

MINISTRY OF HEALTH AND SOCIAL SOLIDARITY

AGEING IN GREECE AND CURRENT POLICY TRENDS

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1. STATISTICS ON AGEING

GENERAL:

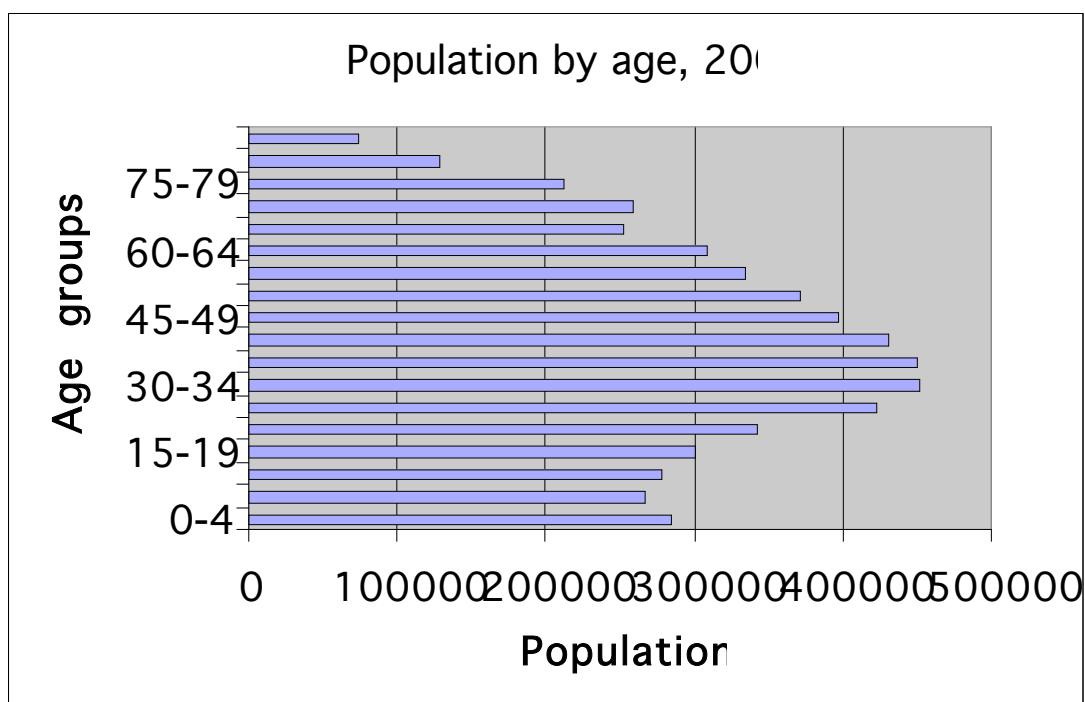
Capital	Athens
Population mid-year ¹	11.237.094
Area (km ²)	131.957
Population density (per km ²)	85,2
Population aged 0-14 (%)	14,3
Population aged 65+ (%)	18,7
Official language:	Greek
Data joined UN:	25 October 1945
National currency:	Euro

POPULATION BY AGE-GROUPS²

Total	5565281
0-4	284262
5-9	266514
10-14	277365
15-19	299976
20-24	342191
25-29	423480
30-34	451095
35-39	450196
40-44	430715
45-49	397173
50-54	372054
55-59	334291
60-64	309377
65-69	252093
70-74	258919
75-79	211775
80-84	129379
85+	74426

¹ Average population, mid - year 2008, Source: ESYE

² Average population, mid - year 2008, Source: ESYE



POPULATION LIFE EXPECTANCY AND HEALTH³

Life expectancy at birth (in years)	
Total	79,8
Men	77,4
Women	82,2

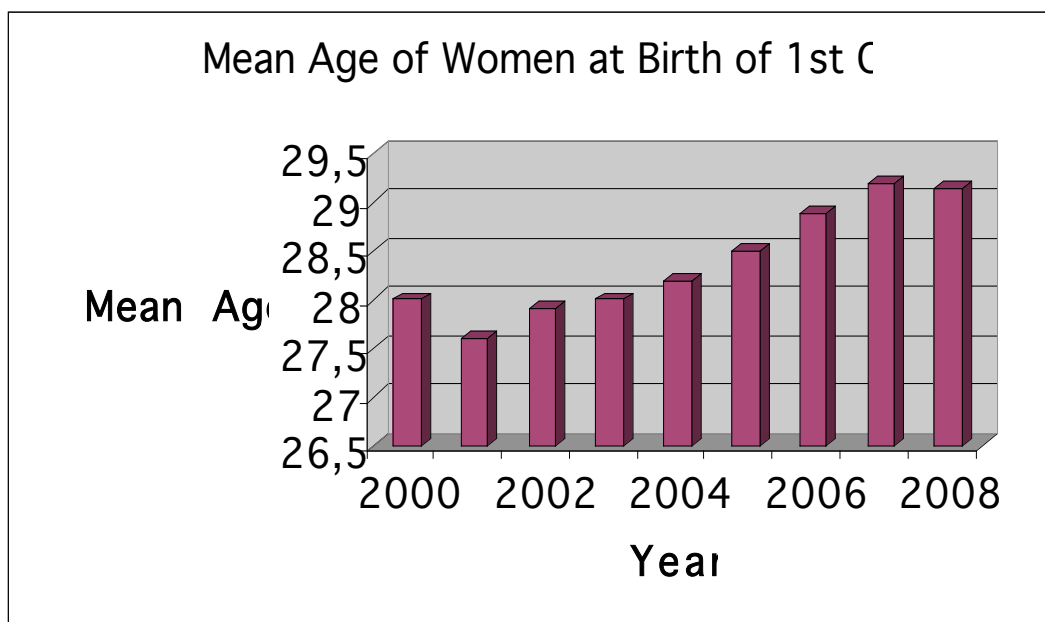
Life expectancy at 65 (in years)	
Total	18,6
Men	17,6
Women	19,8

