

ADVOCACY FACT SHEET

Greece Overview



- Growing Demand in Eye Care in Greece:** Vision impairment in Greece has increased by 33.6% since 1990, with over 680,000 people affected in 2020. Studies reveal 29.3% of Greek myopic children do not wear necessary spectacles, and 23% of those who do, have inadequate correction. Myopia is the most common refractive error among adults (as high as 42.67%) and children (as high as 46.9%). Geographic disparities exist in eye care access, especially in rural areas indicating unmet vision care needs.
- Urgent Eye Care Needs for Refugees:** The health situation is challenging for refugees and migrants in Greece. Refugees face significant barriers to accessing eye care, with long wait times and high costs. About 60% of refugees need eye care after arriving.
- Policy and Healthcare Access Challenges:** Due to high out-of-pocket costs, regional disparities, and limited access for low-income and remote populations, enhanced policies and collaborations are necessary. Addressing rural and migrant health disparities, integrating services, expanding workforce, and leveraging digital tools are required, supplemented by public-private partnerships to scale up.

The Global State of Vision

The World Health Organization (WHO) recognizes uncorrected refractive error (URE) as the **primary cause of vision impairment (VI), the second cause of blindness, and the largest unaddressed disability worldwide**.¹

Globally, **2.7 billion** or **1 in 3** people live with poor vision caused by URE²



(URE includes myopia, hyperopia, astigmatism and presbyopia. It results in reduced visual acuity, leading to blurred vision and, when severe, visual impairment).³



Vision impairment costs the global economy **US\$411 billion** in yearly **productivity losses**.⁴

Without action, **half the global population**, roughly **4.8 billion**, is set to have a VI, primarily myopia, by **2050**.⁴



Over 90% of VI cases are **preventable**, and/or **treatable** with existing, cost-effective interventions.⁴ Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.⁵



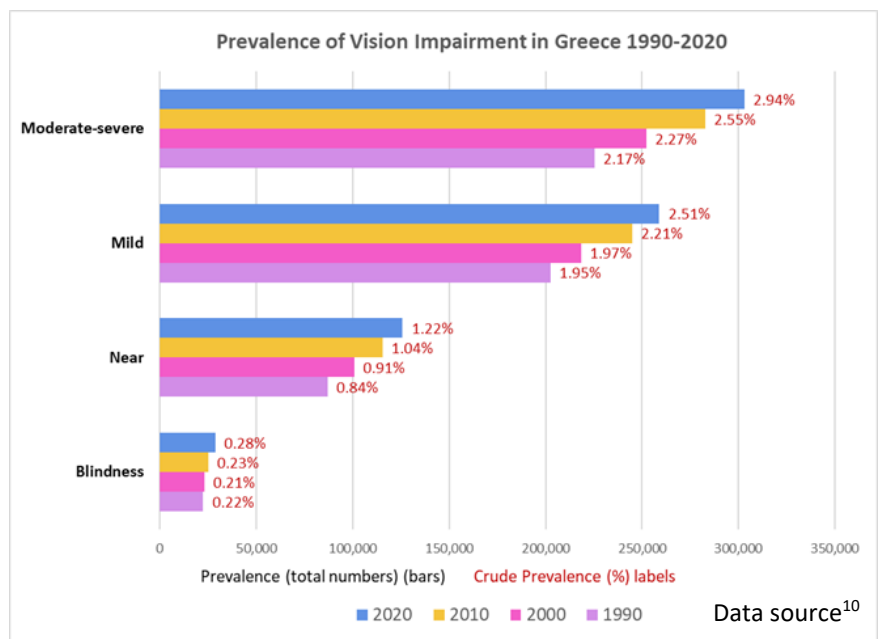
With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.⁶

The **WHO SPECS 2030 Initiative**⁷, building on WHA⁸/UNGA⁹ resolutions and particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.



Vision Needs in Greece

- Prevalence of vision impairment (near, mild, and moderate-severe) was:
515,053 (4.96%) in 1990 571,708 (5.15%) in 2000
643,152 (5.80%) in 2010 687,947 (6.67%) in 2020.¹⁰



- 2001 study: Identified 36.8% myopia among 15–18-year-olds, more common in females, correlated with family history and near-work.¹¹
- 2009 study: Compared 10–15-year-old Greek and Bulgarian school children, finding higher refractive error (myopia- 28.9% at primary and 46.9% at secondary levels; 37.2% average) among Greeks. 23% wear spectacles with inadequate correction. 70.7% of myopic children wore spectacles (75% at secondary level), leaving 25-30% children with unmet needs. More frequent screening is recommended.¹²
- 2012 study: Refractive errors affect about 57% of the population (40 years+) in Athens' north suburbs, myopia being most common (42.67%), and hypermetropia (14.40%) increasing in those 70+. Emmetropia was 42.33%.¹³
- 2015 study: Myopia levels are higher among older groups in Greece and the rest of Southern Europe, as compared to Northern and Western Europe.¹⁴
- 2020 study: High refractive error on Crete Island, higher among <20 years (35%) and 60+ years (23%). Distribution was heterogenous, despite a homogenous population spread. These are higher risk rural and remote areas with accessibility difficulties and insufficient ophthalmological coverage.¹⁵

