

(English version)

**Question for written answer E-002200/26
to the Commission
Lefteris Nikolaou-Alavanos (NI)
(1 June 2026)**

Subject: Tragic situation in primary healthcare boosts EU/Government health trade

Problems such as closures, mergers and transfers of health centres or their constituent parts are being recorded throughout Greece, along with chronic underfunding and understaffing.

Despite the — provocative — declarations of New Democracy and the Ministry of Health regarding the ‘upgrading’ of primary healthcare, reality belies the hype. A decrease in medical staff of 9.8% has been observed in public primary healthcare structures over the last four years. The ‘new National Health System’ means an acceleration of the degradation of public structures. Governments and the EU have paved the way for the commodification of health or the privatisation of profitable components, promoting commercial public-private partnerships. The profits of private groups exceeded EUR 2 billion in 2023 (a further increase of around 3% is expected in 2024-2026).

In view of the above:

1. What is the Commission’s position on the fact that at the same time that health centres are completely understaffed and unable to provide basic primary healthcare services to patients, energy upgrades and renovations for health centres in Greece are subsidising construction groups in the ‘green transition’ through the EU’s NextGenerationEU funding?
2. What is the Commission’s position on the fact that according to Eurostat data (2023), 34.3% of total health expenditure in Greece comprises private spending, i.e. it comes from the pockets of ordinary working-class families, demonstrating that EU policy — as well as that of governments — favours the trade in health?

Submitted: 1.6.2026

**Answer given by Mr Várhelyi on behalf of the European Commission
(17 July 2026)**

Under Article 168(7) of the Treaty on the Functioning of the European Union ⁽¹⁾, Member States are responsible for the organisation and delivery of their health services and medical care.

The EU’s role is to support them in strengthening their health systems by encouraging cooperation and exchange of best practices via technical assistance, funding, and policy guidance.

Analysis, including under the European Semester, identifies persistent shortages and uneven distribution of health professionals in Greece, hampering access to healthcare ⁽²⁾.

Several measures under the Greek recovery and resilience plan can address this: a reform of the primary healthcare system, including the renovation of primary healthcare units, the delivery of medical equipment, training of primary healthcare providers, and a referral mechanism; the reform of the personal doctor; the creation of a national health map that records the demand and supply of services in the health system.

In 2023, the share of out-of-pocket payments in Greece’s current health expenditure was about 3 percentage points lower than 10 years earlier. It remains one of the highest in the EU.

In the 2020, 2022 and 2023 cycles of the European Semester, Greece received recommendations to ensure adequate and equal access to healthcare.

Moreover, the Semester Country Reports systematically stress the high share of out-of-pocket in Greek’s healthcare expenditure, and health workforce challenges.

Moreover, the 2026 proposed recommendation to Greece highlights the need to tackle shortages of nurses and doctors, as well as of reducing out-of-pocket payments ⁽³⁾.

⁽¹⁾ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=en>.

⁽²⁾ Country Health Profile: Greece, 2025: https://health.ec.europa.eu/document/download/b9b4092c-b357-4ae3-8d82-d9a252e7e159_en?filename=2025_chp_gr_english.pdf.

⁽³⁾ https://reforms-investments.ec.europa.eu/document/download/02adf981-3c59-4a26-8c82-b66e21d52087_en?filename=EL-COM_2026_208_1_EN_ACT_part1_v4.pdf.