

# HISTORY OF MEDICINE ΙΣΤΟΡΙΑ ΤΗΣ ΙΑΤΡΙΚΗΣ

## The contribution of expert reports to the formulation of health policy in Greece during the period 1920–2000

Along the way of the Greek health system's development, a remarkable effort to formulate documented and evidence-based policies is recorded, through the preparation of special studies and reports for which academic specialists and health experts were "recruited" by governments and scientific bodies. These reports aimed to gather reliable information and data on the situation and problems of the Greek health system, as well as to prepare positions, proposals and recommendations for evidence-based policy-making that could contribute to the effective organizational and operational restructuring of health services and to the improvement of the quality of delivered care. In this context, this article presents the most important expert reports drawn up during the 20th century in Greece, investigates the degree of their contribution to the formulation of the national health policy and highlights the policy priorities for the reform of the health system based on the experts' proposals.

### 1. INTRODUCTION

Health systems, as developed in the 20th century, have played an important role in improving the health of the population and increasing life expectancy.<sup>1</sup> This assumption, together with the realization of the importance of enhancing the efficiency, effectiveness and quality of health services,<sup>2</sup> has led several countries to adopt systematically designed public health policies based on scientific guidelines and recommendations from expert organizations and agencies, as well as on reliable statistical information regarding the health status of the population and the use of health services.

This approach was mainly expressed through the preparation of specific reports which, in several cases, provided

a "road map" for the documentation and implementation of actions and policies to improve health services and effectively address citizens' health problems. The preparation and writing of these reports was the task of experts who assisted the work of national governments in order to identify and highlight the problems of the health services and to make well-founded proposals and recommendations for the improvement and modernization of health systems operations.<sup>3</sup>

Some prominent examples of expert reports that have influenced the field of health policy planning at the international level are: (a) the Flexner report<sup>4</sup> (1910) in the United States of America (USA), which contributed to a radical overhaul of the medical education system, including the closure of a large number of medical schools that produced

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Η συμβολή των εκθέσεων  
εμπειρογνομημάτων  
στη διαμόρφωση της πολιτικής  
υγείας στην Ελλάδα κατά  
την περίοδο 1920–2000

Περίληψη στο τέλος του άρθρου

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a low-quality medical workforce;<sup>5</sup> (b) the Dawson report<sup>6</sup> (1920) in Great Britain, which made primary medical care the focus of the health system through the development of health centres, which would be administered by general practitioners and provide preventive and curative health services, supported by university hospitals and other health agencies;<sup>7</sup> (c) the report of the Committee on the Costs of Medical Care<sup>8</sup> (1932) in the USA, which was a comprehensive proposal to address the ever-increasing costs of medical and hospital care and to create an economically viable and organizationally efficient health system, with particular emphasis on the prevention of illness and the need to cover the costs incurred through health insurance,<sup>9,10</sup> and (d) the Beveridge report<sup>11</sup> (1942) in Great Britain that proposed the establishment of a universal system of social insurance financed by the state and played an influential role in the setting up of the Welfare State and in the founding of the National Health Service (NHS) in 1948, which provided universal and free health coverage funded through general taxation.

As far as Greece is concerned, the importance of formulating a national health development plan based on scientifically elaborated proposals and policies had been perceived since the beginning of the 20th century, which led to the preparation of a considerable number of specific reports and studies by health experts during the period 1920–2000.

In this context, this article presents and analyses the most important expert reports produced during the aforementioned period in Greece, in order to examine the degree of contribution of the reports to the formulation of national health policy, to highlight the policy priorities for the reform of the health system and to investigate the degree of systematicity of the reports regarding the process

of preparing and planning the implementation of their proposals and recommendations.

## 2. HEALTH EXPERT REPORTS: THE GREEK CASE

In Greece, the first organized attempts to implement an evidence-based policy for the protection and promotion of health –aligned with the needs of the population and available health human resources– can be traced back to the inter-war period.<sup>12</sup> Since then and until the end of the 20th century, the emerging health needs combined with the tendency to redefine the priorities and objectives of public health systems at the international level but also the development of medical technology<sup>13</sup> led the Greek state to undertake significant reform initiatives in order to reorganize the health system and to improve its performance.

In an effort to achieve this, a crucial role was played by experts from Greece and abroad, who, through the reports they prepared, formed an important “reservoir” of knowledge, information and a mostly valid assessment of the situation, problems and prospects of the health system, which provided the necessary documentation and scientific data in the context of the planning of health reforms.