(1) World Health Organization. (2019, October 8). World report on vision. <https://www.who.int/publications/i/item/9789241516570> (2) Essilor. (2019, November 5). Eliminating Poor Vision in a Generation. What Will It Take To Eliminate Uncorrected Refractive Errors by 2050? The OneSight EssilorLuxottica Foundation. <https://onesight.essilorluxottica.com/research/eliminate-poor-vision-by-2050/> (3) WHO TEAM Noncommunicable Diseases. (2013, October 6). Blindness and vision impairment: Refractive errors. <http://www.who.int/news-room/questions-and-answers/item/blindness-and-vision-impairment-refractive-errors> (4) Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R. A., Congdon, N., Jones, I., et al. The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020. *Lancet Glob Health* (2021), 9(4), e489–e551. [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5) (5) World Health Organization. (2022). Report of the 2030 targets on effective coverage of eye care. World Health Organization. <https://iris.who.int/handle/10665/363158> (6) World Health Organization. (2021). Integrated people-centred eye care, including preventable vision impairment and blindness Global targets for 2030 Draft decision. In World Health Organization. https://apps.who.int/ebwha/pdf_files/WHA74/A74_9Add3-en.pdf (7) World Health Organization. (n.d.). SPECS 2030. <http://www.who.int/initiatives/specs-2030> (8) Resolution WHA73.4. Integrated people-centred eye care, including preventable vision impairment and blindness. In: Seventy-third World Health Assembly, Geneva, 3 August 2020. Geneva: World Health Organization; 2020. https://apps.who.int/ebwha/pdf_files/WHA73/A73_4-en.pdf (9) United Nations General Assembly Resolution A/75/L.108 – Vision for Everyone: accelerating action to achieve the Sustainable Development Goals, 6 July 2021. New York: United Nations; 2021. https://www.un.org/en/development/desa/policy/2021/07/20210706_a75_l108.html (10) The International Agency for the Prevention of Blindness (IAPB). (2020). Country Map & Estimates of Vision Loss: Greece. The International Agency for the Prevention of Blindness. <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/greece/> (11) Mavrican, T. A., Mandalos, A., Peios, D. K., Golia, V., Megalou, K., Gregoriadou, A., et al. (2000). Prevalence of myopia in a sample of Greek students. *Acta Ophthalmologica Scandinavica*, 78(6), 656–659. <https://doi.org/10.1034/j.1600-0420.2000.07806656.x> (12) Platinis, S., Moschandreas, J., Nikoitsa, P., Plevridi, E., Giannakopoulou, T., Vitanova, V., et al. (2009). Myopia and visual acuity impairment: a comparative study of Greek and Bulgarian school children. *Ophthalmic and Physiological Optics*, 29(3), 312–320. <https://doi.org/10.1111/j.1475-1313.2009.00654.x> (13) Pateras, E. (2012). Prevalence of refractive errors among adults, located at the north suburbs of Athens-Greece. *Health Science Journal*, 6(1), 102–114. https://www.researchgate.net/publication/287578749_Prevalence_of_refractive_errors_among_adults_located_at_the_north_suburbs_of_Athens-Greece (14) Williams, K. M., Verhoeven, V. J. M., Cumberland, P., Bertelsen, G., Wolfram, C., Buitendijk, G. H. S., et al. (2015). Prevalence of refractive error in Europe: the European Eye Epidemiology (E3) Consortium. *European Journal of Epidemiology*, 30(4), 305–315. <https://doi.org/10.1007/s10654-015-0010-0> (15) Pistola, G., Tsiliparis, M., Prastacos, P., Sifaki Pistola, D., Philalithis, A., & Pallikaris, I. (2013). Ophthalmological disorders in rural areas of Crete: a geospatial analysis. *Rural and Remote Health*, <https://doi.org/10.22605/rmh2020>