Total fertility rate	1,4
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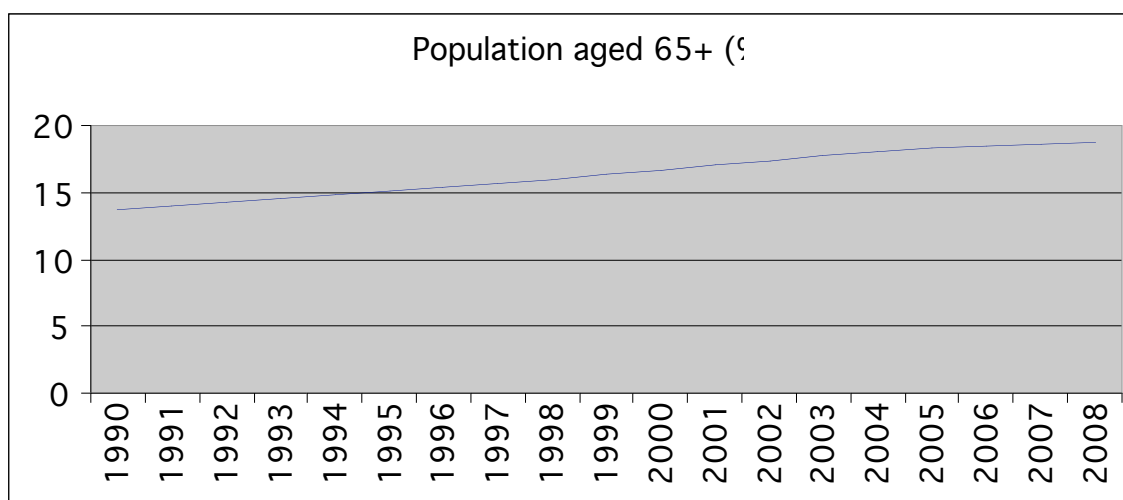
Infant mortality rate (%o live births)		
Total	Boys	Girls
3,5	2	1,5

Mean age of women at birth of 1 st child	29,15
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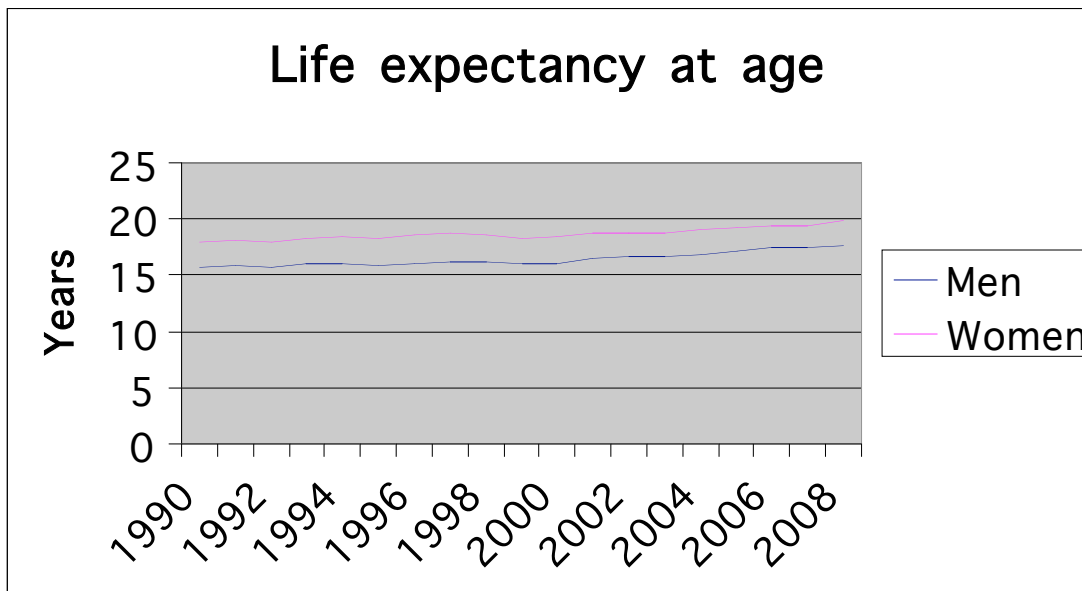
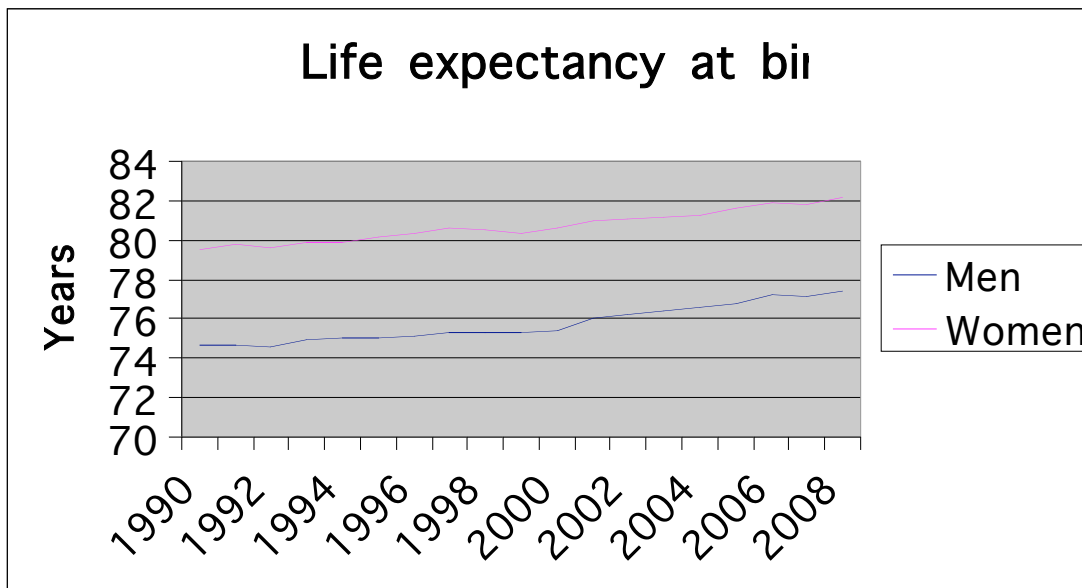
³ Data 2008, Source: ESYE



