

## Modern Greek Public Health Policy

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### Abstract

The objective of the study is to draw conclusions through a comparative policy analysis of the Policy change that was applied to the Greek Health System during the Economic Crisis in relation to the policies of other countries.

The material collected relates to information from publications in International Scientific Journals and was processed with a tool made for this purpose. The method used was bibliographic review and the construction of a model for the impact of Health Policy on the Greek Health System during the Economic Crisis.

The Results demonstrate the effects that the change and implementation of a new Health Policy have had on the Greek Health System during the Economic Crisis and identify imperfections of the implemented Policy and ways of improvement.

Useful Conclusions regarding the Policy change and the comparative Policy analysis as it affected the Greek Health System during the Economic Crisis are drawn from the study and suggestions for future improvement are also made. The study leaves room for further research.

**Keywords:** Health Policy, Comparative Policy, Greek Health System, Economic Crisis, European Health Policy.

### Introduction

The worst Economic Crisis since the political changeover, which manifests itself in Greece as a result of the World Economic Crisis (Economou et al., 2014) and the uncontrolled increase in public spending (Kastanioti et al., 2013), brings about a series of serious consequences on socio-economic life, such as unemployment, job insecurity, poverty, income reduction and an increase in mental illnesses. The Public Health Sector was the target of austerity measures, since health costs were a source of rapid savings for the countries of the European Union (Correia, Dussault & Pontes, 2015). The Health System is particularly affected by the harsh austerity measures. The drastic cut in spending has significantly affected the structure and operation of Public Health Units, which are faced with staff shortages, deficits, lack of medicine and basic medical supplies (Ifanti et al., 2013). In the current environment of the crisis, new economic data, increasingly difficult economic conditions that drastically limit the potential for adequate funding combined with an aging population, the uncontrolled penetration and use of biomedical technology and the increased demand for health

services, create the need for changes that seek to control costs and improve the efficiency of health resources (Φαρμακάς, 2016).

The commencement of the Economic Crisis found the Greek Health System with serious structural problems such as structure, organisation and provision of services (Simou & Koutsogeorgou, 2013), as a mixture of integrated, contracted and contributory models that included elements of both the Private and the Public Sector and different organisational patterns (Kousoulis & Angelopoulou, 2013) and with extremely increased expenses for pharmaceutical material (Vandoros & Stargardt, 2013). Access to services was based on citizenship and occupational status. The system was funded by the state budget, social security contributions and private payments. In contrast to its original design, the Health System had developed into a fragmented one (Goranitis, Siskou & Liaropoulos, 2014), with unequal access to Health Services in order to provide conflicting incentives for the providers and increased Cost.

During the Economic Crisis, the proportion of people who do not seek Medical Care despite their discomfort, is increasing due to reasons such as the difficulty of accessing Medical care, a difficulty which has been caused by the Economic Crisis (Kentikelenis et al., 2011). The Economic Crisis has a negative effect on the population's Health, particularly with its effect on unemployment (Stuckler et al., 2009). Countries such as Greece, Spain and Portugal, which adopted austerity policies, faced pressure on their health systems, culminating in suicide and the outbreak of infectious epidemics. On the contrary, Iceland, which rejected austerity, did not face any pressure on its health systems nor reduction of medical provisions (Karanikolos et al., 2013).

## Methods

We conducted a search through International Scientific Journals (Sage, Springer, Taylor and Francis, Wiley) and Institutions - Open Access Publishers (DOAJ, ERCIM) and other journals appearing on the Heal-Link Hellenic Database and Google Scholar. Some of the keywords we used in our search were related to Health Policy (Health Policy, Greek Health Policy, Policy Reforms, Comparative Health Policy) and the Economic Crisis (Economic Crisis, Financial Crisis, Greek Crisis, European Economic Crisis) as well as a combination of these. We grouped the results and created tables in order to draw conclusions on the Health Policy response from the governments of various countries regarding the Economic Crisis. We locate the common areas which refer to the Health Policies' response to The Economic Crisis. Finally, we construct a model that can interpret Policy changes that take place under the influence of the Economic Crisis on the Health System.

## Results

Health Promotion Policies during the Economic Crisis.

