January 2005 and covered only the carbon dioxide emissions from large stationary sources. The first phase was completed in 2007, while the second phase concerns the period 2008-2010. The third phase concerns the period 2013-2020 and includes airlines in addition to stationary installations.

On a yearly basis, greenhouse and other gas emission inventories are submitted to UNFCCC. The inventories concern the sectors of energy production and transport, industrial processes, use of solvents and other products, agriculture, waste and land use change as well as forestry. The inventories describe the emission calculation methods, the activity data and emission factors used, and calculate the uncertainty when estimating emissions.

### Relevant legislation

- Joint Ministerial Decision of the Minister of Interior, Public Administration and Decentralization, Minister of Economy and Finance, Minister of Development and Minister of Environment and Public Works on the scheme for "*greenhouse gas emission allowance trading in compliance with Directive 2003/87/EC*";
- Joint Ministerial Decision of the Minister of Economy and Finance, Minister of Development, Minister of Environment, Physical Planning and Public Works on the "*approval of a national*

*allocation plan of greenhouse gas emission allowances for the period 2005-2007” and “approval of a national allocation plan of greenhouse gas emission allowances for the period 2008-2012”;*

- Joint Ministerial Decision of the Minister of Finance, Deputy Minister of Finance, Deputy Minister of Economy, Deputy Minister of Competitiveness and Shipping, Deputy Minister of Environment, Energy and Climate Change, Deputy Minister of Infrastructure, Transport and Networks on the amendment of the Joint Ministerial Decision on the “*scheme for greenhouse gas emission allowance trading in compliance with Directive 2003/87/EC*”;
- Directive 2003/87/EC of the European Parliament and of the Council establishing a scheme for greenhouse gas emission allowance trading within the Community and amending Council Directive 96/61/EC;
- Directive 2008/101/EC of the European Parliament and of the Council amending Directive 2003/87/EC so as to include aviation activities in the scheme for greenhouse gas emission allowance trading within the Community;
- Commission Decision 2011/278/EU of 27 April 2011 determining transitional Union-wide rules for harmonised free allocation of emission allowances pursuant to Article 10a of Directive 2003/87/EC of the European Parliament and of the Council;
- Commission Decision 2011/638/EU of 26 September 2011 on benchmarks to allocate greenhouse gas emission allowances free of charge to aircraft operators pursuant to Article 3e of Directive 2003/87/EC of the European Parliament and of the Council.

## ***2. Information about the quality of drinking water***

The Ministry of Environment, Energy and Climate Change has included in the programme of development interventions, actions for the management of the water resources and the protection of the water environment, which shall be implemented by the Special Secretariat for Water (EGY). Its actions related to the drafting of programmes for the protection of and dealing with the pollution of the water resources of the country, include the implementation of the Water Framework Directive 2000/60/EC and Law 3199/2003 (Government Gazette A’/280/9.12.2003) that incorporates it into the national law.

The implementation of the Water Framework Directive requires the implementation of management plans. The procedure is currently at the stage of consultation about the management plans for the 10 Water Departments (out of the 14 Water Departments of the country). The finalization and approval of the management plans require the completion of the consultation procedure, which consists in workshops and meetings (27 workshops in various parts of Greece as well as additional meetings with bodies involved have already taken place) and in the use of an interactive webpage. The drafting thereof for 2 Water Departments has started by the signing of a contract and they are expected to be submitted for consultation in 2012.

The management plans being drafted shall be finalized upon completion of the public consultation provided for by the Directive and shall be approved by decision of the General Secretary of the appropriate Decentralized Administration.

### ***National Monitoring Network for the quantity and quality of surface and ground water***

By the Joint Ministerial Decision (9/11/2011) “*on the designation of the National Monitoring Network for the quality and quantity of water by determining the measurement positions and the bodies which are required to operate them, pursuant to paragraph 4, article 4, Law 3199/2003 (A’280)*” and the Joint Ministerial Decision “*on the technical*

*specifications and minimum performance criteria for methods of chemical analysis and monitoring of water status*", in compliance with Directive 2009/90/EC of the European Parliament and of the Council of 31 July 2009 "laying down, pursuant to Directive 2000/60/EC of the European Parliament and of the Council, technical specifications for chemical analysis and monitoring of water status", the preparation for the commencement of operation of the National Monitoring Network for the Quality and Quantity of Water of the country was completed.

The National Monitoring Network consisting of 2,000 sampling points in 1,500 water bodies has been gradually put into service since March 2012 with a budget of 28 million euro for the next four years. A Joint Ministerial Decision specified the bodies of the National Monitoring Network, while a Joint Ministerial Decision on the assessment of the water quality status has been issued, which sets the limits for 93 priority substances and other chemical compounds. A Ministerial Decision specified the maximum permissible levels for ground water.

At the same time, the Special Secretariat for Water of the Ministry of Environment, Energy and Climate Change completed and published a technical report entitled "Quality of surface and ground water of the country: reference period 2000-2008", which was drawn up in the context of information of the National Water Council, pursuant to Law 3199/2003, and presents the quality of surface and ground water of the country, as it appears from the assessment of the monitoring programmes' results of the General Chemical State Laboratory for the period 2006-2008 and the Institute of Geology and Mineral Exploration for the period 2000-2008.

#### *Implementation of the Marine Strategy Framework Directive 2008/56/EC*

In July 2011, Law 3983/2011 "National strategy for the protection and management of the marine environment – Harmonization with Directive 2008/56/EC of the European Parliament and of the Council of 17 June 2008, and other provisions" adopted the context of implementation of the National Marine Strategy.

In pursuance of the Directive and the law, the Special Secretariat for Water has started drafting the first project on the preliminary assessment of the state of the marine ecosystems and the determination of the quality standards and targets. The project will have been completed by autumn 2012 and the assessment report will be released and submitted to the European Union according to the timetable as laid down in the Directive.

In the framework of the project, actions shall be carried out in order to schedule the following actions provided for by the Directorate and, in particular, the establishment and implementation, by 15 July 2014, of a monitoring programme for ongoing assessment and regular updating of targets, the development, by 2015 at the latest, of a programme of measures designed to achieve or maintain good environmental status, as well as entry into operation thereof by 2016 at the latest. The implementation of the marine strategy and of the Water Framework Directive establishes an integrated framework for the rational management and protection of the water resources and the marine ecosystems.

#### *Protection and Register of Bathing Water Profiles*

Ensuring the highest quality of the coasts and bathing waters is a long-term priority for Greece with a view to the protection of human health. On the basis of the criteria defined by the National and Community legislation (Directive 2006/7/EC),



Greece has had excellent results, with the quality of its bathing waters ranking among the best 2-3 countries in Europe.

Until now the legislation in force was based on a parametric approach, with the periodic monitoring and evaluation of specific microbiological parameters in bathing waters being the only method for documenting the suitability of water for bathing. The overall state of the land part, both as to the activities carried out and the adequacy of the measures to prevent the discharge of polluting loads, which may have a negative impact on water quality, were not taken into consideration.

This restriction is remedied by the Register of Bathing Water Profiles (applied to approximately 1,400 beaches across the country). This Register was prepared by the Special Secretariat for Water of the Ministry of Environment, Energy and Climate Change. The aim of the Register is to describe and present the basic characteristics of the coasts, identify the pollution sources that may affect water quality and assess the magnitude of the effects. The Register serves also as a guide for selecting appropriate measures in order to minimise the impact of bathing water contamination and allows for a more efficient management of the relevant resources. The public is informed by an interactive website related to the Registry. *Implementation of Directive 91/676/EEC concerning the protection of waters against pollution caused by nitrates from agricultural sources*

By using data concerning the quality of surface and ground water and pursuant to the criteria defined by Directive 91/676/EEC, a Joint Ministerial Decision identified four vulnerable agricultural areas with respect to pollution caused by nitrates from agricultural sources. In September 2001, the list of vulnerable zones was updated and supplemented by the inclusion of four more areas.

In June 2008, the boundaries of the first four vulnerable zones established in 2001 were defined at the level of municipal districts, while in November 2010 the list of vulnerable zones was supplemented by the inclusion of the water catchment area of the river Asopos, Boeotia.

The Special Secretariat for Water, following a contact with the competent Community Bodies and on the basis of evaluation of the monitoring programme of groundwater nitrates and the estimates included in the River Basin Management Plans, has recommended the inclusion of 21 areas in the list of vulnerable zones and nitrate pollution programmes. The relevant Joint Ministerial Decision has been completed and is currently at the stage of signing.

#### *Recording and evaluation of operational data of waste water treatment plants*

Within the framework of the requirements of Council Directive 91/271/EEC concerning urban waste-water treatment and with a view to directly monitoring its implementation in Greece, the National Database for the Waste Water Treatment Plants has been completed and is operational. All the information and operational data of the Waste Water Treatment Plants are entered online directly by the competent bodies operating them. The entry of the data has already started and the data are available for direct information of the bodies and citizens.

### ***3. Clarifications about noise mapping by the Greek authorities***

The promotion and application of studies concerning the implementation of Directive 2002/49/EC started recently with a view to addressing the issue of noise in the environment through the use of new evaluation methods, such as the drafting of strategic noise maps by means of a special software for the collection and processing of traffic, population and surveying data, as well as the action plans resulting therefrom, in four application fields (big agglomerations, motorways, rail networks, airports).

The completed report shall give detailed information (at the level e.g. of a street block) about the sound levels of environmental noise, propose action plans to address noise pollution and reduce noise from the traffic, industry as well as the air and rail networks. The procedure shall be completed by the establishment of a Central Noise Observatory that will process, propose and impose on the jointly competent bodies documented strategies to deal with environmental noise in all fields of application (traffic regulations, urban planning activities, industrial-manufacturing areas, construction of noise barriers on motorways, establishment of quiet areas, etc.).

To this end, by using the funds of the National Strategic Reference Framework, the Ministry of Environment, Energy and Climate Change has announced 13 studies concerning the biggest agglomerations of the country (six studies for Athens, two for Thessaloniki, one for each of the following: Patra, Heraklion, Chania, Larisa, Volos, Ioannina, Kavala, Agrinion and Corfu). The procedure is expected to have been completed by 2013.

In addition, the mapping and action plan studies for the Eleftherios Venizelos International Airport, Attiki Odos (Attiki Motorway) and Egnatia Odos (Egnatia Motorway) have been completed. The other big motorways of the country are under construction, therefore, their mapping is not currently possible. The implementation of the action plans provided for by the said studies will have been completed by 2015 as required by the Directive.

Finally, the Ministry of Labour, Social Security and Welfare, within the context of its authority regarding the protection of workers from the risks related to exposure to noise at work, has issued: (a) Presidential Decree 149/2006 “on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise) in accordance with Directive 2003/10/EC” (Government Gazette A’ 159); and (b) the “Code of practice for employers and workers in the sectors of music and entertainment” in accordance with Presidential Decree 149/2006, upon consultation with the social partners at the Workers’ Health and Safety Council (SYAE).

#### ***4. Rules governing the removal of asbestos from buildings***

As regards the protection of workers from the risks related to exposure to asbestos at work, applicable are the following provisions on safe removal and management of asbestos-containing materials:

(A) article 14, 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/EC of the European Parliament and of the Council”, stipulates that the demolition or asbestos removal works shall be performed only by enterprises having a relevant licence (EAK) issued by decision of the Ministry of Labour, Social Security and Welfare.

The issuance terms and conditions of this licence are described in the Joint Ministerial Decision “*Operation terms and conditions of firms engaged in the demolition and removal of asbestos and/or materials containing asbestos from buildings, structures, equipment, facilities and vessels, as well as maintenance, coating and encapsulation of asbestos and/or materials containing asbestos*”. The licence type depends on the kind of the asbestos-containing materials: type A licence for any kind of work involving any kind of asbestos-containing materials (friable and non-friable); type B licence for any kind of work involving only non-friable asbestos-containing materials.

In addition, article 19, Presidential Decree 212/2006 stipulates that asbestos-containing waste must be collected and removed from the place of work as soon as possible in

suitable sealed packing with labels indicating that it contains asbestos. This measure shall not apply to mining activities. Such waste shall then be dealt with in accordance with the Joint Ministerial Decision “*Measures, terms and restrictions for the management of hazardous waste in compliance with Council Directive 91/689/EEC of 12 December 1991 on hazardous waste*” as replaced by the Joint Ministerial Decision “*Measures and terms for management of hazardous waste*”.

Furthermore, the tasks of the Labour Inspectorate include, inter alia, the monitoring of compliance with labour law on the protection of workers’ safety and health. In this context, in order that Greece harmonizes its national legislation with Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work (OJ L 263/ 24.09.1983), as amended by Council Directive 91/382/EEC of 25 June 1991 and Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003, it issued Presidential Decree 212/2006 on the protection of workers from health and safety risks, including the prevention of risks that arise or may arise from activities in which they are exposed to asbestos dust or materials derived from asbestos.

The said Presidential Decree stipulates that the **demolition or asbestos removal works shall be performed only by enterprises having a relevant licence**, while, for every activity in which workers are or may be exposed to asbestos dust or materials containing asbestos, the contractor of the entire project shall submit in writing to the competent agency for Safety and Health at Work of the Labour Inspectorate all the relevant information (location of the site, type and quantity of asbestos-containing materials, the type of asbestos contained in those materials, the methods applied, etc.).

Moreover, prior to commencement of the works, he shall submit to the competent agency for Safety and Health at Work of the Labour Inspectorate a Safety and Health plan that would provide for the necessary measures for workers’ safety and health at work, the asbestos-containing materials removal method, the characteristics of the equipment to be used, as well as the enterprise that will undertake the project.

##### ***5. Updated information on food safety***

The Ministry of Health, in order to promote healthy food standards for the prevention of chronic diseases related to food and recognizing the significant problem of childhood obesity, started in 2008 an information and awareness-raising campaign on childhood obesity, where other jointly competent ministries and bodies participated. This initiative was initially carried out in schools and then developed into a national Health Education programme advertised interactively by the mass media.

Additionally, according to the guidelines of WHO and EU which encourage the development of integrated strategies for the treatment of chronic diseases, the Ministry of Health carried out the following:

(a) Establishment of the National Committee for Greek Diet, where the Ministry of Education, the Ministry of Rural Development and Food, the Ministry of Culture and Tourism, and the Ministry of Environment take part as well. The Committee’s task is to recommend measures and policies for the promotion of the Greek diet with a view to promoting health and addressing childhood obesity, supporting farmers financially, informing and encouraging a “shift” of the new generation of producers to traditional Greek and healthy food products.

The findings of the Committee include proposals for the prevention of childhood obesity and chronic diseases related to childhood obesity. Since the school environment is considered appropriate for supporting the children to adopt proper dietary choices, priority was given to

information actions for the school community. The information should be given to children as well as to teachers and parents and should be designed in collaboration with the Ministry of Education. In addition, the National Committee for Greek Diet has elaborated proposals for restrictions on advertisements directed at children for food products that are high in saturated fat, trans-fatty acids, sugars and salt.

*(b) Cooperation with jointly competent bodies*, such as the Central Food Control Agency (Hellenic Food Authority – EFET), the food industry, consumers' associations, universities, etc., concerning actions aiming at reducing salt intake. This action, according to the recommendations of WHO and EU on the prevention of chronic diseases, is a priority, because the increased consumption of salt is one of the main causes of hypertension and other cardiovascular diseases. In this direction the Ministry of Health issued an information brochure about the risks associated with the overconsumption of salt, which contained practical advice for the reduction of its intake.

(c) Issuance of the decision by the General Secretary for Health as of 28.11.2011 establishing the *Scientific Committee of Nutrition Policy*, after taking into consideration the most recent epidemiological data from Europe and our country. Members of the Committee are representatives of ministries, professors of medical schools, clinical dieticians, etc., and its tasks are: (i) submission of proposals about the priorities for the drafting of the national nutrition policy; (ii) identification of the needs for research, measures and legislative regulatory provisions on the prevention of food-related chronic diseases, in accordance with the guidelines of WHO and EU; (iii) recommendation of measures for the prevention of childhood obesity and all food-related chronic diseases of both children and adults.

Finally, by Law 3918/2011 (Government Gazette 31/Part A/2.3.2011) the Ministry of Health established the Nutrition Directorate whose task is to draft a National Nutrition Policy with a view to coordinating the actions and powers related to nutrition.

## **6. Developments concerning drug dependency**

### **(A) Legislation – Administrative acts**

The collaboration between the Organization Against Drugs (OKANA) and Ministries resulted in the promotion and settlement of institutional issues in various sectors. More specifically:

- *Ministry of Interior*: Passing of Law 3966/24-5-2011: "Institutional framework of the experimental schools, foundation of the Institute of Educational Policy, organization of the Institute of Computer Technology and Publications 'DIOFANTOS', and other provisions", which contains a regulatory provision on the institutional framework of the Prevention Centres.
- *Ministry of Education*: Issuance of a Joint Ministerial Decision of the Minister of Finance and the Minister of Education (17-3-2011) for the determination of the cooperation between the Ministry of Education and the prevention centres of the Organization Against Drugs for the implementation of health education programmes in schools;
- *Ministry of National Defence*: Signing of the Memorandum of Understanding and Cooperation between the Minister of National Defence and the Minister of Health and Social Solidarity for the prevention of and dealing with the use of addictive substances in the Armed Forces (22-3-2011). Moreover, a Ministerial Decision was issued on 17-6-2011 for the provision of incentives to persons who apply for a deferment of military service due to the use of substances, in order to be included in drug rehabilitation programmes;
- *Ministry of Justice and Ministry of Finance*: A Joint Ministerial Decision was signed by the Minister of Finance, the Minister of Health and the Minister of Justice for the use of the revenue from pecuniary penalties for violations of the Law on drugs, in policies tackling the problem of drugs (31-8-2011);

- *Ministry of Health and Social Solidarity*: Issuance of a Ministerial Decision confirming the operation of Units of the **Organization Against Drugs** in certain hospitals (2-12-2011).

## (B) Updating of data on the number and the operation of structures of the Organization Against Drugs

### *Prevention*

Given that prevention is considered as the most important parameter for tackling the problem of substance addiction, the Organization Against Drugs has developed, in collaboration with Local Government, an extensive network of Prevention Centres throughout Greece currently comprising 71 Prevention Centres in 49 Prefectures. The Prevention Centres are co-financed by the Ministry of Health and Social Solidarity and the Ministry for the Interior, Decentralization and Electronic Governance, and are under the scientific supervision of the Organization Against Drugs.

In order to ensure better operation and performance conditions of the Prevention Centres' interventions, the Organization Against Drugs made two new institutional arrangements for the establishment of a cooperation framework between the Ministry of Education and the Prevention Centres through the issuance of a Joint Ministerial Decision between the Ministry of Finance and the Ministry of Education for the *Establishment of a cooperation framework between the Ministry of Education and the Prevention Centres of the Organization Against Drugs for the implementation of Health Education Programmes in primary and secondary schools (17-3-2011)*. Moreover, for the prevention of and dealing with the use of addictive substances in the Armed Forces, a *Memorandum of Understanding and Cooperation* was signed between the Minister of National Defence and the Minister of Health and Social Solidarity *for the prevention of and dealing with the use of addictive substances in the Armed Forces (22-3-2011)*.

Finally, recognizing the prevention officers' need for support and training in their demanding work, the Education and Supervision Centre of the Organization Against Drugs started operating again in November 2011.

### *Treatment*

*Drug-free Treatment Programmes*: There are currently five (5) programmes concerning young people/adolescents in multiple intervention and self-help programmes, networks of treatment services, etc. Moreover, four (4) Adolescents Units of the Organization Against Drugs were operational in 2011 in Athens, Thessaloniki, Larisa and Rethymno.

The increased attendance during the pilot phase (January 2008-March 2009) of operation of the Advisory Station for Adults in Rethymno led in April 2009 to the commencement of an alcohol programme intended for adolescents and underage users.

*New Physical Detoxification Programme (Detox)*: In November 2011 the pilot operation of the Physical Detoxification Programme in Patra was announced. This Programme is implemented jointly with the Treatment Services Network and the Substance Addiction Clinic of the Organization Against Drugs at the University General Hospital of Patra and the Therapy Centre for Dependent Individuals, and concerns opioid users aged 18-40.

The target of the programme is to deal with the physical withdrawal syndrome appearing after the interruption of a prolonged use of opioid substances, and to prepare the participants for their inclusion in a drug-free rehabilitation programme. The duration of the programme shall be three (3) months and the participants shall receive an appropriate hospital and pharmaceutical treatment through the administration of substitute substances, along with a psychosocial

support. Upon completion of the Programme, the members shall be included in the phase of the main drug-free treatment programme. The pilot operation of the programme shall be for one (1) year and then it shall be assessed.

