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**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX**

17 January 2024

Case Document No. 2

Amnesty International v. Greece
Complaint No. 217/2022

SUBMISSIONS BY THE GOVERNMENT ON THE MERITS

Registered at the Secretariat on 15 December 2023



Hellenic Republic
Ministry of Labour and Social Security

Collective Complaint 217/2022 – Amnesty International v. Greece
Observations of the Greek Government on the Merits

Observations of the Greek Government
on the Merits of Collective Complaint 217/2022
Amnesty International v. Greece

By letter dated 04/11/2022, the Council of Europe (Directorate General of Human Rights and Rule of Law – Department of Social Rights) informed the Greek Government that the international non-governmental organization, *Amnesty International*, lodged collective complaint No 217/2022 against Greece, on the effect of the austerity measures on the accessibility and affordability of health care in Greece, alleging breach of article 11 in conjunction with article E of the Revised European Social Charter.

The complaint was declared admissible by the European Committee of Social Rights (ECSR), by decision dated 12/09/2023.

The Greek Government by the present response has the honor to submit their observations on the merits of collective complaint No. 217/2022, *Amnesty International v. Greece* and to ask the European Committee of Social Rights to declare the complaint unfounded.

The Greek Government will provide their submissions on the allegations of the Complainant Organization included in the main body of the Complaint. As to the Annex to the Complaint, i.e. the report of the Complainant titled “Resuscitation Required”, it is noted that it compiles a large amount of information based on anonymous individual cases that lack a solid and broadly acknowledged survey methodology.

As to the Merits of the Complaint

I. On the way the measures were issued

Contrary to the arguments of Amnesty International, austerity measures were not taken in a state of emergency. The legislative procedure was followed and respected the letter of the Constitution. It is true that a big part of the austerity measures was decided following negotiations with international entities, but ultimately, they were voted by members of the Hellenic Parliament following public consultation. Not only the Greek Courts, but also the

European Court of Human Rights, have accepted that the austerity measures adopted were in compliance with the principle of proportionality¹.

As far as the measures against covid are concerned, they were indeed adopted following state of emergency procedures, as was the case for many European countries. Nevertheless, even in that case, the procedure followed was the one stipulated by Art. 44 § 1 of the Greek Constitution regarding the legislative procedure in case of unpredicted and urgent situations.

II. On macroeconomic indices

In 2020, Greece's total general government expenditure stood at 59.8% of GDP, a large increase as compared to 2019 when it stood at 47.9% of GDP.² Due to the COVID-19 pandemic and government measures to mitigate its effects, this ratio increased strongly as a consequence of decreases in GDP³ (€16.210 million in 2020 compared with €17.780 million in 2019; - €1.570 billion), as well as increases in total expenditure (€97.727,59 million in 2020 compared with €85.650,99 million in 2019; + €12.076.6 million).