In a society where the ageing population continues to increase, as in Greece, it is necessary to improve care for the elderly, given that today old people are an important part of the population. In particular, according to the National Statistical Service of Greece (ESYE), the population of people over 65 who live permanently in the country has increased from 13.7% in 1990 to 18.7% in 2008, and it still presents upward trends. Besides, the population of people from 0 to 14 years has decreased from 19.4% in 1990 to 14.3% in 2008.

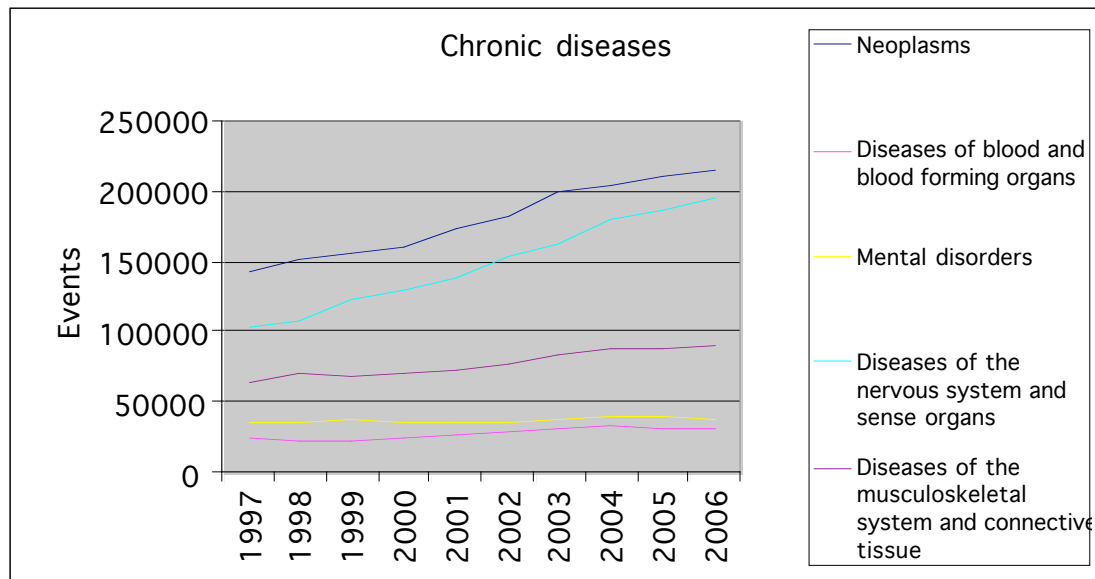


On the other hand, life expectancy in Greece has increased for both men and women, due to the improved quality of life and health. While in 1990 the life expectancy at birth was 74.7 years for males and 79.5 years for women, in 2008 it reached 77.4 years for men and 82.2 years for women. Likewise, life expectancy at 65 years has increased: In 1990 it was 15.7 years for men and 18 for women, and in 2008 it reached 17.6 years for men and 19.8 years for women. Life expectancy continues to increase, which reinforces the demand for more long term care services provided by the state (Source: ESYE).

