

THE EFFICIENCY OF THE HEALTH SYSTEM IN GREECE COMPARED TO RELEVANT E.U.'s STANDARDS

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Abstract

The purpose of the present paper is to investigate the efficiency of the health system in Greece after the end of the World War II and the analysis of the results that may occur and their possible reconsideration.

We are going to compare both weaknesses and achievements to relevant E.U s standards before and after the enlargement of the 25.

The fore coming results are expected to be the investigation of the determinants of the health system evolution in Greece.

The approach of the subject is going to be held through the review of relevant literature and moreover through the analysis of raw material, as they conclude from WHO, OECD and member-states data.

Keywords: Health system, efficiency, satisfaction, public expenditure,

1. Introduction

The objective of this report is to present the efficiency of the Greek health system compared to relevant E.U.'s standards. These conclusions emerge from comparison and analysis of the basic efficiency indicators of the systems, qualitative as much as quantitative. The main target is to compare the efficiency of these systems through the satisfaction indicators of the people. A very important role is the one of health expenditures. Regarding those people can answer a few simple questions such as:

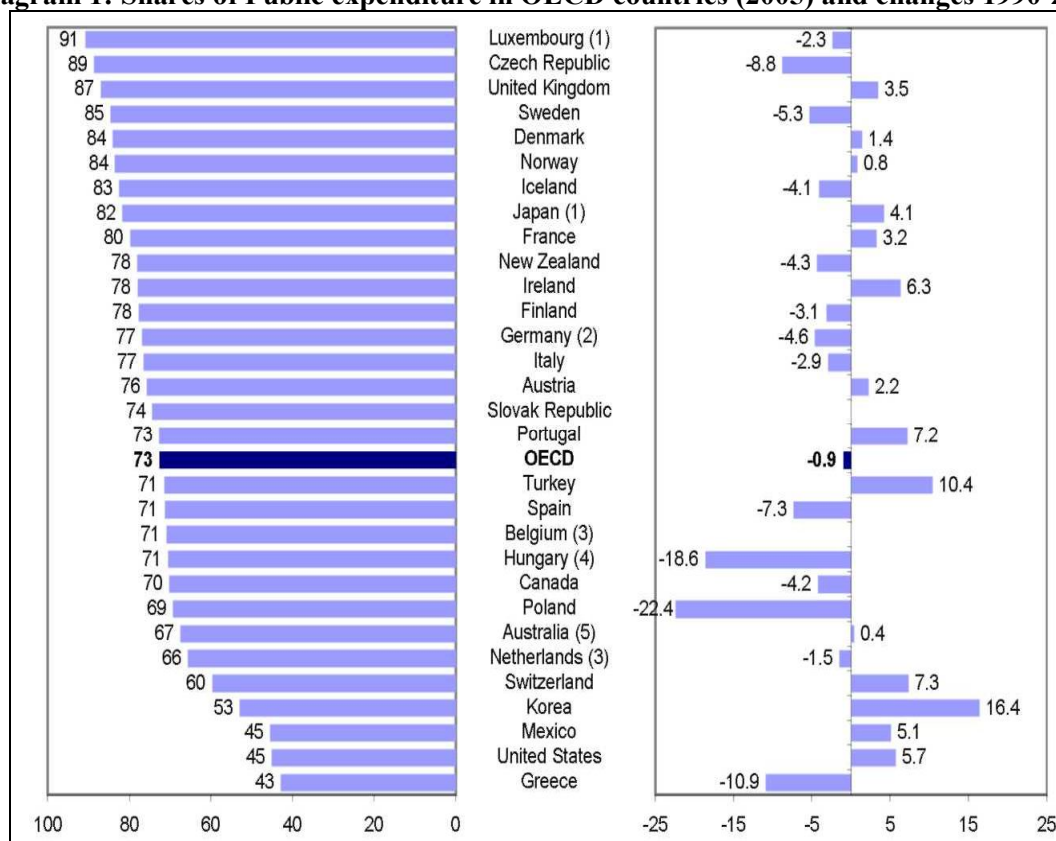
- Is a health system necessarily efficient if the health expenditures are high?
- Are health expenditures related to citizens satisfaction and
- To which degree do all these indicators affect a country's health system and furthermore the satisfaction indicators?

Simultaneously, an attempt to explain the reasons of the low percentage of satisfaction in the Greek health system will be made.