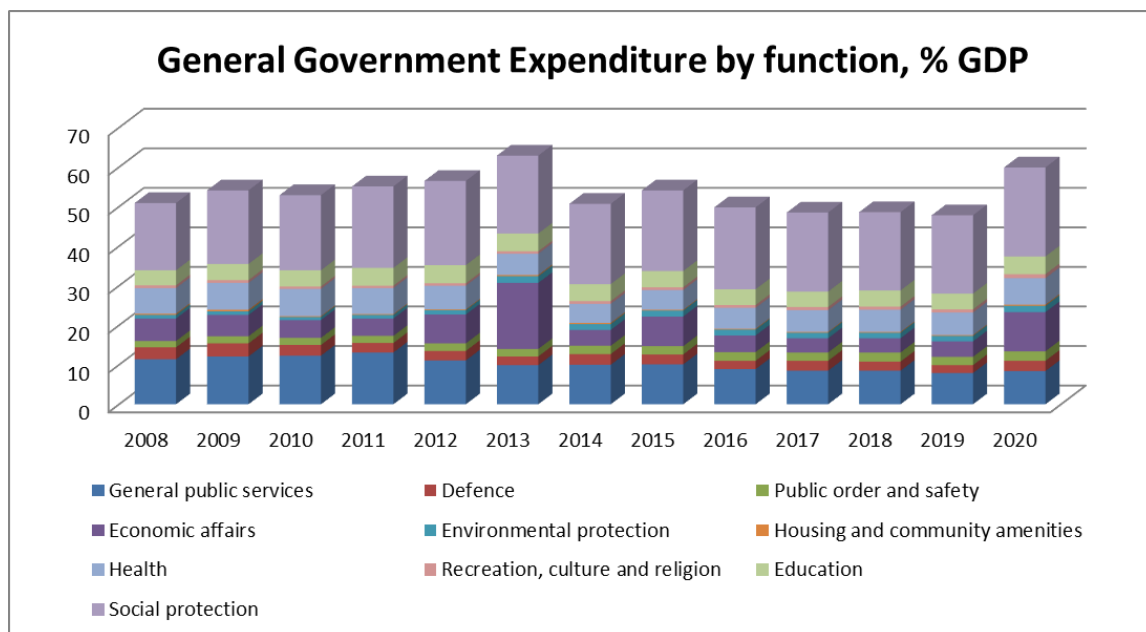
Figure 1 presents the share of general government expenditure by function, as a percentage of gross domestic product (GDP) in Greece, between 2008 and 2020. Based on the latest available expenditure data (deflated & normalized) by economic function for 2020 in Greece, almost half was devoted to the functions 'social protection' (38% of total expenditure) and 'health' (11% of total expenditure), which equaled 22.5 % and 6.7% of GDP respectively. The function 'social protection' is the most important function of government expenditure across time in Greece, followed at a distance by the functions 'economic affairs' (17% of total expenditure in 2020) and 'General public services' (14% of total expenditure in 2020).

¹ ECHR, 7 May 2013, Koufaki v. Greece

² Online data source: Eurostat [COFOG], last update: 20-02-2023.

³ Online data source: Eurostat [SDG_08_10], last update: 27-02-2023.

Fig.1 General Government Expenditure by function (% of GDP) in Greece, between 2008 and 2020

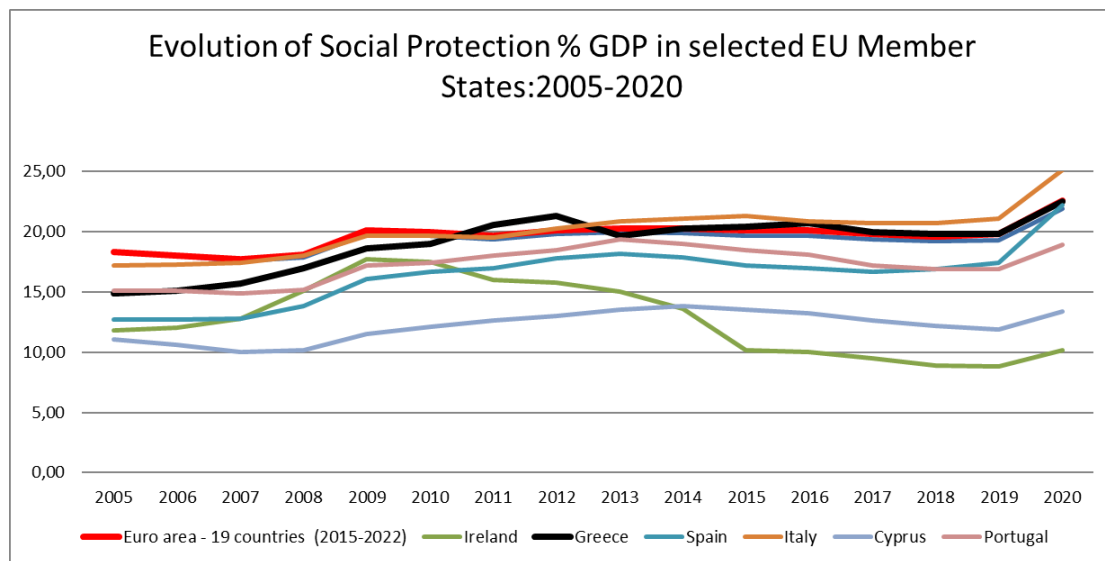


Source: Eurostat [COFOG]