*Addiction Pharmaceutical Treatment Units:* Taking into consideration: (a) the waiting list containing 5,395 persons in August 2010; (b) the waiting time for inclusion in the programme in Attica, which is 7 years and 3 months; (c) the significant increase in contagious diseases – mainly AIDS; and (d) the reactions of the local people to the creation of a Substitution Treatment Unit in their area, whether within the framework of the health structures or not, the Organization Against Drugs, in collaboration with the Ministry of Health and Social Solidarity, created Addiction Pharmaceutical Treatment Units in all the Hospitals of Attica and Thessaloniki, with the exception of the children's hospitals.

Priority was given to the aforementioned Health Regions, because they have the longest waiting lists (August 2011: 3,877 in Attica and 1,062 in Thessaloniki). The ultimate target is the creation of one Unit in a Hospital of every prefecture of Greece. Until the end of 2011 there were twenty (20) Substitution Treatment Units in Attica, eleven (11) in Thessaloniki and twelve (12) in the rest of Greece. On 31/12/2011 there were forty-four (44) Substitution Treatment Units throughout Greece.

*Reception, Information and Orientation Centres:* Besides the Reception, Information and Orientation Centre of Athens, in November 2011 the Centre of Thessaloniki was established for the upgrading of the operation and the improvement of the services rendered to addicts.

*Social Reintegration:* There is a Social Reintegration Unit in Athens and also a Specialized Social and Vocational Reintegration Centre with head offices in Athens and a branch in Thessaloniki.

*Harm Reduction Services:* There is a Direct Assistance and Support Unit in Athens, a Drug Addicts Care Facility and a SOS Hotline.

### ***7. Measures for the reduction of alcohol consumption and the rules of sale, distribution – development of alcohol consumption***

In 2008 Law 3730 on the “Protection of minors from tobacco and alcoholic beverages, and other provisions” (Government Gazette A’ 262/22-12-2008) was passed, which stipulates that “minors are not allowed to enter or be in or be employed in any work in entertainment venues and bars, as well as to consume alcoholic beverages in all public venues, excluding the private events”.

Moreover, according to a Ministerial Decision of 2011 on “establishing whether alcohol, toxic substances and medicines have been used by drivers and pedestrians involved in traffic accidents, it is not permitted to drive public transport passenger vehicles, lorries with maximum permissible weight exceeding 3,500 kilograms, school and other buses, ambulances, vehicles intended for the carriage of dangerous goods, motorcycles and mopeds, with an alcohol level of more than 0.20 grams per litre of driver's blood measured by a blood alcohol test, or more than 0.10 grams per litre of expired air”.

According to the said law, “the administrative fine prescribed by Law 2696/1999 shall be imposed on the drivers ... if the alcohol level is between 0.20 and 0.80 grams per litre of blood measured by a blood alcohol test, or between 0.10 and 0.40 grams per litre of expired air, when the measurement is made by an alcoholmeter”.

According to the Ministerial Decision of 2011, the labels on alcoholic beverage bottles must state the alcohol content by volume. Finally, the shopkeepers are not permitted to sell alcoholic beverages to adolescents (aged less than 18), as well as it is not permitted to consume alcohol in public transportation means and sport events (e.g. football matches, etc.).

#### *Household expenditure for alcoholic beverages*

According to the data of the National Statistical Service of Greece, in 2008 and 2009 the average monthly expenditure for alcoholic beverages was 13.74 euro and 15.55 euro respectively.

#### *Measures for the sale of alcoholic beverages*

The Special Consumption Tax (Excise Duty) applies to all alcoholic beverages, except wine: beer per litre: about 0.31 euro; other alcoholic beverages (spirits) per litre: about 9.80 euro. Moreover, the VAT on alcoholic beverages is 23%.

#### *School population*

In schools the main implementation framework of prevention interventions are the Health Education Programmes of the Ministry of Education. During the school year 2008-2009 out of 3,339 primary schools and 2,150 secondary schools where school health programmes were implemented, the programmes in 0.9% (30) and 8.4% (180) of the schools respectively, concerned the prevention of the use of alcoholic beverages.

In addition, the Prevention Centres hold information meetings in schools on the alcoholic beverages and often on the lawful addictive substances (tobacco and alcoholic beverages). During the school year 2009-2010 1,986 students from 85 primary schools and 883 students from 13 secondary schools participated in such information meetings; moreover, 50 teachers from 28 primary schools and 8 teachers from 5 secondary schools were informed about and were trained in issues related to the use and abuse of alcoholic beverages by minors and the role of the school in prevention.

#### *Local Community*

There are actions related to the prevention of the abuse of alcoholic beverages, while the Prevention Centres as well as other bodies hold workshops and open meetings and distribute printed information material.

One of those actions was the information and awareness-raising intervention on the use and abuse of alcoholic beverages carried out by the Narcotic Drugs and Other Addictive Substances Prevention Centre of the Prefecture of Preveza, where there was a contact between the owners and workers, while the Prevention Centre of Heraklion, Crete collaborated with the local Youth Centre for the mobilization of the local adolescents and their participation in prevention actions related to the use of alcoholic beverages and driving.

We should also mention the action for the prevention of the abuse of alcoholic beverages in the Prefecture of Achaia, where the Addictive Substances Prevention Centre and the "PROTASI" [Movement for Another Lifestyle](#) are responsible for the scientific supervision of the Prevention Programme of Alcohol Use by minors, which has been implemented since 2005 in collaboration with the local bodies and aims at: (a) informing and raising awareness of the local community on the negative consequences of alcohol use by minors; (b) training the bodies; (c)

establishing local community's common attitude that will discourage minors from using alcohol; (d) establishing rules to tackle the problem. Some of the actions implemented for the achievement of the targets are: educational workshops for the workers of the participating bodies, distribution of information material to establishments where minors frequent, promotion of proposals for changes in the institutional framework to competent bodies in order to fill in gaps in the legislation, information and awareness-raising television spots.

#### *Other interventions*

Information campaigns on driving under the influence of alcohol are carried out by the Ministry of Health for the general population, while the Hellenic Association of Drinks Distributors (ENEAP) provides information about alcohol as well as training, on a voluntary basis, to professionals in the field of nightlife concerning the responsible sale of alcohol.

#### *Research data on the use of alcohol by students*

(A) In 2010 the University Mental Health Research Institute conducted in Greece the cross-national survey HBSC (Health Behaviour in School-aged Children) concerning students aged 11-15 years. Some of the survey data are presented below:

- *Use of alcohol*  $\geq$  once per week: 11-year-old = 2.8%, 13-year-old = 11.2%, 15-year-old = 35.6%
- *Intoxication*  $\geq$  once in their lifetime: 11-year-old = 7%, 13-year-old = 19.3%, 15-year-old = 41.8%

#### *Diachronic changes*

- Use of alcohol  $\geq$  once per week: 2002 = 16.1%, 2006 = 15.5%, 2010 = 15.8%
- Intoxication  $\geq$  once in their lifetime: 2002 = 25%, 2006 = 24.4%, 2010 = 22.1%

(B) National school survey on the use of addictive substances by students (ESPAD survey 2011): The survey was carried out in Greece in 2011 by the University Mental Health Research Institute (EPIPSY) with the support of the Organization Against Drugs and the Prevention Centres of the Organization Against Drugs / Local Government. Some of the survey data are presented below:

#### *Total number of students aged 13-19*

- *Use of alcohol* ( $\geq$  once over the last month,  $\geq$  10 times over the last month): 60.8% and 11.3% respectively
- *Excessive use of alcohol* ( $\geq$  5 drinks in a row,  $\geq$  once over the last month;  $\geq$  5 drinks in a row,  $\geq$  3 times over the last month): 45.1% and 15.8% respectively
- *Intoxication* ( $\geq$  once in their lifetime, 1-2 times in their lifetime,  $\geq$  3 times in their lifetime): 33.9%, 20.6%, 13.3% respectively

#### *Gender*

Use of alcohol ( $\geq$  once over the last month,  $\geq$  10 times over the last month): Boys = 64.5% and 15.4% respectively; Girls = 56.9% and 7.2% respectively

- Excessive use of alcohol ( $\geq$  5 drinks in a row,  $\geq$  once over the last month): Boys = 52.8%; Girls = 37.3%
- Intoxication ( $\geq$  once in their lifetime): Boys = 36.5%; Girls = 31.2%

#### *Diachronic changes*

Use of alcohol by students aged 15-19

- Alcohol  $\geq$  once over the last month: 2003 = 73.6%, 2007 = 70.2%, 2011 = 72.8%
- Alcohol  $\geq$  10 times over the last month: 2003 = 15.9%, 2007 = 14.5%, 2011 = 14.8%
- *Excessive use of alcohol by students aged 15-19*



- ≥ 5 drinks in a row, ≥ once over the last month: 2003 = 40.1%, 2007 = 41.6%, 2011 = 45.1%
  - ≥ 5 drinks in a row, ≥ 3 times over the last month: 2003 = 13.2%, 2007 = 14.8%, 2011 = 15.8%
- Intoxication – students aged 13-19*
- ≥ 3 times in their lifetime: 2003 = 13.2%, 2007 = 7.4%, 2011 = 8.6%

### **Statistical data on traffic accidents due to intoxication**

#### **Traffic accidents and victims across the country 2008-2011**

Accidents	2008	2009	Rate	2009	2010	Rate	2010	2011	Rate
<b>Fatal</b>	1,414	1,314	-7%	1,314	1,162	-12%	1,162	1,101	-13%
<b>Serious</b>	1,542	1,389	-10%	1,389	1,454	5%	1,454	1,395	-4%
<b>Minor</b>	12,035	12,072	0%	12,072	12,456	3%	12,456	11,222	-10%
<b>TOTAL</b>	14,991	14,775	-1%	14,775	15,072	2%	15,072	13,628	-10%

Victims	2008	2009	Rate	2009	2010	Rate	2010	2011	Rate
<b>Death</b>	1,550	1,463	-6%	1,463	1,281	-12%	1,281	1,092	-15%
<b>Serious injury</b>	1,886	1,669	-12%	1,669	1,754	5%	1,754	1,672	-5%
<b>Minor injury</b>	16,685	16,683	0%	16,683	17,024	2%	17,024	15,126	-11%
<b>TOTAL</b>	20,121	19,815	-2%	19,815	20,059	1%	20,059	17,890	-11%

#### **Accidents due to intoxication**

<b>2008</b>		
Accidents	Accidents due to intoxication	Percentage of the total number
14,991	1,445	9.6%

<b>2009</b>		
Accidents	Accidents due to intoxication	Percentage of the total number
14,775	1,321	8.9%

<b>2010</b>		
Accidents	Accidents due to intoxication	Percentage of the total number
15,072	1,433	9.5%

<b>2011</b>		
Accidents	Accidents due to intoxication	Percentage of the total number
13,628	988	7.2%

The number of fatal traffic accidents due to intoxication for years 2008, 2009 and 2010 were 257, 265 and 260 respectively.

In addition, we wish to inform you that for the prevention of the traffic accidents and awareness-raising of the citizens on road safety issues, the Traffic Police Department of the Hellenic Police Headquarters is developing the following actions:

- Ongoing updating with statistical data, through the websites of the Ministry of Public Order and Citizen Protection and of the Hellenic Police Headquarters, which inform on the traffic accidents. Moreover, the dangerous points for traffic accidents are mapped throughout the country, advice is given, Press Releases are issued concerning the activities of the Traffic Police Agencies, and useful information about the traffic on the road network is provided.

- Distribution of leaflets containing practical instructions for safe driving during the mass exodus of the residents of urban centres to the provinces, as well as of leaflets containing pictures and advice for students and parents at the beginning of the school year;

- Participation of the Traffic Police Agencies in programmes organized by various Bodies, in information campaigns on safe driving and non-use of alcohol (e.g. European Night Without Accident organized by the Road Safety Institute in collaboration with the Hellenic Police in various cities of the country, etc.);

- Ongoing interventions by the Heads of Police Divisions or Heads of Traffic Police on the local or national mass media, by appearing on the news programmes or through Press Releases, which inform the public on traffic issues.

There are also articles in the press every day relating to traffic accidents, the consequences and the causes thereof, which contain criticism for mistakes and omissions by the Traffic Police;

- Lectures in schools by experienced traffic police personnel on traffic education and the creation of a safe road environment. Moreover, there are information lectures for big population groups (Centres of Open Protection of the Elderly, factories, associations of aliens, workers, etc.);

- Drafting of reports by the Traffic Police, workshops, etc. held by police agencies, which present the results of the activities of the Traffic Police in the local society, with a view to raising awareness of the citizens on road safety issues for the prevention of dangerous offences which are considered as one of the main causes of traffic accidents or which enhance the consequences thereof.

- Broadcasting of 4 social messages (about the crash helmet, safety belt, intoxication, emergency lane) by nationwide television stations at peak viewing hours.

## **8. Data on vaccination**

As regards vaccination, the “National Vaccination Programme for Children and Adolescents 2011” and the “Vaccination Programme for Adults” are being implemented. The cost for the vaccination, according to the National Vaccination Programme, is borne by the Insurance Organizations, while the vaccines for the destitute and uninsured persons are from the national stock.

Moreover, the Ministry of Health:

- designs the antitubercular programmes in collaboration with the Public Health Agencies of the Regional Units and the Municipalities that implement them. More specifically, a mass preventive screening is conducted through a Mantoux tuberculin skin test for ages 12-15 months, 4-6 years and 11-12 years (the vaccination coverage is assessed and accordingly a BCG vaccination follows);
- provides, over the last years, seasonal influenza vaccines for the timely vaccination of people at high risk (adults and children) and workers in the field of health services.

In Greece, the medical and vaccination coverage of disadvantaged population groups is institutionally established by the Ministerial Decision of 2006 “Determination of the

requirements, criteria and procedures of access to the system of hospital, medical and pharmaceutical care for uninsured and financially weak citizens as from 2006”.

The vaccines are from the national stock, while the regional and local Public Health Agencies, the primary health care bodies of the National Health System, the Medicosocial Centres, the Mobile Units of teams of the Hellenic Center for Disease Control and Prevention, non-governmental organizations and university research groups implement local vaccination actions.

Below are data on the vaccination coverage of the population on the basis of the “Greek national study on vaccination coverage and occurrence of tuberculosis infection” conducted in 2006 – to be updated soon – by the National School of Public Health, the Institute of Child Health, the Hellenic Center for Disease Control and Prevention, the Aristotle University of Thessaloniki, the University of Crete and the Ministry of Health – the target population was 6-year-old children living in Greece and attending the first grade of primary school.

- The vaccination percentage for pertussis (or for diphtheria-tetanus-pertussis with vaccines DTwP or DTaP) was over 99% for the first 3 doses, 98% for the 4<sup>th</sup> dose and 90% for the 5<sup>th</sup> dose.
- Similarly high percentages of vaccination coverage were for poliomyelitis.
- The frequency of vaccination for measles, rubella and mumps was over 98% for the 1<sup>st</sup> dose, while for the 2<sup>nd</sup> dose the percentage was 77% for measles and 76% for rubella and mumps. Almost all vaccinations (99% for the 1<sup>st</sup> dose and 98% for the 2<sup>nd</sup> dose) were made with the mixed MMR vaccine and not with monovalent vaccines.
- 95% of the children of this study had been vaccinated with one dose against *Haemophilus influenzae* type b (Hib). 90% of the children completed the primary course of vaccination for Hib. 85% of the children had a complete vaccination scheme.
- The percentage of vaccination with 3 doses of the vaccine against hepatitis B (by which the primary course of vaccination is completed) was about 95%.
- The majority of the children (72%) had received the conjugate vaccine against meningococcus C, while the percentages of vaccination with pneumococcal 7-valent conjugate vaccine (5%) and chickenpox vaccine (13%) were low. However, it should be mentioned that such vaccines were integrated into the National Vaccination Programme in 2006, while the vaccine against meningococcus had been placed on the market in 2001 and the vaccine against pneumoniococcus and chickenpox had been placed on the market in 2005.
- 42% of the children had received one dose of the hepatitis A vaccine and 37% had received two doses, as required for the completion of the primary course of vaccination. It is noted that the hepatitis A vaccine was not included in the National Vaccination Programme in 2006, when the Study was conducted (it was integrated in 2008).
- 15% of the children had received an influenza vaccine at least once, while 9% had been vaccinated during more than one influenza period. The influenza vaccination is recommended for specific categories of children at high risk.
- Moreover, 78% of the children who participated in the Study had at least one Mantoux tuberculin skin test.

### ***9. Information campaigns carried out with a view to preventing certain types of accidents***

Within the context of competences of the Ministry of Labour, Social Security and Welfare and with a view to preventing occupational accidents, information and awareness-raising actions (workshops, publications, etc.) take place for the prevention of occupational hazards and accidents and the improvement of workers’ safety and health. During the reference period the following information and information dissemination actions took place:

#### Generally for every campaign

- distribution of relevant electronic material (CD) and promotional material for each campaign;

- production of audiovisual material (spots) for the radio and television stations;
- promotion of the campaign through the network of the public transportation means;
- presentation of the relevant information material on the website of the Ministry of Labour, Social Security and Welfare ([www.yeka.gr](http://www.yeka.gr));
- visits to workplaces and distribution of information material;
- promotion of the relevant actions of the European Organization through the dissemination of information material and good practice models related to the subject of each campaign;
- organization of the “European Good Practice Awards” in Greece simultaneously with all member states.

In 2008 the following actions took place:

1. April 2008: Month for Safety and Health at Work / Participation in the campaign of the International Labour Office 28<sup>th</sup> of April World Day for Safety and Health at Work. Information and awareness-raising workshops took place in Kalamata (12.4.2008), Xanthi (9.5.2008) and Athens (12.5.2008).

2. Within the framework of our country’s participation in the European campaign of the European Agency for Safety and Health at Work, which for 2008 was dedicated to risk assessment and whose slogan was “Healthy Workplaces: Good for You, Good for Business”, the following information and awareness-raising actions for all parties concerned at a national level were carried out: organization of an information workshop in November 2008 in Athens with the participation of employers, workers, representatives of social partners and other bodies involved, as well as issuance and distribution of information material – book entitled “Risk Assessment Tool”, information brochure containing practical instructions for risk assessment drafting in small enterprises, posters).

In 2009 the following actions took place:

1. April 2009: Month for Safety and Health at Work / Participation in the campaign of the International Labour Office 28<sup>th</sup> of April World Day for Safety and Health at Work. Information and awareness-raising workshops took place in Athens (30.3.2009) and Pyrgos (4.4.2009).

2. Within the context of our country’s participation in the European campaign of the European Agency for Safety and Health at Work, which for 2009 was dedicated to risk assessment and whose slogan was “Healthy Workplaces: Good for You, Good for Business”, the following information and awareness-raising actions for all parties concerned at a national level were carried out: organization of an information workshop in December 2009 in Athens with the participation of employers, workers, representatives of social partners and other bodies involved, as well as issuance and distribution of information material – books entitled “Risk Assessment Tool” and “Non-binding Guide to Good Practice for Work at a Height”, posters containing practical instructions for risk assessment drafting in small enterprises).

3. In the framework of the EU program on Employment and Social Solidarity PROGRESS (2007-2013) two books entitled “Prevention of accidents in the workplace” and “Safety and health signs in the workplace” were published.

In 2010 the following actions took place:

1. Participation in the campaign of the International Labour Office 28<sup>th</sup> of April World Day for Safety and Health at Work: press conference of the Minister of Labour and Social Security, where the draft National Strategy on Health and Safety at Work was presented. In addition, the new European Campaign 2010-2011 on “Safe Maintenance” was launched.

2. Within the context of our country's participation in the European Campaign 2010-2011 on "Safe Maintenance" of the European Agency for Safety and Health at Work, the following took place: working meetings, meeting of the National Information Network with the participation of partners in Safety and Health at Work issues, information workshops, while relevant information books were published (Electrical Work Safety, Non-binding Guide to Good Practice for Implementing Directive 2002/44/EC (Vibrations at Work), and New and Emerging Chemical Risks in the Construction Sector).

Finally, in 2011 the following actions took place:

- Within the context of our country's participation in the campaign 2010-2011 on "Safe Maintenance" of the European Agency for Safety and Health at Work, four information and awareness-raising workshops took place on the "Promotion of Safety and Health at Work - Safe Maintenance" in big cities in the framework of the National Information Network, with the participation of partners in Safety and Health at Work issues.
- A "Cooperation Agreement" between the Ministry of Labour and the Enterprise Europe Network-Hellas was signed with a view to a more effective promotion of Safety and Health at Work and to ensuring the active participation of social partners at a national level. In this context, workshops on the "Information and Awareness-Raising of Small and Medium-sized Enterprises on Safety and Health at Work" took place in three big cities.
- An information and awareness-raising workshop for the representatives of the social partners took place on 18/2/2011 in Athens for the promotion of the results of the European Survey of Enterprises on New and Emerging Risks (ESENER).
- The books "Electrical Work Safety" and "New and Emerging Chemical Risks in the Construction Sector" were republished.