The expert reports that are the subject matter of this article and which influenced and –to a large extent– shaped the trajectory of health policy planning in Greece during the period 1920–2000, amount to a total of eight (tab. 1). These were selected on the basis of the criteria of (a) the methodological framework and the systematic approach to their research, (b) the completeness of the analysis and the validity of the proposals and recommendations that each of them contains, and (c) the specific historical time under the conditions of which each report was drafted.

**Table 1.** Expert reports on health policy in Greece (1920–2000).

Number	Title of report	Author(s)	Year of publication
1	Collaboration with the Greek Government in the sanitary reorganization of Greece	League of Nations Health Organization	1929
2	The health organization of the country: A plan	Nikolaos Louros	1945
3	A recommendation on the general care of the population	Experts Committee on Social Security	1963
4	Report on the National Health Policy	Loukas Patras	1970
5	Development plan 1976–1980: Health	Centre of Planning and Economic Research	1976
6	“Health protection measures” Bill	Spyros Doxiadis	1981
7	Report on the Greek health services	Health experts Committee	1994
8	Medium-term orientation of health policy and economic policy	Committee for the study of long-term economic policy	1997

### 3. ANALYSIS OF THE EXPERT REPORTS

It is generally accepted that the development of health policy in Greece was significantly delayed compared to other countries until the mid-1920s.<sup>2,14,15</sup> The role of the state in the health sector was extremely limited while the legislative initiatives undertaken during this period were characterized by a fragmentary approach which mainly focused on the response to the health consequences of the refugee crisis caused by the Asia Minor catastrophe.<sup>12,16</sup>

#### 3.1. The League of Nations report (1929)

The first coherent initiative to formulate a systematic health policy was recorded during the interwar period.<sup>16</sup> The absence of an appropriately organized public system of medical services that would ensure the health of the population, combined with the outbreak of epidemic infectious diseases, such as dengue fever, which occurred in the country during the period 1927–1928,<sup>17</sup> led the Greek government to decide to seek the assistance of the League of Nations (LoN), requesting technical support for the health reorganization of the country.<sup>18</sup>

In this context, a special committee of foreign experts consisting of distinguished health scientists headed by Thorvald Madsen, President of the Health Organization of the LoN, visited Greece in order to study the problematic features of the health system and to propose solutions for the improvement of its services.<sup>12</sup>

After two and a half months of careful and thorough study, the committee submitted to the Greek government a detailed programme which set out a series of reform proposals focusing on the organizational restructuring of the health sector, upgrading the training of health personnel and strengthening the public health infrastructure.<sup>19</sup>

It is worth mentioning that the committee, apart from the technical measures included in its report, emphatically pointed out as essential conditions for the successful implementation of the reform programme, on the one hand, the “disengagement” of the health sector from political influences in terms of decision-making and, on the other hand, the formation of the necessary social-political consensus on the proposed measures. In other words, the experts identified the role of politicians and political elites of that time, as well as the inability to establish national consensus and cooperation on health issues, as the central problems in the implementation of health reform efforts in Greece.

However, the proposals of the foreign experts, despite addressing a number of problematic features of the health

system, were never part of a comprehensive reform plan, since political expediency, guild reactions and the inability to secure adequate and stable state funding created an “impenetrable wall” that led to the non-implementation of the health programme of the LoN.<sup>20</sup>

#### 3.2. The Louros report (1945)

Just after the end of the turbulent historical period of the inter-war period and the German occupation, a new report comes out to highlight the need to improve the health organization of the country. Its author was Nikolaos Louros, Professor at the Medical School of the University of Athens and a member of the Academy of Athens, who focused on the organizational dimension of the problems of health policy, placing issues that until then had been considered as “taboo” issues at the centre of scientific interest.

The report’s proposals included the decentralised organization of health services, compulsory health insurance, the free choice of a doctor, the introduction of full and exclusive employment of medical staff and the reorganization of medical education by placing the two medical schools under the responsibility of the Ministry of Health. A dominant issue also highlighted by the report was the importance of a cross-party methodology and philosophy that should prevail in the health system reform programme.<sup>21</sup>

The Louros report was, for that time, a well-thought-out reform plan which included measures and proposals of an organizational and technical nature. However, its contribution to the formulation of a broader strategy for the administrative reform of the health sector was limited, mainly due to the absence of a national regional policy plan, the urbanising tendencies of Greek society and the lack of political support for the proposed measures.<sup>22</sup>

Nevertheless, the report is of significant historical and scientific interest, given the reforming spirit of its proposals, which formed the basis of reflection on which the regional organization of health services was first established in the country by Legislative Decree 2592/1953.