Policy makers should not ignore the impact of austerity policies on health. They need to pay the utmost care to ensure that people are provided with Public Health services and have access to Access and Social Support Services. In order to cope with the economic hardship, policy makers are expected to implement a human-centered

approach, ensuring human dignity and ethical values.<sup>4</sup> Policy makers can create job integration and job reintegration programmes that could mitigate some negative health effects due to the economic crisis (Stuckler et al., 2009).

Since the onset of the World Economic Crisis, the World Health Organisation has announced basic and specialised guidelines for health policy-making to the countries (Ευκαρπίδης, 2010) and has set up a series of measures such as investing in health, promoting health in all policies, protecting public health from overspending, redistribution of resources, and involving citizens in health policy making. In the Recife Declaration, the World Health Organisation stressed the need for national policies to improve the availability, accessibility, acceptance and quality of the health workforce in order to make progress towards universal health coverage (Cambel et al., 2013).

Health policies, with emphasis on changes in health systems, respond to the economic crisis. (Karanikolos et al., 2013). Health promotion policies are limited, thus inhibiting relevant initiatives to prevent disease and promote education practices for disease prevention. The current economic situation in Greece and its impact on real life and healthcare is of sufficient concern (Ifanti et al., 2013). Countries such as the Czech Republic, Estonia, Italy, Lithuania and Slovakia had taken budgetary adjustment measures before the crisis in order to benefit from anti-cyclical policies such as the exploitation of financial reserves intended for health or linking government contributions for financially inactive groups to profits from previous years. In Belgium and Denmark, health budgets have been protected. Austria, Latvia, Poland and Slovenia have stepped up their position in price negotiations with pharmaceutical companies. Greece, Denmark, Latvia, Portugal and Slovenia have accelerated the restructuring of their healthcare sectors. England and Slovenia froze wage increases for healthcare professionals while Denmark lowered the growth rate of wages (Karanikolos et al., 2013).

The countries of the European Union have adopted many different health policies to adapt the Health System to the demands that the Economic crisis has created. These policies have been developed on the basis of a comparative health policy, i.e. governments have introduced health policies from other countries where they have been implemented, resulting in the creation of groups of countries that have implemented the same or similar health policies. Changes in health policies in the countries of the European Union are shown in Table 1. (based on Karanikolos et al., 2013)

The Greek Health Policy is in line with the European Health Policy. The European Health Policy is part of the "Together for Health" Strategy, which will continue to be implemented until 2020 in the Member States of the European Union. The European Health Policy's role is the realisation of smart but not necessarily higher expenditure on sustainable health systems, investment in citizens' health, particularly through health promotion programmes and investments to facilitate access to health as a means of reducing inequalities and combating social exclusion (European Commission, 2017). The Greek Health Policy focused on cost containment by limiting health professionals' decision-making power (Φαρμακάς, 2016). The Greek Health Policy aimed at a generous reduction in the Health System's expenditure combined with increased

efficiency, which would reduce costs without failing to meet the Health System's targets (Vandoros & Stargardt, 2013). In addition, the Greek Governments have attempted to redefine the main supplies through Health Policies which were implemented by the reconstructed Health Supplies' Committee with a view to formulate a plan for the reduction of the cost for the supply of medical and pharmaceutical products, improvement of payment time and uniform formulation of Medical requests regarding transport.

**Table 1: Table of Changes in Health Policies in order to address the financial crisis (based on Karanikolos et al., 2013).**

| Name of Country or group of countries                                     | Description of intervention in health costs                             | Documentation of the intervention   | Intervention's observed impacts   |
|---|---|---|---|
| Czech Republic, Estonia, Italy, Lithuania, Slovakia                       | Countries in Europe responded to the financial crisis in different ways | Countries better prepared than others due to budgetary adjustment measures which were approved before the crisis. | Raising resources from anti-cyclical policies, such as the use of health-related financial reserves or linking government contributions for economically inactive groups to profits of previous years |
| Belgium, Denmark  | Protecting health budgets   | Determining a percentage of GDP below which health expenditure does not fall                                      | Retention of health budgets at predetermined levels   |
| United Kingdom  | Protecting health budgets   | "Freezing" of health costs so that there is no change   | Real spending has declined, contrary to the Government's allegations  |
| Austria Latvia Poland Slovenia  | Reduction of health care costs  | The cost reduction was particularly applied in hospitals and pharmaceutical expenditure                           | Strengthened their position in price negotiations with pharmaceutical companies   |
| Greece Latvia Portugal, Slovenia  | Acceleration of restructuring of hospital sectors                       | Increase of efficiency by avoiding waste of resources and achieving economies of scale                            | Small success of the reforms  |
| Cyprus, Greece, Ireland, Lithuania, Portugal, Romania - England, Slovenia | Reduction of health professionals' salaries or freezing of wages        | Direct cost reduction through saving of resources   | Worsening of inequalities between wages of different categories of employees or between public and private sector wages   |