### ***10. Data further to the Collective Complaint 30/2005 of the Marangopoulos Foundation - Negative Conclusion of ECSR***

As regards the local air pollution, all internationally recognized limit values are being applied. Concerning the greenhouse gas emissions, their monitoring is in accordance with the Rio Convention on Climate Change and subsequent Kyoto Conference. All A1 stations operate in accordance with the approved environmental conditions and apply the best available practices.

Regarding the air quality, we wish to note that the ambient air quality is monitored by stations run by the Public Power Corporation (DEI) (3 in Megalopolis and 9 in the Prefectures of Kozani and Florina). In Megalopoli in 2011 no pollutant limit values were exceeded ( $\text{SO}_2$ ,  $\text{NO}_2$  and  $\text{PM}_{10}$ ). In 2010 the daily limit for  $\text{PM}_{10}$  was exceeded in only one station, which was due to the transported Saharan dust and can be justified under Directive 2008/50/EC. In 2009 the limit values for  $\text{SO}_2$  were systematically exceeded, while in 2010 only the hourly limit value was exceeded in only one measuring station. The above constitute an improvement of the ambient air quality.

In the Prefectures of Kozani and Florina during the period 2009-2011 the limit values for  $\text{PM}_{10}$  were extensively exceeded, while no limit for  $\text{SO}_2$  and  $\text{NO}_2$  was exceeded.

During the period 2008-2011 the following measures were taken:

- The desulphurisation plant at Unit III of the Steam-Electric Station of Megalopoli is operational.
- Unit I of the Steam-Electric Station of Ptolemaida was improved.
- Two new Units are being constructed at the Steam-Electric Station of Aliveri and the Steam-Electric Station of Megalopoli, and shall operate with natural gas as fuel.
- The construction of the new Thermal Power Station of Southern Rhodes has been planned and it shall have modern machinery with an exhaust gas denitrification system.

- Moreover, the installation of new modern high efficiency machinery with anti-pollution technology at the Steam-Electric Station of Atherinolakkos, Crete and at the Autonomous Power Station of Kos, has been planned.
- The overall annual SO<sub>2</sub>, NO<sub>2</sub> and particulate emissions from the units that participate in the National Emissions Plan do not exceed the relevant statutory limit.
- Decisions were issued for the approval of the environmental terms pursuant to the IPPC Directive (Steam-Electric Stations of Ptolemaida, Amynteo, Liptol, Kardias, new Thermal Power Station of Southern Rhodes, new units (having natural gas as fuel) at Aliveri and Megalopoli, Agios Georgios Keratsini, and the Autonomous Power Station of Kos).

## Article 12 - The right to social security

### *Paragraph 1- Establishment or maintenance of a system of social security*

As regards the structure of the social security system, articles 1, 2 and 3 of Law 3655/2008 provide for the creation of new social security bodies through the merging of Funds or the integration of bodies and branches into already existing social security organizations, hence, as from 1/10/2008 the 133 bodies and branches which existed till then and were supervised by the Ministry of Employment and Social Protection<sup>5</sup>, were merged into 13:

#### **Main insurance bodies:**

**1.Social Insurance Institute - Unified Social Insurance Fund for Employees (IKA-ETAM)** [The following pension branches were integrated into it: [Athens-Piraeus Electric Railway Employees' Pension Fund \(TSP-ISAP\)](#), National Bank of Greece Employees' Pension Fund (TSP-ETE), Bank of Greece Employees' Pension Fund (TSP-TE)<sup>6</sup>, Personnel Sickness Fund "Ethniki Asfalistiki" (TAPAE-"I ETHNIKI"), Personnel Sickness Fund of the Hellenic Telecommunications Organization (TAP-OTE), Personnel Sickness Fund of the Hellenic Industrial Development Bank (TAP-ETVA), Public Power Corporation Employees' Insurance Organization (OAP-DEI), and the Health branches of the Insurance Fund of Hotel Employees (TAXY) and the Horse Races Personnel Welfare and Supplementary Insurance Fund (TAPEAPI)].

**2.Self-Employed Workers' Insurance Organization (OAEE).** The following were integrated into the Main Pension Branch of the OAEE:

- (a) the main insurance branch of the Maritime Agents and Employees' Fund (TANPY) as a Division having full financial and accounting independence;
- (b) Hoteliers Welfare Fund;
- (c) jockeys and trainers insured with the Horse Races Personnel Welfare and Supplementary Insurance Fund (main insurance) (articles 7, 8 and 9);

#### **3. Agricultural Insurance Organization (OGA);**

**4.Unified Insurance Fund for Self-Employed Persons (ETAA).** All branches of main insurance, supplementary insurance, sickness and welfare of self-employed persons were integrated into the Unified Insurance Fund for Self-Employed Persons, which started operating on 1/10/2008 (article 25). The following were integrated into the main insurance branch of the Unified Insurance Fund for Self-Employed Persons as Divisions having full financial and accounting independence:

- (a) the main pension branch of the Engineers' and Public Works Contractors' Pension Fund (TSMEDE) and the Special Surcharge as Engineers' and Public Works Contractors' Pension Division;
- (b) the main insurance branch of the Medical Personnel Insurance and Pension Fund (TSAY) and the Single-Pension Recipients Branch as Medical Personnel Pension and Insurance Division;
- (c) Lawyers Fund as Lawyers Insurance Division (TAN).

<sup>5</sup> Now Ministry of Labour, Social Security and Welfare

<sup>6</sup> By article 64, Law 3863/2010, as amended and currently in force upon entry into force of Law 4021/2011 (article 44), the Bank of Greece undertakes and provides, as from 1/1/2011, social security to its personnel.

The aim of the main insurance branch of the Unified Insurance Fund for Self-Employed Persons is to grant old-age, disability or death pensions, in accordance with the statutory provisions of each Division.

**5.Unified Mass Media Personnel Insurance Fund (ETAP-MME)** [The following were integrated into it: (a) the pension branches of the Athens and Thessaloniki Daily Newspaper Employees' Pension Fund (TSPEATH), Press Owners, Editors and Employees' Pension Fund (TAISYT), Athens Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Athens), Thessaloniki Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Thessaloniki), Athens Press Technicians' Insurance Fund (TATTA); (b) the supplementary pension branches of the Press Owners, Editors and Employees' Pension Fund (TAISYT), Athens Press Technicians' Insurance Fund (TATTA); (c) the health branches of the Press Owners, Editors and Employees' Pension Fund (TAISYT), Athens Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Athens), Athens Press Technicians' Insurance Fund (TATTA); (d) the welfare branches of the Press Owners, Editors and Employees' Pension Fund (TAISYT), Athens Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Athens), Thessaloniki Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Thessaloniki); and (e) the unemployment and bonus branches of the Special Unemployment Account of the Athens and Thessaloniki Daily Newspaper Employees' Pension Fund (TSPEATH), Christmas and Easter Bonus Account for Newsvendors of the Athens Newsvendors and Press Agency Employees' Pension Fund (TSEYP of Athens), and Special Unemployment Account of the Athens Press Technicians' Insurance Fund (TATTA).

Within the context of implementation of the above law, the Regulation of the Health Branch of the Unified Mass Media Personnel Insurance Fund (ETAP-MME) was issued, which defines uniformly for the bodies integrated into its Health Branch the medical care benefits, the manner and procedure of granting thereof and the beneficiaries of such benefits [(Ministerial Decision no F.40055/11439/1169/9-6-2009 (B, 1184)].

**Supplementary insurance bodies:**

1. Unified Supplementary Insurance Fund for Employees (ETEAM);
2. Supplementary Insurance Fund for the Private Sector (TEAIT);
3. Insurance Fund for Bank and Public Utility Service Employees (TAYTEKO);
4. Public Servants Supplementary Insurance Fund (TEADY);
5. Supplementary Insurance and Welfare Fund for Security Forces Employees (TEAPASA);
6. Unified Insurance Fund for Bank Employees (ETAT).

**Welfare bodies:**

1. Private Sector Welfare Fund (TAPIT);
2. Public Servants Welfare Fund (TPDY).

Moreover, by article 125, Law 3655/2008 the Municipal and Community Employees Health Fund (TYDKY) was integrated into the Public Servants Health Organization (OPAD).

The **benefits from this administrative reform** are as follows:

- implementation of uniform management and operation rules as well as integration of the complex and often contradictory legislation;



- more substantial and effective monitoring and control by the Central Administration;
- reduction of contribution evasion;
- restraining of uncontrolled medical care expenditure;
- reduction of the administrative expenses;
- more efficient utilization of the personal and real property;
- computerized double-entry system;
- uniform inspection mechanisms; and
- better and faster services to all citizens.

In order to create reserves to finance the social security bodies after 2019, article 149 of Law 3655/2008 provides for the creation of the “Insurance Fund for Solidarity between Generations”.

In order to ensure a minimum subsistence level for the pensioners/elderly, article 2 of Law 3863/2010 establishes a **basic pension** to be paid as from 1/1/2015, whose amount for 2010 is 360.00 euro per month and shall be adjusted every year on the basis of the coefficient made up by 50% of the GDP change and 50% of the change in the Consumer Price Index for the previous year, not exceeding the annual change in the Consumer Price Index.

**The persons entitled** to receive this basic pension include (a) all pensioners of all social security bodies of the country (whose pension after 2015 shall consist of two parts: the basic pension and the proportional part of the pension to be determined on the basis of the insurance life and the pensionable earnings of each of them), who qualify for a pension as from 1/1/2015; as well as (b) uninsured persons and those who, on the basis of their insurance life, do not qualify for a pension (that is, have less than 15 years of insurance), provided that they have attained the age of 65 years and their personal and family income does not exceed 5,040 euro and 10,080 euro respectively and they have been living in Greece for at least 15 years between their 15<sup>th</sup> and 65<sup>th</sup> years of age.

The basic pension shall be fully paid (to all beneficiaries) provided that they meet all the requirements and have lived in the country for at least 35 years, while it shall be reduced by (i) 1/35 for every year less than 35 years of permanent residence; (ii) by 1/200 for every month less than the age limit required for qualifying for a full old-age pension in case the beneficiary receives a reduced old-age pension; while (iii) in case of a beneficiary of a reduced disability pension, 75% of the basic pension shall be paid if the disability percentage is from 67% to 79.99% or 50% of the basic pension if the disability percentage is from 50% to 66.99%.

The **minimum pensions** paid (every month) by IKA-ETAM (including the former Special Funds) to **old-age or disability pensioners** entitled to a full pension are as follows:

	Previously insured pensioners	Newly insured pensioners
from 1/1/2008 until 30/9/2008	477,29 €	486,02 €
From 1/10/2008 and after	486,84 €	495,74 €

The corresponding **minimum pensions** paid to **survivors pensioners** are as follows:

	Previously insured pensioners	Newly insured pensioners

from 1/1/2008 until 30/9/2008	429,57 €	388,80 €
From 1/10/2008 and after	438,16 €	396,58 €

These minimum pensions have not been adjusted since 2008 due to our country's fiscal adjustment effort (it should be pointed out that during this period there is no increase in the pensions paid by the social security bodies due to the income policy and that, following the Memoranda of Understanding with the European Commission, the International Monetary Fund and the European Central Bank, reductions/cuts in the higher pensions have been enacted).

### ***Pensions paid by the funds of self-employed persons***

The minimum pensions are as follows:

#### *Persons insured until 31/12/1992.*

	OAE TEBE OAE TSAY		OAE TAE		OAE TANPY	
	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008
Old age	€398,00	€ 406,00	€ 461,00	€ 470,00	€ 477,00	€ 487,00
Disability	€ 398,00	€ 406,00	€ 461,00	€ 470,00	€ 477,00	€ 487,00
Death	€ 334,00	€ 341,00	€ 417,00	€ 425,00	€ 429,00	€ 438,00

	ETAA TSMEDE		ETAA TSAY		ETAA TAN	
	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008
Old age	€ 499,49	€ 509,48	€ 821,52	€ 837,95	€ 555,64	€ 566,75
Disability	€ 449,54	€ 458,53	€ 821,52	€ 837,95	€ 555,64	€ 566,75
Death	€ 374,61	€ 382,10	€ 616,14	€ 628,46	€ 416,73	€ 425,07

#### *Persons insured after 1/1/1993.*

##### *1. Self-Employed Workers' Insurance Organization (OAE)*

	From 1/1/2008	From 1/10/2008
Old age	€ 476,75	€ 486,29
Disability	€ 476,75	€ 486,29
Death	€ 381,39	€ 389,02

##### *2. Unified Insurance Fund for Self-Employed Persons (ETAA)*

	ETAA TSMEDE		ETAA TSAY		ETAA TAN	
	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008	from 1/1/2008	from 1/10/2008
Old age	€ 483,68	€ 493,35	€ 483,68	€ 493,35	€ 486,02	€ 495,74
Disability	€ 483,68	€ 493,35	€ 483,68	€ 493,35	€ 486,02	€ 495,74
Death	€ 386,94	€ 394,68	€ 386,94	€ 394,68	€ 388,82	€ 396,59

We wish to mention that they did not change from 1/10/2008 to 31/12/2011 inclusive.

The Pensioners Social Solidarity Allowance (EKAS) enacted in 1996 (article 20, Law 2434/1996) is paid to entitled pensioners for the period 2008-2011 in accordance with the following table:

<b>PERIOD of TIME</b>	<b>EKAS Level (in Euros)</b>	<b>NET ANNUAL PERSONAL TAXABLE INCOME (in Euros)</b>	<b>OBSERVATIONS</b>
<p>1/1/2008 - 31/12/2008</p> <p>(Common Ministerial Decision Φ11321/5250/439/3-6-08)</p>	<p>230,00 €</p> <p>172,50 €</p> <p>115,00 €</p> <p>57,50 €</p>	<p>Up to 7.058,41</p> <p>7.058,42 – 7.335,25</p> <p>7.335,26 – 7.519,74</p> <p>7.519,75 – 7.750,42</p>	<p><b>INCOME CRITERIA:</b></p> <p>-The total net annual income from pensions, salaries, wages and other allowances does not exceed 7,750.42 euro.</p> <p>-The total annual personal taxable income of the pensioner does not exceed 9,042.16 euro.</p> <p>-The total annual family taxable income does not exceed 14,070.73 euro</p>
<p>1/1/2009 - 31/12/2009</p> <p>(Common Ministerial Decision Φ11321/27868/2210/18-3-10)</p>	<p>230,00 €</p> <p>172,50 €</p> <p>115,00 €</p> <p>57,50 €</p>	<p>Up to 7.340,67</p> <p>7.340,68 – 7.628,58</p> <p>7.628,59 – 7.820,45</p> <p>7.820,46 – 8.060,35</p>	<p><b>INCOME CRITERIA:</b></p> <p>-The total net annual income from pensions, salaries, wages and other allowances does not exceed 8,060.35 euro.</p> <p>-The total annual personal taxable income of the pensioner does not exceed 9,403.75 euro.</p> <p>-The total annual family taxable income does not exceed 14,633,41 euro.</p>
<p>1/1/2010 - 31/12/2010</p> <p>(Common Ministerial Decision Φ11321/15646/1198/7-10-10)</p>	<p>230,00 €</p> <p>172,50 €</p> <p>115,00 €</p> <p>57,50 €</p>	<p>Up to 7.607,54</p> <p>7.607,55 – 7.905,91</p> <p>7.905,92 – 8.104,76</p> <p>8.104,77 – 8.353,38</p>	<p><b>INCOME CRITERIA:</b></p> <p>-The total net annual income from pensions, salaries, wages and other allowances does not exceed 8,353.38 euro.</p> <p>-The total annual personal taxable income of the pensioner does not exceed 9,745.62 euro.</p> <p>-The total annual family taxable income does not exceed 15,165.39 euro.</p>
<p>1/1/2011 - 31/12/2011</p> <p>(article 34 of Act 3996/2011)</p>	<p>230,00 €</p> <p>172,50 €</p> <p>115,00 €</p> <p>57,50 €</p> <p>30,00 €</p>	<p>Up to 7.715,65</p> <p>7.715,66 – 8.018,26</p>	<p><b>INCOME CRITERIA:</b></p> <p>-The total net annual income from pensions, salaries, wages and other allowances does not exceed 8,472,09 euro.</p> <p>-The pensioner's total annual personal taxable income and the income specifically exempted or taxed do not exceed 9,884.11 euro (or 13,500.00 euro for the 5<sup>th</sup> class).</p> <p>-The total annual family taxable income and the income specifically exempted or taxed do not exceed</p>

		8.018,27 - 8.219,93 8.219,94 - 8.472,09  8.472,10 - 9.200,00	15,380.90 euro. -The total gross monthly main and supplementary pension, including the Christmas and Easter bonuses and the leave allowance, does not exceed 850,00 euro.
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Law 3996/2011 provides for important measures of general application and, in particular, regarding the **Funds for Self-employed Workers**.

#### *Measures of general application*

- Amendment of the terms and conditions for the granting of the Pensioners Social Solidarity Allowance (*article 34*);
- Extension of the retirement right on favourable terms (25 years of insurance regardless of age) to both parents of a disabled child with a disability percentage of at least 67%, as well as the siblings of disabled persons with a disability percentage of at least 67% (*paragraph 1, article 37*);
- Amendment of the existing legislative framework on the retirement of divorced persons (*paragraph 3, article 37*);
- Establishment of a temporary pension to be granted within 45 days (*article 38*);
- Amendment of the existing legislative framework on the recognition of child upbringing time as provided for by paragraph 1, article 141, Law 3655/2008 for those qualifying for a pension as from 1/1/2011 on terms that changed by Law 3863/2010, hence, the recognition is now possible for both parents upon payment of a contribution (*article 39*);
- Possibility of recognition of notional insurance time (period of studies, unemployment etc.) for those qualifying for a pension as from 1/1/2011 on terms that changed by Law 3863/2010 (*article 40*);
- Exemption for those receiving an extra-institutional allowance and those who have retired by virtue of Law 612/1977, from the suspension of or reduction in their pension in case they are employed (*paragraph 1, article 42*).

#### *Measures for the Funds for Self-employed Workers*

- Possibility of recognition as insurance time with the Self-Employed Workers' Insurance Organization of a period of proven professional practising prior to the registration in the former Funds - Insurance Fund for Craftsmen and Small Traders (TEVE), Traders' Insurance Fund (TAE) and Drivers' Pension Fund (TSA), - up to 5 years (*paragraph 1, article 41*);
- Possibility of receiving a pension from the social security bodies, provided that the amount due does not exceed the amount of the 30 minimum old-age limits up to 15,000 euro, instead of the 20 minimum limits, as provided for previously (*article 43*);
- Possibility of submitting an old-age retirement application for persons insured with the Self-Employed Workers' Insurance Organization while maintaining their professional activity after the submission of the retirement application for a period not longer than twelve months (*article 49*);
- Possibility of being insured with the Medical Personnel Insurance and Pension Fund (TSAY) for the medical personnel in case they do not carry out professional activities or while waiting for the commencement of their specialty training (*article 58*);
- Compulsory insurance with the Unified Insurance Fund for Self-Employed Persons (ETAA) of those hired by the State as from 1/1/2011 and having a social security status in the body (*paragraph 2, article 61*);
- Establishment of a minimum earnings limit (equal to the amount of the 1<sup>st</sup> insurance class) for the computation of the social security contributions as from 1/1/1993 for salaried persons who are insured with the Unified Insurance Fund for Self-Employed Persons (*paragraph 3, article 61*).

### ***Special Regulations of Law 3986/2011 concerning the funds for self-employed persons***

- Establishment of the Special Unemployment Account at the Manpower Employment Organization (OAED) with financial and accounting independence for self-employed persons, so that they receive an assistance in case of proven interruption of their professional activity, and introduction of a monthly contribution of 10.00 euro in favour of this branch (*paragraph 2, article 44*);
- introduction of a contribution, in favour of the Self-Employed Workers' Insurance Organization as from 1/1/2013, as a percentage of the turnover of every enterprise (*paragraph 3, article 44*);
- imposition of an additional contribution of 2% for the main pension on persons insured with the Unified Insurance Fund for Self-Employed Persons until 31/12/1992 (*paragraph 14, article 44*);
- compulsory transfer of the persons insured with the Unified Insurance Fund for Self-Employed Person until 1/1/1993 to a higher insurance class every three years (*paragraph 15, article 44*).