Between 2008 and 2020, total general government expenditure increased as a ratio to GDP from 50.8 % of GDP in 2008 to 59.8 % of GDP in 2020. In recent years, this increase is mainly concentrated in the function 'social protection' (from 19.8% in 2019 to 22.5% in 2020), of which a major part for 'unemployment'.

Figure 2 reports the evolution of social protection as a percentage of GDP in Greece, five European countries (Ireland, Spain, Italy, Cyprus, and Portugal) and the Euro-area average, for the period between 2005 and 2020. A look at the figure reveals an upward trend for all countries over time. In years 2011-2012, during the years of the financial crisis in Greece, the social protection indicator stands well above the corresponding indicator of other countries and the average of the Eurozone.

Fig.2 Social Protection (% of GDP) in European Countries, between 2005 and 2020



Source: Eurostat [COFOG]

As a result of increased social protection expenditure, the percentage of people at risk of poverty or social exclusion for the total population in Greece, between 2015 and 2021, has been moderately decreasing. In 2015, amid the economic crisis in Greece, 32.4% of the total population was at risk of poverty or social exclusion. In 2021, the percentage of people at risk of poverty or social exclusion dropped to 28.3%.⁴

III. On the 2022 Country-Specific Recommendation on health

The 2022 country-specific recommendation on health states that: *With a view to ensuring adequate and equal access to health care, complete the rollout of the primary health-care reform in line with the framework amended under enhanced surveillance, including staffing of all primary healthcare units, implementing population registration and introducing effective gatekeeping by general practitioners.*

National context

Ensuring equal and universal health coverage of the population is a fundamental priority of the Ministry of Health, and the primary healthcare (PHC) is a cornerstone for this reform. The adoption and implementation of Law 4931/2022 establishes a new role for the PHC in addressing social inequalities in health and ensuring the accessibility of the entire population to quality health services and attempts to strengthen the governance and efficiency of the system. The reform adopted the WHO's (World Health Organisation) whole-of-society approach to health, that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along

⁴ Online data source: Eurostat [ilc_peps01n], last update: 01-12-2022.

the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.

The main feature of the law is the establishment of the institution of personal doctor who will provide comprehensive and continuous care to the patients, enhancing prevention and promoting public health. All citizens are obliged to select a personal doctor enrolled in the system, who will be reimbursed by the state, with no financial burden for the patient (exceptions to the prescription of medicines, therapeutic procedures and diagnostic tests to the uninsured and vulnerable social groups are applied) Services will be provided either in the public PHC units of the local networks of PHC, in the private doctors' office or at home. The implementing secondary legislation defined key elements of the functioning of the system such as the incentives for both citizens and providers to join as well as accessibility.

Moreover, a coherent planning on the upgrading of existing PHC units and the creation of new ones is implemented in order to expand the PHC network and the population coverage while at the same time quality, holistic and community-oriented PHC services are provided for all. Through funding from the RRF, the building infrastructure and facilities of 156 Health Centers will be upgraded while Chronic Diseases Management Clinics will also be developed within the PHC structures in most of the 312 Health Centers.

Last but not least, the retraining of health professionals in modern practices aims, among other things, at improving the quality of provided services, at increasing the resilience of the system and incite active participation in dealing with health crises and at reducing social inequalities in health (for uninsured citizens, vulnerable social groups, residents of remote areas/islands).

Overall policy response to address the identified issues

The PHC reform is receiving a very positive response from all the relevant stakeholders and citizens that it is reflected in the targets of registered citizens that have been met on time and even exceeded. More specifically, regarding the citizens' registration, Greece has met the first milestones which were set at 25% of the population to be registered by the end of October 2022 and 50% by the end of the year 2022, before October 2022. This reflects that the PHC reform has been successfully managed by the Greek parties and has been embraced by citizens, along with participating doctors.