2. Health Expenditures

Health expenditures determine the efficiency of health systems. Especially through the two general categories of them, which are the public and the private health expenditures conclusions relevant to health systems can be made. On one hand, high health expenditures usually mean that health is considered to be a public good and on the on the other hand, low mean that it is considered as a private good.

Diagram 1: Shares of Public expenditure in OECD countries (2005) and changes 1990-2005



Source: OECD Health Data 2007

During the period of 1950-1970 there was a steady rise of the public expenditures in general apart from two countries, U.S.A and Japan. After the 1980's and 1990's and the crisis of the social state the percentage of private expenditures increased slowly as the diagram I shows.

In Greece, a fall of 0,9% was marked in 2006 at the percentage that the country disposed to health compared to 2004. Therefore it reached 9,1% of G.D.P. Moreover in Greece a National Health System has been legislated in order to serve all citizens as in the Beveridge system but as it seems this was not enough for the private expenditures to stay at the same level and they kept rising. As a result, private health expenditures in Greece are higher than those in U.S.A.

The privatization of the health system is a fact. In 2005 public expenditures in health were only 43% of total expenditures when at the same time U.S.A. had 45%. The fall of 11% among 1990-2005 of expenditures is explained by the fall of the social state and the unimportant role of the National Health System. In relation with those mentioned above it can be said that only some of the countries of the ex socialism have the same tendency and therefore high private expenditures as Greece has. Private expenditures replaced public expenditures. In Poland and Hungary the reduction was 22,4 and 18,6 correspondingly in fifteen years and in Czech Republic 8,8. On the contrary there are countries such as Korea and Turkey that had a really small percentage of public expenditures compared to total and this rose steadily. (Korea 16,4%, turkey 16,4%, e.t.c.).

It is of high importance to understand the reasons responsible for the increase in private expenditures in the country, compared to most of the other E.U. countries. The fact that public expenditures decreased had as a result the decrease in financing hospitals. This naturally led to the creation of large waiting lists and low quality services. All citizens that belong to middle society classes had no choice but to turn either to private hospitals, so they enforced the private sector or to stay at the public sector but use out of the pocket payments so that they can have a chance to better care. That is also responsible for the enlistment of Greece among the biggest paraeconomies of the West. In addition, the decrease in financing hospitals caused low quality of hostelry services which made a large number of people not to prefer them any more. Clear examples for this are the pediatric hospitals that are now the choice of the low income families and the foreigners that cannot afford a "real" hospital.

The private sector, taking under consideration all these needs that are both aesthetical and psychological provide sufficient hostelry, support to patients but at the same time expensive.

In conclusion, despite the fact that in most E.U. countries the public sector in health seems to grow, in Greece the opposite phenomenon occurs. Thus, the National Health System does not fulfill its potentials and after 1990 it started collapsing.

3. Human and material resources

The efficiency of health systems as much as in Greece as in the rest of the E.U.'s countries depends on human and material resources.

Furthermore, a health system in which, the proportion of the nurses, pharmacists even beds per 100,000 habitants is high, it's expected that it will be more efficient than another that lacks human dynamic or materialistic.

As far as the nurses are concerned, according to EUROSTAT and OECD data, Ireland from 1997 to 2006 occupied 1291 and 1488 people per 100,000 habitants. This enlists Ireland at the top of this category and Sweden goes next. The latter from 1007 practicing nurses per 100,000 habitants in 1997 with small but steadily increasing rates reached the proportion of 1138/100,000 habitants in 2006. It does not come as a surprise that those countries have two of the best health systems and data justifies their efforts.

In 2006 the average for the Europe of 27 was 504 nurses per 100,000 habitants; a fairly small analogy compared to previous data. This average is also exceeded by other big countries with considerable health systems such as Germany and United Kingdom. In 1997, Germany occupied 905 people per 100,000 habitants and with a clear fall reached 782 people per 100,000 habitants in 2006 whereas United Kingdom raised this proportion from 674 to 783 per 100,000 habitants at the same period.

In this table no information is found concerning Greece but due to the fact that this health system is similar to that of Spain and Portugal an overall can be made. The proportions are under E.U.'s 27 average. Specifically, in 1997 Spain occupied 343 nurses per 100,000 habitants and in 2006 412. The relevant data for Portugal reflects the low level of its health system where nurses do not exceed 46/100,000 habitants in 2006. This analogy can only be compared with Turkey (69 nurses/100,000 habitants in 2003).

