Greek Health policies during the Syriza – ANEL governance

Georgios I. Farantos
PostDoc, University of Peloponnese, Greece

Nikitas – Spiros Koutsoukis
Associate Professor, University of Peloponnese, Greece

Abstract

Introduction: The global economic crisis struck all countries, but it struck Greece particularly severely creating an impact on public health. During this period, the left-wing SYRIZA party won two elections in 2015 and ruled with the popular radical right-wing ANEL party. The purpose of the government was to fight the social and health inequalities created by the pre-existing economic crisis.
Objective: The purpose of this study is to conduct a literature review of the cost-oriented health policies of Greek governments SYRIZA-ANEL, especially oriented to the cost reduction during a Memorandum period. Using a number of keywords, a literature review and a classification of the health policies based on a known model, was conducted.
Methodology: The study was designed to review the health policies implemented by SYRIZA-ANEL governments. The data were collected from a literature review of the relevant papers published in Heal-Link database and other scientific journals. The policies were classified using a known model.
Result: The policies that were found to be pursued by the SYRIZA-ANEL governments were classified into policy categories according to the model used.
Conclucion: All three categories of health policies mentioned in the model were used by the SYRIZA-ANEL Governments and influenced the provision of health services to the recipients of health services. These policies have a mainly positive effect on reduction of costs, while some have a positive effect on the increase of costs.

Keywords: health policy, SYRIZA-ANEL, Greek health system, publicly financed health care, Greek hospitals.

Introduction

The left-wing SYRIZA party won two elections in 2015 and ruled with the popular radical right-wing ANEL party in a coalition which was the first between populist right-wing and left-wing parties in Europe. This choice marked the course of national political independence to achieve the end of austerity (Chryssogelos, 2020; Philalithis 2020). An attempt at political confrontation with foreign creditors to remove austerity met with a strong and organized reaction from European leaders (Aslanidis & Kaltwasser, 2016) and raised the possibility of Greece's expulsion from the European Union. As a result of the negotiations, the government was forced to accept a third Memorandum after seven anxious months of negotiations (Philalithis, 2020). Internally organized strong reactions from institutions and bodies along with the need to meet the lenders' demands for reforms ultimately limited the government's effectiveness

in achieving its political announcements (Rori, 2016). This inevitably limited the government's effectiveness in the health sector and significantly hampered its work on the implementation of radical policies, although to some extent it did proceed to their implementation.

The global economic crisis struck all countries, but it struck Greece particularly severely (Maresso et al., 2015), creating an impact on public health (Kondilis et al., 2013). In countries where spending cuts were imposed, the impact on health systems was in the opposite direction from the need to expand health services (Economou, 2012). Greek health policy was subject to long-term financial constraints under the influence of the co-operation memoranda with the lenders, the last of which expired in mid-2018 (Economou, 2018). The importance of continuing to pursue effective health policies for all countries was high during the economic constraints of the economic crisis. The Word Health Organization pointed out the risks to health systems in such a case, but also the opportunities for action so that health systems would function effectively (Quaglio al., 2013). Policies for the prevention of mental health problems (Wahlbeck & McDaid, 2012), for the privatization of health services, hospital mergers, Primary Health Care (PFY) (Economou, 2012), modernization of contracts (Kastanioti, et al., 2013), were implemented, among others, for the modernization of health systems and their response to the conditions of the economic crisis. However, as economic constraints threatened the health of the populations (Kondilis, et al., 2013), political responses to the crisis either faced coordination and performance difficulties (Thomson et al., 2015) or were disappointing (De Vogli, 2011).

Practiced health policies during the economic crisis, based on the literature review, can be classified into three categories of health policies (Kaitelidou & Kouli, 2012). This distinction is illustrated in Figure 1. Policies are divided into:

- Policies targeting financial contributions to the health system
- Policies targeting volume and quality of care
- Policies affecting the costs of publicly financed health care

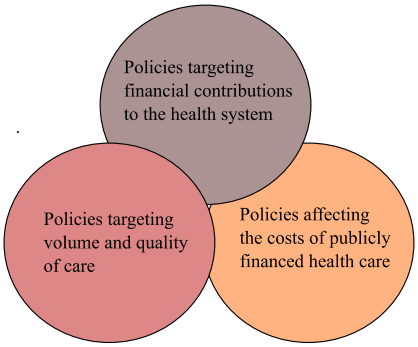


Figure 1: Distinction of health policies into categories (based on Kaitelidou & Kouli, 2012)

Policies targeting financial contributions to the health system can be about reducing public health spending (Lorenzoni, Belloni & Sassi, 2014), cutting public social security costs (Murauskiene et al., 2013) and user charges (Wenzl, Naci & Mossialos, 2017). Policies targeting volume and quality of care may concern the rationalization of

services provided between different categories of insured persons (Jacobs, Duchovny & Lipton, 2016), the management of inpatients and outpatients in hospitals (Stenberg, 2018), and primary health prevention (Chauhan et al., 2017). Finally, policies affecting the costs of publicly financed health care include restrictions on staff numbers and salaries (Granero-Lázaro et al. 2017), the reduction of the cost of medical and mainly pharmaceutical products (Ess, Schneeweiss, & Szucs, 2003), generic drugs (Vogler, 2012), electronic prescription (Pangalos, Sfyroeras, & Pagkalos, 2014) and supplies (Kastanioti et al., 2013). Finally, it is always true that some policies favour public health, while others have dubious or detrimental effects on it (Martin-Carrasco et al., 2016) and this should always be kept in mind when considering health austerity policies.