### ***Regulations concerning the supplementary insurance and welfare bodies***

(a) **Law 3863/2010** (Government Gazette 115 A') provides for the:

- Preparation of actuarial feasibility studies of the supplementary insurance bodies until the end of 2011 on the basis of whose findings the percentages of pension replacement will be redefined with a view to ensuring the sustainability of the supplementary insurance funds and preventing the creation of deficits (*article 15*);
- Favourable terms of payment of social security contributions that are due to the supplementary insurance and welfare bodies, by the creation of a unified system for the settlement of debts (*articles 53-62*);
- Inclusion as from 1.9.2010 of the insured persons and pensioners of the Personnel Mutual Aid Fund of the General Bank of Greece (TAPGTE) in the Unified Supplementary Insurance Fund for Employees (ETEM) and merger as from 1.8.2010 of TEADY's Supplementary Insurance Division for Salaried Employees – Public Law Entity (TEAM – NPDD) with ETEM, so as to continue the smooth payment of pensions (*article 65*);
- Extension of application as from 15.7.2010 of the special retirement terms for surviving spouses as per article 62, Law 2676/1999, as currently in effect, to supplementary insurance bodies and divisions, whose insured persons receive pensions from the State or a main insurance body under a regime equivalent to that of the State (*paragraph 4, article 13*);
- Enactment of the Arduous and Unhealthy Occupations regime for the permanent personnel of the Local Government Organizations employed exclusively and full-time in occupations as referred to in paragraph 1, article 4, Law 3660/2008 (Government Gazette A' 78) (*article 66*).

(b) **Law 3986/2011** (Government Gazette 152 A') provides for the:

- Introduction of a special contribution in favour of the Public Servants Welfare Fund (TPDY) and reduction by 10% and 15% in the one-off benefits paid by the Public Servants Welfare Division of the TPDY and the Public Power Corporation Employees' Insurance Branch of the Insurance Fund for Bank and Public Utility Service Employees

(TAYTEKO) respectively, with a view to covering the deficits and ensuring the sustainability of the said funds (*paragraph 5(a), article 44 and paragraph 2(b), article 38*);

- Introduction as from 1.9.2011 of the Special Contribution of Supplementary Insurance Pensioners in the supplementary pensions in order to cover deficits of supplementary insurance bodies (*paragraph 13, article 44*);

- Introduction as from 1.1.2012 of an additional contribution of 0.6% and 0.4 % of the amount of the 1<sup>st</sup> insurance class in the supplementary insurance and welfare branches respectively of the Unified Insurance Fund for Self-Employed Persons for persons insured with them until 31.12.1992 (*paragraph 14(b), article 44*).

(c) **Law 3996/2011** (Government Gazette 170 A') provides for the:

- Recognition of the time of special maternity protection leave as per article 142, Law 3655/2008, as insurance time with the relevant supplementary insurance bodies (*paragraph 3, article 36*);

- Recognition of the pensionable time with the State or main insurance body for the establishment of a pension right with supplementary insurance bodies and divisions, and use thereof in the same manner as it was used in the State or main insurance body (*paragraph 7, article 41*);

- Abolition of the insurance exemption with the Unified Supplementary Insurance Fund for Employees (ETEAM) of employed pensioners (*paragraphs 1 and 2, article 44*);

- Merger as from 1.10.2011 of the Personnel Supplementary Insurance Division of the Athens Water Supply and Sewerage Company (EYDAP), Supplementary Insurance Branch of TAYTEKO into ETEAM (*paragraph 3, article 44*), due to financial problems (*paragraph 3, article 44*);

- Favourable terms of supplementary pension granting by ETEAM to melodrama actors, players of wind instruments and dancers (*article 45*);

- Compulsory inclusion for insurance purposes in the TPDY Public Servants Welfare Division of the open-ended contract employees of the State and Public Law Entities (*article 47*);

- Payment of the one-off benefit with interest for all cases of successive insurance as well as settlement of issues related to the succession right to the one-off benefit for parents and siblings of insured persons who have deceased (*article 82*).

(d) Case (b), paragraph 5, article 2, **Law 4002/2011** (Government Gazette 180 A') provides for the extension of the special favourable retirement terms of article 62, Law 2676/1999, to persons insured with the supplementary insurance bodies of the State.

(e) Article 2, **Law 4024/2011** (Government Gazette 226 A') provides, inter alia, for a reduction in the supplementary pensions and the one-off benefits paid by bodies (funds/divisions/branches) that have sustainability problems, so that they increase their resources and save money.

### ***Regulations concerning the sickness and maternity insurance***

*Determination of the obligations of the social security organizations, attending physicians, inspecting physicians and pharmacists, as well as of the relevant sanctions related to the provision of pharmaceutical care*



Presidential Decree 121/2008 defined uniformly for the Public Servants Health Organization (OPAD) and all sickness bodies and branches falling within the competence of the General Secretariat for Social Security (GGKA) during the provision of pharmaceutical care, the obligations of the attending physicians, inspecting physicians and contracted pharmacists of social security organizations, and specified the sanctions to be imposed in case of failure to fulfil their obligations as well as the attribution of liability due to any damage sustained by the social security organizations.

#### *Electronic prescription*

Law 3892/2010 (Government Gazette A, 189) introduced the electronic recording and dispensing of prescriptions and medical examination referrals for a better management and control of the prescription medical procedures and examinations.

#### ***Pharmaceutical care***

Article 12, Law 3816/2010 (Government Gazette A, 6) introduced provisions aiming at the control and restraining of the pharmaceutical expenditure as well as the rationalization of the framework of dispensing of proprietary medicinal products used for the treatment of serious diseases. More specifically:

(a) It reintroduced (paragraph 1a) the list of prescription pharmaceutical products and stipulated that the social security organizations shall approve and pay prescriptions only if they contain medicines included in the said list and only for the approved indications, as defined in the summary of characteristics of the pharmaceutical product. The list is drawn up by a committee established by the National Organization for Medicines (EOF) and approved by a joint decision of the Minister of Health and Social Solidarity and the Minister of Labour and Social Security.

Moreover, it is stipulated that the social security organizations may not approve or reimburse prescriptions that include over-the-counter pharmaceutical products according to their marketing authorization issued by EOF (a decision is issued for such pharmaceutical products by the Minister of Health and Social Solidarity upon opinion given by the Special Committee of EOF), as well as those prescriptions that contain pharmaceutical products or categories of pharmaceutical products whose indications are not covered by social security and which are included in a list approved by a Joint Ministerial Decision and drawn up by the said Special Committee of EOF.

(b) As regards the outpatients (paragraph 2a) who are insured with the State and social security bodies, it provides for the dispensing by the pharmacies of the state hospitals and the private pharmacies, without outpatients' participation in the expenditure, of proprietary medicinal products used for the treatment of serious diseases authorized only for hospital use or for commencement of administration in a hospital and supervision by a special doctor.

Such proprietary medicinal products are included in two lists approved by decision of the Minister of Health and Social Solidarity upon recommendation by EOF, and can be:

(i) exclusively dispensed by hospitals, private clinics and pharmacies of the National Organization for Health Care Provision (EOPYY); and (ii) dispensed by private pharmacies.

By article 38, Law 4025/2011 the percentage of participation in the non-hospital care expenditure of those entitled to care from the Social Security Bodies (FKA) shall be 25% of the controlled price of the medicinal product. By a Joint Ministerial Decision, a list of

the diseases for which the medicines are dispensed with a reduced (10%) or no participation of the insured shall be drawn up.

Then, the National Organization for Medicines shall draw up a list of classification of the medicinal products (active substances with the corresponding brand names) for each therapeutic category mentioning the prescribed participation percentage for each product.

### ***Health Benefit Coordination Council (SYSPY)***

By article 32, Law 3863/2010 (Government Gazette A, 115), the Health Benefit Coordination Council was established at the General Secretariat for Social Security and shall decide on:

- (a) the drafting of uniform rules on health services purchasing in the public and private sectors, as well as the drafting of a uniform health benefit regulation, for all social security organizations and the National Organization for Health Care Provision;
- (b) the definition of the criteria and terms of contract conclusion between the Social Security Bodies and the Public Servants Health Organization with all health services providers;
- (c) the review and amendment of such terms, where and when this is required;
- (d) the amount of reimbursement by the Social Security Bodies and the Public Servants Health Organization for materials, additional items and surgical operation materials;
- (e) the measurement of the quality and cost of health services from the public and private sectors;
- (f) monitoring of imposition of the prescribed sanctions, in case violations related to prescribing and to the implementation of the law on pharmaceutical products and medical care have been established.

The decisions of the Council shall be binding on the Social Security Bodies.

In pursuance of the above, the Health Benefit Coordination Council approved sixteen (16) draft contracts per health services provider (hospital care, procurement of medicines, artificial kidney units, chronic haemodialysis units, etc.), which were sent to the social security organizations for the drafting of new contracts with the providers.

### ***Establishment of a Secondary Special Medical Committee for hospital treatment abroad***

By paragraph 6, article 32, Law 3863/2010 (Government Gazette A, 115), the Secondary Special Medical Committee was established at the General Secretariat for Social Security and shall give its opinion upon objection filed against rejecting decisions of the special medical committees formed pursuant to article 39, Law 1759/1988 (Government Gazette 217 A) concerning the hospital treatment abroad of insured persons of all sickness branches of the social security bodies falling within the competence of the General Secretariat for Social Security. In addition, the Committee shall provide advisory recommendations to the Minister of Labour and Social Security on issues of hospital treatment abroad in accordance with the Greek legislation and the community regulation (1408/1971 and 574/1972).

### ***Inclusion of the Public Servants Health Organization (OPAD) under the supervision of the Ministry of Labour and Social Security***

By article 79, Law 3918/2011 (Government Gazette A, 31), the Public Servants Health Organization is converted into a social security body that falls under the supervision of the Ministry of Labour and Social Security regarding the provision, control and costing of health services, the financial management and funding. By paragraph 10 of the same article, the Organization acquired the funding status of a social security fund and worker's contributions were fixed at 2.55%, while employer's contributions were fixed at 5.10% concerning the medical care of the persons insured with it.

### ***Integration of the Hospitals of the Social Insurance Institute - Unified Social Insurance Fund for Employees (IKA-ETAM) into the Greek National Health System (ESY)***

By paragraph 1, article 32, Law 3918/2011 (Government Gazette A, 31) and within the context of establishment of a single health services provision framework, the hospital units of IKA-ETAM were integrated, as from 1-6-2011, into the Greek National Health System in specific hospitals, thus operating as their branches.

### ***National Organization for Health Care Provision (EOPYY)***

#### *Establishment*

Article 31 of Law 3863/2010 (Government Gazette A, 115) stipulates that, with a view to the creation of a single framework of health services provision to the population of the country, the primary and secondary health units of the Greek National Health System, of the Social Security Bodies falling within the competence of the General Secretariat for Social Security and of the Seamen's Home, are integrated and operate in a single framework.

For the implementation of the above provisions, article 17, Law 3918/2011 (Government Gazette A, 31) provided for the establishment of the National Organization for Health Care Provision into which, initially, the Health branch of IKA-ETAM with its health units, the Health branches of the Agricultural Insurance Organization (OGA) and of the Self-Employed Workers' Insurance Organization (OAEI) as well as the Public Servants Health Organization (OPAD), regarding the benefits in kind, were transferred and integrated.

The operation of the National Organization for Health Care Provision ensures: (a) an equal access for all insured persons to a single health services provision system aiming at the prevention, maintenance, promotion, improvement, restoration and protection of health through the provision of certified medical services, examinations and medicines and also the adoption of common primary health care rules; and (b) the collaboration of the primary health care units of the National Health System (ESY) through their existing structures, of the Social Security Bodies, of the health units of the Local Government Organizations (OTA) and other public law entities, as well as of the contracted doctors within the context of organization and operation of a single primary health care network.

Moreover, it has been stipulated that other social security organizations that provide health services and operate as public law or private law entities may be

integrated in the future. The aim of the National Organization for Health Care Provision is the provision of health services to entitled persons on the basis of a single benefits regulation, the operational coordination and achievement of cooperation among the bodies that constitute the primary health care network, that is, the Health Centres and the Regional Clinics of the National Health System, the doctors who have to complete a compulsory service in the provinces, the primary health care units of the Local Government Organizations, the units of the National Organization for Health Care Provision and its contracted doctors.

The sickness cash benefits provided for by the benefits regulations of the health branches or bodies of the Social Security Organizations integrated into the Organization shall continue to be provided by such bodies.

For this reason, by article 72, Law 3984/2011 (Government Gazette A, 150), accounts were established at IKA-ETAM, OAEE and OGA under the name "Cash Benefits Account" in order to grant cash benefits to persons insured with those bodies. In addition, by article 25, Law 3918/2011 (Government Gazette A, 31), the Public Servants Health Division and the Municipal and Community Employees Health Division were established at OPAD in order to grant cash benefits, with full accounting and financial independence.

By Joint Ministerial Decision no F.90380/7605/93/30-1-2012 (B, 96), the social security contributions were divided between, on the one hand, the EOPYY and, on the other hand, the Public Servants Health Division and the Municipal and Community Employees Health Division.

Joint Ministerial Decision no F.40021/20782/2565/24-2-2012 (B, 468) specified the manner, procedure and ensuring of timely transfer of the social security contributions collected in favour of EOPYY.

*Integrated Health Care Regulation (EKPY) of the National Organization for Health Care Provision (EOPYY)*

The Joint Ministerial Decision no F.90380/25916/3294/31-10-2011 (B, 2456), as amended by the Joint Ministerial Decision no F.90380/5383/738/10-4-2012 (B, 1233), approved the Integrated Health Care Regulation of the National Organization for Health Care Provision, which is in force as from 1-1-2012.

This Regulation specifies the *health benefits in kind*, the extent, the amount, the method and the procedure of granting thereof as well as the persons entitled to such benefits and the method of reimbursement of the relevant expenditure. The health benefits include the following:

- Prevention and promotion of health
- Primary health care – medical care – diagnostic medical procedures
- Paraclinical tests
- Physiotherapy – occupational therapy – speech therapy – psychotherapy
- Pharmaceutical care
- Dental – stomatological care
- Special treatment
- Other care
- Hospital care
- Use of a private nurse
- Patient transfer expenditure
- Obstetric care – childbirth allowance

- Hospital treatment abroad
- Recovery
- Provision of therapeutic means and prostheses – additional care
- Balneotherapy and aerotherapy allowances.

***Provision of Primary Health Care services to persons insured with IKA-ETAM by the doctors of OPAD and OAEE***

By paragraph 2, article 18, Law 3918/2011 (Government Gazette A, 31), primary health care is provided to persons insured with IKA-ETAM by: (a) the Health Units of IKA-ETAM; (b) the doctors contracted with IKA-ETAM, OAEE and OPAD; and (c) the doctors of the Health Centres and the Regional Clinics. Decision no F.40021/oik.4856/397/29-3-2011 (B, 478) of the Minister of Labour and Social Security specified the terms and conditions of Primary Health Care services provision to persons insured with IKA-ETAM by the doctors of OPAD and OAEE. It should be mentioned that the above regulation shall be in effect until the entry into force of the Integrated Health Care Regulation (EKPY) of the National Organization for Health Care Provision (EOPYY).

***Terms of granting medical care benefits***

If the persons insured with IKA-ETAM and their family members face a serious unemployment or underemployment problem and therefore they cannot complete the required number of insurance days, so that they and their family members be entitled to medical and hospital care, then according to article 35, Law 3996/2011 (A, 170), those insured persons shall be covered for the period from 1-3-2011 to 29-2-2012 by the Institute in respect of the sickness benefits in kind, provided that they have completed 50 days of insurance either during the previous calendar year or during the last fifteen months, excluding the days completed during the last three months of the fifteen-month period.

***Insurance of family members***

Paragraph 10, article 48, Law 3996/2011 provides, uniformly for all social security organizations falling within the competence of the Ministry of Labour and Social Security, for the insurance of the family members of the insured persons or old-age or disability pensioners. More specifically, family members are:

- (a) the wife or husband;
- (b) the unmarried children (legitimate children or children legitimized, recognized, adopted or stepchildren) and the natural children of an insured woman or disability or old-age pensioner until the completion of the 18<sup>th</sup> year of age and, if they are unemployed, until the completion of the 24<sup>th</sup> year of age and, if they continue their studies, for two (2) years after the end of the studies, provided that they are unemployed, however, not beyond the completion of the 26<sup>th</sup> year of age;
- (c) the mother and father as well as the adoptive parents on the same terms as those governing the natural parents;
- (d) orphaned grandchildren and siblings from father and mother as well as orphaned siblings or grandchildren from only father or only mother, provided that the surviving parent is considered, on the basis of the above, as a member of the insured person's family, until the completion of the 18<sup>th</sup> year of age and as long as they are unmarried.

## ***Maternity allowance***

According to article 142, Law 3655/2008, the mothers who are insured with IKA-ETAM and work under an open-ended or fixed-term employment relationship at enterprises or undertakings, shall, following the expiry of the confinement leave and a leave equal to the reduced working hours, be entitled to a special maternity protection leave for six (6) months. This article did not provide for the payment of social security contributions for the Sickness Branch of IKA-ETAM, therefore, during the pregnancy and confinement leaves no contributions are paid to the Sickness Branch of the Institute out of the amount of the allowance paid, and the medical care coverage of the insured women who use this leave is interrupted. According to paragraph 3, article 36, Law 3996/2011 (Government Gazette A, 170), the period of the special maternity protection leave shall be considered as time of insurance with the Main Pension and Sickness Branches of IKA-ETAM as well as with the relevant supplementary insurance bodies, while the prescribed contributions shall be calculated in relation to the insurance amount paid, as the case may be, out of which the Manpower Employment Organization (OAED) deducts the required insured person's contribution and pays it to the competent bodies along with the required employer's contribution to be borne by OAED. Moreover, as from 5-8-2011 the insurance period spent shall be considered as insurance period with the Sickness Branch of IKA-ETAM in kind and in cash.

## ***Measures for the insurance coverage of unemployed persons in respect of medical care benefits***

### *Insurance coverage of unemployed persons registered with OAED*

By paragraph 6, article 2, Law 3845/2010 (Government Gazette A, 65), the unemployed persons not older than 24 years and registered with OAED, who enter into a 12-month work experience acquisition contract at a private enterprise, shall be insured for sickness and occupational risk benefits in kind with IKA-ETAM.

### *Insurance coverage of unemployed persons insured with the Self-Employed Workers' Insurance Organization (OAEE)*

Paragraph 8, article 2, Law 3845 (Government Gazette A, 65) provides for the extension of the measure of insurance coverage for medical care benefits to the self-employed persons aged 30 to 65 years who interrupt the practise of their profession. These unemployed persons are covered in respect of the sickness benefits in kind (medical and hospital care) by the Health Branch of OAEE (which has been integrated into EOPYY) for two (2) years as from the interruption of insurance.

In pursuance of the above provision, Ministerial Decision no F.40035/oik.5136/413/1-6-2011 (1423, B) specifies the required supporting documents and any necessary detail related to the coverage of sickness benefits in kind of the said unemployed – insured persons with OAEE.

### *Extension of the coverage of unemployed persons aged 29-55 years for medical care benefits*

According to the legislation in force, the unemployed salaried or self-employed workers aged 29-55 years are covered in respect of sickness benefits in kind for two years by the social security organization with which they were insured prior to the

interruption of their employment, as long as they fulfil the requirements of paragraph 4, article 5, Law 2768/199 (Government Gazette A, 273).

Due to the current financial state of the country, a great number of persons remain unemployed for longer than two years, therefore, they are not entitled to medical care benefits, while paragraph 2, article 35, Law 3996/2011 (Government Gazette A, 170) provided for the possibility to extend the insurance coverage of the said unemployed persons for medical care benefits until 31/12/2011.

As regards the **unemployment allowance and the special assistance provided by OAED**, we wish to mention the following:

### **Unemployment allowance – Negative conclusion of the Committee**

Information provided in respect of the negative conclusion of the ECSR about the amount of the unemployment allowance.

The basic daily unemployment allowance from 1/1/2008 to 30/4/2009 was 16.72€ and the monthly unemployment allowance was 418.00€. From 1/5/2009 to 30/6/2011 it was adjusted to 18.17€ and 454.25€ respectively and from 1/7/2011 to 31/12/2011 it was adjusted to 18.46€ and 461.50€ respectively.