#### 3.3. The report of the Social Security Committee (1963)

From 1950 onwards, when the phenomenon of urbanization and rural abandonment intensified, the issues of reorganizing social security and guaranteeing a minimum level of health care for the population—especially the rural—were of great concern to the Greek state. In this context, a national experts committee was established by the Greek government in 1958, in order to examine the conditions of

the social security and health care sectors and to propose measures for their consolidation and restructuring.

The Social Security Committee, so-called because of its field of study, reported a number of weaknesses and problems, the most important of which were the extremely fragmented social insurance system, comprising a large number of funds and providers with different organizational and administrative structures, the insufficient staff and equipment and different levels of quality and extent of services, as well as the financial deficits of the insurance funds and especially of the Social Insurance Foundation (IKA). Moreover, the Committee examined the possibility of organizing a system of general medical care that would gradually cover all regions of the country, formulating its proposals for achieving this objective in a multi-page report entitled "A recommendation on the general care of the population".<sup>23</sup>

Among the proposed measures were the establishment of a minimum guaranteed level of state medical services, the adoption of responsibility for the coordination of the general health care system by the IKA and the establishment of a general practitioner service. The experts also proposed a change in the model for the organization, operation and financing of outpatient care, combined with the reorganization of the inpatient care system, the rationalization of pharmaceutical expenditure and the use of public health infrastructure by the private sector along with the payment of a fee.

However, the major political and social events that followed (the crisis of "Iouliana", in July 1965; the dictatorship of the Colonels, 1967–1974) brought about a period of intense political anomaly in the country, making any discussion on the structural changes proposed by the Committee and ultimately leading to the complete cancellation of the social security and health care system reform plan essentially impossible.

### 3.4. The Patras report (1970)

In the early 1970s and in the wake of the military coup d'état in 1967 which led to the dissolution of the democratic constitution and the imposition of the dictatorship, a new report on the reform of the Greek health system was drafted by Loukas Patras, Minister of Social Services and Professor at the University of Thessaloniki.<sup>24</sup>

The report, under the title "Report on the National Health Policy", included a thorough review of the operational problems and organizational weaknesses of the health system. Among the main issues mentioned were the lack

of national health planning, the inadequate organization and administration of the health services, the ineffective health financing and service delivery system, the weak orientation to preventive care and the poor human resources development.

To improve the situation, the report proposed that the state should take the primary responsibility for citizen's health protection through the provision of an integrated system of medical, pharmaceutical and hospital care, on the basis of a unified national health policy. The report also proposed the establishment of a single health care agency, a change in the health delivery and financing system, the free choice of a personal doctor for primary medical care in urban and semi-urban areas, the construction of new hospitals in the countryside, the strengthening of the network of rural clinics and health stations and the institution of full-time employment for hospital doctors.

The proposed policy measures were characterized by a scientific approach and drew on international experience and practice. In addition, they took into account existing studies and recommendations on health policy issues, as well as the views of stakeholders as recorded in the social dialogue.

However, the fact that the implementation of the report's recommendations required the adoption of a large number of legislative and ministerial decisions, combined with the low political priority placed on health and social policy issues by the dictatorial regime<sup>25</sup> led to the non-implementation of the reform plan and the resignation of L. Patras as Minister of Social Services.

### 3.5. The report of the Centre of Planning and Economic Research (1976)

After the end of the dictatorship and the restoration of democracy, an intense social debate on the priorities of health policy and the model for financing health services was launched in the country. Among the institutional documents that stood out during this period was the report prepared, in 1976, by the Centre of Planning and Economic Research (KEPE)<sup>26</sup> which aimed at formulating a comprehensive framework of proposals for the reform of the health system on the basis of scientific planning.

The report examined existing issues and emerging challenges of the health sector, analyzing a number of areas and issues concerned with the organization and structure of the health care system, the public health infrastructures, the health personnel, the pharmaceutical policy, the health financing system, etc., providing quantitative

data where possible. The key finding was that the Greek health system faced serious organizational and operational weaknesses which remained unresolved for many years and were compounded by issues such as the limited resources available for the health care system and the low degree of decentralization of the health services.