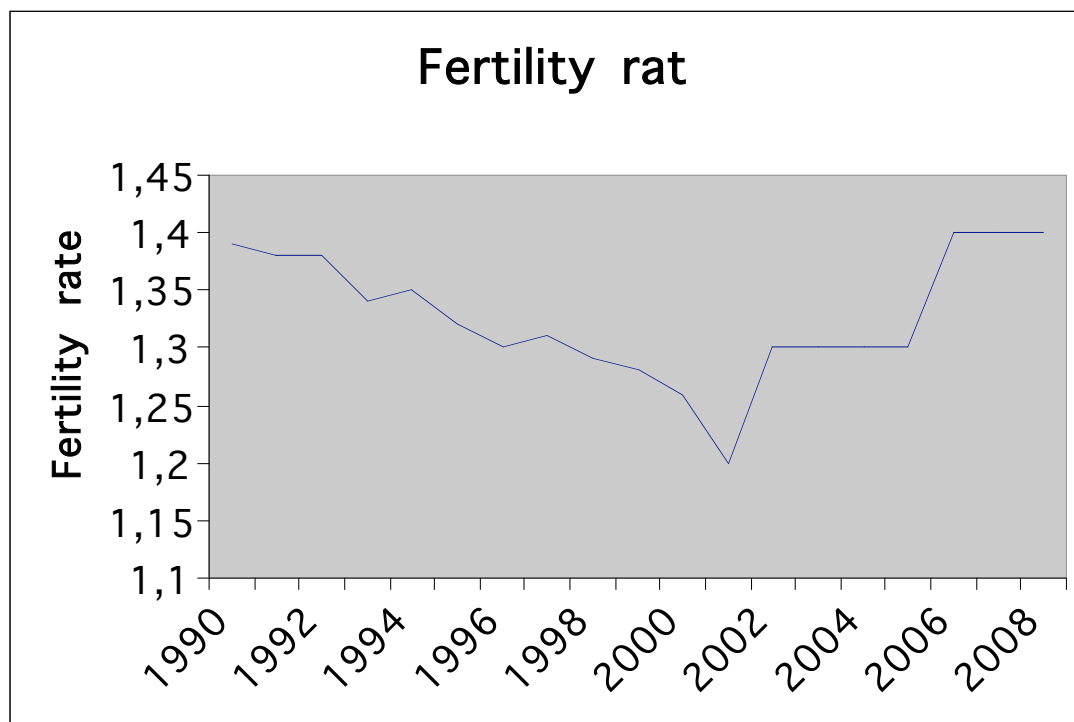


The above extension of human life is associated with an increased number of cases of diseases which often require long-term health care, such as neoplasms, diseases of blood and blood-forming organs, mental disorders, diseases of the nervous system and sensory organs and diseases of the musculoskeletal system and connective tissue. Long-term care is necessary in order to enable the elderly to enjoy as many years as possible, enjoying health and quality of life. According to a survey conducted by the National Statistical Service of Greece about the closed hospital care, in 1997 there were 142,939 cases of neoplasms, 24,154 cases of diseases of blood and blood-forming organs, 36,139 cases of mental disorders, 102,591 cases of diseases of the nervous system and sensory and 64,549 cases of diseases of the musculoskeletal system and connective tissue, in the entire Greek population. The cases of all these categories have been increased during the time. In 2006 the neoplasms reached the 214,034 cases, the cases of diseases of blood and blood-forming organs were 31,419, the cases of mental disorders were 37,888, the cases of diseases of the nervous system

and sensory organs were 194,142 and the diseases of the musculoskeletal system and connective tissue reached the 90,738 cases (Source: ESYE).



Greece has also experienced, like many other developed countries, the problem of the decline of the fertility rate, which exacerbates the problem of ageing. In recent years, however, a recovery ratio has been observed, which may result from technological and medical progress, and also from the incentives given by the State for having children. Specifically, while in 1980 the fertility rate was 2.2 in 1990 it fell to 1.39 and in 2001 to 1.2, but from 2006 and then it has returned to 1.4 (Source: National Statistics). However, the index remains low, which shows up the necessity of additional measures.



Finally, the increase of the activity of the entire population, and especially of women, suggests the need for special structures to support the family's care of the elderly.

2. GREEK POLICY TOWARDS COMMON CHALLENGES

In our days there is a comprehensive program being realized in order to modernize the National Health and Social Solidarity System, which includes a range of political and operational interventions. It is sure that the challenges of ageing will be ensured through a process that will lead safely the system of Health and Welfare to the Information and Knowledge Society. There is also a major effort to reform the health system with extensive interventions in all sectors and levels of care, which gradually upgrade the administrative and operational capacity of the system, especially that of hospitals, resulting in better service and better patients' access to health care⁴.

In addition, some other administrative bodies have taken measures for the management of ageing, such as the Ministry of Labour and Social Security.

3. INTEGRATION AND PARTICIPATION OF ELDERLY IN SOCIETY

The integration and participation of older people in society is ensured through the provision of specific programs for the elderly by the state. The most important of these are Open Protection Centres of the Elderly and the camping program.

The Open Protection Centres of the Elderly (KAPI) are open programmes involving the elderly over 60 years without socio-economic criteria, in order to integrate and socialize all members of the community. They provide all forms of organized recreation, medical care, physiotherapy treatment, occupational therapy, social work, provision of hospital care and all kinds of material and moral services to the elderly.

There are 32 childrens' camping areas of the State program hosting children, families, elderly and disabled people with low family income. The operation of the camping areas is assigned to the Prefectures jointly by the Ministers of Interior, Decentralization and Electronic Governance, Finance and Health and Social Solidarity.