Pharmacists also play a very important role in every health system. They are the main medicine suppliers and in some cases they act as doctors.

According to OECD's table in which someone can see the number of pharmacists per 1,000 habitants from 1970 to 2010, Finland is at the top with 1,5 pharmacists, way beyond E.U.'s standards (0,7 pharmacists/1,000 habitants). At the top of this survey lies Italy with 1,1 pharmacists per 1,000 habitants.

Worth noticing is the fact that in this section Greece's density is not only higher than OECD's standard but it's higher than the one of Germany; Ireland; Sweden and Spain with 0,9 pharmacists per 1,000 habitants in 2000. The countries mentioned above occupy 0,6 pharmacists/1,000 habitants. As a result they are in the same level with Czech Republic; Hungary and Denmark with 0,5 pharmacists per 1,000 habitants in 2000.

Another indicator that contributes to the efficiency of health systems is the availability of hospital beds. The table represents the number of available hospital beds per 100,000 habitants that every country disposes between 1996 and 2007 according to EUROSTAT.

E.U.'s standard is 590 hospital beds in 2005, a really small number if someone considers that in 1997 hospital bed's availability was 695/100,000 habitants. On one hand, Greece disposed 517 and 474 beds/100,000 habitants in 1996 and 2005 correspondingly. On the other hand Germany managed to stay above E.U.'s average all this period despite the fact that she shows a fall in the proportion (958 and 809 beds/ 100,000 habitants in 1996 and 2006 correspondingly).

Moreover, France disposes a respectable number of hospital beds per 100,000 habitants (708 in 2007) whereas United Kingdom and Sweden come behind (389 and 293 beds/100,000 habitants correspondingly).

Last but not least, it is obvious that Greece holds a better position than Spain or Portugal or even Cyprus. However, this cannot change the fact that smaller countries such as Lithuania have hospital bed disposal similar to the one that Germany has. Finally, what really matters is how a health system uses its resources and what priorities it has so it can find the balance between all sectors and therefore be more efficient.

4. The outflows of the educational system to health related occupations.

According to diagram I of the index, the students of Technological Educational Institutes and school of health and care occupations reached 20,000 in 2006 and are expected to exceed 25,000 in 2010. The rise is

impressive if one considers that in 1974 this number was more or less 500. The number of graduates of the same school in 1996 was 1500 and it is expected to stay at the same levels the fore coming years.

From the diagram II it is easily concluded that the number of students in the school of health science of universities remained almost the same over 1974-2006 (almost 12,000). In 2010 its size is not estimated to change.

The student outflows in 1974 were 2.300 people, a number that will be slightly reduced in 2010 and reach 1950 people.

Young people turn to health related occupations due to the demand that they have in the market. The huge number of people occupied in them is justified in a big part from the people that studied abroad and came back to work in Greece. Facing the demands of the market and the deficiencies of the health system Universities have created similar departments to those of the technological educational institutes. According to a recent survey for the period from 1992 to 2010 it is extracted that there are changes in occupation in the category of profession. In 2004 doctors in Greece were 56,000 and dentists two years later were 13,000. The predictions for the next years show increasing grammic tendency. Nurses and midwives that emerge from universities are not few. Characteristic prices are those of >100 in 1997 and 1300 in 2004. Midwives graduates from technological educational institutions are approximately 3500 and nurses from the same derivation from 18000 in 1992 are expected to reach 52000 in 2010.

5.Satisfaction

As we have already mention above, purpose of the work is to scrutinize the efficiency of the Health System in Greece comparing with the international standards and especially the grade of contentment that the H.S offers in relation with its granting services.

According to recent elements from 1999's Euro barometer, only the 18.6% of the Greeks state to be almost or very satisfied from the granting services that the existing H.S offers them as opposed to the 79.8% of the population of the country that state to be almost till very disappointed .

In a more recent research of Euro barometer, that took place in 2002 the 50.5% of the population of the country believes that the Health System must be changed and reformed fundamentally and on the other 27.6% believes that the only solution is the rebuilding of the Health System.

All the above elements bring Greece in the first place of the EU's countries that the citizens are disappointed from theirs' countries' health system.