As regards the framework of the proposals, the main characteristic was that they were guided by a clear direction of strengthening the role and intervention of the state in health policies through a gradual design of applied public policy, which placed at its centre the decentralized organization of the health system and the functional integration of the services provided, with the ultimate aim of creating a single national health service that would provide a basic level of health coverage to the citizens. In addition, the report highlighted the importance of prioritizing the allocation of financial resources by the State and insurance providers in order to enable the improvement of the health care services provided.

However, despite the need for the reorganization of the health system and its adaptation to newer health developments on the basis of scientific planning, the reformative “road map” proposed by the KEPE report remained an “exercise on paper” for the following years –and until the early 1980s– since the proposals and policy measures that accompanied it, were strongly opposed by both the medical profession and most political parties.<sup>15</sup>

Nevertheless, it is worth noting that this report had a major impact on the evolution of health policy in Greece as it introduced into the public and scientific debate a different, compared to the past, reflection on health issues and foreshadowed, to a certain extent, the institutional changes and interventions that would follow in the next decades at the level of the practical organization and operation of the health services in the country.

### 3.6. The Doxiadis report (1981)

The culmination of the period of health planning in Greece was the policy plan under the title “Health Protection Measures”,<sup>27</sup> which was the draft law prepared by Spyros Doxiadis, Minister of Social Services and Professor, and published in 1981. This institutional document –which has the character of a report in the context of the present analysis, given the methodological framework followed for its drafting and preparation– was the result of a long process of scientific analysis, documentation and consultation on the policies that the Greek health system needed.

Drawing on international experience in combination

with the results of the basic studies carried out on the needs of the health system and the statistical data collected during the period 1977–1980 by the Health Planning Group set up in the Ministry of Social Services for this purpose, the Doxiadis report formulated a coherent framework of policy measures that reflected the determination of the State to introduce radical changes in the health sector.<sup>28</sup>

These measures focused on strengthening scientific planning in health, decentralizing the governance of health services, restructuring the primary health care delivery system in rural and semi-urban areas, improving the organization and operation of hospitals and upgrading the training of health professionals.

Special mention should be made of the “controversies” introduced in the public debate by the introductory part of the plan concerning the effectiveness of medical science, the control of costs by political leaders and the political priorities concerning the reform of health care.

Although the Doxiadis plan addressed cutting-edge health issues with scientific completeness, it could not “overcome” the political and party lines, as well as the social resistance that was activated during this period to defend ideological beliefs and guild interests against scientific discourse and evidence-based policy-making. Therefore, the failure to legislate on these proposals was an expected consequence.<sup>29</sup>

Nevertheless, the impact of this institutional document on the theoretical thinking and practice of health policy in Greece was significant, contributing, in the years that followed, to the evolution of the health system and paving the way for a number of notable reform changes, including the establishment of the National Health System (ESY), which became a reality in 1983 with Law 1397.

### 3.7. The report of the special committee of foreign experts (1994)

In early 1994, after a period of almost ten years since the establishment of the ESY, the Greek government set as a reform priority the reconstruction of the public health sector, under the pressure of a general climate of disapproval and low public satisfaction<sup>30</sup> due to the inability of the public health system to adequately provide access, ensure quality, and restrain health costs.<sup>31,32</sup>

On this basis, the Ministry of Health invited a team of distinguished experts from abroad, led by Brian Abel Smith, Professor of the London School of Economics, to study the Greek health services, to identify the weaknesses of the



institutional framework of the health system and to provide recommendations for its reorganization. The committee, after a thorough research and study, which included on-site inspections of health care facilities and contacts with health officials and policy makers, prepared a detailed report which was submitted to the Greek government.<sup>33</sup>

The report included specific mention of the shortcomings of the health system, the shape of long-term arrangements that would improve the existing situation and the immediate measures required for the implementation of the whole plan.<sup>12</sup> The main finding was that the health system, although on a path of improvement, suffered from serious organizational weaknesses and management problems related to the low efficiency, effectiveness and quality of services provided, at the same time that the implemented policies put more emphasis on disease management and less on prevention and health promotion.

The challenge, according to the experts, was the formulation of a national health policy focusing on public health, which would emphasize the creation of new health administration agencies with a decentralized organizational structure, as well as the change of the health financing model, with the introduction of incentives for cost containment and efficiency improvements.<sup>28,33</sup>

The above priorities were further specified by a number of institutional and structural measures. These included the unification of the health insurance branches of Social Security Organizations and the creation of a single health agency, the establishment of Regional Health Councils, the reorganization of primary health care and the establishment of the family doctor system, the change of the administrative and organizational model of public hospitals, the improvement of the remuneration of doctors and the modernization of the training system for health personnel.