The Ministry of Health and Social Solidarity implements every year a camping and spa program for senior citizens throughout the country, that endures from June to October, lasting ten days for each elderly person.

All the older of the country may participate in this program and in priority are the following categories:

- who have low socioeconomic level
- who have recently been widowed
- who are generally unable to go on summer holidays.

The number of people that will be hosted at each camping site is determined by the Ministry of Health and Social Solidarity bearing in mind the economic possibilities and the potential hospitality of each site. Each agency participating in the program is

⁴ Source: Ministry of Health & Social Solidarity, Annual Health Report (2005)

paid an amount for each guest by the Ministry, as determined in consultation with the stakeholders.

4. PROMOTING A POSITIVE IMAGE OF AGEING

In Greece there are efforts to promote a positive image of ageing and of the role of elderly in society. The Law 1931/1991 has set the 1st October of each year as the day of elderly. So, every year the Minister of Health and Social Solidarity issues a bulletin inviting everyone to offer the elderly any possible support and care and also the prospect of active ageing and dynamic participation in society. It's indicated that this sensitive social group is not a veteran of life but a dynamic social capital having a valuable experience that can contribute significantly to the overall social progress and development. The aim is to develop a new social environment where longevity would not be synonymous with retirement but it would be seen as a continuous offer, participation and self-realization.

5. ADAPTING THE SOCIAL PROTECTION SYSTEMS TO DEMOGRAPHIC CHANGES

5.1 REVENUES AND EXPENDITURE OF SOCIAL PROTECTION

In recent years there are attempts to adapt the social protection system in modern demographic changes. Thus, the social budget, which reflects the system of social protection, included in 2008 increased revenues and expenditure on social protection, and in particular⁵:

	Revenues (in thousand Euros)	Expenditure (in thousand Euros)
Social Security	49,318,381	45,766,195
Sickness/ Health Care	5,203,748	5,203,748
Welfare	873,789	873,789

The increase in Social Security revenues in 2008 is a result of

- The increase of social contributions
- The increase of property income
- The increase of earmarked resources.

The increase in Social Security expenditure in 2008 is attributed to the rise in the number of beneficiaries and the readjustment in the level of social benefits.

5.2 BENEFIT POLICIES FOR THE REDUCTION OF POVERTY IN GREECE

The benefit policies aiming at reducing poverty in Greece are designed and promoted by public sector bodies, that implement programs protecting vulnerable groups, as defined by the Constitution and specified by the legislation. The public sector bodies involved in the field of the alleviation of poverty are organized administratively into three levels: central government, prefectural authorities and municipalities.

⁵ Source: Ministry of Labor and Social Security, Social Budget (2008)

The most important reforms for the organization and operation of the public system for the alleviation of poverty, in the level of central administration, are promoted by the Ministry of Health and Social Solidarity. But there are also reforms made by other ministries: the Ministry of Labor and Social Security (actions for the development of specialized services promoting the occupation of specific groups regardless of their working status), the Ministry of Finance (social protection measures for poor individuals / families) and the Ministry of Rural Development and Food (actions for the poor).

The Ministry of Health and Social Solidarity has developed the following benefit programs⁶:

- Disabled support programs
- Uninsured elderly support programs
- Unprotected children support program
- Uninsured mothers support program
- Support program for repatriates and expatriates
- Benefit program in case of natural disasters
- Program of emergent financial aid for the weak.

In particular, the uninsured and financially weak elderly over 65 years who live alone or in pairs and it's proved that they lack a house, are paid a housing allowance in the form of housing rental. The program is implemented by the Directorate of Social Welfare of each Prefecture of the country.

5.3 SOCIAL PROTECTION OF WOMEN AND RECONCILIATION OF WORK AND FAMILY LIFE

Given the aim at strengthening intergenerational solidarity, it is obvious that measures to support the care of the elderly within the family are needed. This requires, inter alia, greater involvement of men in care.

The measures related to the regulation of the relations of interdependence between the sexes regarding the care of the elderly, should be designed and implemented based on the principle of equality and social justice. In this sense, it would be unfair for the woman to bear the entire burden of care, as it was happening traditionally in the past and it still happens today, thus a greater involvement of men in this task is required.

According to a survey conducted in 2005 by the National Statistical Service of Greece, the total number of women who regularly take care of people older than 15 years is almost 323,000, in contrast with the corresponding number of men who are less than 178,000. And the men from 55 to 64 who take such care are just 32,500, while the corresponding figure for women is 80,000.

The most effective way to make this possible is to change the profile of the modern man from the purely traditional role as the main source of family income and employed almost exclusively to external work in a role better suited to the modern

⁶ Source: ministry of Health & Social Solidarity (2008), Targeted policies to combat poverty in the Greek social welfare system.

principle of gender equality. At a time when both spouses work and contribute to the family budget, it is obvious that the remaining obligations should be distributed equally. Greater involvement of men in this "female" role does not mean just providing the necessary services to a related member in need, but also greater emotional involvement, as the care of older people is inextricably linked with emotion, especially in the frame of family. Therefore, we need a different education for men.