|   |   |   |   |
|---|---|---|---|
| Netherlands, Moldova                              | Reduction of population whose health issues are covered by the state                      | Reduction of expenditure by removing the intervention for certain actions (fertilisation and physiotherapy) | Small changes in health-care costs.   |
| Czech Republic, Denmark, Estonia, Finland, France | Reduction of coverage by introducing or increasing usage fees for certain health services | Criterion for enhancing efficiency along with rising costs especially for vulnerable groups                 | Assessment of these reforms in access to healthcare and health results is not yet possible      |
| Finland, United Kingdom                           | Increase of taxes on goods that affect health (cigarettes, alcohol)                       | The increase of taxes will affect demand and thus reduce disease.   | Expected correlation with the reduction of health services due to the reduction of the diseases |

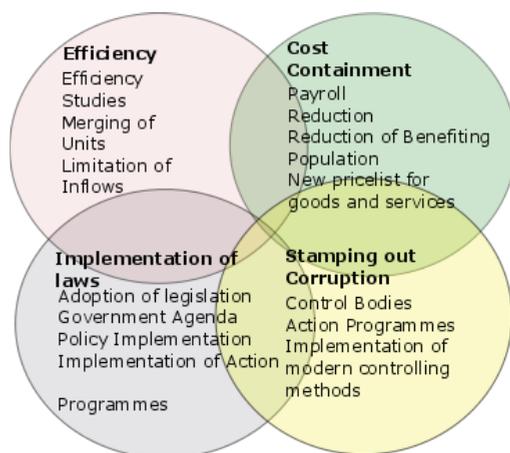
Unnecessary materials from one Hospital to another and improvement of the management of out-of-date products (Kousoulis, Angelopoulou & Lionis, 2013).

**Table 2: The impact of the economic crisis on Austerity Policies in Policy Analysis studies (Authors, 2016)**

| Researchers                            | Consequences of Crisis | Health Policies | Policy Making |
|--|------------------------|-----------------|---------------|
| Stuckler et al., 2009                  | X                      |                 | X             |
| Kentikelenis et al., 2011              | X                      |                 |               |
| Karanikolos et al., 2013               | X                      | X               |               |
| Ifanti <i>et al.</i> , 2013            | X                      |                 | X             |
| Vandoros & Stargardt, 2013             | X                      | X               | X             |
| Simou & Koutsogeorgou (2014)           | X                      | X               |               |
| Kastanioti et al., (2013)              | X                      | X               |               |
| Goranitis, Siskou & Liaropoulos (2014) | X                      | X               | X             |
| Correia, Dussault & Pontes (2015)      | X                      | X               | X             |

A large part of the Greek Government's effort to reduce public spending has focused on pharmaceutical markets. Vandoros & Stargardt (2013), identified four policies implemented by the Greek Government during the first years of the Economic Crisis: price reductions, introduction of a new selection listing, changes in the profit margins of pharmacies and wholesalers, and bids for hospital medication. As the need to reduce spending in the Greek Health System is becoming more and more urgent, seeking efficiency is the only option for countries that do not wish to

endanger public health. However, health policies should not only rely on increasing efficiency and cost containment (Economou et al., 2014), but also on the enforcement of existing laws while countering corruption. Efficiency gains are achieved through the implementation of efficiency studies, the reduction of inflows and the merging of units. Mergers achieve economies of scale and scope and rationalisation of therapeutic activity, however, policymakers are considering the criterion of efficiency as opposed to the equality criterion of access resulting from the merger of units (Nikolentzos et al., 2015). Cost containment is achieved by reducing the salaries of health professionals and paramedical staff, limiting the population benefiting from Medical Actions and implementation of a new cost for goods and services. The enforcement of laws is achieved through the adoption of modern legislation which will cure its outdated past, the introduction of timely issues in the Government Agenda, the realisation of Public Policy and the implementation of Action Programmes. Finally, the fight against corruption is achieved through the reform and modernisation of Audit Bodies, the implementation of relevant action programmes and the implementation of modern anti-corruption programmes. A schematic illustration of how these pillars are linked to the production of an effective healthcare policy in an ever-changing environment is shown in Figure 1.