According to article 5, Law 3552/4-4-2007 (Government Gazette 77/a/4-4-2007), as from 1/1/2007 article 21, Legislative Order 2961/54 as well as paragraphs 1 and 2, article 12, Law 2224/94 concerning the calculation of the amount of the unemployment allowance, were replaced. The basis of calculation of the basic unemployment allowance is now the minimum daily wage of an unskilled worker from time to time, regardless of whether the unemployed person was remunerated by a salary or a wage. Thus, the daily unemployment allowance is divided now in three categories as follows:

(a) Unemployed persons who were employed on a full-time basis or unemployed persons whose monthly earnings during employment exceeded 12 times the daily wage of an unskilled worker (30.40€), that is, higher than 364.81€. In this case, the unemployment allowance shall be, as from 1/1/2008, 55% of the daily wage of an unskilled worker, that is, 16.72€ per day and 418.00€ per month;

(b) Unemployed persons whose monthly earnings are higher than 6 times and equal to or less than 12 times the daily wage of an unskilled worker. In this case, the unemployment allowance shall be 75% of the basic unemployment allowance as determined for the previous category (A).

In this category:

▪ from 1/1/2008 to 30/4/2009, for the subsidized persons without dependants whose monthly earnings were from 182.41€ ( $30.40 \times 6 = 182.41$ )€ up to 364.80 ( $30.40 \times 12 = 364.80$ )€, the daily unemployment allowance was 12.54€ ( $16.72 \times 75\%$ ), while the monthly allowance was 313.50€ ( $16.72 \times 25$ );

▪ from 1/5/2009 to 30/6/2011, for the subsidized persons without dependants whose monthly earnings were from 198.25€ ( $33.40 \times 6 = 198.25$ )€ up to 396.48 ( $33.04 \times 12 = 364.80$ )€, the daily unemployment allowance was 13.63€ ( $18.17 \times 75\%$ ), while the monthly allowance was 340.75€ ( $18.17 \times 25$ );

▪ from 1/7/2011 to 31/12/2011 for the subsidized persons without dependants whose monthly earnings were from 201.43€ ( $33.57 \times 6 = 201.43$ )€ up to 402.84 ( $33.57 \times 12 = 402.84$ )€, the daily unemployment allowance was 13.84€ ( $18.46 \times 75\%$ ), while the monthly allowance was 346.00€ ( $18.46 \times 25$ );

(c) Unemployed persons whose monthly earnings are equal to or less than 6 times the daily wage of an unskilled worker. In this case, the unemployment allowance shall be 50% of the basic unemployment allowance as determined for category A;

Therefore,

- from 1/1/2008 to 30/4/2009, for the subsidized persons without dependants whose monthly earnings were up to 182.40€, that is, less than or equal to 6 times the daily wage of an unskilled worker ( $30.40 \times 6 = 182.40$ )€, the daily unemployment allowance was 8.36€ ( $16.72 \times 50\%$ ), while the monthly allowance was 209.00€ ( $8.36 \times 25$ );
- from 1/5/2009 to 30/6/2011, for the subsidized persons without dependants, the daily unemployment allowance was 9.08€ ( $18.17 \times 50\%$ ), while the monthly allowance was 227.00€ ( $9.08 \times 25$ );
- from 1/7/2011 to 31/12/2011 for the subsidized persons without dependants, the daily unemployment allowance was 9.23€ ( $18.46 \times 50\%$ ), while the monthly allowance was 230.75€ ( $9.23 \times 25$ );

	Beneficiaries	Expenditure
2008*	336.937	1.251.384.199
2009*	373.595	1.467.480.089
2010	576.111	1.593.306.663
2011	598.009	1.735.254.457

\* The number of beneficiaries until 2009 is an approximate value.

### ***Special assistance***

Below are the tables showing the amounts paid and the number of the beneficiaries. Regarding the payment requirements, please refer to the previous Greek report.

#### *Special seasonal assistance*

##### *Statistical data*

Special seasonal assistance	Beneficiaries	Expenditure
2008	146.385	128.211.675,06
2009	142.686	118.512.290,62
2010	115.594	95.340.558,96
2011	86.916	72.022.213,70

#### *Special assistance after the expiry of the unemployment subsidy*

##### *Statistical data*

Special assistance after the expiry of the subsidy	Beneficiaries	Expenditure
2008	28.696	6.479.952,00
2009	27.264	6.605.232,00



2010	28.727	7.081.180,28
2011	38.696	9.633.027,76

The annual family income must not exceed the amount of 8,510.64€ for the year 2008, 8,804.11 € for 2009, 9,097.58€ for 2010 and 9,391.05€ for 2011.

Special assistance after being registered in the unemployment records for three months

*Statistical data*

Special assistance after being registered in the unemployment records for three months	Beneficiaries	Expenditure
2008	5.776	2.143.650,00
2009	6.004	2.442.691,00
2010	7.100	2.957.110,00
2011	5.133	1.465.728,00

The annual family income must not exceed the amount of 8,510.64€ for the year 2008, 8,804.11 € for 2009, 9,097.58€ for 2010 and 9,391.05€ for 2011.

Special assistance to ex-prisoners

*Statistical data*

Special assistance to ex-prisoners	Beneficiaries	Expenditure
2008	1.905	484.016,00
2009	2.437	774.464,00
2010	2.550	795.400,00
2011	868	91.875,30

The annual family income must not exceed the amount of 8,510.64€ for the year 2008, 8,804.11 € for 2009, 9,097.58€ for 2010 and 9,391.05€ for 2011.

Special assistance for repatriates

*Statistical data*

Special assistance for repatriates	Beneficiaries	Expenditure
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2008	65	15.880,00
2009	11	1.884,00
2010	8	3.180,00
2011	No data available	

The annual family income must not exceed the amount of 8,510.64€ for the year 2008, 8,804.11 € for 2009, 9,097.58€ for 2010 and 9,391.05€ for 2011.

Allowance for young people aged 20-29 years

*Statistical data*

Allowance for young people aged 20-29 years	Beneficiaries	Expenditure
2008	1.421	431.385,12
2009	1.528	448.867,00
2010	1.111	638.372,20
2011	1.223	653.353,42

Supplementary maternity benefits

*Statistical data*

Supplementary maternity benefits	Beneficiaries	Expenditure
2008	16.471	31.819.357,39
2009	16.027	46.324.333,56
2010	18.186	47.672.223,00
2011	14.156	20.105.694,16

**Answers to the additional questions of ECSR**

**1. Up - dated data (pensions - allowances) on the personal coverage of every branch of the social security**

**IKA**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Disability	135.526,00	135.700,00	133.523,00	130.926,00

Old age	704.398,00	723.126,00	739.655,00	774.629,00
Survivors'	288.034,00	294.260,00	295.227,00	299.392,00
Total	1.129.966,00	1.155.095,00	1.170.415,00	1.206.958,00

#### **OAE**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Disability	32.378,00	33.929,00	33.792,00	33.577,00
Old age	165.699,00	171.551,00	176.590,00	184.439,00
Survivors'	103.600,00	105.522,00	106.936,00	112.401,00
Total	301.677,00	311.002,00	317.318,00	330.417,00

#### **ETAA**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Disability	2.099,00	2.216,00	2.259,00	2.030,00
Old age	28.849,00	30.773,00	33.187,00	36.479,00
Survivors'	19.925,00	20.544,00	20.757,00	20.543,00
Total	50.873,00	53.533,00	56.203,00	59.052,00

## **2. Information on the legislative arrangement concerning the granting of a periodic benefit (pension) for victims of employment injury with incapacity less than 50%.**

As regards the issue of the legislative arrangement concerning the granting of a lump sum or periodic benefit for victims of employment injury with incapacity less than 50%, we inform you that, under the present financial conditions which lead in further reductions of the already granted by the insurer retirement benefits, the adoption of such an arrangement is not possible, due to the economic cost that it brings to the insurers.

## **3. Information about how often a job offer is rejected by an unemployed person and, hence, the payment of an unemployment allowance is suspended.**

Regarding the suspension of the unemployment allowance, we wish to inform you as follows:

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

The above show clearly that the unemployed shall lose his/her right to subsidy if he/she rejects an *appropriate* job offer. A job is deemed *appropriate* when it is offered by the competent OAED Agencies 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 a job offer unsuitable, he/she can file an objection with the competent collective bodies of OAED, in order that the latter decide whether the unemployment benefit should be suspended or not.

Thus, according to article 24, Circular of the Employment Directorate of the Organization no 59/2.9.1976, an unemployed person shall be deleted from the register of unemployed persons of OAED, if he/she rejects a job corresponding to his/her qualifications, which has been recommended by the competent Agencies. From 1.1.2011 to 31.12.2011 only six (6) unemployed persons, whether subsidized or not, were deleted from the register of unemployed persons of OAED, because they rejected a job recommended to them by the competent Agency of OAED.

#### **4. Information concerning the suspension of the unemployment allowance**

According to articles 20 and 22, Legislative Order 2961/1954, the subsidized unemployed persons may continue to receive the unemployment allowance following a suspension, provided that the reason for suspension has ceased to exist as follows:

- (a) the unemployed has undertaken a dependent or independent job;
- (b) he became temporarily incapable of working; and
- (c) for every reason for which the unemployed is not available to work.

This right expires two (2) years after the approval of the initial subsidy or if during the suspension period the unemployed has met again the conditions for a new subsidy.

According to the data of OAED for the period from 1.1.2011 to 31.12.2011, the following persons continued to receive the unemployment allowance after a suspension:

- (a) 84,791 persons within six (6) months from the approval of the initial subsidy;
- (b) 49,739 persons within twelve (12) months from the approval of the initial subsidy; and
- (c) 3,362 persons within twenty-four (24) months from the approval of the initial subsidy.

***Paragraph 2 - Maintenance of the social security system at a satisfactory level at least equal to that required for ratification of International Labour Convention (No. 102) Concerning Minimum Standards of Social Security***

We refer to the information presented in paragraphs 1 and 3 of article 12 of the present report from which it is deduced that the country's social security system is being maintained in a satisfactory level, according to the one which is required for the ratification of the International Labor Agreement no.102 related to the minimum levels of social security.

***Paragraph 3 - Progressive rise of the system of social security to a higher level***

The Greek Governments, in an attempt to tackle problems related to the effectiveness and sustainability of the social security system and given the fiscal condition of the country, reviewed structural aspects of the social security system (*on the basis of the reform Laws 3655/2008 and 3863/2010*), so as to comply with the basic

principles of social justice and secure its public character, while attempting to reinforce social justice and solidarity and ensure its efficiency and financial sustainability.

2010 was crucial for the social security system of the country: by the adoption of Law 3863/2010 the pension system was rationalized in order to ensure its sustainability, while the law deals with the low-income pensioners and the elderly who have an insufficient income. The review of the system was considered necessary in order to address such problems in consideration of the fiscal condition of our country. More specifically, ***uniform insurance rules were established for all insured persons of the country and they were adapted to the current social and demographic situation, while care was taken to ensure that the insured persons with accrued retirement rights shall not be affected.*** Among others, they include the following: (a) gradual increase of the full retirement age to 60 years (with 40 years of insurance) or 65 years, with the exception of those employed in arduous and unhealthy occupations (with at least 15 years of insurance); (b) gradual harmonization of the required retirement age limit of women with the age limit of men<sup>7</sup>.

The same law simplifies the social security system of the country by the *inclusion, for insurance purposes, in IKA-ETAM of all public servants hired by the State as from 1/1/2011, and provides for the integration of the Mariners Pension Branch of the Mariners' Retirement Fund (NAT) into IKA-ETAM as from 1/1/2013.* This helps every insured – person concerned to understand the system and reduces any possible loss of pension amount resulting from being insured with different social security bodies during the insurance life.

Given the financial state of the country and the need to deal with the problems of the social security system, the measures taken include, inter alia:

(a) The imposition (Law 3863/2010) of the Pensioners Solidarity Contribution (EAS) and its subsequent increase (Law 3986/2011). This contribution is imposed on *old-age pensions of a certain amount* (at least 1,400 euro, at a rate of 3% to 14% depending on the total amount of the pension or pensions), so that pensioners, who receive a satisfactory pension, contribute to the effort of tackling the serious fiscal problems of the country and fostering intergenerational solidarity. The aim of this contribution is to safeguard, currently and in the future, the social security funds through the coverage of the deficits in the main pension branches of the social security bodies, which shall receive the Pensioners Solidarity Contribution amounts;

(b) Within the context of reduction of public spending, we refer to the *measures (Law 3845/2010) that concern the determination of the Christmas and Easter bonuses and the holiday allowance of pensioners and receivers of benefits* of the social security bodies of the country. More specifically, the relevant provisions stipulate that the Christmas and Easter bonuses and the holiday allowance shall be paid only if the beneficiary-pensioner of all social security bodies, with the exception of the pensioners of OGA, has attained the 60<sup>th</sup> year of age and the amount of his/her monthly pension (including the amounts of Christmas and Easter bonuses and holiday allowance referred to in the law) does not exceed 2,500.00 euro. The Christmas bonus shall be 400.00 euro and the Easter bonus and holiday allowance shall be 200.00 euro each. At the same time, they (paragraph 11 of the same article and the Joint Ministerial Decision no F80000/14254/1097/6-7-2010, Government Gazette 1033 B) deal specifically with the vulnerable social groups

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<sup>7</sup> It should be noted that for both men and women insured for the first time on or after 1/1/1993 the retirement requirements were the same even before the adoption of the new law.

(disability pensioners, minor children – survivors, etc.), which are exempted from the said age limit.

Moreover, a *deduction* (Law 3986/2011) was imposed on the total amount of pension of pensioners who have not attained the 60<sup>th</sup> year of age, if this amount is more than 1,700 euro. This deduction is between 6% (for pensions of 1,700.01 to 2,300 euro) and 10% (for pensions of more than 2,900 euro). The vulnerable social groups (e.g. beneficiaries of the extra-institutional allowance and full disability allowance, etc.) are exempt from this deduction.

Finally, paragraph 1, article 2, Law 4024/2011 provides for a *reduction of 40%* in the amount of the monthly main pension exceeding 1,000 euro for pensioners who have not attained their 55<sup>th</sup> year of age, while (paragraph 2 of the same article) provides for a *reduction of 20%* in the amount of the monthly main pension exceeding 1,200 euro for pensioners who have attained their 55<sup>th</sup> year of age. The vulnerable social groups are exempt from these provisions.

In consideration of the above, the State makes every effort so that the financial measures deemed necessary for the exit of the Country from the extremely adverse fiscal situation and due to the commitments undertaken by virtue of the Memoranda of Understanding concluded between Greece and the European Commission, the European Central Bank and the International Monetary Fund, have the smallest possible impact on pensioners who receive low or moderate pensions.

Thus, in order that the above persons are not adversely affected by the pension parameters of the fiscal measures, care was taken to ensure that every cut in expenditure in the field of pensions should concern pensioners who receive a pension exceeding, as the case may be:

- a. 2,500 euro, for non-payment of the redefined amounts of Christmas and Easter bonuses as well as the holiday allowance (single article of Law 3847/2010);
- b. 1,400 euro, for the Pensioners Solidarity Contribution deduction (article 11, Law 3865/2010) and 1,700 euro, for the increase in the rates of this contribution (paragraph 13, article 2, Law 4002/2011);
- c. 1,700 euro, for the deduction of the contribution imposed on the persons who have not attained their 60<sup>th</sup> year of age (paragraph 14, article 2, Law 4002/2011). As regards this contribution, its rates (6% to 10% depending on the amount of the pension paid) in conjunction with the aforementioned high basis amount (1,700 euro), as well as the fact that it was imposed on pensioners aged less than 60, while the general retirement age limit is currently the 65<sup>th</sup> year, demonstrates the humane way that the State treats pensioners, despite the extremely adverse fiscal condition of the Country, as mentioned above.
- d. 1,200 euro, for the reduction by 20% in the monthly main pension exceeding this amount or 1,000 euro for the reduction by 40% in the pension exceeding this amount, provided that the beneficiary has not attained the 55<sup>th</sup> year of age, after deduction, in every case, of the amount of the Pensioners Solidarity Contribution pursuant to article 11, Law 3865/2010, as in effect upon its adjustment by paragraph 13, article 2, Law 4002/2011 (paragraph 10, article 1, Law 4024/2011); and
- e. 1,300 euro, for the reduction by 12% in the monthly main pension exceeding this amount, after deduction of the amount of the Pensioners Solidarity Contribution pursuant to article 11, Law 3865/2010, as in effect upon its adjustment by paragraph 13, article 2, Law 4002/2011, as well as the reduction as per case (a), paragraph 10, article 1, Law 4024/2011 (paragraph 1, article 1, Law 4051/2012).

More specifically, regarding **Law 3865/2010 (new social security system of the public sector)** in conjunction with Law 3863/2010, the State guarantees the sustainability of the Country's pension scheme, with a view to safeguarding a decent pension for all beneficiaries. Such a guarantee could not be provided under the legislation on pensions in force prior to the adoption of the said Laws, given that the pension expenditure would, over time, represent an extremely high percentage of the Gross Domestic Product (in year 2030 it would represent 17.1% of the GDP, in 2040 21.4% and in 2050 24%), thus depriving the Country of any possibility of investment in education, health and infrastructure and forcing the State to borrow with uncontrollable fiscal impact, and the society to produce in order to continue to pay the pensions.

The stricter preconditions for entitlement to pension and the increase in the number of years of service stipulated by the above provisions apply to all public servants-functionaries, based on the principle of equal treatment.

It should be pointed out that Law 3865/2010 did not affect those who had established a pension right until 31-12-2010 (the term "establishment of the right" is not linked to the simultaneous attainment of the age, but it is connected only with the completion of the pensionable time or insurance time).

It has to be noted that the stricter retirement age limits, as regards female workers (article 6, Law 3865/2010), became imperative due to the Judgment of the Court of Justice of the European Union (Case C-559/07), whereby Greece was convicted of violating article 141 of the Treaty of Rome and the equalization of retirement age limits for men and women was imposed<sup>8</sup>.

As regards the macroeconomic sustainability of the social security system, the recent social security system reform results in a relatively *milder fiscal impact* on the expenditure associated with the demographic ageing of the population, as it appears from a recent joint projection of the Economic Policy Committee (EPC) of the European Union and the European Commission for the year 2012<sup>9</sup>.

More specifically, the above-mentioned Report states that, as regards the overall pension system, the recent projection for 2012, following notification of the new Greek social security scheme, forecasts that the additional macroeconomic costs of ageing on public financing is close to one (1) percentage point of the GDP, changing from 13.6% of the GDP for the reference year 2010 to 14.6% for 2060. In comparison, it has to be noted that in the previous projection of the EPC for the year 2009, the respective forecast for the change exceeded +12%, since the said expenditure as a percentage of the GDP was increasing from 11.6% to 24.1% for the years 2010 to 2060 respectively.

In conclusion, based on the recent available assessment at EU level, the recent reform is *clearly a corrective and restrictive intervention in the expenditure*, given the fact that it tends to stabilize the financial burden of the system, regarding future projections, compared to the macro-economically unsustainable previous system.

***Paragraph 4 - Steps to be taken, by the conclusion of appropriate bilateral and multilateral agreements, or by other means, and subject to the conditions laid down in such agreements, in order to ensure:***

<sup>8</sup> Greece, due to the delay in the compliance with the operative part of the above judgment, had received a letter of formal notice by the European Commission, whereby the latter reserved its right to appeal to the aforementioned court in order to impose a fine.

<sup>9</sup> "The 2012 Ageing Report, Economic and Budgetary projections for the 27 Member States", European Economy, 2012

***(a) equal treatment with their own nationals of the nationals of other Contracting Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Contracting Parties***

***(b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties.***

### **Bilateral Social Security Agreements concluded so far**

Our country has concluded thirteen (13) Bilateral Social Security Agreements, that is, (a) nine (9) classical Agreements and (b) four (4) Agreements sui generis.

### **Classical Agreements**

<b>Country</b>	<b>Law</b>
<b>1. With Argentina</b>	Entered into force on 1-5-1988 (Law 1602, Government Gazette 79, Part A, 18-6-1986)
<b>2. With Australia</b>	Entered into force on 1-10-2008 (Law 3677, Government Gazette 140, Part A, 11-7-2008)
<b>3. With Venezuela</b>	Entered into force on 1-2-1995 (Law 2259, Government Gazette 203, Part A, 5-12-1994)
<b>4. With Brazil</b>	Entered into force on 1-9-1988 (Law 1533, Government Gazette 98, Part A, 24-5-1985)
<b>5. With the USA</b>	Entered into force on 1-9-1994 (Law 2186, Government Gazette 15, Part A, 8-2-1994)
<b>6. With Canada</b>	The revised agreement is in force since 1-12-1997 (Law 2492, Government Gazette 83, Part A, 16-5-1997)
<b>7. With Quebec</b>	Entered into force on 1-9-1983 (Law 1317, Government Gazette 4, Part A, 11-1-1983). This agreement has been replaced by a revised agreement signed in 7-12-2012 in Quebec (Law 3476, Government Gazette 149, Part A, 19-7-2006).
<b>8. With New Zealand</b>	Entered into force on 1-4-1994 (Law 2185, Government Gazette 14, Part A, 8-2-1994)
<b>9. With Uruguay</b>	Entered into force on 1-3-1997 (Law 2258, Government Gazette 202, Part A, 5-12-1994)



The above Agreements are binding on all Social Security Bodies of our country, except the General Accounting Office of the State (GLK), because public servants do not fall within their personal scope of application, including until recently the Mariners' Retirement Fund with which seafarers are insured.