Apart from the legislative regulation and the principle of equality, in Greece boys are educated in the same college with girls and learn from an early age the value of gender equality and the importance of the contribution to all family tasks. As a result, modern men are more conciliatory than the older and most receptive to their new role. However, much remains to be done, as there has not yet been full equality in this area, and an increased involvement of men is required.

Reconciling work and family life is achieved moreover through special programs implemented in Greece, such as the Elderly Day Care Centres, the Open Protection Centres of the Elderly and the Elderly Protection Program "Aid at Domicile."

The Day Care Centres of the Elderly in urban and suburban areas accommodate during the day older people who cannot look fully after themselves (due to physical difficulties, dementia, etc.), and the members of their family work or face serious social or economic problems or health problems and they are not able to respond to the care of the elderly. The Day Care Centres of the Elderly are established and operated by municipal enterprises, joint municipal enterprises, municipal business associations of local authorities and, also, by private non-profitable entities. They cooperate with local organizations providing social services such as health units and the Welfare Directorates of the Prefectures of the country providing social services.

The Programme "Aid at Domicile" is part of the primary social care services, providing nursing care, social care services and domestic assistance to older people who live alone continuously or at certain times of the day and cannot sufficiently take care of themselves, and also to disabled people who face situations of isolation, exclusion or family crisis. Its aim is to support and care for the elderly in their home, to enhance the quality of their life, to inform the society and to attract volunteers. It's implemented under the responsibility of the Local Authorities in municipalities throughout the country, primarily in remote mountainous and island areas.

6. ENSURING QUALITY OF LIFE IN ALL AGES AND LIVING INDEPENDENTLY

6.1 MECHANISMS FOR THE GUARANTEE OF ACCESS IN HEALTHCARE SERVICES

Given the available data about the Greek health system, there is not institutional ly any discrimination or restriction on access of any individual or population group to health services, but the "responsiveness" of the system towards its citizens is not very high. This is considered to be the result of some weaknesses in our health system.

Waiting lists, particularly in specific and specialized departments, clinics and

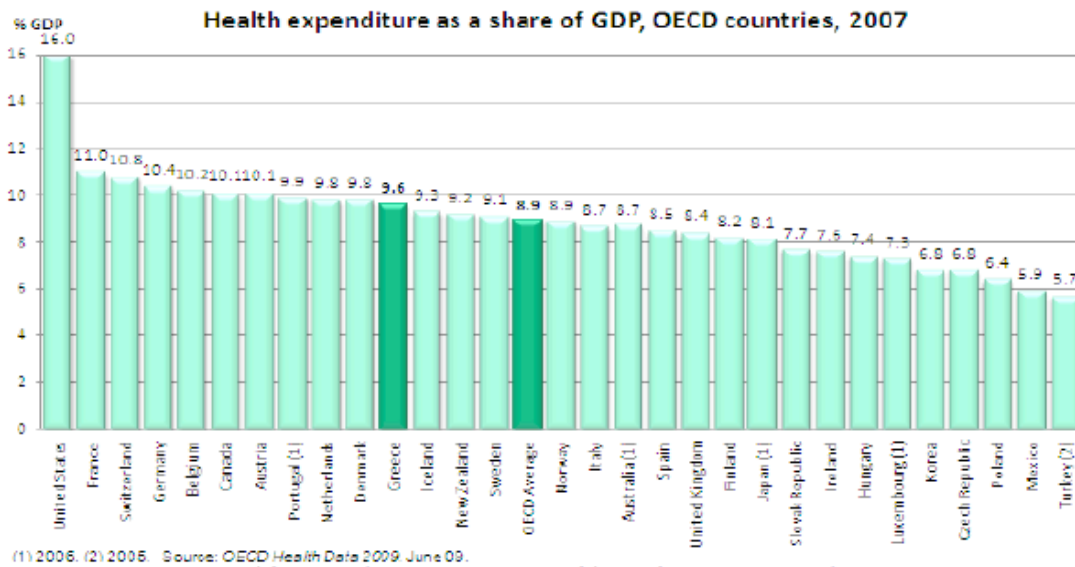
laboratories are not long and they do not create significant problems of access, as in other EU countries. A recording of waiting lists in all public hospitals in Athens and Thessaloniki held by the Ministry of Health and Social Solidarity in early 2001 has shown that there are waiting lists in a relatively small number of specialties in the outpatient clinic, in a few specialized clinics and in a small number of specific laboratories. These lists entail waiting between 10 and 30 days and only in 3-4 cases more than six months. Even if there are not any recent measurements, it is sure that waiting lists have been shortened more from 1/1/2002 because of the operation of the Health Sector Coordination Body (SOTY) in most National Healthcare System hospitals.

Easy and unhindered access to health services is a primary aim of every national health policy. In this broad sense, any health policy that is designed and every measure and intervention must contribute directly or indirectly in this direction. Therefore, all contributions made in recent years in our country, such as building new hospitals and health centres, modernizing and completing medical equipment, creating new specialized departments, such as intensive care units and increased care units, artificial kidney units, and upgrading system staffing, all these promote the equal access of patients to health services.