In a generalized review of work to effectively reduce public hospital costs as a result of health policies, Stadhouders, Kruse, Tanke, Koolman & Jeurissen, (2019), point out the weaknesses and only partial success of this work in the full interpretation of this subject. Their model distinguishes health policies into four primary policy groups: budgets, price controls, volume controls and market-oriented policies. Price control policies are divided into reimbursements and production costs policies, volume control policies are divided into supply and demand and market oriented policies into structure, conduct and performance. Each of these categories is divided into subcategories and in these subcategories health policies are classified according to the type of impact they have on costs. This results in a cost-benefit assessment of health policies that identify areas where no policies have been pursued.

Materials and methods

The database of the Hellenic HEAL-Link was used, in combination with a more general search, which were carried out with the keywords of the research. A total of 6101 published papers related to the subject under review were reviewed. Of these, 58 published papers were used. Of these, 22 papers were citated for health policy, 13 for SYRIZA-ANEL policy, 14 for the Greek health system, 5 for the publicly financed health care and 4 for the Greek hospitals, while many of these papers referred to combined issues. This methods which was used in our paper are suitable for qualitative research.

The review protocol is based on Center of Reviews and Dissemination (2009) PICOS model as following:

- Review question: "How are health policies classified into a known classification based on their characteristics?"

It includes the following objective questions, given that the research objective is threefold:

- What are these governments' health policies?
- What is the health model in which they should be classified?
- How are health policies classified in the model based on their characteristics (cost-oriented)?
- Participants: Studies referring to the health policies of the SYRIZA-ANEL Greek governments that have been published in journals participating in the Greek HEAL-Link.
- Interventions and Comparators: Any intervention as a result of health policies

pursued by the SYRIZA-ANEL governments in order to change the funding, the cost or the health care of the Hellenic ESY (National Health System).
- Outcomes: Any change in the conditions under which healthcare is provided or in the financing and cost of ESY.
- Study design: the existing models in the literature were first found and then, they were used, based on all the information obtained from the literature review, for the classification of health policies in a period of economic crisis.

Avoiding bias is of importance in the present study. For this reason, personal judgments about the success of policies are avoided and only what is mentioned in the reviewed works is mentioned.

Results

The received situation and the health policies during the SYRIZA-ANEL government

The government that preceded the SYRIZA-ANEL government was the New Democracy (ND) government. This government grouped the policies of the economic crisis into a new National Health Policy. The health policies of this government, according to Economou et al., (2013), Economou et al. (2014), Economou et al., (2015), Kentikelenis et al., (2014), included:

- Restructuring of PFY with the National Agency for the Provision of Health Services (EOPYY) in the role of a monopoly subject to the Health Regions (YPE)
- Cost reduction under a new system of Diagnosis Related Groups (DRG)
- Reorganization of the procurement system, strengthening of centralization, strengthening of double-entry systems.
- Incentives for the mass production of generic drugs.
- Universal obligation of electronic prescription
- Routing the closure of public hospital bodies and merger of beds
- Establishment of public hospitals with private insurance companies for the provision of health services
- Establishment of restrictions on the access of health care recipients to public hospitals (introduction of fees for outpatient services)
- Increased compensation for drugs and medical examinations
- Reduction of restrictions on private hospitals - introduction of reduction of controls for the expansion of private hospital infrastructure - removal of restrictions on the establishment of laboratories, medical centers and dialysis units
- Introduction of a new program of diagnostic related groups that significantly increased the prices of the insurance funds of the social insurance bodies for private hospital services

Cuts in health services during the crisis led to cuts in health care services, such as the provision of health services to refugees outside public hospitals (Skleparis, 2017). Prior to the SYRIZA-ANEL government, a large reduction in the recipients of public health services had been observed. Specifically, in the years 2015 and 2016, the number of hospitalized patients increased by approximately 15% compared to what it was before. This is also due to the fact that these recipients preferred free health services

from public hospitals to costly private ones, given the financial constraints created by the evolving economic crisis. Intensive Care Unit (ICU) beds in 2016 amounted to a quarter of those required according to international standards (Mpouzika, Mpouzika & Papathanassoglou, 2018). However, the fact that guidelines for the treatment of diseases were given by the Pharmaceutical Associations and the Ministry of Health (MoH) in large numbers, was a positive development (Vrachnis, Loufopoulos & Tarlatzis, 2015).

Before the SYRIZA-ANEL government, more than 1.2 million uninsured people who could not pay their contributions and one million unemployed were not allowed the use of public hospitals. Health policies at the beginning of the SYRIZA-ANEL government marked a remarkable change. The new government has allowed uninsured people to use health services for free. The purpose of the government was to fight the social inequalities created by the pre-existing economic crisis (Petraki & Matsaganis, 2018).

The reduction of pharmaceutical costs during the previous ND government caused a restraint of drug prices by up to 70%, with the parallel establishment of a price refund if the cost of drugs exceeded a certain amount. This was combined with the strengthening of generic drugs and the establishment of a mandatory percentage of generic drugs in public hospitals. E-prescribing contributed to further reduction of costs. However, problems with the prescription process arose during the implementation of the system (Economou et al., 2017).

Based on the distinction of Kaitelidou & Kouli (2012) and the literature review, the health policies of the SYRIZA-ANEL governments are described in Table 1.

These policies pursued by the SYRIZA-ANEL government sought to improve the operation of public hospitals in the health system. Below we will attempt to analyze these policies of the Greek governments.