At this time (mid-February 2023), the total number of citizens registered to a personal doctor (PD) has reached the number of 4,786,497. This corresponds to 53.96% of the eligible population. In terms of age groups, 72.49% of citizens above 70 years are already registered, followed by 65.89% of citizens in the 50-69 age group and 40.30% in the 17-49 age group.

In addition, on February 15th 2023, 3,385 personal doctors (2,025 PDs from Health Centers - HCs, 218 from TOMY, and 1,142 self - employed PDs contracted with EOPYY) have been enrolled in the system, which allows the coverage of 72,80% of the population. Currently, there is a requirement for 1,265 additional PDs registration into the system that will allow to cover

the whole population. In addition, in ten out of the thirteen regions of the country the citizens' registration to a personal doctor exceeds 50%.

The adopted legislation for the PHC provides a significant increase in the reimbursement of personal doctors, for both the public and private sector. PDs from HCs and TOMYs could earn up to €1,039.60 per month additional to their salary, while the incensement of self-employed PDs reimbursement could reach €5,500 monthly.

Regarding the commitment of the activation of the incentives scheme, this has been postponed until the beginning of April 2023. This decision was crucial taking into account the fact that the participation of the population in the institution of the personal doctor is high and in order to avoid the burden of citizens who may be willing to register but face a lack of PDs availability.

Finally, the IT infrastructure for appointments was completed and for the month of December more than one million slots were available for medical appointments. The authorities have launched the website of the personal doctor (<https://prosopikos.gov.gr/>) which provides information on the institution of the personal doctor and functions as a platform for easier access to the system for registrations and booking appointments.

It is estimated that the PHC status will be improved with the EU funding from the Reform and Resilience Facility and ESF/ESF+, by upgrading the infrastructure and / or facilities of at least 156 out of 312 PHC units; by upgrading the medical equipment of all the PHC units; by retraining PHC healthcare professionals in modern practices; by the comprehensive chronic diseases' management; by establishing actions such as mobile health units and home care; and finally by recruiting all the relevant personnel in order to ensure PHC services delivery to all people.

V. On the overall policy responses to Covid-19

Fiscal developments related to Covid-19 pandemic⁵

As of March 2020, Greece has adopted a wide set of measures aiming at limiting the impact of the unprecedented Covid-19 pandemic crisis on the Greek economy and society.⁶ During 2021, the new waves of Covid-19 infections, as well as the outbreak of high contagious variants, triggered the ongoing implementation of Covid-19 measures, aiming mainly at sustaining the disposable income of those most affected by the pandemic and strengthening the health services sector, which had to address large number of hospitalizations. In 2022, the Covid-19 measures supporting income and employment are gradually phasing out. The - almost complete - abolition of covid-19 related measures is projected from 2023 onwards, reflecting enhanced adaptability to the pandemic conditions.

⁵ For a full description of covid-19 related measures taken in 2021, see "Draft Budgetary Plan of Greece 2022", Athens, October 2021, p.26-27.

⁶ See "Stability Programme 2022", Athens, April 2022, p. 20-21.

In 2021, the total cost of measures amounted to €16 billion or 8.8% of GDP, of which €15.1 billion or 8.3% of GDP pertained to fiscal measures and €916 million or 0.5% of GDP pertained to liquidity measures. As regards fiscal measures, on the revenue side, they reached €3.5 billion or 1.9 % of GDP and include, inter alia, reductions of the advance payments of personal and corporate income taxes for businesses, reduction by 3 pp of the social security contributions of wage earners in the private sector, suspension of solidarity tax in the private sector and reduced rates of VAT for targeted goods and services.