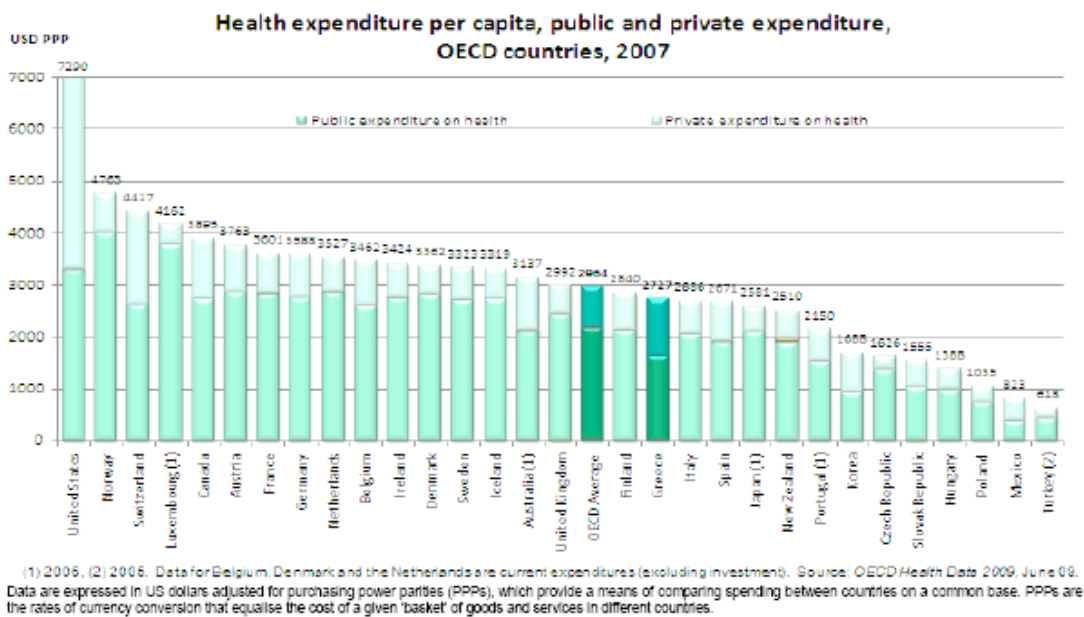
Coverage of the major shortcomings in long-term nursing facilities, and also in rehabilitation and social reintegration of the elderly and chronically ill people is a major challenge for our health system. Moreover, organization of preventive services and health education are considered as necessary, in order to confront effectively the major issues of public health concerning particularly the elderly, such as cardiovascular diseases, cancer, diabetes, mental illness and dementia. A key challenge is to shift the orientation of our health system from remedy to prevention.

Ensuring an integrated set of health services for the entire population is an important priority for the Greek government. This is shown by the continuous increase in health expenditure and the great effort that continues with the National Strategic Reference Framework for the completion and modernization of infrastructure and medical equipment of hospitals and health units. Therefore, in recent years many new hospitals have been established, adding to the National Health System more than 5,000 modern beds.

In particular, total health expenditure in Greece in 2007 reached 9.6% of GDP, slightly above the average of OECD countries (8.9%).



But in terms of per capita health expenditure, Greece is below the average of OECD countries, with health expenditure \$ 2,727 per capita in 1997 against the average expenditure of \$ 2,964.



Between 2000 and 2007 per capita health expenditure in Greece has increased by 6.8% per year on average, a ratio higher than the average of OECD countries (3,7%) (OECD, Health Data 2009).

Major projects are expected to be completed, such as infrastructure, equipment, computerization and management of hospitals, of ambulance services, of welfare and social care, and also the integration of psychiatric reform and the education and continuing training of health and welfare staff.

6.2 EXPENDITURE AND FINANCING OF HEALTH CARE

As mentioned above, most expenses are covered by the state budget (direct and indirect taxes) and the rest of them are covered by the social security system (contributions of employees, retirees and employers). As concerns hospital care, most expenses address to public sector. On the other hand, the incomplete and fragmented system in primary care and the inflation of doctors are the main reasons for increased private spending on non-hospital and dental care. The largest percentage of private expenditure concerns dental care (34%), while the 31% of it concerns primary care, the 15% of it concerns pharmaceutical care and the 12% of it concerns hospital care. However, in the past decade not only total expenditure, but also separated public and private expenditure tends to increase.

Unfortunately there is insufficient reliable information that would allow us to assess how much of this cost on health care address to the elderly. However, given the high life expectancy at birth, the low fertility rate and the fact that the healthcare needs and therefore the cost of care for the elderly are much greater than those of general population, it is evident that a very large proportion of health expenditure addresses to the elderly.

The funding modes and mechanisms constitute a complex system of pricing, cash flow and payments, involving state budget, pension funds, public hospitals, clinics insurance agencies and private sector⁷.

6.3 PROMOTION OF A HEALTHY LIFESTYLE

Greece is making every possible effort to promote a healthy lifestyle not only for the elderly, but also for the whole population.

A recent example is the recent anti-tobacco law and the anti-smoking campaign organized by the Ministry of Health and Social Solidarity. The aim is to prevent and protect public health, as smoking is the biggest mortality factor in Greece, causing 20,000 deaths per year, while passive smoking is responsible for 700 deaths each year. Apart from the loss of human lives, the diseases related to smoking result in large economic costs, that are estimated at 2 billion per year⁸.