Financial contribution policies to the health system

Health policies were under severe financial constraint until 2018 due to the effects of the previous economic crisis and the health system remained in the state where Secondary Hospitals served the majority of patients (Goula et al., 2021). According to Markou (2017) and Economou (2018) the attempts to increase funding for health services were not effective because their measures met with resistance by the implementation of the third memorandum signed by the Government, although the new government brought issues such as adequate public health funding. In 2015 and 2016 there was an increase in health expenditure by the government and insurance bodies (Petmesidou, 2019).

These policies pursued by the SYRIZA-ANEL government sought to improve the operation of public hospitals in the health system. Below we will attempt to analyze these policies of the Greek governments.

Table 1: classification of SYRIZA-ANEL health policies based on the theoretical model

Categories of policies	**Financial contribution policies to the health system**	**Care policies**	**Cost reduction policies**
Health Policies	Health funding growth policy (Markou, 2017) Changing the way of financing through a new social security institution (Petmesidou, 2019) Increase in sub-categories and total hospital expenditure (Ministry of Health, 2021) Policy to cover funding from the state and the funds and not from the recipients of health services (Burgi, 2018)	Development of a two-level PFY System (Economou, Kaitelidou, Karanikolos & Maresso, 2017) Beneficiary expansion policies (Economou, 2018) Policies to extend the provision of expansion services to beneficiaries - refugees (Skleparis, 2017) Policies to promote the rights of health care recipients (Economou, 2018; Petraki & Matsaganis, 2018) ESY human resources reorganization policies E-health development policy (Kouris, Alikari, Gerali & Dafogianni, 2020). Mental Health Services (MH) Modernization Policy (Makrakis, 2018; Triantafyllidou, 2018). Atlas Health Edition for all regions of the country (Ministry of Health, 2018)	Pharmaceutical cost control policies with annual budgets for classification levels of anatomical therapeutic chemicals (Charonis, Papageorgiou, Kontoudis & Karokis, 2018) Pharmaceutical cost reduction policies with drug catalogues, generic drugs, central supplies (Yfantopoulos & Chantzaras, 2018) Cost reduction policy with the reconstitution of the Drug Evaluation Committee (Greek Government, 2018), (Yfantopoulos & Chantzaras, 2018), (Kanavos, 2019) Policy of modernization of the centrally controlled health supply system (Economou, Kaitelidou, Karanikolos & Maresso, 2017) Environmentally sustainable health care with simultaneous cost reduction (Sepetis, 2019) Negative health care policy during the refugee crisis (Kotsiou et al., 2018)

Financial contribution policies to the health system

Health policies were under severe financial constraint until 2018 due to the effects of the previous economic crisis and the health system remained in the state where Secondary Hospitals served the majority of patients (Goula et al., 2021). According to Markou (2017) and Economou (2018) the attempts to increase funding for health services were not effective because their measures met with resistance by the implementation of the third memorandum signed by the Government, although the new government brought issues such as adequate public health funding. In 2015 and 2016 there was an increase in health expenditure by the government and insurance bodies (Petmesidou, 2019).

A significant change occurred in the financing of health services in 2017. The SYRIZA-ANEL government assigned the hospitals funding function to a new social security body (EFKA) which was responsible for the collection of health and pension contributions and the health contributions were transferred to the EOPYY PFY organization. EOPYY is a monopoly buyer of medical services and under this role it could negotiate with suppliers. However, its power to negotiate was very limited, as the relevant decisions were taken by the MoH. During this period, the MoH budget, in addition to payroll, continued to fill the gaps arising from inadequate hospitalization payments to EOPYY (Petmesidou, 2019).

In order to get an impression of the finances of the Greek public hospitals, we investigated the markets of these hospitals individually and in total and their percentage change in relation to the GDP. Table 2 was created from the MoH data (2021) and their processing.

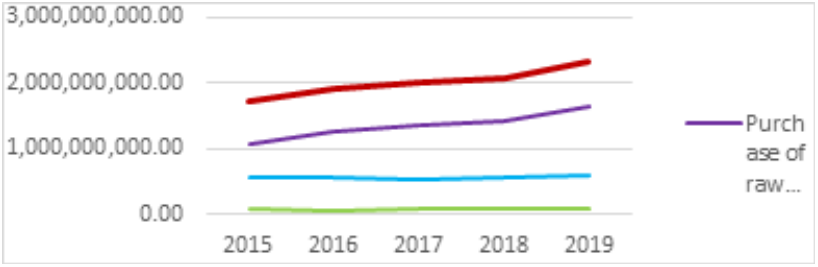
Table 2: Purchases of Greek hospitals 2015-2019 (based on Ministry of Health, 2021)

	Greek Hospitals' Purchases						
	Purchase of raw materials and auxiliaries	Consumables	Expenses - Payroll – Service Obligations	Total purchases	Percentage change of total	GDP (Million Euro weighting 2019)	Index: Markets / GDP / 1000
2015	1.071.681.241,15	76.124.990,39	561.403.639,36	1.709.209.870,90	1	177.258	9,642498
2016	1.265.528.995,90	70.186.313,78	565.039.909,71	1.900.755.219,39	111,2067	176.488	10,76988
2017	1.372.705.676,95	80.579.648,80	542.064.872,63	1.995.350.198,38	116,7411	180.218	11,07187
2018	1.433.601.557,01	89.450.584,03	549.473.954,33	2.072.526.095,37	121,2564	184.714	11,22019
2019	1.655.546.758,67	91.294.138,65	590.607.127,83	2.337.448.025,15	136,7561	187.456	12,46932

This table clearly shows that the economic policies of the MoH during the period under study increased the markets of Greek hospitals and given the nature of the financing of the Greek health system (closed budgets, coverage of costs - hospitalizations by EOPPY and uncovered expenses including those overdue by the MoH),finally indicate the indirect increase in funding for public hospitals.