The Bilateral Agreements are governed by basic social security principles, such as:

- the principle of equal treatment from the point of view of social security protection of the workers of both Contracting States;
- the principle of maintenance of the insurance rights of insured employees and those equated to them and self-employed persons in case of transfer of their residence or work to the territory of the other Contracting State;
- the principle of apportionment of benefits (that is, charge on each State according to the time of insurance completed therein);
- the principle of free transfer of benefits to the beneficiary's state of residence;
- the principle of aggregation of periods of insurance completed in both Contracting States both for the establishment of a right and the calculation of the benefits.

Each Agreement provides separately for the method of aggregation of the period of insurance and/or residence in one country with the period of insurance and/or residence in another country and the Contracting Parties to each agreement take into consideration the particular characteristics of the pertinent social security schemes, which differ among the countries.

For ease of reference, the relevant table concerning the benefits covered by the classical social security agreements is attached to the Annex.

### **Agreements Sui Generis**

The Agreements Sui Generis regulate only certain social security issues in a special manner and for specific categories of workers. Greece has concluded four (4) Social Security Agreements Sui Generis:

<b>Country</b>	<b>Law</b>
<b>1. With Egypt</b>	Law 1595/1986
<b>2. With Libya</b>	Law 1909/1990
<b>3. With Syria</b>	Law 2922/2001
<b>4. With Ontario</b>	Law 1550/1985

The first two (Libya, Egypt) provide for the transfer of workers' social security contributions to their countries of origin at the time when the insurance risk materializes, for the periods they were employed in the countries of destination, so that those periods be recognized pursuant to the national legislation of the country to which they are transferred. They also provide for the transfer of beneficiaries' pensions, provided that they have established an independent right in Greece and are entitled to a benefit only under the conditions set by the Greek legislation.

The third Agreement regulates only social security issues of seconded Syrians who are employed in Greece at the offices of the Syrian Airlines, while the last Agreement (Ontario) regulates issues related to occupational accidents and occupational diseases.

It is recalled that, as regards the Greek legislation and within the framework of equal treatment, the nationals of third countries, the members of their families and their survivors who legally reside in Greece enjoy all social security rights on an equal basis with Greek nationals, even in case where there is no Bilateral Social Security Agreement with their country of origin.

The rules of the European Union included in the Regulations (EC) 883/2004 and (EC) 987/2009 on the coordination of social security, provide for a coordination system for persons moving within the EU. These rules were extended to cover all third country nationals legally resident in the EU and “in a situation which is not confined in all respects within a single Member State” initially by Regulation 859/2003<sup>10</sup> and then by Regulation (EU) 1231/2010<sup>11</sup>. It is in effect a ‘bridge’ that allows all persons legally resident in one EU country, but featuring a cross-border element of some sort, to benefit from the EU coordination rules<sup>12</sup>.

As regards the unemployment subsidy, it concerns all persons insured, whether Greek or foreign nationals, who meet specific requirements pursuant to Legislative Order 2961/1954 and Law 1545/1985, Law 1836/1989, Law 1892/1990 and Law 3552/2007, as amended and currently in force, on the basis of the constitutional principle of equality (article 4 of the Constitution). A basic requirement for the foreign nationals is to have a valid residence and work permit.

Furthermore, regarding the cases *“of insured persons whose passports show that they exited Greece at the time of payment of the allowance, applicable shall be the provisions and procedures of articles 20 and 22 of Legislative Order 2961/1954 and article 7 of the Regulation of Unemployment and Military Service Benefits of the Organization due to suspension of the allowance (relevant Circulars of A6 Directorate of the Organization no 81509/30.7.1982 and 108902/27.7.1988) concerning the ‘suspension’ and ‘continuation’ of the allowance”*.

### **Answers to the additional questions of ECSR**

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<sup>10</sup> Council Regulation (EC) No 859/2003 of 14 May 2003 extending the provisions of Regulation (EEC) No 1408/71 and Regulation (EEC) No 574/72 to nationals of third countries who are not already covered by those provisions solely on the ground of their nationality, OJ L 124/1-3 20.05.2003

<sup>11</sup> Regulation (EU) No 1231/2010 of the European Parliament and of the Council of 24 November 2010 “extending Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 to nationals of third countries who are not already covered by these Regulations solely on the ground of their nationality” OJ L 344/1-3, 29.12.2010, p. 1. The United Kingdom continues to be bound by and subject to the application of the previous Regulation (EC) No 859/2003. Denmark is not bound by or subject to the application of Regulation (EU) No 1231/2010 nor of Regulation (EC) No 859/2003 The EEA states and Switzerland do not apply either of these regulations.

<sup>12</sup> COM(2012) 153 final, “The External Dimension of EU Social Security Coordination”, 30.03.2012, page 4.

**1. Information on the existing bilateral agreements of Greece with other member states of the Charter or the Revised Charter not covered by community legislation (Albania, Andorra, Armenia, Azerbaijan, Croatia, Georgia, the Former Yugoslav Republic of Macedonia, Ukraine and Turkey) which guarantee equal treatment, the right to retain accrued benefits and the right to maintenance of accruing rights.**

Greece has not entered into bilateral agreements with other State Parties to the Charter or Revised Charter not covered by the community legislation, such as Albania, Andorra, Armenia, Azerbaijan, Croatia, Georgia, the Former Yugoslav Republic of Macedonia, Ukraine and Turkey. However, the Stabilization and Association Agreements between the European Union and third countries, such as, Croatia, Albania, the Former Yugoslav Republic of Macedonia, Montenegro, etc., include provisions on the limited coordination of the social security schemes between the Member States and those States.

**2. States which impose a child's residence requirement are under an obligation, in order to secure equal treatment within the meaning of article 12 para4, to conclude within a reasonable period of time bilateral or multilateral agreements with those states which apply a different entitlement principle. Do such agreements exist or are they planned with the following countries: Albania, Armenia, Georgia and Turkey? Is the conclusion of such agreements foreseen with states which have ratified the Charter outside the reference period, i.e. Serbia and the Russian Federation?**

According to paragraph 10, article 48, Law 3996/2011 (Government Gazette 170, Part A), the insured third country nationals, who are long-term residents, as well as their family members are entitled to sickness benefits, provided that they meet the requirements of Presidential Decree 150/2006 (Government Gazette 160, Part A) (Directive 2003/109/EC) and legally reside in Greece.

The conclusion of Social Security Agreements between out country and any other country always contributes to securing the social security rights of the nationals of the contracting parties. However, the consideration of the possibility of concluding an Agreement takes into account both the number of persons concerned and the general social security condition of the country. Given the general fiscal condition of Greece which has a significant impact on the Social Security Organizations, the appropriate conditions and requirements that would allow the opening of negotiations with the above countries are not currently met.

In addition, it should be pointed out that, since a better cooperation among the Member States for social security coordination with third countries would be beneficial in many respects, the European Commission and the Council are currently considering the possibility of conclusion of uniform Agreements between the EU and the third countries.

## Article 13 - The right to social and medical assistance

### Paragraph 1 - Adequate assistance to every person in need

#### **1. Legal Framework:**

By virtue of Joint Ministerial Decision (J.M.D.) No31777/2009 (O.G.452/B') the amount of the emergency lump sum allowance granted to those who are at risk of destitution has been amended from 234,78€ to 600€ maximum.

#### **2. Measures to support the vulnerable groups of people in need**

Within the framework of the economic policy applied and the reforms promoted in order to address the fiscal problem and the structural weaknesses of the Greek economy and given the fact that in times of economic crisis the population groups that are lower on the income scale are proportionately affected more, every effort is made so that those who belong to the lower income groups and those in need might be excluded from or be burdened as little as possible by the austerity measures taken.

##### **a. With regard to the **benefits policy** for the vulnerable population groups:**

Given the impact of the economic crisis and the subsequent restrictive fiscal policy, the establishment of emergency financial aid (as a lump sum) for the years 2009 and 2010 was decided, aiming to the relief of vulnerable population groups in need. More specifically, the following have been established:

- Emergency financial aid to those who have obtained a home loan for their primary residence, who were retired beneficiaries of the Pensioners' Social Solidarity Allowance (EKAS) as well as to those who were registered as unemployed with the OAED (article 40 of Act No3756/2009). This financial aid amounted to 500 Euros.
- Social cohesion emergency allowance to retired beneficiaries of the EKAS allowance, the OGA pensioners, those who were registered as unemployed with the OAED as well as to certain categories of persons with disabilities (article 90 of Act No3746/2009). The amount of the allowance ranged from 100 to 200 Euros depending on the beneficiaries' place of residence.
- Social solidarity emergency financial aid to salaried workers, pensioners and farmers with very low income as well as to vulnerable social groups (such as unemployed, disabled, uninsured persons, unprotected children and financially weak foreigners - holders of a political refugee identity card) - article 1 of Act No3808/2009. The financial aid amount ranged from 300 to 1.300 Euros depending on the number of persons for whom the beneficiary bore the tax burden. It was determined that the aid would be paid in two equal instalments (up to 31.12.2009 and 30.6.2010 respectively); yet, the second installment was never paid due to the restrictive fiscal policy applied in accordance with the Economic Adjustment Programme from 2010 onwards.
- Emergency financial aid to low income pensioners - who are over 60 years old - of all main insurance Bodies (article 31 of Act No3896/2010). The following special categories of beneficiaries were excluded from the age limit: disability pensioners and beneficiaries to whom the pension was transferred and who were unable to work due to disability at a rate of 67% and more. The amount of financial aid ranged from 100 to 300 Euros.

**b.** Within the framework of **tax policy**, exemptions have been established or provisions have been made to reduce the burden on vulnerable population groups as follows:

- The income tax exemption limit for young persons up to the age of 30, for pensioners over 65 and for persons with special needs or pensioners irrespective of age who have children with special needs (on condition that the declared income does not exceed this amount) has been increased from 5.000 Euros, established as the general tax exemption limit, to 9.000 Euros. This limit increases by 2.000 Euros for each of the two first children and by 3.000 Euros for each subsequent child for whom the taxpayer bears the tax burden (article 38 of Act No4024/2011).
- The totally blind, the severely mobility-impaired at a rate of 80% and more, the unemployed subsidized by the OAED, as well as the long-term unemployed are exempt from paying the special solidarity contribution imposed on incomes exceeding 12.000 Euros (article 38 of Act No4024/2011 and article 215 of Act No4072/2012).
- If the heir of a deceased person is the spouse or under-aged children, the property inherited by them remains tax exempt up to the amount of 400.000 Euros per beneficiary (article 1 of Act No3815/2010).
- Donations and parental gifts offered from 17/12/2010 up to and including 31/12/2013 for the purchase/construction of an immovable property are exempt from the donation/parental gift tax (article 33 of Act No3986/2011).
- 10% tax reduction for the heir, the legatee and the donee with disabilities at a rate of 67% and over (article 1 of Act No3815/2010).
- For families with four children and more who acquire their primary residence by means of purchase, inheritance or parental gift, there is an increase in the tax exemption limit on real estate transfer, inheritance and parental gift tax (articles 21 and 25 of Act No3842/2010).
- For unmarried adults with mental or physical disabilities at a rate of at least 67% who purchase their primary residence, there is an increase in tax exemption limit on real estate transfer tax which is equal to that applicable to married persons (article 21 of Act No3842/2010).
- Reduction in or exemption from the special fee on electrified structured surfaces (E.E.T.H.D.E.) for vulnerable social groups (families with four children and more, long-term unemployed, subsidized unemployed persons and persons with disabilities) under certain conditions (article 53 of Act No4021/2011).
- Broader application of 6, 5% VAT rate on specific goods that were subject to 13% VAT (article 4 of Act No3899/2010), such as medicines and vaccines.

**c.** Moreover, care has been taken so that the most vulnerable population groups be excluded from the measure which aims at reducing expenditure on pensions due to the unfavorable fiscal environment (through a series of legislative regulations in 2010 and 2011). In particular, the following apply:

- Exclusion of the low-income pensioners following the determination of a specific pension ceiling.
- Exclusion of pensioners with disabilities and of pensioners who are responsible for the provision of care to their disabled spouse or child from the reductions in main pensions.

- Exclusion of public servants, who have a child or spouse with disabilities and are insured with the Public Servants' Insurance Fund, from the increase in the retirement age limits.

#### **d. National Fund for Social Cohesion (E.TA.K.S.) and Special Emergency Fund (E.T.A.E.A)**

Given the restrictive fiscal policy and with a view to reducing the public sector, Act No3895/10 has been adopted by virtue of which Services and Organisations of the Public Sector, including the E.TA.K.S. and E.T.A.E.A Funds, which are Public Bodies Corporate, were abolished and merged.

In accordance with the same law, all the contributions as well as all kinds of cash balances of the above Funds were transferred, after their liquidation, to the Ministry of Finance, which undertook the commitment to dispose them for the achievement of the objective for which the contributions and donations were made.

#### **National Fund for Social Cohesion (E.TA.K.S.)**

The National Fund for Social Cohesion remained inactive throughout its period of operation and funded no income support programme for the financially weak. The revenue of the ETAKS came exclusively from the lump sum offered by a political party (LAOS) as donation and from a 5% deduction in the monthly remuneration paid to the Members of Parliament (the deduction was made from May 2009 up to and including April 2012 by virtue of Decisions No 3603/2728/3.04.2009, 3959/2684/22.03.10 and 4613/3171/16.05.11 of the Parliament's Plenary Sessions), plus interest.

By virtue of J.M.D. No16282/DKP.139/11.04.2011 issued by virtue of Act No3895/2010, the liquidation of the Fund occurred and its cash balance was transferred to a Special Account at the Bank of Greece. This account was opened specifically for the cash balance of the E.TA.K.S. and its resources will be allocated for the financial assistance of economically weaker individuals and households.

#### **Special Emergency Fund (E.T.A.E.A)**

During its operation, the ETAEA was funding infrastructure projects as well as projects for the restoration of damages caused by the fires in the summer of 2007, which were implemented by the competent Ministries and Regions. The Fund's resources came from contributions and donations of individuals and legal persons.

In accordance with J.M.D. No16729/DKP/145/14.04.2011, issued by virtue of Act No3895/10, the cash balance of the E.T.A.E.A was transferred to the Special Account for Fire Victims, opened in 2007 specifically for the deposit of money in order to aid fire victims. Through this account the funding of projects already approved by the E.T.A.E.A but not completed until its abolition is carried out until today.

At this stage and in order to make full use of the E.T.A.E.A unallocated cash balance, an amendment of the initial J.M.D. is being promoted, which will enable the funding of new projects also relating to the restoration and reconstruction of the areas affected by the fires in the summer of 2007.

### **3. Statistical Data:**

The table below presents the statistical data on the number of beneficiaries of the hospital and medical free care programme for the reference period of the 23rd Report. For the

year 2011, data is still being processed due to the fact that the relative competencies were transferred from the (former) Prefectures to the Municipalities.

YEAR	NEW BOOKLETS	VALIDATION OF BOOKLETS	CERTIFICATES OF SOCIAL PROTECTION
2008	26455	58915	1165
2009	31071	59414	1400
2010	27434	64811	3402

### **Additional Questions of the European Committee of Social Rights**

#### **a. Reforms aimed at improving the social welfare system**

**a.1.** By virtue of article 9 of Act No4052/2012 (O.G.41/A') «Law within the jurisdiction of the Ministries of Health and Social Solidarity and of Labour and Social Security ...» and article 1 of Presidential Decree 88/2012 (O.G.143/A') «Amending P.D.85/2012 on «Establishment and renaming of Ministries, transfer and abolition of Services», the powers of the General Directorate for Welfare have been transferred from the Ministry of Health to the Ministry of Labour, Social Security and Welfare. In this context, the Ministries of Health, of Labour, Social Security and Welfare and of Finance are now competent for the issuance and revision of the relevant Joint Ministerial Decision regarding the hospital and medical free care programme (J.M.D. in force No139491/2006), while the Ministries of Labour, Social Security and Welfare and of Finance are now competent for the issuance and revision of the J.M.D. regarding the rest of the programmes under Legislative Decree No57/73.

**a.2.** By virtue of Act No3852/2010 (O.G. 87/A') «New Architecture of Self Government and Decentralized Administration» the powers regarding welfare were transferred from the (ex) Prefectures to the Municipalities and the Regions. In this context, the powers regarding the implementation of the hospital and medical free care programme (J.M.D. 139491/2006), as well as other social assistance programmes to people in need (L.D. 57/73), have been transferred to the Municipalities by virtue of article 94B of Act No.3852/2010.

**a.3.** By virtue of Act No4025/2011 (O.G.228/A') «Reorganization of Social Solidarity Bodies, Rehabilitation Centers, Restructuring of the National Health System and other provisions», an administrative restructuring of the existing Social Care Services has been carried out.

**The reforms relating to the operation of the National Center for Social Solidarity are listed in article 13, para3 of the present Report.**

#### **b. The nature and the extent of medical care provided to Greek nationals as well as to foreigners and refugees who are not covered by general health insurance schemes**

In accordance with Joint Ministerial Decision 139491/2006, **the programme is applied following an assessment of the applicant's assets.** Income criteria are set for the application of the programme; 6.000€ is the threshold, which increases by 20% for the spouse and for each minor or dependant child. The abovementioned family income is increased by 50% in the case of persons with disability at a rate of 67% or more. In order to calculate the income, both the taxable real and imputed income (except for owner-occupancy) as well as the income which is exempt or taxed in a special way is taken into account.

The competent Authority may require from the applicant to participate at a rate of up to 30%.

**The granted uninsured person's booklet provides the following:**

1. Free full hospitalization in public hospitals at third class beds. Especially the Archpriests of the Patriarchates are entitled to first class beds and their clergy and laity are entitled to second class beds.
2. Examination and free administration of drugs (which are listed) in public hospitals and conduct of paraclinical and laboratory tests.
3. Transfer of patients by water or air transport facility.

**With regard to third country nationals:**

- The expatriates are entitled to booklets on the same terms as Greek citizens.
- The citizens of the EU are entitled to an uninsured person's booklet on the same terms as Greek citizens. Permanent residence is certified in accordance with article 13 of P.D. 106/2007 (O.G.135/A').
- Nationals of the European Social Charter Member States (provided that they are not nationals of the EU Member States) are entitled to the **certificate of social protection**, with which free hospital care is provided, on condition that there is a proven health problem. Permanent residence is certified in accordance with P.D.150/2006 (O.G.160/2006/A').
- **The certificate of social protection is also granted to the following:**
- Holders of residence permit on humanitarian grounds in accordance with article 44 of Act No.3386/3005 (O.G. 212/A'), as amended by article 42 of Act No.3907/2011 and in force (O.G. 7/A')
- Expatriates who have a certificate stating that they have submitted all supporting documents in order to obtain an expatriate's card or to acquire the Greek citizenship
- Foreign spouses of Greek citizens, of expatriates or of EU nationals as well as their children (i.e. third country nationals who do not fall under the above categories of citizens of the EU or the ESC member states.)
- **Recognized refugees, beneficiaries of subsidiary protection, asylum seekers, holders of residence permit on humanitarian grounds (whose application for asylum has been rejected) and victims of trafficking** are entitled to free hospital and medical care on just the presentation of the relevant residence permits at the hospitals.

**Additional special regulations for the provision of an uninsured person's booklet are also provided for special population groups**, such as children who are hosted in Social Welfare Units or other child protection institutions, children placed in foster families, individuals who have joined addiction treatment programmes and prisoners.

**c. The right of all destitute persons to medical assistance in an emergency**



**With regard to whether all destitute persons are entitled to (free) medical assistance in an emergency, we would like to remind you of the following:**

- When calculating the income in order to assess the applicant's assets, the imputed income (except for owner-occupancy) is also taken into account, based on the income evidence each time in force set by the Ministry of Finance.
- The insured persons who are not entitled to insurance coverage due to their debts to the insurance funds are not considered as uninsured persons and cannot be included in the specific programme. However, those who, after a documented inquiry, are found **not to have any professional activity** (including those who cannot proceed to the cessation of their professional activity due to debts to the tax authorities) and are facing a serious health problem which requires hospitalization or continuous medical care, are considered as uninsured persons. In such a case, an uninsured person's booklet is granted, on condition that the rest of the requirements set by the Joint Ministerial Decision 139491/2006 and Legislative Decree 57/73 on poverty are met.