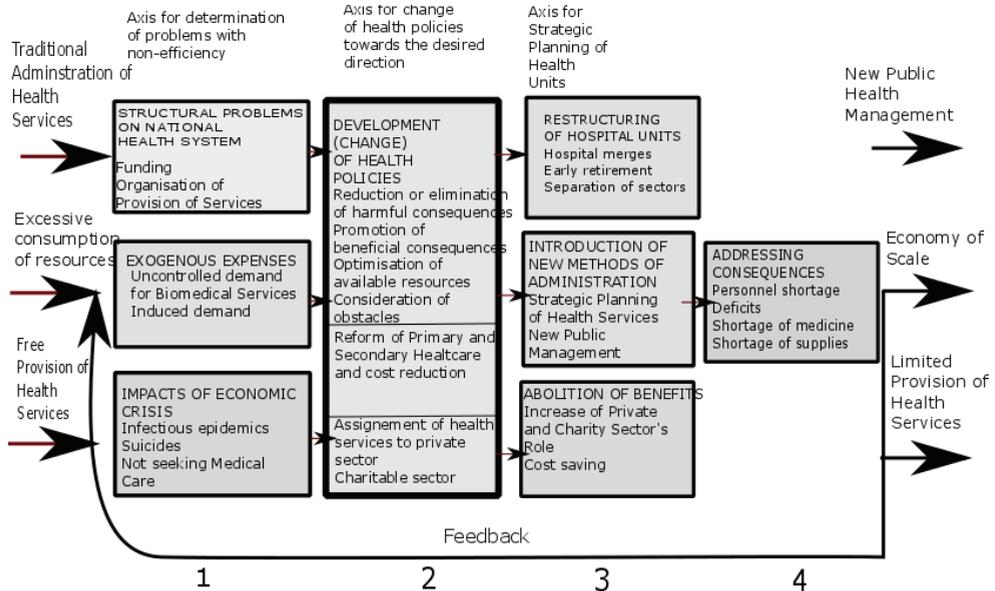


**Figure 1: Pillars on which health policies rely (based on Simou & Koutsogeorgou, 2014)**

Results of Greek Health Policies during the Economic Crisis.

Simou & Koutsogeorgou (2014) claim that the efforts made by the implementation of a policy which implemented Greek Government reforms in the National Health System during the Economic Crisis, focused mainly on the short-term impact of the reduction of costs. On the contrary, the imposed measures seemed to have dubious long-term consequences on Greek Public Health and healthcare. Osborne and Gaebler (1992) note the increased role of the Private and Voluntary sectors towards Public Sector services in times of reduced resources. Figure 2 shows a model of the

impact of Health Policy on the Greek Health System during the Economic Crisis, based on the identification of problems and policy implementation in the early years of the Economic Crisis. Prior to the Economic Crisis, a traditional Health Service Administration was implemented, with an emphasis on unreasonable consumption and resource dissipation. During the Economic Crisis, the problems of inefficiency, especially regarding the structural problems of the National Health System, the scattering of resources and the rapidly increasing effects of the economic crisis on the health of the population, are noted. Next comes the change of health policies towards the desired direction through the development of health policies, reform of primary and secondary healthcare and outsourcing to the Private and Charitable Sector of Health services. The implementation of these policies is realised at a level of strategic planning of the health system, with the restructuring of the hospital sectors, the introduction of new methods of administration and the abolition of certain health benefits. Problems that are encountered are addressed and a new health service management appears with economies of scale and limited provision of health services.



**Figure 2: Model of Impact of Health Policy on the Health Services System during the Economic Crisis (Based on Ifanti et al., (2013), Simou & Koutsogeorgou, (2014)).** According to (Goranitis, Siskou & Liaropoulos, 2014), the proposed health policies during the economic crisis were necessary but ineffective. The policies responded to the need to integrate costs into the fragmented and ineffective healthcare and the need to introduce a new healthcare system. The health policies, however, have transformed into a context of insufficient information and a lack of adequate aggregated data from a single point of view. The depth of the political and structural problems was completely unknown to the supervisory authorities, resulting in polar responses being limited to an easy and quick budgetary policy, ignoring the need for substantial political reforms, leading them to eventually being judged as unprofitable

and ineffective.