Figure 2 shows the changes in the financial figures (markets) of Greek hospitals for the study period (Ministry of Health, 2021).

Figure 2 : Graphic change of the financial figures of the Greek hospitals 2015-2019 (based on Ministry of Health, 2021)



The diagram also shows the positive change (increase) of all the sizes of the hospital markets.
Burgi (2018) reports the cancellation of admissions to public hospitals for health care recipients by the SYRIZA-ANEL government, a fact that played a role in the financing of hospitals. But at the same time, he points out that the provision for the return of admissions is present in the memorandum of 2015.

Care policies

PFY in Greece, provided by ESY, was further decentralized with the establishment of a two-tier PFY system in 2017. This further decentralization contributed to the screening of health care recipients and the provision of health services to them in the PFY instead of referring them to Secondary Hospitals (Yfantopoulos & Chantzaras, 2018). The first level of PFY was now the Local Health Unit (TOMY), a neighborhood unit with a team of physicians who, in collaboration with a family doctor, would provide a range of preventive, referral and home services. The pre-existing introductions of the previous government regarding PEDY (Primary National Health Network), which provided PFY services (Lionis et al., 2019), after the reform, were now divided into TOMY level 1, which provided referral services and home services and Level 2 Health Centres (KY), which provided PFY diagnostic and referral services to hospitals, more complex health cases and provided specialized prevention services. The schematic representation of the Greek PFY before and after this reform is shown in Figure 2 (Emmanouilidou, 2021).
The government implemented a free access policy for the care of the uninsured and vulnerable, including those without health coverage, immigrants legally settled in Greece, children, pregnant women and people with chronic illnesses, regardless of their insurance status. (Economou, 2018). The free access of certain categories of individuals, facilitated the reduction of private payments, but increased the total state cost for the provision of health services. Law 4368/2016 attempted to correct functional problems in order to achieve equal and free provision of health services (Burgi, 2018) and greatly increased the number of beneficiaries who received free health care in public hospitals (Skleparis, 2017). Emergency services and drugs have since been provided free of charge to refugees living in structures, while at the same time, free

health services have been extended to patients with chronic, mental or rare illnesses, (Economou, Kaitelidou, Karanikolos & Maresso, 2017). Observed ignorance of the provisions of this Law, led to phenomena of denial of services (Petraki & Matsaganis, 2018). The relative success of this system, however, depended on its adaptation to the new services (Economou, Kaitelidou, Karanikolos & Maresso, 2017; Economou, 2018). The PFY reform encountered some major problems. Lack of funding and physicians led to the underfunding of Local Health Units (TOMYs) (Philalithis, 2020). Reform efforts have sparked tensions over the lack of a sufficient number of GPs and financial incentives to hire GPs (Lionis et al., 2019). Eventually, the reform received significant criticism from key bodies, and the new system failed to attract a significant portion of the Greek population (Emmanouilidou, 2021).

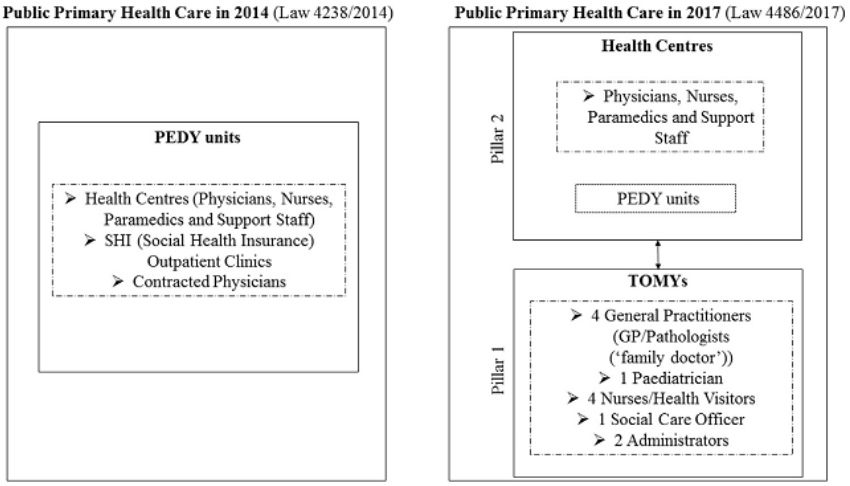


Figure 3 : Schematic representation of the Greek PFY before and after the reform (Emmanouilidou, 2021)

The government paid particular importance to protecting the rights of health care recipients. In 2016, the existence of offices of health service recipients in all hospitals was implemented. (Economou, 2018). These offices provided the opportunity to collect useful data on discrimination cases, setting targets for anti-discrimination and related inequality initiatives (Petraki & Matsaganis, 2018). Human resources reorganization policy was a priority for the government. In relation to the previous regime, the movement of Medical, Paramedical and other staff to different areas within the same YPE was greatly facilitated in order to address staff shortages. Chronic issues of doctor appointments and development were addressed and incentives were given for the recruitment and relocation of Doctors in remote areas of the country. The salary incentives were reorganized based on the provisions of Law 4472/2017, which determined wage rates (Maltezou et al., 2021).