**d. Eligibility of foreigners with regard to the allowances provided for by Legislative Decree No57/73**

Foreigners who legally reside in Greece are entitled to the allowances provided for by Legislative Decree No57/73 (repatriated Greeks' allowance and emergency financial aid in case of poverty or natural disasters), in accordance with the provisions of article 13 of P.D. 106/2007 (O.G. 135/A') and P.D.150/2006 (O.G. 160/2006/A').

***Paragraph 2 - Non-discrimination in the exercise of social and political rights with respect to persons receiving social and medical assistance***

We refer to the previous Greek Reports and we emphasize that:

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

***Paragraph 3 - Prevention, abolition or alleviation of need***

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

***Paragraph 4 - Equal treatment regarding social and medical assistance for nationals of other contracting parties lawfully resident within the territory of any contracting party***

## **Legal Framework**

### **Act No3907/2011 (O.G. 7/26-01-2011)**

“Establishment of the Asylum Service and the Initial Reception Service, adaptation of the Greek legislation to the provisions of Directive 2008/115/EC «on common standards and procedures in Member States for returning illegally staying third-country nationals» and other provisions”.

This Act establishes – inter alia – the relevant specifications for the creation of Initial Reception Centers for third-country nationals who have illegally entered the country. These specifications regulate issues related to meeting their basic needs, providing medical care, psychosocial support, etc.

### **Additional Question of the European Committee of Social Rights**

#### **The right to the provision of assistance to illegally staying third country nationals in order to meet their basic needs**

We would like to inform you that actions to meet the basic needs (food, clothing) and to provide medical care for third country nationals, who have illegally entered the country and who may need international protection, are included in the programmes implemented within the framework of the European Refugee Fund.

All the programmes of the European Refugee Fund for the reference period of this Report are presented in the relevant article 14 (and 13 para3 similarly). The implementing bodies of the respective programmes relating to the aforementioned actions in order to meet basic needs and provide medical care for third country nationals, who have illegally entered the country and who may need international protection, are listed exclusively below. For a fuller presentation of the specific actions please refer to the detailed tables of article 14.

#### **A) European Refugee Fund 2008**

- Medical Intervention (Med.In)
- Doctors of the World

#### **Emergency 2008**

- Citizens of Patra in Action
- Hellenic Center for Disease Control and Prevention

#### **B) European Refugee Fund 2009**

- Medical Intervention (Med.In)
- Doctors of the World
- META-action

#### **Emergency 2009**

- Hellenic Center for Disease Control and Prevention

#### **C) European Refugee Fund 2010**

- Doctors of the World
- Greek Council for Refugees
- Medical Intervention (Med.In)
- SYN-eirmos Social Solidarity NGO

#### **Emergency 2010**

- Doctors of the World
- Greek Council for Refugees
- SYN-eirmos Social Solidarity NGO
- PRAKSIS
- Medical Intervention (Med.In)
- Hellenic Center for Disease Control and Prevention

D) European Refugee Fund 2011

- Doctors of the World
- PRAKSIS
- Medical Intervention (Med.In)

Emergency 2011

- Medical Intervention (Med.In)
- Doctors of the World
- PRAKSIS

## Article 14 – The right to benefit from social welfare services

*Paragraph 1: Promotion or provision of services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment*

The Welfare Services of the country's Municipalities together with the National Center for Social Solidarity (EKKA) remain the main pillars for the provision of welfare services. Moreover, both bodies of civil society and the Church develop significant activities to this end. Finally, the provision of relevant services to refugees, asylum seekers and unaccompanied minors constitutes a special field.

The responsibilities and actions of the **National Centre for Social Solidarity (EKKA)**, as the national coordinating body for the provision of social services, for the reference period can be found below.

### **A. Legal framework** adopted during the reference period:

1. Act No. 3895 (O.G. 206/ A' /8 December 2010)

“Abolition and merging of services, organizations and bodies of the public sector.” (Abolition of the Institute for Social Protection and Solidarity and of the Observatory for Persons with Disabilities and merging with the National Centre for Social Solidarity).

2. Act No. 4025 (O.G. 228/A'/2 November 2011)

« Restructuring of Social Solidarity Bodies, Rehabilitation Centers, the National Health System (ESI) and other provisions» (Abolition of the Social Shelter of Kareas and merging with the National Centre for Social Solidarity)

3. Act No. 3868 (O.G.129/A'/3 August 2010)

Upgrading of the National Health System and other provisions under the competences of the Ministry of Health and Social Solidarity. (Redevelopment of the competencies of the EKKA)

4. Act No 3961 (O.G. 97/A'/29 April 2011)

«Amendment of Act No 3126/2003 on the criminal liability of Ministers and other provisions» (National Child Protection Register – National Child Protection Line)

### **B. Administrative acts issued concerning the implementation of the legal framework**

1. Joint Ministerial Decision P2α/G.P.:ref. 59597 27 /5/2011 (O.G. 1528/B'/27-6-2011) "Assigning the EKKA responsibilities concerning the electronic recording, reporting, monitoring and evaluation of the actions of social care services" (e-pronoia)
2. O.G.1284 / B'/ 16 June 2011 Amendment of Ministerial Decision N.26634/924/3-5-2007 "National Numbering Plan of Electronic Communications Services", (designation of short code 197 as an emergency number)
3. Ministerial Decision P2d/G.P.93510 (O.G. 2016/ B/9-9-2011) «Assigning the EKKA the Management System of Accommodation Requests by asylum seeker migrants»
4. Joint Ministerial Decision 49540 (O.G. 877/B'/17-5-2011) «Coordination of Actions of Child Protection Services»

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

#### *Mission – Target groups*

The E.K.K.A is a Social Care and Solidarity Organisation of Third Degree with the following institutional role:

- reporting, monitoring, documenting, evaluating, certifying the actions and coordinating, supporting and linking the Network of Services that provide social care and solidarity,
- provision of emergency psychosocial support to children, adolescents, adults, families and vulnerable social groups affected by social emergency situations (abuse, abandonment, domestic violence, sexual exploitation, homelessness), social exclusion and crisis,
- informing the public on social welfare issues and linking them to the Network of Social Welfare Services,
- supporting the needs of electronic government of the Ministry of Health and Social Solidarity,
- opinion giving on social care and solidarity issues following a referral by the Ministry of Health and Social Solidarity and
- training professionals and public awareness raising on social welfare issues.

The operational activities of the EKKA and the services provided are targeted on the following *population groups*: family – child and young people, aged persons, persons with disabilities, vulnerable social groups.

#### *Services*

The Network of Services and Units of the E.K.K.A. implementing actions of Social Intervention and providing Social Care services are the following:

- The Direct Social Aid Line 197 (national emergency line)
- The National Child Protection Line 1107
- Decentralized Social Support Centers (psychological and social support and programs of material support to families in emergency situation)
- Emergency Reception Centers for women and their children in crisis
- Shelter facilities offering protected hosting for women and their children who are victims of abuse, trafficking, exploitation, etc.
- Social Guesthouses for the homeless (not having any financial resources)
- Crisis Management Service (during emergencies, natural & mass disasters by sending special teams of social intervention)
- Direct Social Intervention Service (on the spot emergency intervention by mobile units)
- Service for the Coordination and Management of Accommodation Requests by asylum seeker immigrants and unaccompanied minors. This service supports the electronic system ESTIA aiming at the interconnection and cooperation of bodies that implement accommodation and social support programs for the target group.

Through these services the E.K.K.A. implements special Therapeutic and Counseling programs aimed at target groups of the population. Moreover, it carries out activities for the prevention of social risks and social exclusion processes as well as for addressing social emergency situations. Finally, the E.K.K.A. concludes framework partnerships with government bodies, Local Self-Government Organisations and Voluntary Organisations providing Social Care and Social Solidarity Services aiming at the provision of emergency social care and support to vulnerable groups.

#### *Direct Social Aid Line 197*

The Direct Social Aid Line 197 constitutes the operational center for emergency, aiming at the immediate and ongoing reporting as well as the activation of the whole system of services for the provision of immediate social aid. It operates on a 24-hour basis, seven days a week throughout the year and aims at:

- Providing immediate counseling, social and psychological support,
- Providing information on social care
- Activation of mechanisms of immediate social intervention
- Referring the persons served to other services of the E.K.K.A. network and
- Linking people served to the Social Care Units as well as to the rest of social solidarity and protection bodies for the provision of the adequate and necessary assistance.

During the reference years the officers served the public by providing psychological support, information, referrals and linking to other services as follows: in 2008 (9.694 calls), in 2009 (7994 calls), in 2010 (6668 calls) and in 2011 (9384 calls). The majority of callers were

women and the issues for which help was sought were mainly psychological-emotional support, difficulties in interpersonal relationships, provision of information and abuse.

### *Social Support Centers (K.K.S.)*

The Social Support Centers (K.K.S.) are involved in intervening in cases of emergency and providing immediate social and psychological support to persons in crisis.

The services provided by the Social Support Centers are the following:

- reception and evaluation of requests,
- provision of counseling and of psychological and social support,
- referral, mediation and linking the persons served to the competent services of the Social Protection Network,
- on the spot intervention in **households** on crisis and in a state of emergency social need for the provision of psychological and social support, information and for all issues related to social care and solidarity.

During the reference years the officers served the public by providing psychological support, information, referrals and linking to other services as follows: in 2008 (1139 cases), in 2009 (1257 cases), in 2010 (1077 cases), in 2011 (1042 cases). The majority of those who asked for help are women, members of families, mainly young and middle aged (31-45 years old) who mainly reported difficulties in their interpersonal relations, abuse.

### *Shelters for Emergency Reception and Shelters for Protected Hosting and Care*

The Shelters for Emergency Reception and for Protected Hosting and Care provide emergency, temporary, protected hosting to vulnerable persons and population groups, namely children and adolescents at risk, women and female adolescents – with or without children – victims of domestic violence, abuse, exploitation and trafficking as well as adults in a state of emergency social need. While hosting the victims, the services provided to the guests are the following:

- Counseling and psychological support as well as provision of information about units to which they can address in order to resolve their issues.
- Linking and cooperation with competent bodies, depending on their individual needs (e.g. for provision of free legal advice and assistance, for issues related to finding a job, health care, services offered in special diagnostic and treatment centers, for issues related to insurance and

medical care, subsidization, benefits, schools, nurseries, embassies, immigration authorities, police stations, etc.)

- Implementation of a daily teaching program with activities for preschool children, according to their needs. Regular cooperation with the mothers on issues concerning the provision of care, the upbringing and the education of children as well as provision of counseling to mothers with a view to addressing effectively possible behavioral problems of children due to their bad background.

- Cooperation with schools, Differential Diagnosis and Support Centres (KE.D.D.I.), and education departments for the integration of hosted children in classrooms.

During the reference years, the Shelters as a whole hosted 982 persons (569 adult women and 413 minors). More specifically, in 2008, 178 persons were hosted, in 2009, 323 persons were hosted, in 2010, 192 persons were hosted, in 2011, 289 persons were hosted, who were mainly victims of abuse, domestic violence and trafficking.

### *Social Guesthouses*

The Social Guesthouses operate with the aim to receive, offer temporary hosting and relief to persons facing immediate housing problems. These persons are deprived of economic and social resources that would ensure a living space and the basic means for survival. Moreover, they are in a state of emergency social need or crisis and are at increased risk of harm.

Persons experiencing such a combination of tough situations are in need of immediate social protection. Social Guesthouses provide social care and the time required in order to assess their needs and circumstances. Thus an individualized management plan can be developed that will address their survival and living needs and their problems will be resolved in a qualitative and efficient manner. To this end, planning and scheduling is required for the provision of suitable and necessary services for psychological and social support, so that, by creating the appropriate conditions, these people be reintegrated in the society and the labour force and be able to meet their needs on their own means.

During the reference period, the Social Guesthouse at Agios Ioannis Rendis, hosted 250 persons who were repatriated Greeks from the former Soviet Union, mainly elderly people and adults.

The Social Guesthouse at Kareas hosts homeless persons who are deprived of economic resources that would ensure them accommodation and the basic means for survival. In December 2011, by virtue of Act No 4025, this guesthouse came under the competence of the E.K.K.A. as a Regional Unit and during this year hosted 74 persons in total (73 adults and 1 minor). The majority of guests were male while the largest age group was 55-64.

### *Hosting Units Network of the E.K.K.A.*



The Hosting Units Network of the E.K.K.A. includes nine (9) more Guesthouses that offer support to vulnerable groups and operate mostly in privately owned buildings of the E.K.K.A. These units operate in cooperation with Voluntary Organisations and NGOs under Framework Agreements that have been signed.

### *Emergency On the Spot Intervention*

The Service for Emergency On the Spot Intervention is on standby twenty four hours a day, 365 days a year. It is asked to intervene using mobile units of the E.K.K.A. and specialized personnel (social workers and psychologists) at places for which a report or complaint has been made concerning an emergency case. These interventions aim at discovering on the spot the real conditions and needs and taking the appropriate action to deal immediately with each case. The mobile units intervene when there is no possibility to activate a local or other specialized body that implements actions relevant to the problem or the need identified.

During the years 2010 and 2011 the EKKA officers intervened in 38 emergency crisis cases and took actions to tackle them.

### *Crisis Management*

The Crisis Management Service intervenes in cases of natural disasters and mass casualty events. Its work is to offer social and psychological support to the persons affected and to the victims' relatives. It is staffed by specialized personnel and is equipped with a mobile unit which operates as an operational center in cooperation with the General Secretariat for Civil Protection and the bodies providing emergency services (National Center for Immediate Assistance (E.K.A.B.), Fire Brigade, Police, etc.).

### *Penal Mediation*

The E.K.K.A. is the only body implementing the Penal Mediation Program in cooperation with the Public Prosecutor's Offices of Athens, Pireaus and Salonica. The Program is implemented under articles 11 and 12 of Act No 3500/2006, on domestic violence between spouses or partners. It includes counseling/therapeutic intervention and is being implemented in Athens and Salonica.

## *Protection & Assistance to Victims of Trafficking*

By virtue of Act No 3875/2010, the E.K.K.A. represents the greek state with regard to issues of psychosocial care and protection for victims of trafficking. It has concluded framework cooperation agreements regarding the development of actions to provide services to the victims themselves as well as actions to prevent this phenomenon and to raise awareness in the Greek Society. Furthermore, it is an active member of and in continuous cooperation with the bodies of the "Network" created in our country. Other members of this Network are the following: the Hellenic Police, the Health Services, and the General Secretariat for Equality, the Diplomatic Consular Authorities, the International Organisations (DOM) as well as NGOs having relevant activities.

The E.K.K.A. objective is to ensure immediate protection, accommodation, social care and support to victims of trafficking, both at the E.K.K.A. shelters as well as at other social support facilities of the bodies that belong to the "Network". Moreover, the victims of trafficking are offered continuous psychosocial support, with respect to their fragile psychological state and the specific features of their cultural identity, by activating and utilizing all the resources of the country in order to meet their needs and help them towards their social integration.

During the years of reference the E.K.K.A. received 106 cases, 61 of which were hosted at its shelters - guesthouses. The 197 hotline received 17 calls asking for help for such cases, the majority of which involved persons from the former eastern bloc.

**The services provided to refugees, asylum seekers and newcomers from third countries**, who may need international protection, can be found below:

The Ministry of Health and Social Solidarity as the Authority Responsible for the Management of the European Refugee Fund (ERF) (which comes under the Ministry of Labour, Social Security and Welfare from 01/07/2012) implements programs aiming at supporting and encouraging the EU Member-States to receive refugees and displaced persons and dealing with the consequences of such a reception.

The Programs of the E.R.F. are financed, by 25%, by national resources and, by 75%, by EU funds.

The said programs aim at mainly meeting the basic needs of the target group, such as accommodation, food/clothing, medical care, psychosocial and legal support and, subsequently, their integration into the Greek society, through the provision of cultural activities, education, vocational training or acquisition of skills and most importantly, through Greek language courses that will help them enter into the labour market.

The programs implemented within the framework of the ERF during the period 2008-2011 (including the emergency measures), are the continuation of the programs of the previous years. It has to be noted that the duration of the ERF programs for 2011 is extended also in 2012 and 2013 and that not all programs have been awarded yet.

With regard to the natural object, the targets per action were almost fully met both in quantitative and qualitative terms. In all cases, the bodies met the objective of the actions taken for the total number of beneficiaries and in certain cases the target was exceeded, considering the economic situation in Greece for the years 2009-2011, when the demand for medical and social services was stronger compared to previous years.

As regards the total budget, the detailed information concerning the take-up per year (except for ERF 2011, which is in progress) can be found below.

<b>YEAR</b>	<b>AMOUNT</b>	<b>NUMBER OF PROJECTS</b>	<b>TAKE-UP</b>
<b>2008</b>			
A. Annual Program	1.909.040,00	17	96,85%
B. Emergency Measures	2.750.000,00	13	57,08%
<b>2009</b>			
A. Annual Program	4.068.731,52	23	96,98%
B. Emergency Measures	6.195.000,00	3	6,23%
<b>2010</b>			
A. Annual Program	6.320.946,55	29	100%
B. Emergency Measures	12.250.000,00	23	58,20%

The Annex presents both the regular programs as well as those related to Emergency Measures and shows in detail the kind of service provided as well as the number of beneficiaries – where this number could be recorded.

Moreover, the *Annex* also presents tables of programs implemented and subsidized by the state budget for the nutrition, care and upkeep of the target group.

### **Additional Questions of the ECSR**

***1. Eligibility criteria for access to social services (except for services related to counseling and information on social welfare within the framework of article 13 para.3 of the Charter) – availability of services that are charged – equal access to social services for Greek nationals as well as for third country nationals.***

The access to all the above mentioned services (of Municipalities, the EKKA, programs for refugees) is free of charge for all persons belonging to the target groups and applies to all legally resident in Greece third country nationals. The effective access to the above mentioned

Services depends on the availability of these Services while priority is given to the most vulnerable cases.

***Paragraph 2: Encouragement of the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services***

Regarding volunteerism we would like to inform you that in total, 420 non-governmental organizations that provide social welfare services have been accredited to date (up to the reference period of the present report). Regarding the establishment of the «Society of Volunteers» organization we would like to inform you that it did not materialize.

# 8<sup>th</sup> Greek Report on the Additional Protocol to the European Social Charter

*Article 4*

*The Right of Elderly Persons to Social Protection*

*Reference Period*

*01/01/2008 – 31/12/2011*

*Athens*

*December 2012*

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

**Question A. SUFFICIENT RESOURCES**

***Additional Question of the European Committee of Social Rights (ECSR) on the minimum income guarantees available for the elderly who do not receive work related pension***

During the period 2008-2011, significant measures towards ensuring the adequacy of income for the elderly have been established. More specifically:

**A.** In order to create *reserves that will finance the social security bodies as from 2019 onwards*, the Insurance Fund for Inter-generational Solidarity (AKAGE) is established by virtue of article 149 of Act No3655/2008.

**B.** In accordance with the legislation in force up to 31.12.2014, the following are entitled to **Old Age Pension for Non-insured Elderly Persons**: the non-insured and financially weak people who have reached 65 years of age, Greek nationals or Greeks by origin or nationals of EU Member States or nationals of countries-members of the Council of Europe that have ratified the European Social Charter or stateless persons or those who are recognized as refugees by the UN and are permanently living in Greece. Additional requirements for the granting of the said pension are the following: that neither themselves nor their spouses (in case of married beneficiaries) receive any pension or any other periodic financial aid from any source (except for the cases a, b and c mentioned below) and their annual income from work or any other source (personal income for a single person or family income for married persons) does not exceed the amount of minimum annual pension granted by the OGA to a farmer or a rural couple respectively. For the years 2011-2012, the annual pension amounts to 5.040 euros for a single person and 10.080 euros for a couple.

The following income sources do not constitute impediment to the granting of pension:

(a) financial aid or any other form of financial support granted to poor persons through the special programmes of the Ministry of Health and Social Solidarity or any other body (for example the UN programmes for refugees ).

(b) in case of married beneficiaries, the pension received by the OGA by one of the spouses, on condition that this is the minimum pension (360 euros). Yet in this case the annual pension that one of the spouses receives by the OGA is included in the family income that will be compared with the annual pensions granted by the OGA in order to consider whether the other spouse is entitled to the non-insured elderly person's pension.

