EUROPEAN LAW & GOVERNANCE UNIVERSITY
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ELGU Students & Alumni Policy Briefs

Migrants' access to the Greek National Healthcare System

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Abstract

This study examines the access of migrants to the Greek National Health System. It focuses on the legal, economic, and institutional factors that influence the access of these populations to the National Health System. Through a non-systematic Literature review, the study examines the legal framework and the insurance status of migrants, and how these affect access. The research finds that a range of factors such as legal, administrative, and linguistic barriers limit migrants' access to the National Health System, a situation that poses a challenge for Public Health and social integration.

Introduction

The last decades of the 20th century changed Greece's migration flows (Robolis, 2007; Fouskas / Oikonomou, 2014). Historically, Greece has been a country of origin for migrants. Since the 1990s, it has primarily become a destination country (Robolis, 2007; Fouskas / Oikonomou, 2014). This situation created new challenges for the Greek State and especially for the National Healthcare System (Galanis et al., 2012).

According to the Charter of Fundamental Rights of the European Union, all people who live in a European Union Member State must have access to a health system. However, each European country has its own legislation and rules governing how it delivers services (European Union art. 35, 2016).

On the one hand, a significant portion of the migrant population arriving in Greece remains in irregular legal status; on the other, Greek authorities have often faced criticism for bureaucratic and policy barriers to accessing the system (Theofanidis et al., 2021). This reality creates a complex environment that not only harms migrants' well-being but also poses serious public health risks (Theofanidis et al., 2021). Specifically, migrants in irregular status often hesitate or avoid seeking care at health facilities due to fear of detention or deportation, a lack of familiarity with the healthcare system, and concerns over medical costs (Fouskas / Oikonomou, 2014; Theofanidis et al., 2021). However, health protection is a right of every individual (Fouskas / Oikonomou, 2014). Consequently, states are obligated to implement measures that assist marginalized populations in navigating the National Health System, rather than erecting legal and administrative obstacles to essential healthcare access (Theofanidis et al., 2021).

Migrants' access to healthcare is therefore connected not only to the existence of formal rights but also to the ability to use health services effectively (Siomou, 2022). The legal

status, the insurance status, and the wider economic and institutional conditions can influence the access of migrant populations to the National Health System (Siomou, 2022).

This study examines migrant populations' access to the Greek National Health System, focusing on the current situation and the developments that have shaped the existing framework. The period from 2010 to the present is particularly important for understanding how the Greek state has attempted to respond to the healthcare needs of migrant populations and to what extent formal access to healthcare has been transformed into effective access.

For the purposes of this study, the research tool used was an anonymous systematic literature review in the databases Google Scholar and Google. The study drew on texts published as articles in scientific journals, texts from collected volumes and conference proceedings as well as texts from international, European and national organizations.

Main Body

In recent decades, Greece has faced major problems which have put the sustainability of the health care system at risk (Kamekis / Spyridakis, 2020). One of them has been the economic crises and the financial cuts in the National Health System (Souliotis et al., 2018). Another important challenge has been the refugee and migration flows, which increased after 2014 (Kamekis / Spyridakis, 2020). More specifically, refugee and migrant flows increased during a period when the Greek State was suffering from the consequences of the economic crisis. This meant fewer available funds for the National Health System and therefore fewer resources for the medical and general staff who cared for this population (Kamekis / Spyridakis, 2020).

In Greece, healthcare has traditionally been funded through health insurance contributions paid by employees and employers and the State budget, while a significant part of the population has also used private healthcare services (Kamekis / Spyridakis, 2020). In 2016, a new law changed the framework for healthcare access and gave people living legally in Greece free access to the National Health System, regardless of their insurance status (Kamekis / Spyridakis, 2020; Maragkaki et al., 2019). Law 4368/2016 (Fek A' 21/21.02.2016)-Article 33 and Common Ministry Decision A3 ©/ GP/oik. 25132/2016 (Fek B' 908/04.04.2016) provided migrants with access to healthcare services and medicines without having to pay extra.

However, migrants did not always have full access to the Greek National Health System, and important differences existed according to their legal and insurance status (Kamekis / Spyridakis, 2020; Fouskas &Oikonomou, 2014). Especially, it is necessary for migrants, as for other citizens, to have an AMKA, which is essential for accessing health services and electronic prescriptions e (Anagnostou, 2026). However, migrants in irregular status do not have an AMKA, which is the sole number for all citizens and residents covered by the Greek social security system and, as a result, do not have free access to the National Health System (Anagnostou, 2026). In addition, migrants who apply for asylum receive another document with a unique code, PAYPA. This document can be used until a decision is made on the asylum application (Anagnostou, 2026). In case the decision is negative, the person loses their PAYPA and, as a result, access to healthcare (Anagnostou, 2026). The healthcare needs of

migrants in illegal status can be supported by NGOs and other organizations such as Praksis and Hellenic Red Cross (Anagnostou, 2026)

The policy that the Greek State has adopted for irregular migrants who suffer from contagious diseases such as HIV, hepatitis, etc. is different from the strategy followed for other irregular migrants, as it aims to protect Public Health (Fouskas / Oikonomou, 2014; Anagnostou, 2026). Migrants in irregular status who suffered from serious contagious diseases had the opportunity to receive healthcare independently of their legal status (Fouskas / Oikonomou, 2014; Kamekis / Spyridakis, 2020).

The development of the Greek healthcare system during this period shows that access to healthcare for migrants has been strongly connected with their legal status, their insurance status, and the wider economic and institutional conditions in Greece (Siomou, 2022). These developments are important for understanding the current situation of migrant access to the Greek National Health System and the difference between formal access and effective access.

The Greek National Health System is trying to become sustainable after the economic crisis, the refugee and migration crisis, and the Covid-19 pandemic crisis (Kyriopoulos et al., 2025). The sustainability of the healthcare system is important not only for Greek citizens, especially those from poorer backgrounds, but also for migrants and refugees who need more care because the situation in which they live affects their physical and psychological health negatively (Kyriopoulos et al., 2025).

As mentioned, access for irregular migrants to the National Health System is affected not only by barriers created by the Laws but also by other factors, such as language barriers. In particular, most do not speak Greek, which makes it difficult for healthcare facilities to inform them about healthcare services and strategies (Galanis et al., 2012). In addition, fear, as also mentioned, is another obstacle for irregular migrants to access health services (Fouskas / Oikonomou, 2014).

Conclusion(s)

Migrants' access to the Greek National Healthcare System remains a complex issue directly influenced by their legal and insurance status, as well as broader economic and institutional conditions. Although Greek legislation such as Law 4368/2016 has provided significant facilitations and formal access for legal residents and vulnerable groups, undocumented migrants continue to face severe legal, administrative, linguistic, and psychological barriers, such as the fear of deportation, that limit their effective utilization of health services (Galanis et al., 2012).

Therefore, effectively transforming formal rights into practical healthcare access remains a critical challenge for public health and social inclusion, a process where the contribution of NGOs and other organizations is often decisive (Anagnostou, 2026).

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