The recommendations outlined in the report echoed international trends for a modern administrative model for the organization of the health system, drawing influence from various reform schemes from abroad.<sup>34</sup>

However, the proposed changes met with strong opposition at the political, social and scientific level, under the argument that the new mixture of measures would lead to the annulment of the basic principles of national health policy as it had been shaped after the establishment of the ESY.<sup>35,36</sup> This, combined with the fact that the implementation of the reform proposals required a lengthy time horizon of ten years and more, and, at the same time, implied radical organizational changes and financial arrangements, for which the political and social conditions were not ripe, resulted in the reform plan never getting off the ground.<sup>12</sup>

### 3.8. The health report under the Spraos committee (1997)

The accession of Greece to the Economic and Monetary Union was a major national goal for the Greek government that was formed after the elections of 1996, which implied structural reforms and fiscal adjustments of a political, economic and institutional nature. Among the public policy areas that were considered as crucial for the achievement of this goal from a fiscal point of view was the health sector.

In this context, a group of Greek health policy experts was invited by Yannis Spraos, chairman of the special committee of “wise men” and Professor at University College London –which had been appointed by the Greek government to formulate positions and proposals for the gradual growth of the Greek economy– in order to contribute to the preparation of a framework of management and administrative measures for the control and rationalization of public sector health expenditures.

The draft report prepared by the expert group under the title “Medium-term orientation of health policy and economic policy”<sup>37</sup> made a particular reference to the paradox of the Greek health system, which despite its organizational problems and dysfunctions, enjoyed comparatively high population health indicators.<sup>38</sup> The report also highlighted the chronic weaknesses in health planning and management that have characterized public health policies in Greece and the need to formulate a national health system reform strategy with medium- to long-term measures.<sup>37</sup>

Among the recommended reform proposals, were the creation of a single health agency that would pool the available financial resources and ensure their rational allocation to health services, the introduction of scientific management methods in public hospitals combined with the strengthening of their financial autonomy and the implementation of a universal family doctor service model across the country. The proposed measures also focused on upgrading medical education by reforming the curricula and reducing the number of entrants to medical schools and designing incentive and disincentive systems to reduce the induced demand for healthcare services and over-prescription of medicine.

However, despite the experts’ efforts to highlight the need for reform breakthroughs in the healthcare system, particularly from the perspective of fiscal feasibility, the Spraos committee –and consequently the Greek government– never officially received the draft report nor proceeded to examine its recommendations and findings, on the grounds of lack of sufficient time and the end of its

term of office.<sup>39</sup> As a result, the report did not receive wider publicity, which explains both its limited impact and its weak-to-nonexistent influence on health reform planning in the years that followed.

#### 4. SYSTEMATIC PLANNING AND PRIORITY SETTING FOR HEALTH POLICY

According to the World Health Organization (WHO),<sup>40</sup> defining goals and setting priorities, together with the development of evidence-based policies –derived from systematic and scientific analysis– on the changes needed in the health system, are among the factors that can have a significant influence on health reform outcomes.

Of particular interest in the context of the present analysis is the exploration of two key aspects of these reports that relate to the scope of reform practice and concern, on the one hand, the examination of the degree of systematicity of health planning and, on the other hand, the identification and prioritization of key policy priorities as they emerge from the reports' recommendations and findings.

##### 4.1. Towards a systematic process of health sector reform?

Health policy planning is considered to be systematic when three conditions are met: (a) It is based on a methodological framework of analysis driven by reliable data and up-to-date information on health policy issues, (b) it identifies specific goals, objectives and priorities that are applicable at the national, regional, and local level and (c) it develops coherent strategies and procedures to address the health system's needs and problems.<sup>41,42</sup>

Further refining the above definition and drawing on the relevant literature,<sup>43–47</sup> nine individual criteria were selected in the context of the present analysis, on the basis of which it is attempted to assess the degree of systematicity of the reform plans, as described in the expert reports (tab. 2).

Furthermore, the study analysis and evaluation of the reports and other supplementary information collected from both primary (government documents, letters, etc.) and secondary sources (newspapers) reveal the degree of systematicity (high, medium, low) of the health plans included in the expert reports of the period 1920–2000.