And to be more specific Greece takes first place in the research that concerns the disappointment of the population from the H.S. and the second place after Polonius with total 80.4% in the research which subject was the essential changes on the H.S. It is quite clear that the initial expectations of the National Health System of Greece are really far from reality that Greek people feel.

Mostly Greek patients , as far as others , not only they have to face their health problem but also the health systems' problems too which was made in order to support them in those difficult situations.

As a result from the above, the health systems' problems affect not only the health problem that they already have, but also their psychology. Consequently, the situation of their health is getting worse.

The results from the above mentioned researches show the insufficient function of the hospitals, of the insurance companies clinics and also all the supporting system around them.

The lack of computerization and the ghostly presence of bureaucracy make services to the people a real Calvary.

The huge waiting lists to the outpatients departments, the "panic" during the emergency hospitals, the limited potentials of real support in case of emergency incidents (e.g. accidents) for patients that live away from urban areas, are only some of the cases that verify the fact that there is space for remarkable improvement in nowadays reality. It is also worthy of mention that it is common for patients trying to fix an appointment with the doctor, the first available to be after weeks or months, fact that can make their situation to become worse or at the worst the patient to end up.

Another problem that Greek patients have to face frequently is the bad behavior of the employees in the field of Public Health. That happens basically because public employees are relied on what they have to do and they no sentiment of doing a little more in order to make the patient feel a little better.

In this particular problem Greek government has great responsibility due to not giving the necessary motivations to the healthy employees.

As a result of the lack of motivations the employees do not give 100% of their capabilities knowing also that they are protected from the Greek law of permanency.

It is also very important concerning the negative aspect that Greek patients have when they visit a public hospital, the fact that these buildings look neglected. Mentioning that most of the countries of the EU they have give great importance in that specific field of health system as far as the private field of the health system in our country.

These are some of the reasons that people of this county have such a bad opinion and asking for direct changes. So, it is easily understood that in Greece there is plenty space for radical changes and improvements of the health system not only for its image towards people but also substantially. Of course , problems like or similar to these we have already mentioned we meet also to other European countries .But there are countries like Scandinavians that their health system consists to be a model.

In Germany, Ireland and Spain the percentage of the contentment people from their health system is the same with those who are disappointed in accordance with the elements of 1999's Eurobarometer. Sweden and England have more of the 50%of their population satisfied while from the most contentment is France, Finland, Austria and Denmark with 74-84% for the same year.

6. Conclusions

Considering all the above it is more than certain that the health system in Greece has to overcome some serious issues. Part of these problems is similar to those that other EU countries are also dealing with on an every day basis. The difference is on the degree that each one of these issues affects the health system in each country. It is most certain that crucial changes must take place in order to create a better, more functional and more effective health system. In order for these changes to be more efficient and successful, all parties involved should participate on a serious, decisive and dynamic way in the reorganization of the system's itself. Of course it is also very important for the government to redefine its objectives on its own Health System. The government ought to support the Health System essentially and stop acting with the same philosophy of all those years which is not giving real solution to the problems that appear but instead the state gives off-hand solutions. Instead the government has to make radical changes in order to improve the quality and responsiveness of the health system services, and moreover advance not just its overall image but the State's also.

The situation becomes more and more complicated bearing in mind the lack of funds that the system is facing year after year. As a result, this is the most important problem that the health care's services suffer from. The government must follow the example of the way other EU countries overcome the specific situation, which is no other than the direct increase of the funds disbursed for the health sector. Also it is of absolute need to maximize resources invested on the domain of health as well as the benefit of from their usage. Furthermore, cases of wasting public funds must be avoided if not eliminated.

The state must ensure that the necessary medical staff will be available at all hospitals in order to ensure appropriate effectiveness and eliminate phenomena of under-usage. There are many cases where in several hospitals you can see sectors operating normally and some others not, due to lack of personnel even if they are equipped in the best possible way.