Coding, recording, storing and management of health information with the introduction of health information systems and health records constitute a modern policy for the improvement of the quality of health services (Kouris, Alikari, Gerali & Dafogianni, 2020). With Law 4486/2017, new modernization provisions were

implemented for Individual Electronic Health Records (AHFY). The enactment of Law 4461/2017, sought to achieve equal social treatment of the mentally disturbed, innovative scientific treatment and the expansion of special PSY units in the PFY (Makrakis, 2018). They also remedied previous functional problems related to the PSY's service recipient committees. These provisions were criticized for vagueness regarding the criteria of the PSY Committees (Triantafyllidou, 2018). The committees were organized to ensure communication from the central to the local levels. A health and welfare map did not manage to be completed, however, in January 2017, the MoH and EOPYY produced a Health Atlas that mapped all available health resources across the country (Ministry of Health, 2018).

Cost reduction policies

Already at the beginning of the SYRIZA-ANEL governance, significant reductions in pharmaceutical expenditure had been identified (Yfantopoulos, 2018). Provisions to limit pharmaceutical costs by extending the mandatory discount and prescription controls came into force during the Syriza-Anel governance. The pharmaceutical reforms included significant price cuts, increased repayments and some provisions for vulnerable groups, returns / refunds. The clawback for the excess of expenditure increased by 20% in 2018 compared to the previous year (Petmesidou, 2019). The reforms provided for the issuance of prescriptions with international non-proprietary names, replacement of generic drugs, prescription limits and detailed control, central supplying, as well as changes in pricing and reimbursement procedures, with the introduction of positive and negative lists and an internal price reporting system (Yfantopoulos & Chantzaras, 2018).The Hellenic MoH implemented an annual budget forecast plan for classification levels of anatomical therapeutic chemicals. This application was related to the fight against pricing distortions and therefore to the reduction of pharmaceutical costs (Charonis, Papageorgiou, Kontoudis & Karokis, 2018). The ceiling for pharmaceutical expenditure was set at 1.4 billion Euros for the period 2015-2017 with a simultaneous hard clawback overrun (Economou, Kaitelidou, Karanikolos & Maresso2017).

The MoH pursued a policy of modernizing the Positive List Committee, implementing provisions and a series of decisions on the evaluation and reimbursement of medicinal products, in 2018 and beyond. The Law 4512/2018 marked a change in the policy of the current framework regarding the pharmaceutical sector (Yfantopoulos, 2018). However, it was criticised for reasons of transparency, objectivity and accountability, lack of expertise in defining procedures, incorporating recommendations into medical practice, and the lack of role of clinicians (Kanavos, 2021).The National Central Procurement Authority for Health (EKAPY), was established in May 2017 (with Law 4472) in order to be responsible for the national procurement policy in the field of healthcare (Economou, Kaitelidou, Karanikolos & Maresso, 2017), and was responsible for central strategic and operational planning of the financial and supply cycle of hospitals.

The government pursued a policy of wide attendance of health care recipients in public hospitals, eliminating the existence of financial barriers. Free access

measures were criticized for undermining the current Bismark health system base towards a Beveridge-type tax base, but it paid off in providing health services to the uninsured (Philalithis, 2020).The refugee crisis has greatly burdened the costs of public hospitals directly or through Non-Governmental Organizations (NGOs) and forced efforts towards an effective health system to prevent and control the transmission of contagious diseases and the treatment of acute infectious diseases by achieving effective health control and vaccination coverage (Kotsiou et al., 2018). The government continued and expanded pre-existing sustainable health care in public hospitals, with the procurement and installation of roof systems and bioclimatic upgrade projects in order to save energy and reduce costs (Sepetis, 2019).
According to the Stadhouders, Kruse, Tanke, Koolman & Jeurissen (2019) model, the health policies of the SYRIZA-ANEL governments are divided into four primary policy groups: budgets (2 policies), price controls (3), volume controls (7) and market-oriented policies (7). Health policies are classified into categories and subcategories based on their impact on costs. Fig. 4 shows the summary of findings and effects per policy group.