Based on this evaluation, it appears that in all health planning efforts, experts drew knowledge and examples from international experience and practice in the health field, while, to a very large extent, the reform proposals included a clearly defined implementation timetable.

On the other hand, it is clear that in very few cases there was a formulation of alternatives for the case in which the proposed measures would face –technical, legislative, fiscal or administrative– constraints or problems in their implementation. Also, among the weak features of health planning in Greece is the inability to “recruit” and activate key persons with legitimate authority and power who could support and actively promote the necessary reform changes.

##### 4.2. Health policy priorities

The process of planning measures and setting priorities in the health sector is an integral part of health policy in many countries and is driven primarily by the –ever–widening gap between need and demand and the limited resources available for health.<sup>48,49</sup>

Priority setting, as a process and practice, is strongly influenced by a number of factors, including budgetary constraints, demand for health services and political pressures,<sup>13</sup> and may be related to many different fields and areas of the health system.<sup>50,51</sup>

In this context, the expert reports and in particular the proposals for administrative changes and reforms included in them, shaped a substantial corpus of administrative and reform action in the health field, within the framework of which the major priorities and areas of action that define the reform agenda of national health policy in the 20th century are highlighted (tab. 3).

Among the areas of the Greek health system identified as priority for reform action by the experts, were: The organization and administration of the Ministry of Health and the health system in general, the decentralization and regionalization of health services, the reorganization of hospital care, the strengthening of outpatient care and primary health care services, the development and management of health human resources, the regulation of healthcare financing and health insurance, as well as the reform of pharmaceutical policy.

The above policy priorities –which in each report were specified with particular measures and actions– are found in at least six or more reports, indicative of the duration of debate and the need for uninterrupted implementation of reform interventions, in order to ensure the continuous improvement of different areas of the health system, while similar policy priorities are documented in the health reform agendas of many European countries over the last 50 years.<sup>13,17,40,51,52</sup>

Last but not least, policy issues related to key functions

**Table 2.** Degree of systematicity of health reform plans in Greece (1920–2000).

Number	Criteria of systematicity	Expert reports							
		League of Nations report	Louros report	Social Security Committee report	Patras report	KEPE report	Doxiadis report	Foreign Experts Committee report	Spraos Committee report
1	Existence of a coherent policy/strategy expressed through the specification of objectives and measures	✓			✓	✓		✓	
2	Identification of the causal factors that make planning necessary	✓			✓	✓		✓	
3	Explicit time schedule of measures/policies to be introduced	✓	✓	✓	✓	✓		✓	
4	Estimation of human and financial resources that health reform requires	✓	✓	✓	✓				
5	Identification and analysis of health sector stakeholders and their interests	✓			✓		✓	✓	
6	Period of preparation for data and information collection, policy analysis and consultation	✓			✓	✓	✓	✓	
7	Involvement/availability of a person(s) with the legitimate authority and power to support and promote the necessary reform changes			✓	✓		✓		
8	Formulation of alternatives			✓		✓			
9	Building on the lessons learned from the implementation of similar measures or policies	✓	✓	✓	✓	✓	✓	✓	✓
	<b>Degree of systematicity*</b>	<b>High</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Medium</b>	<b>Medium</b>	<b>Medium</b>	<b>Low</b>

\* Degree of systematicity: 1–3 criteria: Low; 4–6 criteria: Medium; 7–9 criteria: High

and areas of health system such as public health and health promotion, employment conditions of health professionals and operation/control of the private health sector, have a limited place within the expert reports and are not included in the core of the reformist interest of their authors.

## 5. CONCLUSIONS

In conclusion, it is clear that the 20th century was a long period of political and administrative reconstruction for the Greek health care system, during which the importance of the formulation of systematically elaborated and scientifically documented policies emerged as a key issue which would contribute to addressing the long-standing problems and deficiencies of the health system and to the

strengthening of health services for their effective response to the needs of citizens.

In this context, a significant role was played by health experts who –either as part of committees and working groups or individually– contributed with their knowledge and experience to the national effort to formulate an integrated health policy, providing, through the reports they prepared, the theoretical foundation, the scientific documentation and the practical model for the implementation of the necessary changes and reforms that the health system needed.