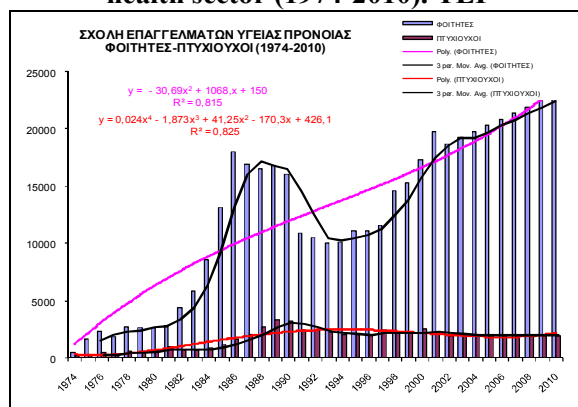
Taking into consideration the above, it's beyond any doubt that the reconsideration of the health system must be basically focused on a significant increase of financial support, elimination of public resources' waste, the development of the first grade of the health care, the substantial capitalization of the human resources and technology and finally the modernization of the system on its entire whole, so that to be able to respond to the nowadays needs of the Greek citizens.

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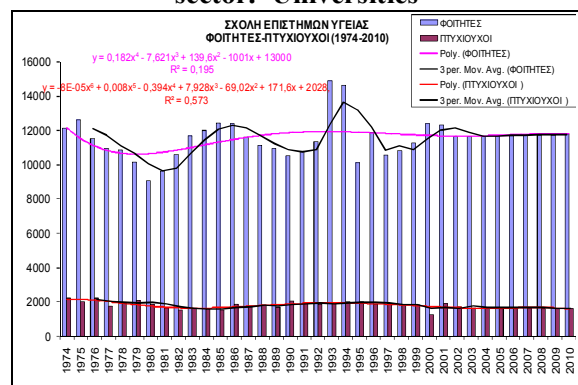
Appendix

Diagram 2: Graduate Students and Graduates in health sector (1974-2010). TEI



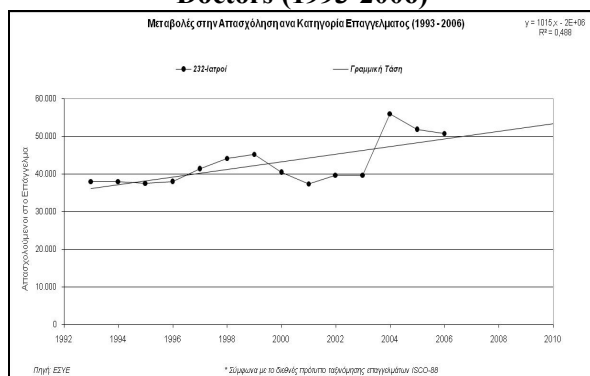
Source: Papailias T. (2006) Supply and Demand Skills in the greek educational system, Athens, Dionicos

Diagram 3 : Studens and Graduate in health sector. Universities



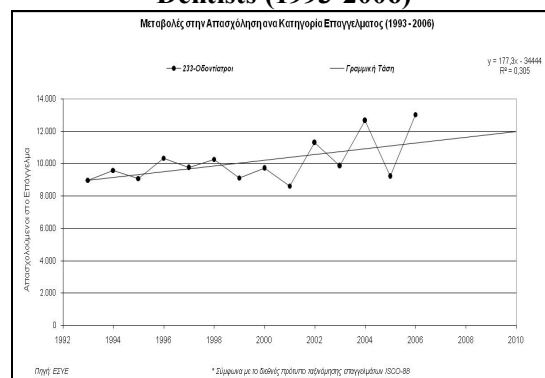
Source: Papailias T. (2006) Supply and Demand Skills in the greek educational system, Athens, Dionicos

Diagram 4: Changes in the Employment of Doctors (1993-2006)



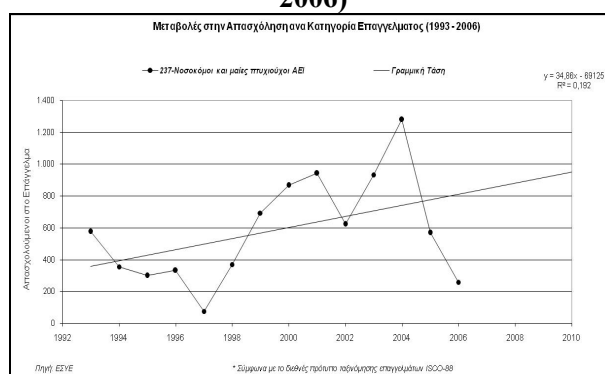
Source: Papailias T. (2006) Supply and Demand Skills in the greek educational system, Athens, Dionicos

Diagram 5 : Changes in the Employment of Dentists (1993-2006)



Source: Papailias T. (2006) Supply and Demand Skills in the greek educational system, Athens, Dionicos