On the expenditure side, in 2021, the total cost of measures adopted by the Greek government was €11.6 billion € or 6.3% of GDP and include, inter alia, the business financing in the form of a repayable advance payment, the special allowance allocated to employees, freelancers, individual businesses and enterprises, the coverage of the social security contributions of employees, the short term employment scheme, the subsidies for borrowers (GEFYRA I & II programs) and working capital grant programs for several sectors.

Contrary to 2021, in 2022, the Covid-19 policy mixture is based slightly more on revenue than expenditure measures. The cost of revenue measures is estimated at €2.2 billion or 1.1% of GDP and the cost of expenditure measures at €1.8 billion or 0.9% of GDP, as many expenditure measures introduced in the previous years phased out, resulting in the overall decrease of the magnitude of measures, whereas others, such as the healthcare supporting measures, still remain in force.

The discretionary measures to address the consequences of the COVID-19 pandemic are:

- 1) Special allowance for employees of firms whose labour contract were suspended, self-employed, freelancers, individual businesses and enterprises with up to 20 employees affected by the coronavirus crisis (incl. Easter & Christmas bonuses)
- 2) Measures supporting unemployed (regular, seasonal, scientists)
- 3) First residence subsidy cost for borrowers & SMEs (GEFYRA I,II) & interest payment on performing loans of SMEs affected by the coronavirus crisis paid by the state
- 4) COVID Healthcare expenditures, including equipment, consumables, vaccination cost, massive rapid test program, self-tests for students, network for covid-tests in houses
- 5) COVID expenditures of other ministries and other measures (incl. compensation scheme for fixed expenses)
- 6) Coverage of the SSCs of employees of firms affected by the coronavirus crisis, whose labour contracts were suspended
- 7) Other measures aiming to support employment (including short-term employment scheme & hirings subsidy program)
- 8) Hirings for public transports, of temporary healthcare personnel, bonus to medical personnel

The National Recovery and Resilience Plan

The Greek National Recovery and Resilience Plan (NRRP), “Greece 2.0”, aspires to facilitate a major shift in the Greek economic model and institutional framework. It includes many reforms and investments, steering the Greek economy towards a permanent, dynamic and resilient growth model. “Greece 2.0” goes beyond economic recovery by introducing fundamental

economic and social reforms, which will affect - apart from economic activity - also technologies, attitudes and institutions. In particular, the plan intends to enhance, among others, a more resilient social protection network and it will play a key role in enabling Greece to emerge stronger from the COVID-19 pandemic. “Greece 2.0” comprises of four main pillars (Green Transition, Digital Transition, Private investment and transformation of the economy, and Employment, Skills, Social Cohesion (Health, Education, Social Protection). The latter is budgeted at €5.2 billion (expected to mobilize a total of €5.3 billion).

A total of €1.5 billion is earmarked to improve the resilience, accessibility and sustainability of health care. The spending will include organisational reforms; infrastructure investments in primary health care (EUR 189 million), supported by measures to increase the stock of GPs; renovation and upgrading of public hospitals (€317 million); the digital transformation of health services (€278 million); and funding for the national public health prevention strategy (€254 million), which also encompasses national screening programmes and improving palliative care for cancer patients

Total investment resources mobilised by RRF

Pillars and Components	RRF Budget	Mobilised Investment Resources
	(million €)	(million €)
3. Employment, skills and social cohesion		
3.1 Increasing job creation and participation in the labour market	776	776
3.2 Education, vocational education and training, and skills	2.311	2.395
3.3 Improve resilience, accessibility and sustainability of healthcare	1.486	1.486
3.4 Increase access to effective and inclusive social policies	611	611
Total Resources Pillar 3	5.185	5.268

Source: <https://greece20.gov.gr/en/pillars-and-components/>

VI. On the measures related to welfare programs and social assistance schemes

Specific reference is made below to welfare programs and social assistance schemes that complement policies to tackle poverty and social exclusion.