The content of these reports, as analyzed above, constitutes a remarkable pool of knowledge, information and mostly reliable and in-depth assessment of the situation, problems and prospects of the health system, through



**Table 3.** Priority areas for health policy reform in Greece on the basis of expert reports.

Number	Reform area	Expert reports								Total number of reports
		League of Nations report	Louros report	Social Security Committee report	Patras report	KEPE report	Doxiadis report	Foreign Experts Committee report	Spraos Committee report	
1	Organization and administration of the health system – organizational restructure of the Ministry of Health	✓	✓	✓	✓	✓	✓	✓	✓	8
2	Decentralization – regionalization of health services	✓	✓	✓	✓	✓	✓	✓		7
3	Health financing – health insurance		✓	✓	✓	✓		✓	✓	6
4	Reorganization of hospital care	✓		✓	✓	✓	✓	✓	✓	7
5	Outpatient care and primary health care services	✓		✓	✓	✓	✓	✓	✓	7
6	Health human resources management	✓	✓		✓	✓	✓	✓	✓	7
7	Regulation of work and employment in health sector		✓		✓			✓		3
8	Improvement of health infrastructure/equipment	✓				✓				2
9	Public health and environmental health	✓				✓		✓		3
10	Pharmaceutical policy and prescribing		✓	✓	✓	✓		✓	✓	6
11	Regulation and control of the private health sector				✓	✓				2
12	National health planning – cross-sectoral health policy	✓	✓		✓	✓		✓	✓	6
13	Cross-party cooperation and consensus on health reforms issues	✓	✓					✓		3

which the duration and intensity of the reflection on the major problems of health policy in Greece throughout the 20th century become evident.

Furthermore, the reports highlight the exemplary value and the normative character of the proposals and ideas that were formulated by the health experts for the reform of the health system in Greece, taking into account the specific historical time and the particular socio-political and economic conditions within which each report had been prepared and drafted.

Given the different context in which each report was drafted, what is of particular importance is the interpretative and diagnostic process –as well as the methodological

framework– followed by the experts to identify solutions, prioritize options and highlight the points where the socio-scientific dialogue should be deepened, features which, in any case, are recognized as crucial for the transferability of a reform plan to the field of practical implementation.<sup>37</sup>

Finally, it is worth mentioning that the expert reports shed light on and clarify organizational, operational and technical aspects and details of the policy proposals and measures that influenced or shaped national health planning and contributed –in one way or another– to the implementation (or not) of the necessary reform initiatives for the reorganization of the health system in Greece and to the support of informed decision-making in the context of national health policy.

## ΠΕΡΙΛΗΨΗ

### Η συμβολή των εκθέσεων εμπειρογνομόνων στη διαμόρφωση της πολιτικής υγείας στην Ελλάδα κατά την περίοδο 1920–2000

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Στην πορεία ανάπτυξης του υγειονομικού συστήματος στην Ελλάδα εντοπίζεται μια αξιοσημείωτη προσπάθεια διαμόρφωσης τεκμηριωμένων και βασισμένων σε στοιχεία πολιτικών, μέσω της εκπόνησης ειδικών μελετών και εκθέσεων για την ολοκλήρωση των οποίων «επιστρατεύτηκαν», από κυβερνήσεις και επιστημονικούς φορείς, επιστήμονες και εμπειρογνώμονες του τομέα της υγείας. Οι εκθέσεις αυτές έθεταν ως στόχο τη συγκέντρωση αξιόπιστης πληροφορίας για την κατάσταση και τα προβλήματα του ελληνικού συστήματος υγείας (ΕΣΥ) και τη διαμόρφωση προτάσεων και μέτρων πολιτικής που θα συνέβαλαν στην καλύτερη οργάνωση και λειτουργία των υγειονομικών υπηρεσιών, καθώς και στη βελτίωση της ποιότητας της περίθαλψης. Στο πλαίσιο του παρόντος άρθρου παρουσιάζονται οι σημαντικότερες εκθέσεις εμπειρογνομόνων που συντάχθηκαν κατά τον 20ό αιώνα στην Ελλάδα, διερευνάται ο βαθμός συμβολής τους στη διαμόρφωση της εθνικής πολιτικής υγείας και αναδεικνύονται οι προτεραιότητες πολιτικής για τη μεταρρύθμιση του συστήματος υγείας βάσει των προτάσεων των εμπειρογνομόνων.

**Λέξεις ευρητηρίου:** Δημόσια υγεία, Εκθέσεις εμπειρογνομόνων, Πολιτική υγείας, Σύστημα υγείας, Υγειονομικός σχεδιασμός

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