(c) when the amount of pension or other periodic financial aid from any source granted to the applicants themselves or their spouses, if married, is smaller than the amount of the minimum pension

granted by the OGA, i.e. less than 360 euros. In this case, too, the annual pensions are included in the total income.

In order to ensure a minimum standard of living for the pensioners/elderly, by virtue of article 2 of Act No3863/2010 the **basic pension is established**. The basic pension that will be paid from **1/1/2015 onwards**, was set at 360,00 € per month in 2010. This amount will be readjusted annually on the basis of a coefficient determined, by 50%, by the change in GDP and, by 50%, by the change in the Consumer Price Index of the previous year. It shall not exceed the annual change in the Consumer Price Index.

The beneficiaries of the said basic pension are **(a)** all **pensioners** of all insurance institutions of the country (whose pension will consist of two parts from 2015 onwards: the basic pension and the proportional pension depending on the insurance contributions and the pensionable earnings of each person) who establish pension entitlement from 1/1/2015 onwards, and **(b)** the **non-insured persons and those who based on their insurance contributions do not establish pension entitlement** (i.e. have paid insurance contributions for less than 15 years), on condition that a) they have reached the age of 65 and their personal and family income does not exceed 5.040 € and 10.080 €, respectively and b) they have been residing in Greece for at least 15 years between their 15<sup>th</sup> and 65<sup>th</sup> birthdays.

The basic pension is paid in full (to all beneficiaries) on condition that the requirements provided for are met cumulatively and the beneficiaries have been residing in the country for at least 35 years. The amount is reduced **(i)** by  $\frac{1}{35}$  for each year less than the required 35 **years of permanent residence**, **(ii)** by  $\frac{1}{200}$  for each month required until the beneficiary reaches the age for full old age pension, in case the beneficiary is entitled to **reduced old age pension**, whereas **(iii)** in the case of **reduced disability pension**, (a) for a 67% to 79,99% disability rate, the beneficiary is granted the 75% of the basic pension and (b) for a 50% to 66,99% disability rate, the beneficiary is granted the 50% of the basic pension.

**C.** The minimum pension thresholds (per month) of the IKA-ETAM [including the former Special Funds] for its **pensioners due to old age or disability** who are entitled to full pension rights are the following:

	Those insured for the first time until 31-12-1992	Those insured for the first time after 1-1-1993
from 1/1/2008 to 30/9/2008	477,29 €	486,02 €
from 1/10/2008 onwards	486,84 €	495,74 €

The respective thresholds for **survivors' pensions** are the following:

	Those insured for the first time until 31-12-1992	Those insured for the first time after 1-1-1993



from 1/1/2008 to 30/9/2008	429,57 €	388,80 €
from 1/10/2008 onwards	438,16 €	396,58 €

These thresholds have not been readjusted from 2008 onwards due to the country's effort for fiscal adjustment. (It has to be noted that during this period, the pensions granted by insurance bodies have not increased as a result of the fiscal policy. Also, it has to be noted that after the Memoranda of Understanding with the European Committee, the International Monetary Fund and the European Central Bank, reductions/cuts in higher pensions have been established.)

**D.** The Pensioners' Social Solidarity Benefit (EKAS) – established since 1996 (Act No2434/1996, article 20) has been granted to the beneficiaries for the period 2008-2011, in accordance with the table below:

<b>PERIOD</b>	<b>AMOUNT OF EKAS (in €)</b>	<b>ANNUAL PERSONAL NET TAXABLE INCOME (in €)</b>	<b>REMARKS</b>
1/1/2008 - 31/12/2008  (J.M.D. F11321/5250/439/3-6-08)	<b>230,00 €</b>	Up to 7.058,41	<b>INCOME CRITERIA:</b>  - The total annual net income from pensions, salaries, wages and other benefits should not exceed 7.750,42 €  - The total annual personal taxable income of the pensioner should not exceed 9.042,16 €  - The total annual family taxable income should not exceed 14.070,73 €
	<b>172,50 €</b>	7.058,42 – 7.335,25	
	<b>115,00 €</b>	7.335,26 – 7.519,74	
	<b>57,50 €</b>	7.519,75 – 7.750,42	
1/1/2009 - 31/12/2009  (J.M.D. F11321/27868/2210/18-3-10)	<b>230,00 €</b>	Up to 7.340,67	<b>INCOME CRITERIA:</b>  - The total annual net income from pensions, salaries, wages and other benefits should not exceed 8.060,35 €  - The total annual personal taxable income of the pensioner should not exceed 9.403,75 €  - The total annual family taxable income should not exceed 14.633,41 €
	<b>172,50 €</b>	7.340,68 – 7.628,58	
	<b>115,00 €</b>	7.628,59 – 7.820,45	
	<b>57,50 €</b>	7.820,46 – 8.060,35	
1/1/2010 - 31/12/2010  (J.M.D. F11321/15646/1198/7-10-10)	<b>230,00 €</b>	Up to 7.607,54	<b>INCOME CRITERIA:</b>  - The total annual net income from pensions, salaries, wages and other benefits should not exceed 8.353,38 €  - The total annual personal taxable income of the pensioner should not exceed 9.745,62 €  - The total annual family taxable income should not exceed 15.165,39 €
	<b>172,50 €</b>	7.607,55 – 7.905,91	
	<b>115,00 €</b>	7.905,92 – 8.104,76	
	<b>57,50 €</b>	8.104,77 – 8.353,38	
1/1/2011 - 31/12/2011	<b>230,00 €</b>	Up to 7.715,65	<b>INCOME CRITERIA:</b>

(article 34, Act No.3996/2011)	<b>172,50 €</b>	7.715,66 – 8.018,26	- The total annual net income from pensions, salaries, wages and other benefits should not exceed 8.472,09 € (especially for the 5th category it should not exceed 9.200,00 €)
	<b>115,00 €</b>	8.018,27 – 8.219,93	- The total annual personal taxable income of the pensioner as well as the income which is exempt from tax or is taxed in a special way should not exceed 9.884,11 € (especially for the 5th category it should not exceed 13.500,00 €)
	<b>57,50 €</b>	8.219,94 – 8.472,09	- The total annual family taxable income as well as the income which is exempt from tax or is taxed in a special way should not exceed 15.380,90 €
	<b>30,00 €</b>	8.472,10 – 9.200,00	- The total gross monthly amount of main and supplementary pension, including the Christmas, Easter and holiday bonuses, should not exceed 850,00 €

## **Question B. SERVICES AND FACILITATIONS**

### **LEGAL FRAMEWORK**

1. Act No3671/1957 (O.G.38/A'/14.3.1957) "On the disposal of beds of charity Institutions for the care of poor and unprotected persons on public expenditure"
2. Legislative Decree 162/1973 (O.G.227/A'/24.9.1973) "On measures for the protection of the elderly and persons with chronic diseases"
3. Act No2345/1995 (O.G.213/A'/12.10.1995) "Organised services for the provision of protection by social welfare bodies and other provisions"
4. Act No3852/2010 (O.G.87/A'/12.10.2010) "New Architecture of Self-Governance and Decentralised Administration – Kallikrates Programme".

**Within the aforementioned legal framework, the following administrative acts were issued:**

1. Joint Ministerial Decision NoP3b/F.HOSP./GP.42074/23.4.2009 (O.G.773/B/2009) of the Ministers of Finance and of Health & Social Solidarity on "The readjustment of the contractual amount paid by bed to Care Units for the Elderly, Hospitals for Chronic Diseases and Institutions, for persons uninsured, financially weak, those taking care of themselves as well as persons with chronic diseases"
2. Decision No2216/27.4.1994 (O.G.382/B) of the Minister of Health and Welfare on "Camps and Balneotherapy for the elderly and persons with special needs"
3. Decision NoP1g/ref4128/18.10.2000 (O.G.1360/B/2000) of the Ministers for the Interior, Public Administration & Decentralization – of Finance – of Health & Welfare on "The implementation of the Help at Home Programme"
4. Joint Ministerial Decision NoP3a/F18/GP/ref63731/9.5.2008 (O.G.931/B/2008) of the Ministers of Finance and of Health & Social Solidarity on "The increase of welfare benefits granted to persons with disabilities for the years 2008, 2009, 2010 and 2011".

### **1. Elderly Care Programmes**

The main characteristics relating to the operation of the Elderly Care Programmes (Help at Home, KIFI) have been mentioned in the previous Greek Report. The said programmes have been co-financed by the European Social Fund, within the framework of the Third Community Support Framework, until 31.08.2008. From that date and up to and including 31.12.2011, these programmes continued to be co-financed by means of different management and funding models: funding from national resources, initial inclusion in the NSRF through the Regional Operational Programmes (flexibility clause), Operational Programme «Human Resources Development 2007-2013» of the Ministry of Labour, Social Security and Welfare. The implementation of the Programmes was based on relevant Joint Ministerial Decisions (Management Systems) and circulars of the Ministry of Development, Competitiveness and Shipping.

Below you can find the statistical data, per category:

#### **Help at Home**

Number of Units: approximately 1.100

Workers: approximately 5.000

Direct beneficiaries (elderly and persons requiring help at home): approximately 85.000

Indirect beneficiaries (relatives of the direct beneficiaries who are no longer engaged in providing care for them in order to be able to enter or re-enter the labour market, in accordance with the Programme planning for the year 2011, that fulfilled the requirements for connection to employment): approximately 30.000.

**K.I.F.I.**

Number of Units: approximately 55

Workers: approximately 255

Direct beneficiaries (elderly who enjoy the services at the Centers): approximately 1.250.

**Additional Question of the ECSR with regard to the promotion of "Help at home" services**

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

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

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

✓ Based on this study, the "Legislation for the establishment of dependence as insurance risk" (article 138, paragraph B of Act No4052/2011) has been adopted within the framework of a new integrated programme entitled «Care at home for pensioners programme» (article 138 paragraph B of Act No4052/2011).

✓ The implementing and regulatory provisions of the Act are being elaborated. They will provide for the categories of provisions by the said authorities as well as issues relating to their accreditation, supervision, etc.

✓ The sustainability of the "Help at home" programme has been safeguarded through private resources. In particular, the social security system resources have been committed, in order to cover the pensioners due to old age or disability.

The mechanisms and the instruments for the effective utilization of the social security system resources are being elaborated. More specifically, the elaboration of three expert reports on the planning of (a) a registry of benefits (award decision Ref No2.9056/6.2147/6-4-2012, (b) a registry of beneficiaries (award decision Ref No2.9057/6.2148/6-4-2012) and (c) control procedures by the monitoring section of the Department for the Care at home for pensioners programme of the IKA-ETAM (award decision Ref No2.9058/6.2149/6-4-2012) is under way. Moreover,

the upgrading of IT systems that will support the abovementioned procedures is being completed.

## 2. Programmes run by the Workers' Fund

With regard to programmes of the abolished **Workers' Fund (OEE)**, the data below show the provisions offered by the Fund for the period from 1.1.2008 to 31.12.2011 including, inter alia, groups of pensioners who are beneficiaries, i.e. elderly persons.

The OEE, within the framework of its activities and acting as a contributory organization, since it was managing the contributions paid by the employers and the workers, was implementing social support and assistance programmes for its beneficiaries providing them with social services.

In particular, the Department of Care After Work was implementing 2 programmes relating to the provision of excursions, namely the Social Tourism Programme and the Excursions Programme. It was also implementing the programme for the provision of Coupons for Books Purchase and Vouchers for Entertainment. The abovementioned programmes were targeted both to workers and to pensioners, who constituted a vulnerable social group, taking into account the criterion of their low income. The pensioners who were beneficiaries did not constitute a separate group of beneficiaries of the Fund. Thus, the programmes of provisions implemented by the O.E.E were targeted equally to both the workers and the pensioners. Indicatively, below you can see the provisions to which the OEE beneficiaries had access, for the period from 1.1.2008 to 31.12.2011 and, hence, benefited from the use of the respective vouchers.

The programmes of the OEE provisions continued to be implemented during the reference period. (For detailed information on these programmes please refer to the previous reports).

The following table presents the data for the years 2008 to 2011, regarding the provisions of the Workers' Fund. In the total number of beneficiaries, in addition to the rest of groups, third-age persons are also included.

### Data on the provisions of the Workers' Fund 2008-2011:

YEAR	SOCIAL TOURISM VOUCHERS	TICKETS FOR EXCURSION PROGRAMMES	COUPONS FOR BOOKS PURCHASE	ENTERTAINMENT VOUCHERS	GENERAL TOTAL OF BENEFICIARIES	BENEFITS RELATED EXPENDITURE
2008	600.000	43.578	250.000	460.000	1.353.578	61.886.643,09 €
2009	750.000	53.124	262.500	475.000	1.540.624	76.193.144,14 €
2010	570.000	35.638	140.400	380.000	1.126.038	52.704.139,03 €

2011	570.000	22.170	PROGRAMME NOT IMPLEMENTED	210.000	802.170	40.828.230,72 €
TOTAL	2.490.000,00	154.510	652.900	1.525.000	4.822.410	231.612.156,98 €

\*The above data concern the allocated Vouchers and Coupons and budgeted costs.

**Additional Question of the ECSR with regard to the legislation against discrimination on the grounds of age**

With regard to the **legislative framework to combat discrimination**, we would like to inform you that within the framework of the consultation on the legislative initiative of the European Committee to draft a proposal for a new directive on the **implementation of the principle of equal treatment of persons** irrespective of religion or belief, disability, **age** or sexual orientation, not only in the labour market but in other fields too, **Greece has, from the beginning, supported the principles and main guidelines of the draft Directive.**

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

### **Question A. HOUSING**

The **Workers Housing Organization (OEK)** was abolished by virtue of Act No4046/2012 and, in accordance with the Act of the Council of Ministers 7/28-2-2012, its competencies with regard to the existing commitments were transferred to the OAED.

We would like to present the following changes or additions to the previous Report, with regard to the programmes of the abolished OEK (ready house in settlements, loans for extension, repair or completion of an existing house, special programme for the disabled, special programmes for assistance in case of natural disasters, etc):

In 2009, the income limits of a beneficiary in order to be entitled to rent subsidy remained the same as in 2008, i.e.: highest family income for single and married persons 12.000 €.

In 2010 no rent subsidy programme was implemented.

In 2011 the subsidy programme for rents paid in 2009 was implemented. During that year a major restructuring of the programme was carried out with the aim of:

- Rationalizing the provision,
- Supporting those who are really in need,
- Minimizing cases of «defrauding» the Organization,
- Reducing the total cost of the programme,
- Strengthening the procedures for requesting documents automatically (IKA insurance stamps) in order to serve the beneficiary and reduce bureaucracy,
- Defining the framework for the evaluation of assets.

#### **Furthermore:**

- The programme was now targeted on permanent residents of Greece,
- The insurance requirements have been increased,
- The amounts allocated have been reduced,
- The increase of the subsidy by 50% for income lower than 8.000€ has been abolished,
- The reduced subsidization has been abolished,
- Those who rented a house by a lineal relative by blood or marriage have been excluded from the subsidization,
- For the first time data have been cross-checked (Public Power Corporation (DEH) bill – Formal written statement of the lessor) in order to minimize the probability of granting the subsidy twice for the same property,
- For the same reason, a specific form in order to monitor the beneficiaries' applications has been established, data are entered in the Integrated Information System and extensive cross-checking is performed by means of the computerization of information,
- The control of both domestic and foreign assets (worldwide income) is required,
- The method of calculating the income has changed (income from any source, including all benefits),



Given these facts, the programme for 2011 has been announced and the 58.415 applications submitted nationwide (at the Citizens' Service Centers (KEP) as was the case with the previous programmes) are currently being checked.

Below you can see the data concerning the various housing aid programmes of the former OEK.

#### I. RENT SUBSIDY

PROGRAMME OF YEAR	NUMBER OF BENEFICIARIES	SUBSIDY AMOUNT	DRAWN AMOUNTS in €
2008	114.642	206.561.125	154.640.155
2009	105.213	190.870.049	167.087.764
2010	-----	-----	119.438.429
2011	22.668	28.421.178	70.684.384
2012	-----	-----	-----

#### II. DRAWN AMOUNTS FOR THE PURCHASE OF LANDS

YEAR	AMOUNTS in €
2008	1.029.986
2009	354.112
2010	0
2011	140.000

#### III. DRAWN AMOUNTS FOR THE CONSTRUCTION OF HOUSES

YEAR	AMOUNTS in €
2008	42.027.625
2009	37.865.194
2010	34.690.448
2011	24.164.516

#### IV. DELIVERED HOUSES

YEAR	DELIVERED HOUSES
2008	958
2009	1.024
2010	1.023
2011	841

#### **V. SMALL LOANS (COMPLETION, REPAIR, EXPANSION OF HOUSES)**

YEAR	SIGNED LOAN CONTRACTS	AMOUNTS in € (SUBSIDY)
2008	6.788	97.162.956
2009	4.693	87.052.508
2010	0	0
2011	0	0

#### **VI. LOAN PROGRAMMEME (SUBSIDIZED LOANS)**

YEAR	SIGNED LOAN CONTRACTS	AMOUNTS in € (SUBSIDY)
2007	11.296	104.748.042
2008	10.897	157.926.521
2009	9.210	115.766.543
2010	6.097	10.642.198
2011	116	121.193.117

#### **VII. SPECIAL PROGRAMME (FOR HOUSE PURCHASE OR CONSTRUCTION)**

YEAR	SIGNED LOAN CONTRACTS	AMOUNTS in € (SUBSIDY)
2008	659	101.304.964
2009	848	141.218.230

2010	530	77.900.156
2011	3	417.641

**We would like to remind you that pensioners, i.e. elderly persons, participate on an equal basis with workers in the above programmes, without age restrictions.**

### **Housing aid for the elderly programme**

A housing benefit in the form of rent is granted to elderly persons over 65 years old that are lonely, uninsured and financially weak, as well as to couples of uninsured and financially weak elderly persons, for whom it is proven that they lack housing and live in a rented residence. This monthly benefit amounts today to 362Euro. In 2011, 3.350 lonely and uninsured persons as well as uninsured couples were subsidized in total. The programme is implemented by Municipalities within the framework of the Kallikrates Programme.

### **Question B. HEALTHCARE**

With regard to the **provision of healthcare** to the elderly, no changes have been made since the previous reference period, except the increase from 248,00Euros to 250,00Euros in the allowance for aero-therapy which was granted as a lump sum, during the summer months of 2009, 2010 and 2011, to the persons insured with as well as to the old age and disability pensioners of the IKA-ETAM and of the other insurance institutions of the Ministry of Labour, Social Security and Welfare.

<i>Paragraph 3 – Guarantee of adequate support to the elderly who live in institutions</i>
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### **INSTITUTIONAL CARE**

Institutional care to the elderly is provided by care homes for the elderly. These can be non-profit units established by charities and unions, the Church or bodies of the Local Self-Government or profit-making units established by individuals. The institutional framework governing their operation is established by the provisions of Act No2345/1995 “Organized Services for the Provision of Protection by Social Welfare Bodies and other provisions” (O.G.213 A’) and Ministerial Decision No81551/2007 (O.G.1136 B’), which specify the conditions that should be met for the granting of establishment and operation licenses to such units so that they be able to operate legally. The State has imposed a nationwide licensing system for the Care Units for the Elderly. This was deemed necessary in order to safeguard the protection of the elderly who live in such units, thus avoiding the unregulated establishment and operation of such units to the detriment of the persons staying there and of the society. According to the data held by our authority, 250 care units for the elderly operated all over Greece in 2010, offering accommodation to approximately 9.000 individuals, in total, while they could accommodate almost 10.000 people.

In addition to the above, the Ministry of Health and Social Solidarity, within the framework of the social policy pursued for the protection of destitute elderly persons who can not be accommodated in units run by the State, either due to lack or insufficient number of such units, enters into contracts with private non-profit making care units for the elderly, so that the latter might allocate conventional beds for the destitute elderly persons. The relevant expenditure is covered by the budget for the expenses of the Regions through the subsidization of the respective care units for the elderly.

**Additional questions of the ECSR with regard to the Institutional Care**

**A)** The standards of care that must be met by the care units for the elderly (nursing homes) are specified by the provisions of **Act No2345/1995 and Ministerial Decision No81551/2007**, which **establish measures, regulations and sanctions that will safeguard an acceptable threshold of living conditions, safety and care for the elderly who are nursed in these units.**

**B)** Any complaints from the elderly about the operating and living conditions in the above mentioned units are not usually submitted to the Central Authority of our Ministry, but to **the Departments of Health and Social Welfare of the respective Regions**. They are responsible for the supervision and regular monitoring of these care units for the elderly through the institution of the Social Consultant established by Act No2345/1995 and Act No3852/2010 (Kallikrates Programme).