Another example is the campaign against cancer under the supervision of the Ministry of Health and Social Solidarity, which aims at prevention, early diagnosis and treatment of this disease⁹.

7. SUPPORT OF FAMILIES TAKING CARE OF THE ELDERLY AND ENCOURAGEMENT OF INTERGENERATIONAL SOLIDARITY

The demographic reality should not be faced by the government as a problem or pathogenicity of the system, but as an opportunity for a new assessment of economic and social policies in the society and as a right of every individual in social participation. The intergenerational solidarity is a key piece of equal coexistence and cooperation of people in all sectors of life, including social welfare, social inclusion, employment, health, environment, education and volunteering. This will ensure the

⁷ Source: Ministry of Health & Social Solidarity, Annual Health Report (2005)

⁸ <http://www.smokestop.gov.gr/index.php?m1=home&m2=smk>

⁹ <http://www.anticancer.gov.gr/default.aspx>

intergenerational equity, namely the right of future generations to enjoy a quality of life as good as or better than this of the current generation. Maintaining independence and good health of the elderly, restoring mobility and accessibility and assuring the participation of older people in decisions regarding the provision of services, should be priorities.

In order to support intergenerational solidarity without reinforcing gender and social inequality, national policies should focus on the following points:

1. In developing a comprehensive strategy of "active ageing" in order to increase employment, lifelong learning and volunteering for the elderly. According to WHO, the adjective "active" does not refer only to participation in the labour market but also in social, economic, cultural, intellectual and political life. Governments should ensure that the competent institutions of the central government have appropriate mechanisms for the detection and understanding of the demands of social partners. At the same time, they have to raise, through an integrated communication policy, the benefits of active ageing in business and employees, ensuring the active involvement of social partners, which indeed should be given opportunities to express their underlying concerns and experiences. Aiming at this, apart from the provisions of the terms of retirement, certain incentives may be established in order to retain workers over 55 years in the labour market. The measures must focus on: a) the reform of pension systems, b) the provision of active employment policies, c) the better access to education and training, and d) the adjustment to working conditions (health and safety at work etc). In Greece, the model of supported familialism is followed. Specific examples that can be mentioned, concerning measures taken by the Ministry of Employment, as reflected in legislation, are: first, special employment programs for the elderly established by the Employment Service (OAED) as the "Grant of companies for the recruitment of unemployed people who are close to retirement", and also programs that develop the skills of older people and help them reintegrate into the labour market. Second, certain institutional steps have been taken for the activation of the unemployed and incentives are given for the recruitment of older workers in permanent or part-time jobs, particularly in the Law 3227/04 "Measures to tackle unemployment and other provisions" and the Law 3250/04 "Part-time employment in government, local authorities and public entities". Third, the contribution of the law establishing the Special Fund for Social Solidarity and the Law 3369/05 which outlines the strategy for lifelong learning are thought to be important. Indeed, the new programming period 2007-2013 gives emphasis on training the unemployed and older workers. Fourth, the Law 3304/05 embodies the principle of equal treatment irrespective of racial or ethnic origin, religion or belief, disability, age or sexual orientation. Also, the newly created Gender Equality Circle of the Greek Ombudsman aims at applying the principle of equal treatment. The new Circle identifies and examines, inter alia, citizens' complaints relating to age discrimination. Finally, there are incentives given to employees to remain keep working after their being 65 years old.

2. The reconciliation of work and family life and the creation of an effective social and family policy to support the creation of family and to combine work and family life of women, in order to increase the workforce. In Greece this is achieved through specific projects, and, in particular, through the program "Aid at Domicile", the Elderly Care Units, the Day Care Centres of the Elderly and the Housing Assistance

Program, as described above.

3. The provision of incentives given to employers for the fair treatment of employees regardless of age, implementing programs of information and awareness so as to eliminate discrimination against older workers. It should be noted that especially for the private sector a code of conduct for employers in the sector of Age Diversity could be created, which would include a guidance system to combat discrimination against older employees.

4. The creation of a national, and possibly transnational, body responsible for the systematic consultation on the environmental and financial impact of current policy choices to future elderly.

However, the most important is, as mentioned above, that ageing should not be seen as a threat but as an opportunity to improve social policy and promote intergenerational equity.

On the other hand, the families that take care of the elderly should be supported by the state not only through elderly care services, but also through income transfers. That is necessary because the case of each old man is special and requires a combination of benefits to satisfy his needs. Providing just care services can not effectively improve the living standards of older people if their income is too low and the family does not have the necessary financial means to support them. On the other hand, income transfers are incomplete if the State has not provided the establishment of supporting structures. In Greece, the elderly enjoy also care services as described above, and income transfers in the form of housing allowance and Social Solidarity Allowance, which is addressed to the elderly who are unable to meet their needs because of the low pension they receive.

Through these measures, and through planning for further actions, Greece is trying to implement the commitments undertaken by the Madrid International Plan of Action on Ageing. Although there are not many NGOs in the Greek area that are interested in the elderly, in recent years some new NGOs have appeared, like the Organization 50 +, but there is not yet any institutionalized cooperation with the Ministry of Health and Social Solidarity. In addition, the Ministry is trying to take advantage of best practices through collaboration with other Member States of UNECE and to adapt them to the Greek welfare system.

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