Diagram 6 : Changes in the Employment of Nurses who graduated from University (1993-2006)



Source: Papailias T. (2006) Supply and Demand Skills in the greek educational system, Athens, Dionicos

Table 5 : Total number of practicing nursing and midwives staff per 100.000 inhabitants

 EUROPEAN COMMISSION HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL Directorate C - Public Health and Risk Assessment C2 - Health information										
Total number of practising nursing and midwives staff per 100,000 inhabitants										
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
EUR27*	667.9	631.1	633.2	594.3	602.1	589.0	619.5	619.5	699.9	504.3
Belgium	:	:	:	:	:	:	:	:	:	:
Bulgaria	639.7	641.9	616.6	449.1 b	421.8	407.1	424.4	427.6	449.4	:
Czech Republic	:	:	:	:	:	:	:	:	:	:
Denmark	:	:	:	954.7	961.3	968.9	955.4	975.6	988.2	:
Germany	905.4	918.9	928.5	747.6	756.9	763.3	769.4	774.5	782.4	:
Estonia	654.6	650.0	644.3	623.1	617.4	642.8	652.4	643.9	657.8	:
Ireland	1291.2	1315.1	1363.9	1384.6	1463.1	1515.9	1464.4	1479.0	1488.2	:
Spain	343.6	324.7	344.4	354.8	366.9	406.1	397.4	411.7	415.0 b	412.3
France	:	:	:	:	:	:	:	:	:	:
Italy	444.3	455.2	445.8	467.1	483.8	495.9	:	:	:	:
Cyprus	:	:	:	:	:	:	:	:	:	:
Latvia	489.2	468.7	442.7	438.3	426.9	425.1	435.9	:	:	:
Lithuania	:	:	:	:	:	:	:	:	:	:
Luxembourg	:	:	:	:	:	:	:	:	:	:
Hungary	386.1	402.0	420.4	414.6	417.2	437.8	436.3	444.5	459.6	:
Malta	:	:	:	:	:	549.2	550.2	561.3	579.9	596.3
Netherlands	:	:	:	:	:	235.5	:	299.6	:	:
Austria	552.4	561.8	576.9	589.6	592.3	591.5	599.8	604.1	610.8	:
Poland	626.4	603.9	563.2	553.2	544.8	543.3	530.0	550.8	564.3	:
Portugal	:	:	:	52.0	50.0	45.7	44.1	45.8	:	:
Romania	:	:	:	:	:	:	:	:	:	:
Slovenia	:	153.7	154.7	155.2	161.4	165.7	170.0 b	174.1	180.5	:
Slovakia	:	:	:	:	:	:	:	:	:	:
Finland	:	:	:	:	:	:	:	:	:	:
Sweden	1007.5	1027.8	1040.2	1059.2	1073.3	1096.0	1106.2	1126.1	1138.8	:
United Kingdom	674.4	680.7	689.8	671.6 b	694.1	723.5	755.9	773.9	783.2	:
Croatia	454.6	465.8	475.3	485.1	499.9	502.2	:	:	:	:
former Yugoslav Republic of Macedonia, the	:	:	:	:	:	:	:	:	:	:
Turkey	125.7	114.6	106.4	95.1	82.6	73.8	69.1	:	:	:
Iceland	843.7	885.5	879.5	862.2	887.7	881.2	920.3	928.2	:	:
Norway	:	:	:	:	:	1257.8	1320.9	1368.3	1418.2	:
Switzerland	:	:	:	1290.0	1320.0	1370.0	1430.0	1410.0	:	:
Canada	1040.0	1020.0	1010.0	1010.0	1000.0	940.0 b	980.0	990.0	1000.0	:
United States	790.0	790.0	790.0	800.0	790.0	790.0	:	:	:	:
Japan	:	730.0	:	760.0	:	780.0	:	900.0 b	:	:

Source: Eurostat (Online Database) and OECD Health Data 2007 (Switzerland, Canada, United States and Japan)

Indicator No. 33 (SL40) last updated by SANCO.C.2 in March 2008

b Break in series
: Not applicable

* The average is calculated by SANCO from available data within the EU.