According to (Correira, Dussault & Pontes, 2015), during the Economic Crisis, the Greek Health Policy lagged behind in innovation as well as in monitoring and evaluating the impact of the economic crisis in relation to the health workforce. They propose a more effective development of health policies that take these factors into account and a more effective use of human resources in the health sector.

Vandoros & Stargardt (2013) claim that the health policy in the coming period should focus on further increase of efficiency. The creation of specialised committees which will assess health costs on a case-by-case basis could help to contain costs. Policy makers should be very careful not to risk the patients' health through cost-containment policies and not to generate a public health disaster, especially for low-income patients.

The Greek Health System still needs to put in a lot of effort in order to be transformed into an effective, fair and sustainable system. This transformation must be governed by transparency and evidence for the decisions taken. The creation of an appropriate information infrastructure such as social and economic assessment methods, quality measurement and patient satisfaction as well as policy guidelines will help policy makers in a wide range of decisions (Correira, Dussolt & Pontes, 2015).

Nikolentzos et al. (2015) accept that, in general, empirical evidence, as derived from efficiency studies, is important in the guidance of decision-making. However, given the current political and economic situation in Greece, in combination with the intense social unrest, they claim that policy-making and subsequent reforms must be based on the political, geographical and social peculiarities of Greek society under conditions of an economic crisis, rather than on technical and analytical data.

Table 3 shows the Health Policies implemented in selected countries of the European Union (based on (Karanikolos et al., 2013)). Health Policies have been applied in three areas; the wages of health professionals, population accessibility to Hospital Units and Decision-making regarding healthcare provisions. The table shows the Policies selected during the Government Agenda discussion and the results of each policy separately. Based on the comparisons of the table, there are similarities in the Policies that have been implemented in the three countries, such as the movement of Medical Personnel within the Health Region and the differences in the achievement of the results, while in the case of Cyprus some Policies are in progress and have not been evaluated. We are observing the implementation of comparative policy in the implementation of Health Policy during the evolution of the Economic Crisis. The comparative policy is a modern method for adopting similar policies that attempt to cure a problem, such as the Economic Crisis.

Table 3: Health Policies in selected countries in the Economic Crisis (based on Karanikolos et al., 2013)

| Main areas of the reform |                         | Greece   | Portugal   | Cyprus   |
|--------------------------|-------------------------|--|--|--|
| Salaries                 | Establishment of Agenda | General wage cuts for civil servants (& health professionals)  | 1. Increase in the number of GPs paid according to performance<br>2. reduction of costs  | General wage cuts for civil servants. Performance evaluation for careers.  |
|                          | Results                 | Achieved   | 1. Achieved<br>2. Achieved. Wages in the NHS were reduced further than originally agreed.  | In progress.   |
| Accessibility            | Establishment of agenda | 1. Extension of working time in hospitals<br>2. Human Resources Plan (movement within the Region)<br>3. Reduction of number of Doctors | 1. Human Resources Plan (movement within the region)<br>2. Specialisation and merger of Hospitals  | 1. Specialisation and concentration of hospitals<br>2. Human Resources Plan.<br>3. Extension of work time and shifts. Non-payment of overtime.<br>4. Reduction of the number of public health professionals. |
|                          | Results                 | 1. Achieved<br>2. Not Achieved<br>3. Achieved. Reduced two-fold more than predicted.   | 1. Not Achieved. Population without a General Practitioner is still high<br>2. Achieved  | 1. In progress<br>2. In progress<br>3. In progress<br>4. Achieved  |
| Decision-making          | Establishment of Agenda | 1. Monitoring of Hospital operation by accounting Offices<br>2. Generic drug prescribing, electronic prescriptions and evaluation      | 1. System for standardisation and evaluation of Doctors<br>2. Compulsory electronic prescribing is covered by public funds.<br>3. Prescription of generic or low cost medication | 1. Realisation of new clinical guidelines for more costly diseases.<br>2. Gives physicians the key to access the public health system  |
|                          | Results                 | 1. Partly achieved<br>2. Achieved A supplementary budget was required for each Doctor  | 1. Achieved. Additional software improvements and in-hospital medication.<br>2. Achieved<br>3. Achieved  | 1. In progress<br>Continuation of guidelines and audit instructions.<br>2. Achieved  |

## Health Policies and Efficiency

Increasing the efficiency of Health Units can be achieved through measures such as evaluation of performance for promotions, changes in working conditions and reduction of units' size, combined with expansion of service availability, worker mobility and extension of working hours (Correira, Dussault & Pontes, 2015). However, the unequal distribution of staff in Health Units and the inadequate operation of Primary Health Care did not contribute to the increase of efficiency.