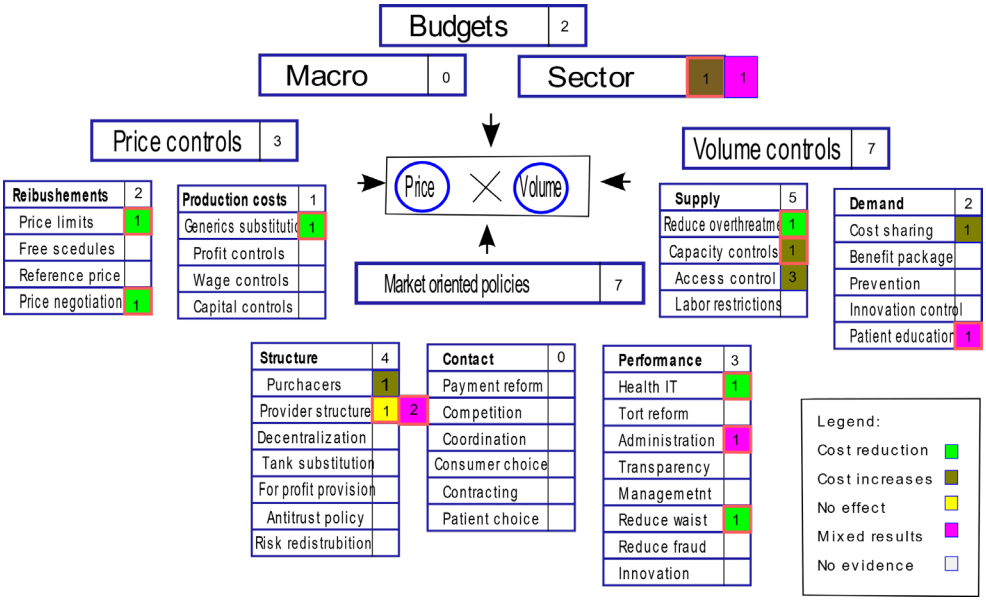


Fig.4 : Summary of findings and effects per policy group (based on Stadhouders, Kruse, Tanke, Koolman & Jeurissen, P. (2019).

Although the interventions were very heterogeneous, some general trends are visible. Policy price controls achieve cost reduction. Other policies achieve different goals, such as volume controls, some of which reduce costs (1 + 1), while most increase costs (4) and this is due to increased access and provision of free health services. At the same time, knowledge gaps which relate more to market oriented contact policies (6) and structure policies (5) are identified. It is noted that the research concerns a limited period of governance.

Discussion

The SYRIZA-ANEL governance was largely affected by the financial crisis, given that an initial government attempt to end austerity failed and resulted in the signing of a memorandum, which lasted until one year before the end of its term. For this reason, the policies of these governments are classified in the theoretical model that includes all the health policies implemented during the economic crisis. All the policy categories (including all measures that can be taken) are included in this model.

The situation received by the SYRIZA-ANEL government included many problems of economic nature and population health care. These problems stemmed from the reform of the health system that took place by governments during the financial crisis, with a view to reducing the costs that had an impact on the provision of medical care to large sections of the population. However, the reforms that had taken place had resulted in cost savings and in the introduction of innovations in information systems and drug control and procurement control systems.

Policies targeting financial contributions to the health system faced strong financial constraints as a result of the memorandum with lenders and the oversight of economic policy. The government was accused of cutting funding to the health system. However, a detailed record of the MoH data reveals that hospital costs steadily increased throughout the years of governance. This is due to the funding system which is oriented towards the gradual increase of the funding from the health service provider. In any case, the increase in expenditure made through the current way of financing hospitals, although it contributes negatively to the cost, is tolerable, because it aims to provide health services for all.

The policies targeting volume and quality of care implemented by the SYRIZA-ANEL governments were more concerned with expanding the access of categories of citizens to health services, the rights of health care recipients, e-health and the PSY. These policies also demonstrated the left-wing and progressive orientation of governments. Although this widening of access may have a negative effect on costs, it has a strong positive social effect on citizens.

The policies affecting the costs of publicly financed health care, only partially expand and reform the respective policies of the previous governments. With regard to the reduction of pharmaceutical costs that have been taken in this direction, these governments recognized the need to reduce costs in these areas and extended previous policies in the same direction. However, the policies of extended access to uninsured Greek citizens and the policies of extended free provision of health services to refugees aim at fulfilling the criterion of equal access, elimination of discrimination and effective provision of health services to all citizens.

The use of the Stadhouders, Kruse, Tanke, Koolman & Jeurissen, (2019) model, confirms that not all policies are cost-oriented. The government pursues cost-cutting policies and in this regard continues to implement pre-existing health policies, but at the same time implements free access for categories of uninsured and vulnerable groups, which increases costs. The knowledge gaps are due to the relatively limited period of governance and the fact that many policies have already been implemented

by previous governments.
In conclusion, the SYRIZA-ANEL governments implemented policies aimed at ensuring equal access and provision of health services to all individuals regardless of their particular characteristics. These policies were consistent with the left-wing and progressive principles of SYRIZA and consistent with its pre-election announcements. Some of these policies, as evidenced by the increase in hospital costs, certainly had an adverse effect on cost reduction. The detailed investigation of the impact of these policies on the efficiency Greek hospitals will be the object of future research.

Conclusions

The SYRIZA-ANEL governments, after an initial period of unsuccessful negotiations on austerity with the institutions, implemented policies to improve the health system. These policies are classified into the 3 types of model policies, namely policies for financial contribution to the health system, care policies and cost reduction policies. Policies aimed at improving care that had not been implemented before were implemented, such as the widening of the number of beneficiaries and the abolition of tickets. Most health policies have a positive effect on reducing costs, while some of the policies increase costs. These policies had a clear social orientation towards achieving equality in access to health services. Some policies to improve the system, such as the modernization of the drug selection system, and e-prescribing, have continued and the measures taken modernized the health system. Lenders' constraints hampered the government's efforts until at least 2018, but overall public hospital purchases reflect an increase in public health services.