Source : Eurostat (Online Database) and OECD Health Data 2007

Table 6 : Practicing Pharmacists in OECD Countries (1970-2000)

	Practising pharmacists:						
	Per 1 000 population				Annual per cent growth		
	1970 ^{a)}	1980 ^{b)}	1990 ^{c)}	2000 ^{d)}	1970 ^{a)} -1980 ^{b)}	1980 ^{b)} -1990 ^{c)}	1990 ^{c)} -2000 ^{d)}
Australia	0.7	0.7	0.5	0.8	0.0	-3.3	4.8
Austria	0.3	0.4	0.5	0.6	2.9	2.3	1.8
Belgium	0.7	1	1.2		3.6	1.8	
Canada		0.5	0.6	0.6		1.8	0.0
Czech Republic	0.4	0.4	0.4	0.5	0.0	0.0	2.3
Denmark			0.5	0.5			0.0
Finland		1.4	1.4	1.5		0.0	0.7
France	0.5	0.7	0.9	1	3.4	2.5	1.1
Germany		0.4	0.6	0.6		4.1	0.0
Greece	0.2	0.5	0.7	0.9	9.6	3.4	2.5
Hungary	0.3	0.3	0.3	0.5	0.0	0.0	5.2
Iceland	0.5	0.7	0.9	1.2	3.4	2.5	2.9
Ireland		0.6	0.6	0.8		0.0	2.9
Italy		0.8	1	1.1		2.3	1.0
Japan	0.4	0.5	0.7	1.1	2.3	3.4	4.6
Korea							
Luxembourg	0.5	0.6	0.8	0.7	1.8	2.9	-1.3
Mexico							
Netherlands	0.1	0.1	0.2	0.2	0.0	7.2	0.0
New Zealand		0.7	0.7			0.0	
Norway			0.5				
Poland	0.4	0.4	0.4	0.6	0.0	0.0	4.1
Portugal	0.3	0.5	0.5	0.8	5.2	0.0	4.8
Slovak Republic				0.4			
Spain				0.8			
Sweden	0.4	0.5	0.6	0.6	2.3	1.8	0.0
Switzerland	0.3	0.4	0.5		2.9	2.3	
Turkey	0.1	0.3	0.3	0.3	11.6	0.0	0.0
United Kingdom			0.6				
United States	0.5	0.6	0.7		1.8	1.6	
OECD point average ^{e)}	0.4	0.6	0.6	0.7	3.0	1.6	1.9
14 comparable countries ^{f)}							
Average	0.4	0.5	0.6	0.7	3.0	1.6	2.4
Standard deviation	0.2	0.2	0.2	0.3	3.6	2.5	2.2

a) Data refer to 1971 for Australia.
b) Data refer to 1981 for Australia; 1982 for Canada.
c) Data refer to 1989 for Norway; 1992 for Denmark.
d) Data refer to 1999 for Iceland and Sweden.
e) Unweighted average. Includes all available countries at the relevant point in time.
f) Unweighted average. Includes only Australia, Austria, Czech Republic, France, Greece, Hungary, Iceland, Japan, Luxembourg, Netherlands, Poland, Portugal, Sweden and Turkey.

Source: OECD HEALTH DATA 2003 3rd ed.

Source: OECD Health Data 2003

Table 7 : Public's satisfaction with health care system, EU countries, 2002

	B	DK	D TOTAL	GR	E	F	IRL	I	L	NL	A	P	FIN	S	UK (Tot.)	EU 15
TOTAL weight.	1049	1001	2043	1002	1000	1007	991	1002	600	1014	1018	1000	1005	1000	1350	16129
1. Runs well	23.8	16.5	15.6	2.9	13.2	22.0	3.7	6.5	21.7	6.5	31.8	1.8	24.0	11.4	8.3	13.2
2. Minor changes needed	41.3	35.1	31.5	15.9	32.4	41.9	16.7	24.4	46.0	39.1	35.4	12.5	48.6	36.3	22.9	30.7
3. Fundamental changes needed	22.7	39.4	34.8	50.5	38.6	25.5	39.3	45.6	20.4	46.8	23.0	39.0	21.0	37.8	49.7	38.2
4. Completely rebuild system	5.2	6.1	11.1	27.6	12.1	7.0	32.9	19.9	8.2	6.8	4.3	41.4	3.2	10.6	15.8	13.5
5. Uncertain/Do not know	7	2.8	6.9	3.1	3.7	3.6	7.5	3.5	3.8	0.8	5.5	5.4	3.1	3.8	3.3	4.4