Health and Vision Care in Greece

- Greece's centralized health service¹⁶, ESY¹⁷, is regulated by the Ministry of Health, and financed by the National Organization for the Provision of Health Services (EOPYY)¹⁶ where citizens receive an insurance number, AMKA¹⁷. Obligatory social security payments are made to the digitized EFKA.¹⁸ Citizens and legal residents receive near-universal coverage, with emergency care for undocumented.¹⁶
- In 2021, Greece's health spending was 9.2% of GDP, below the 11.0% EU average, with public financing at 62.1%, lowest in the EU.¹⁶
- Households pay 33% of health expenses out-of-pocket, second highest in the EU, often for services outside the benefits package. 13% of Greek survey respondents in 2022 reported feeling obliged to make extra payments to providers or donations to hospitals.¹⁶
- In 2022, 9.0% of Greeks reported unmet medical needs due to costs, distance, or wait times, far above the 2.2% EU average. Low-income households reported 14.3% unmet needs, over 3x higher than the 4.3% from high-income groups.¹⁶
- Remote and island regions face significant healthcare accessibility challenges¹⁶, with regional disparities in healthcare outcomes.¹⁹
- Private insurance provides quicker access to better services, since the public system has been underfunded since the 2009 economic crisis. A 2016 law however has permitted citizens and asylees unable to afford social insurance to access public healthcare.¹⁷
- Public healthcare covers eye exams and contributes to the cost of glasses¹⁷ (25% reimbursed)**, with spectacles provision every four years, formerly every two.²⁰ Many opt for private services for faster care where an eye exam may cost US\$30-60.¹⁷
- Previously, eye care was primarily provided by ophthalmologists. After longstanding efforts to establish optometry, in Aug 2017, the Panhellenic Association of Optics and Optometry (PAOO) was a legal entity. In Sep 2017, optometry was officialized.²¹
- Optometrists per million - 191.9 (2019)¹⁰, while WHO recommends at least 1 optometrist for every 50,000 persons (or 20 per million)²². Ophthalmologists per million - 256.0 (2018)²⁰, 183 per million in 2015, with a global estimated mean of 31.7 per million (as of 2015). Greece thus ranks high in eye health workforce.²³
- Migrants and refugees in Greece face minimal healthcare access**, with significant barriers including location, language, and long wait times.²⁴ End 2019, Greece hosted over 186,000 refugees/asylees²⁵, total arrivals at 31,598 by Aug 2024²⁶, many on islands with **lower access** compared to the mainland²⁴. Asylees however are granted access to the healthcare system, and information on their access.²⁷
- About **60% refugees need eye care**²⁸, and many live in camps with poorly rated access to health service²⁴. Initiatives like Light Without Borders²⁸ and EssilorLuxottica's Foundation provide free eye care to refugees and residents, with mobile clinics and screenings across Greece³⁰. Refugees otherwise would wait over 6 months for an eye test and pay full price for glasses.²⁸ The 2023 clinic in Athens, comprising the largest refugee population, is part of the ongoing effort to further vision care.²⁹

Action and Policy

- Professional bodies and associations:** [Hellenic Academy of Optometry \(EAO\)](#) (Ελληνική Ακαδημία Οπτομετρίας); [The Hellenic Ophthalmological Society \(EOE\)](#) (Ελληνική Οφθαλμολογική Εταιρεία); [Greek Optometric Association](#); [Association of Opticians & Optometrists of Northern Greece](#) (SOOBE) (Σύλλογος Οπτικών & Οπτομετρών Βορείου Ελλάδος – ΣΟΟΒΕ); [Hellenic Association of Optical Optometrists](#) (Συλλόγου Οπτικών Οπτομετρών Ελλάδος – ΣΟΟΕ); [Panhellenic Association of Opticians & Optometrists](#) – ΡΕΟΟ (Πανελλήνια Ένωση Οπτικών & Οπτομετρών – ΡΕΟΟ); [Federation of Greek Opticians and Optometrists](#) (OSOOE)
- Organizations supporting the visually impaired and blind:** [ICEVI Europe – Greece Chapter](#); [Light Without Borders](#) (LwB); [Panhellenic Association of the Blind](#) (PAB) (ΠΑΝΕΛΛΗΝΙΟΣ ΣΥΝΔΕΣΜΟΣ ΤΥΦΛΩΝ); Center for Education and Rehabilitation of the Blind (C.E.R.B); "SUN" School for the Blind in Northern Greece (SBNG); [The Lighthouse for the Blind](#) (Ο ΦΑΡΟΣ ΤΥΦΛΩΝ ΤΗΣ ΕΛΛΑΔΟΣ); [European Blind Union – Greece](#); "AMIMONI" The Panhellenic Association of Parents, Guardians and Friends of Children with MDVI
- Research entities:** [Aristotle University School of Medicine](#); [University of Thessaly](#); [The Department of Optics and Optometry - TEI of Western Greece](#) (Το τμήμα Οπτικής και Οπτομετρίας - TEI Δυτικής Ελλάδας); [Department of Optics and Optometry – University of West Attica](#) (Τμήμα Οπτικής και Οπτομετρίας - Πανεπιστήμιο Δυτικής Αττικής)
- A 2020 study in Crete found high rates of ophthalmological disorders in rural areas, necessitating enhanced local policies and increased Mobile Ophthalmologic Unit (MOU) visits.¹⁵ A 2022 study revealed significant health disparities in Greek migrant camps, stressing the need for better staffing, improved conditions, and policy changes.²⁴
- Equitable eye care access requires Greece to address rural and migrant health disparities, integrate services, expand the workforce, and leverage digital tools and private sectors.** The WHO's National Strategy aims to improve Greece's healthcare quality by focusing on resilience, sustainability, and tailored policies, supported by the European Commission.³¹ Greece's National Action Plan for Public Health 2021-2025, and Recovery and Resilience Plan prioritize public healthcare reform and integration.¹⁶
- Joint efforts of government, public and private actors will allow Greece to ensure access to eye care for all.

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