References

Aslanidis, P.& Kaltwasser, C. R. (2016). Dealing with populists in government: the SYRIZA-ANEL coalition in Greece. *Democratization, 23*(6), 1077-1091.
Burgi, N. (2018). The Downsizing and Commodification of Healthcare: The Appalling Greek Experience Since 2010. In E. Doxiadis & A. Plakas (Eds.). Living under Austerity. Greek Society in Crisis (pp. 217-252). Berghahn Books.
Centre for Reviews and Dissemination (2008). *CRD's guidance for undertaking reviews in health care. CRD Systematic Reviews.* University of York.
Charonis, A., Papageorgiou, M., Kontoudis, I. & Karokis, A. (2018). PHP174-are fixed therapeutic-level spending caps advisable for the Greek outpatient market? Methodological issues and health policy proposals. *Value in Health, 21*, S179.
Chauhan, B. F., Jeyaraman, M., Mann, A. S., Lys, J., Skidmore, B., Sibley, K. M., ... & Zarychanksi, R. (2017). Behavior change interventions and policies influencing primary healthcare professionals' practice—an overview of reviews. *Implementation Science, 12*(1), 1-16.
Chryssogelos, A. (2020). State transformation and populism: From the internationalized to the neo-sovereign state? *Politics*, *40*(1), 22-37.
De Vogli, R. (2011). Neoliberal globalization and health in a time of economic crisis. *Social Theory & Health, 9*(4), 311-325.
Economou, C. (2012). The impact of the economic crisis on health care systems. *Social Cohesion and Development, 7*(1), 5-9.
Economou, C. (2018). Greece's healthcare system and the crisis: a case study in the struggle for

a capable welfare state. *Anais do Instituto de Higiene e Medicina Tropical*, 17, 7-26.
Economou, C., Chaitelidou, D., Karanikolos M., & Maresso, A. (2017). Greece Health System Review. *Health Systems in Transition, 19*(5), 1-192.
Economou, C., Kaitelidou, D., Karanikolos, M. & Maresso, A. (2017). *Greece: health system review.* World Health Organization.
Economou, C., Kaitelidou, D., Katsikas, D., Siskou, O.& Zafiropoulou, M. (2014). Impacts of the economic crisis on access to healthcare services in Greece with a focus on the vulnerable groups of the population 1. *Social Cohesion and Development, 9*(2), 99-115.
Economou, C., Kaitelidou, D., Kentikelenis, A., Maresso, A. & Sissouras, A. (2015). The impact of the crisis on the health system and health in Greece. In Maresso, A., Mladovsky, P., Thomson, S., Sagan A., Karanikolos, M., Richardson, E., Cylus, J., Evetovits, T, Jowett, M., Figueras, J., Kluge, H. (Eds.). *Economic crisis, health systems and health in Europe: Country experience*. European Observatory on Health Systems and Policies, 103-138.
Economou, M., Madianos, M., Peppou, L. E., Patelakis, A., & Stefanis, C. N. (2013). Major depression in the era of economic crisis: a replication of a cross-sectional study across Greece. *Journal of Affective Disorders, 145*(3), 308-314.
Emmanouilidou, M. (2021). The 2017 Primary Health Care (PHC) reform in Greece: Improving access despite economic and professional constraints? *Health Policy, 125*(3), 290-295.
Ess, S. M., Schneeweiss, S. & Szucs, T. D. (2003). European healthcare policies for controlling drug expenditure. *Pharmacoeconomics, 21*(2), 89-103.
Goula, A., Stamouli, M. A., Alexandridou, M., Vorreakou, L., Galanakis, A., Theodorou, G., ... & Kaba, E. (2021). Public Hospital Quality Assessment. Evidence from Greek Health Setting Using SERVQUAL Model. *International Journal of Environmental Research and Public Health*, *18*(7), 3418.
Granero-Lázaro, A., Blanch-Ribas, J. M., Roldán-Merino, J. F., Torralbas-Ortega, J., & Escayola-Maranges, A. M. (2017). Crisis in the health sector: Impact on nurses' working conditions. *Enfermería Clínica (English Edition)*, *27*(3), 163-171.
Greek Government (2018). Arrangements for the implementation of the structural reforms of the Economic Adjustment Program and other provisions. *Government Gazette of the Hellenic Republic*, A(5).
Jacobs, P. D., Duchovny, N., & Lipton, B. J. (2016). Changes in health status and care use after ACA expansions among the insured and uninsured. *Health Affairs, 35*(7), 1184-1188.
Kaitelidou, D. & Kouli, E. (2012). Greece: the health system in a time of crisis. *Eurohealth Observer, 18*(1), 12-15.
Kanavos, P. (2021). Implementing health technology assessment (HTA) in Greece. *Archives of Hellenic Medicine, 36*(4), 444-451.
Kastanioti, C., Kontodimopoulos, N., Stasinopoulos, D., Kapetaneas, N. & Polyzos, N. (2013). Public procurement of health technologies in Greece in an era of economic crisis. *Health policy, 109*(1), 7-13.
Kentikelenis, A. E. (2017). Structural adjustment and health: a conceptual framework and evidence on pathways. *Social Science & Medicine, 187*, 296-305.
Kondilis, E., Giannakopoulos, S., Gavana, M., Ierodiakonou, I., Waitzkin, H. & Benos, A. (2013). Economic crisis, restrictive policies, and the population's health and health care: the Greek case. *American journal of public health, 103*(6), 973-979.
Kotsiou, O. S., Kotsios, P., Srivastava, D. S., Kotsios, V., Gourgoulianis, K. I. & Exadaktylos, A. K. (2018). Impact of the refugee crisis on the Greek healthcare system: A long road to Ithaca. *International journal of environmental research and public health*, *15*(8), 1790.
Kouris, S., Alikari, V., Gerali, M., & Dafogianni, C. (2020). Investigating Doctor Views on E-Health Cards. *International Journal of Reliable and Quality E-Healthcare (IJRQEH), 9*(3), 35-51.
Lionis, C., Symvoulakis, E. K., Markaki, A., Petelos, E., Papadakis, S., Sifaki-Pistolla, D., ...