Guaranteed Minimum Income (GMI)

Following a pilot implementation, Guaranteed Minimum Income (GMI) was added in the Greek welfare state in a nationwide rollout since February 2017. GMI is a tax financed welfare program that is addressed to households living in extreme poverty and complements the policies to tackle poverty and social exclusion. The program combines three pillars:

- a. Income support: cash benefit to a recipient unit
- b. Complementary social services, benefits and goods for the members of the household, if they meet the criteria for inclusion in each program.
- c. Activation services: promoting beneficiaries, provided they are able to work to actions aiming at the integration or reintegration into the labor market.

The program is centrally organized, and entitlement is based on subjective right: to be eligible to the program, households must simultaneously meet all income, assets and residency conditions laid down by the law. The minimum resource level which the GMI is intended to ensure depends on the program's overall annual budget and an approximation of the extreme poverty threshold. The amount received varies according to the household situation (i.e. number and age of household members) and the actual total income of all household members.

The maximum guaranteed amount is €900 per month, regardless of the composition of the household.

Taking into account that the full development of the 2nd and 3rd pillar of GMI is critical for the programme to achieve its long-term objectives:

- ❖ Fund for European Aid to the Most Deprived (FEAD) has been totally integrated in the GMI eligibility rules and business processes. Each GMI's recipient unit can be automatically included in FEAD directly through the GMI platform;
- ❖ Since August 2018 all workable unemployed beneficiaries have to register with the Public Employment Services;
- ❖ Since November 2018, school registration among minor children in beneficiary households has been compulsory for the submission of the application in order to mitigate school dropout;
- ❖ During 2019, a pilot project for the interconnection of GMI beneficiaries with the social support and labour market activation pillars was implemented in 32 municipalities from all the regions of the country. The findings of the pilot were evaluated and since June 2021 a regular procedure for the interconnection of GMI beneficiaries with the 2nd and 3rd pillar is in force with the following main results (June 2021 – December 2022):
- ❖ 51,654 obligations appeared in GMI platform, leading to the creation of 45,189 Individual Action Plans and 24,731 sessions for 2nd pillar services

Housing Benefit

Housing Benefit is a separate social assistance scheme implemented since March 2019 aiming to help low income households who live in rented primary residences to meet their housing costs.

The programme is centrally financed and organised and entitlement is based on subjective right (to be eligible to the programme, households must simultaneously meet all income, assets and residency conditions laid down by the law).

The amount of the benefit is a proportion of the average household's estimated rent expenses, within the programme's overall annual budget. The total amount of the benefit cannot exceed €210 per month, irrespective of the composition of the household.

Housing and work for the homeless

It is a housing-first inspired program for persons and families experiencing homelessness, implemented since 2015. It is being implemented every two years with a total budget of 10 million euros (state budget funding) and provides the following services for about 600 households:

- Rent subsidy up to 250 euros per month to one person households and 350 euros for multi-person households for a period of 24 months.
- One-off allowance of 1.000 and up to 1.300 euros for household equipment.
- One-off allowance of 1.000 and up to 1.300 euros for household bills
- Counseling and social support
- Work subsidy (full minimum wage covering) for a period of 12 months
- Non-wage subsidy for another –consequent- period of 12 months
- Subsidy for training and working skills building
- Linking with complementary social services and allowances during the program (especially GMI) and after exiting the program (housing benefit)

Recovery and Resilience Fund

Greece will promote through the funding from the Recovery and Resilience Fund a series of measures and strategic reforms to meet the challenges faced. These include the following:

- Social Reintegration of the Most Vulnerable Groups

The subproject “*Social Reintegration of the Most Vulnerable Groups*” emerged as an integral part of the wider policy for the interconnection of GMI beneficiaries with the 2nd (social services) and 3rd (labour market activation) pillar of GMI. In this context, the subproject focuses on the support of the most vulnerable groups, i.e. GMI beneficiaries and homeless people, aiming at their (re)integration in the labour market, through a comprehensive upskilling and employment programme. More specifically the following implementation tools will serve the targets of this component:

- Combined training programmes customised to beneficiaries skills and education level
- Labour cost subsidies for the recruitment of GMI beneficiaries and homeless people

- Social Housing for the most Vulnerable Groups

The subproject “*Social Housing for the most Vulnerable Groups*” focuses on providing housing support to most vulnerable groups threatened by or facing homelessness. The objective of this subproject is to develop a pilot social housing program for vulnerable groups, hence reduce homelessness in large urban areas (Municipality of Athens and Municipality of Thessaloniki), by

building up networks between private homeowners and local social services. The main stages of the implementation process are:

- Planning of incentives for home owners
- Setting out the selection criteria for beneficiaries and the terms and conditions of the social housing program
- Recording of private and public housing stock
- Renovation programme
- Selection of beneficiaries
- Implementation of the social housing program
- Evaluation of the programme

VII. On the access to medical services and health care of vulnerable social groups

Access to health care of the uninsured persons and vulnerable social groups

On 21 February 2016, new legislation came into force (Law 4368/21/A'/21.2.2016) referring to the health coverage of uninsured and vulnerable social groups. A subsequent ministerial Decision⁷ has been issued, concerning instructions and arrangements to ensure the access of the above social groups to the Public Health System.

Also, Law 4549/2018⁸ stipulates that EKAS⁹ beneficiaries and insured persons suffering from diseases that justify a reduced participation of 10% do not pay participation for their treatment when choosing the use of a generic medicine.

Article 104 of Law 4600/2019¹⁰ provides that all physicians, who are certified in the electronic prescription System, are authorized to prescribe medicines, therapeutic actions and diagnostic tests for the uninsured and vulnerable social groups of Law 4368/2016. The above treatments and diagnostics examinations are conducted in public health structures.

Article 38 of Law 4865/2021 provides that physicians from the public sector only are allowed to prescribe medicines for the uninsured and vulnerable social groups of Law 4368/2016.

Access to medical services and health care of asylum seekers

In line with article 75 of law 4939/2022, all third country nationals and stateless persons that submit an initial application for international protection (asylum) in Greece are provided with an asylum seeker's card, on the same day they lodge their claim, which is valid until the examination procedure is completed (at 1st or 2nd instance), and that allows them to access broad medical services, and health care. A Temporary Number of Insurance and Health Care (PAAYPA) is issued for each applicant and is matched with the asylum seeker's card.

According to Joint Ministerial Decision 605869/2022, displaying a valid asylum seeker's card with PAAYPA gives asylum seekers access to primary and secondary health care, provided by public institutions, as defined by the Unified Regulation of Health Services. For example, they

⁷ No. A3(γ)/ΓΠ/οικ.25132, Official Gazette 808/B'/4-4-16

⁸ Law 4549/2018, Official Gazette A' 105

⁹ EKAS - Pensioners' Social Solidarity Allowance

¹⁰ Law 4600/2019, Official Gazette A' 43

have access to preventive care, clinical and medical examinations, dental care, hospitalization, outpatient care, medical devices, and physical therapy. Moreover, pregnant women and unaccompanied minors have their access to healthcare extended even after a final rejection of their asylum application.

Finally, those applicants, that are recognized as beneficiaries of international protection, are provided with a residence permit that allows them to access medical care, including special treatment for mental and psychological impairments, at the same level with Greek citizens.

All healthcare provisions for applicants and beneficiaries of international protection are not subject to reduced public funding due to any austerity measures, and the ensuing cost can be additionally covered by EU financial programs and funds.