Health Policy responses during the Greek Economic Crisis did not have the expected results on efficiency. Economou et al. (2014) report that following the implementation of the operational and structural reforms as well as the measures for fiscal consolidation, the hospitals of the Greek Health System are not efficient, while the utilisation of the available revenues does not exceed 80%. In order to achieve an increase in the efficiency of health care units during the economic crisis, new procurement policies, online auctions, tenders and renegotiations of contracts with a number of suppliers were implemented. Since 2011, General Hospitals have been involved in a cost containment effort, but without managing to achieve the desired results. Within a two-year period, costs were actually reduced by 680,000,000 Euro, but this was the result of cuts in daily medical operations which were easy to cut back on. They also report that other studies present similar findings, stressing that public hospitals have succeeded in reducing their budgets but without increasing their effectiveness.

## Discussion

The worst Economic Crisis since the political changeover in Greece, brings about a series of situations that affect citizens and threaten communities and individuals. The Economic Crisis found the Greek Health System already fragmented and with serious structural problems which had been impossible to deal with in the past. The response of Greek Governments to the Economic Crisis includes the austerity policies which affect, among other things, the Greek Health System by implementing reduced budgets, merging Nursing Units and reducing the Medical and Paramedical Staff. However, policy makers and governments must integrate health policies into the basic principles of healthcare provision and ensure equal, ongoing and direct supervision of decent medical care for patients. As we can see from a comparative health policy analysis among the countries of the European Union, different countries tackle the economic crisis in the health sector in a group manner, which is a key feature of austerity policies. The Greek Government has focused its efforts on reducing costs in the areas of price reductions, re-listing, changes in the profit margins for chemists and wholesalers and in obtaining bids for hospital drugs. However, the pillars on which health policies are based during the economic crisis are beyond cost containment, efficiency, law enforcement and corruption. During the economic crisis, however, the Greek government focused more on the short-term impacts of expenditure reduction. However, these measures do not seem to have long-term impacts on the effective operation of the Health System. On the contrary, the restructuring of the Hospital Sector, the introduction of new management methods and the expulsion of provisions

to the voluntary sector, while at the same time strengthening the Health System's Public character in terms of the most important health benefits, can have significant effects in terms of more efficient and effective operation of the Health System. We are developing a model for changing health policy during the economic crisis. In this model, the traditional administration of health services is replaced by modern administration methods. The lack of innovation and monitoring of the impacts of the economic crisis on the manpower of the health sector needs to be replaced by a more effective development of health policies focusing on human resources. It is argued that health policy should soon focus on increasing efficiency. Health expenditure committees need to tend to cost containment, and policy makers must ensure that health services are provided to the entire population despite cost containment. The transformation of the health system into a fair and sustainable system with transparency for the decisions made and the creation of an adequate infrastructure for information systems should be among the priorities of policy makers. Empirical data from efficiency studies are important for decision-making. However, policy-making and reforms must take into account the political and geographical particularities of each country. This study leaves room for further future investigation into the results of the reforms and the policy change of the Greek Government in the Health System.

### Conclusions

The Economic Crisis has inflicted blows to Public Health through the degradation and under-funding of Health Systems. The Economic Crisis requires changes in Health Systems in order to improve the population's health during the extremely adverse conditions it has created. Health policy responds to these issues in a complex way. Changing Health Policy in a desired direction can increase the efficiency of the Health System and improve it. The Change of Health Policy is achieved through a Comparative Health Policy that involves the transplantation of techniques from countries that first faced the problems of an Economic Crisis, towards other countries. However, the Change of Policy varies from country to country as each country opts for different Policy measures. We examined the Greek Government's Change of Policy in relation to those of the other countries of the European Union and identified significant similarities and differences. We created a model of the impact of Health Policy on the Greek Health Services System during the Economic Crisis. We evaluated the effectiveness of the Health Policy Change in the Greek Health System during the Economic Crisis and identified its serious malfunctions. This study leaves room for further study of the impact of Health Policy Change during the Economic Crisis in the future.

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