& Tziraki, C. (2019). Integrated people-centred primary health care in Greece: unravelling Ariadne's thread. *Primary health care research & development, 20*(e113), 1-7.
Lorenzoni, L., Belloni, A. & Sassi, F. (2014). Health-care expenditure and health policy in the USA versus other high-spending OECD countries. *The Lancet, 384*(9937), 83-92.
Makrakis, A. (2018). Health quality indicators and the legislative treatment of mental disorders. *To Vima tou Asklipiou, 17*, (3), 181-184.
Maltezou, H. C., Giannouchos, T. V., Pavli, A., Tsonou, P., Dedoukou, X., Tseroni, M., ... & Souliotis, K. (2021). Costs associated with COVID-19 in healthcare personnel in Greece: a cost-of-illness analysis. *Journal of Hospital Infection 114*(2021), 126-33.
Maresso, A., Mladovsky, P., Thomson, S., Sagan, A., Karanikolos, M., Richardson, E., ... & World Health Organization. (2015). Economic crisis, health systems and health in Europe: Country experience.
Markou, G. (2017). The rise of inclusionary populism in Europe: The case of SYRIZA. *Contemporary Southeastern Europe, 4*(1), 54-71.
Martin-Carrasco, M., Evans-Lacko, S., Dom, G., Christodoulou, N. G., Samochowiec, J., González-Fraile, E., ... & Wasserman, D. (2016). EPA guidance on mental health and economic crises in Europe. *European archives of psychiatry and clinical neuroscience, 266*(2), 89-124.
Ministry of Health (2018). Health atlas. Athens: Ministry of Health, https://healthatlas.gov.gr/#!/, (accessed 01 October 2021).
Ministry of Health (2021). Presentations - financial reports data per Ministry and set. https://www.moh.gov.gr/articles/bihealth/oikonomika-stoixeia/ , (accessed 10 October 2021).
Mpouzika, M. D., Mpouzika, E., & Papathanassoglou, E. (2018). The effect of the Greek financial crisis on the operation of public intensive care units. Connect: *The World of Critical Care Nursing, 12*(2), 48-51.
Murauskiene, L., Janoniene, R., Veniute, M., Van Ginneken, E.& Karanikolos, M. (2013). Lithuania: health system review. World Health Organization.
Pangalos, G., Sfyroeras, V., & Pagkalos, I. (2014). E–prescription as a tool for improving services and the financial viability of healthcare systems: the case of the Greek national e–prescription system. *International journal of electronic healthcare, 7*(4), 301-314.
Petmesidou, M. (2019). Challenges to healthcare reform in crisis-hit Greece. *e-cadernos CES*, (31), 19-42.
Petraki, M., & Matsaganis, M. (2018). Experiences of and Factors Contributing to Discrimination in Greek Hospitals, from the Perspective of Healthcare Users, Physicians, Nurses, and Hospital Administrators. In Balourdos, D. & Sarris, N. (Eds.). *Tackling multiple discrimination in Greece*, (p.p. 235-264).
Philalithis, A. (2020). The Trials and Tribulations of the National Health System (ESY) in Greece: A Chronicle of Unfulfilled Promises. *The Historical Review/La Revue Historique*, *17*, 115-160.
Quaglio, G., Karapiperis, T., Van Woensel, L., Arnold, E. & McDaid, D. (2013). Austerity and health in Europe. *Health policy, 113*(1-2), 13-19.
Rori, L. (2016). The 2015 Greek parliamentary elections: from great expectations to no expectations. *West European Politics*, *39*(6), 1323-1343.
Sepetis, A. (2019). Sustainable Finance in Sustainable Health Care System. *Open Journal of Business and Management*, 8(01), 262.
Skleparis, D. (2017). The Greek response to the migration challenge: 2015-2017. *kas Katoptron* 05, 1-9.
Stadhouders, N., Kruse, F., Tanke, M., Koolman, X., & Jeurissen, P. (2019). Effective healthcare cost-containment policies: a systematic review. Health Policy, 123(1), 71-79.
Stenberg, K., Lauer, J. A., Gkountouras, G., Fitzpatrick, C., & Stanciole, A. (2018). Econometric estimation of WHO-CHOICE country-specific costs for inpatient and outpatient health service

delivery. *Cost Effectiveness and Resource Allocation, 16*(1), 1-15.
Triantafyllidou, M. (2018). The global burden of mental disorders and the need to improve the quality of mental health services. To Vima tou Asklipiou, 17(4), 255-6.
Vogler, S. (2012). The impact of pharmaceutical pricing and reimbursement policies on generics uptake: implementation of policy options on generics in 29 European countries–an overview. *Generics and Biosimilars Initiative Journal, 1*(2), 44-51.
Vrachnis, N., Loufopoulos, A., & Tarlatzis, V. (2016). Greek-language Clinical Guidelines and Consent Forms in Obstetrics and Gynecology developed by the HSOG. *HJOG, 14*(1).
Wahlbeck, K., & McDaid, D. (2012). Actions to alleviate the mental health impact of the economic crisis. *World psychiatry, 11*(3), 139.
Wenzl, M., Naci, H., & Mossialos, E. (2017). Health policy in times of austerity—A conceptual framework for evaluating effects of policy on efficiency and equity illustrated with examples from Europe since 2008. *Health Policy, 121*(9), 947-954.
Yfantopoulos, J. N. & Chantzaras, A. (2018). Drug policy in Greece. *Value in health regional issues, 16*, 66-73.