VIII. On other specific issues related to access to health care and medical services

Regarding Laws 4368/2016 and 4865/2021, the main target of the Government was to protect and provide for the vulnerable groups, in this case the uninsured, who have access to every public health unit at the same extent as the individuals who contribute to the health system. In addition to that, there are certain groups, who are estimated to be even more vulnerable than the uninsured and for that reason they are exempt from the obligation to only be treated by doctors of the public sector¹¹. In particular, people with incurable diseases, the disabled and people suffering from AIDS can also seek prescription of the necessary treatment amongst the private sector¹². At the same time, prescription of vaccines can be done by doctors in the public or private sector for every individual regardless of their status¹³. Also, everyone has access to ICU beds in private clinics that are in a contractual relationship with the Ministry of Health¹⁴. Especially during the covid crisis, art. 47 of the Law 4753/2020 safeguarded the right of vulnerable groups and of the uninsured, who need hospitalization, to be able to enter a private clinic if they can't enter a public hospital, regardless of the disease they are suffering from. In that case, the Ministry of Health bears all the expenses incurred.

It should be mentioned that there was no reduction in health benefits (Ministerial Decision Ref No. ΕΑΛΕ/Γ.Π. 80157/2018). Benefit levels were either maintained at the same levels as in 2012 or increased. As for example in the case of special therapies (speech therapies, psychotherapies).

As regards planned medical care abroad with prior authorization for uninsured and vulnerable social groups, according to Law 4368/2016, the Greek National Organization for the Provision of Health Services (EOPYY) also provides equal access to health care abroad to uninsured persons and vulnerable social groups as follows:

EOPYY authorizes cross-border healthcare and bears all the costs of the care, as defined in Article 32 of the Unified Health Benefits Regulation (EKPY), if the patient:

¹¹ Ministerial Decision 30268/2022 (GG B` 2673/31.05.2022)

¹² Ministerial Decision 30268/2022 (GG B` 2673/31.05.2022)

¹³ Ministerial Decision 30268/2022 (GG B` 2673/31.05.2022)

¹⁴ Art. 13 Law 4558/2018 (GG A 140/1.8.2018)

- cannot be treated in Greece either because the appropriate scientific means are not available or because the specific medical method of diagnosis and treatment required is not applied, provided that all of this is possible abroad and is not an experimental or research method;

or

- cannot be treated in Greece in time and within the medically necessary time, and any delay in dealing with her/his condition jeopardizes the patient's health.

Furthermore, as regards the pharmaceutical policy, the following information is provided.

The reimbursement rates are:

1. 100%: for medicinal products for human use for severe diseases and vulnerable social groups (e.g. low-income pensioners)
2. 90%: for medicinal products for human use for specific chronic conditions
3. 75%: is the standard rate of reimbursement.

There is no discrimination between insured and uninsured patients. Furthermore, according to article 26 of Law 4549/2018 (Official Gazette FEK 105A), patients' contributions reduce to 0% (i.e. 100% reimbursement), if the patient selects a generic drug.

The reimbursement list is regularly updated, usually when a new price list has been published.

Concluding remarks

According to the latest OECD Country Health Profile (2021) key findings¹⁵, health expenditure has grown in recent years, after a significant reduction between 2009 and 2015, brought about by wide-ranging measures, including targeting wasteful spending, notably on pharmaceuticals, by means of improved governance, pricing and expenditure ceilings to reduce the incentives for supplier-induced demand. Levels of spending are still below the EU average, but additional, short-term funding injections were secured for the health sector during the COVID-19 pandemic.

Despite weaknesses in its public health system and health emergencies competencies, Greece acted swiftly and pre-emptively to respond to the COVID-19 pandemic, introducing a range of mitigation measures that stemmed the impact of the first wave. Health system responses included the upscaling of laboratory capacity to boost testing and measures to secure more intensive care unit beds and health personnel to deal with subsequent surges in case numbers.

¹⁵ OECD/European Observatory on Health Systems and Policies (2021), *Greece: Country Health Profile 2021, State of Health in the EU*, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

Primary care health centres – the focus of ongoing reforms to strengthen the public provision of primary care – also played a role in detecting and managing COVID-19 cases.

In light of the information presented above, the Greek Government calls on the European Committee of Social Rights to take into account all the above parameters, and to recognize the efforts of the Greek Government to address this unprecedented pandemic, and avails itself of the opportunity to submit further observations by the Ministry of Health in due course,

in order to hold that the complaint under consideration is unfounded.