Source : Eurobarometer, 2003

Table 8 : Hospital Beds (per 100.000 inhabitants)

geo\time	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
EU (27 countries)	:	694.8	679.8	661.9	652.6	640.9	628.6	607.5	595.9	590.4	:	:
EU (25 countries)	:	685.6	673.4	656.1	645.4	633.3	622.6	604.7	592.7	586.6	:	:
EU (15 countries)	:	669.4	657.0	638.0	626.6	614.6	603.5	590.5	577.2	570.7	:	:
Belgium	798.3	794.8	787.5	782.3	777.8	767.4	759.2	752.3	749.1	744.8	672.3	:
Bulgaria	1049.6	1031.1	843.5	751.3	743.0	722.1	650.4	630.3	614.7	642.9	621.4	:
Czech Republic	886.9	866.9	852.6	837.8	846.0	849.6	850.6	845.3	837.2	829.1	817.0	:
Denmark	470.1	461.5	451.1	435.7	426.7	419.1	414.0	399.0	382.5	370.7	361.8	:
Germany	957.8	938.0	929.3	920.2	912.2	901.9	887.8	874.4	857.6	846.4	829.1	:
Estonia	795.5	774.8	761.9	754.9	719.0	684.7	608.2	593.4	582.6	548.4	565.3	:
Ireland	673.7	663.8	647.4	632.0	619.9	595.6	583.4	572.4	563.0	546.3	524.7	:
Greece	517.3	512.4	508.0	496.6	495.2	478.2	472.1	470.3	469.8	473.8	:	:
Spain	389.1	382.9	378.4	376.0	369.7	361.6	356.7	347.8	344.5	338.9	334.1	:
France	853.8	:	847.7	832.6	816.8	793.6	782.5	767.2	748.2	733.4	718.3	707.5
Italy	655.0	588.3	555.1	492.8	470.9	461.5	444.6	417.9	400.6	400.9	395.2	:
Cyprus	498.7	467.3	455.9	449.9	455.8	439.8	438.2	431.1	421.0	380.0	373.7	:
Latvia	1038.3	975.1	936.6	900.0	870.3	809.5	773.4	779.3	771.4	766.4	758.6	755.4
Lithuania	1092.0	1023.0	1007.1	988.4	979.2	923.7	896.2	870.3	845.8	814.7	801.0	:
Luxembourg	1079.9	1066.8	1055.1	712.5	657.1	651.7	644.3	:	643.8	583.4	569.4	:
Hungary	903.0	817.9	821.5	826.1	826.2	786.8	786.3	784.5	783.5	786.2	792.1	:
Malta	576.8	562.0	559.8	556.0	539.8	753.6	745.8	740.5	755.2	742.5	752.3	237.8
Netherlands	522.2	520.1	512.3	505.7	492.1	468.1	461.6	442.3	439.5	437.9	438.2	:
Austria	746.3	736.6	723.9	878.4	698.7	853.6	845.8	835.7	776.5	770.9	:	:
Poland	766.3	757.4	743.8	735.3	726.2	725.1	717.6	668.1	667.0	652.2	647.5	:
Portugal	399.3	394.4	387.6	385.8	381.6	374.9	365.1	366.2	365.1	:	:	:
Romania	757.0	738.7	731.6	731.3	743.9	769.2	747.1	657.4	658.3	661.8	658.6	:
Slovenia	566.6	565.3	559.1	554.0	540.6	516.9	508.9	496.0	480.1	483.9	477.5	:
Slovakia	832.7	815.2	804.6	795.7	784.1	766.9	756.9	723.9	690.1	677.3	671.4	:
Finland	803.0	790.8	778.2	761.4	754.8	747.2	735.9	725.5	705.6	704.2	695.6	:
Sweden	559.8	522.1	380.4	373.8	358.5	326.9	312.8	304.5	300.6	292.6	287.7	:
United Kingdom	:	433.4	424.7	415.7	413.1	408.5	405.3	404.6	398.3	388.7	:	:
Croatia	618.5	600.8	606.2	593.0	606.9	599.8	566.8	561.1	552.7	545.0	:	:
Fyrom	523.0	517.1	516.0	511.4	506.9	494.6	479.2	481.5	477.8	470.2	463.1	:
Turkey	248.5	252.4	254.5	257.3	258.0	262.1	264.7	235.0	241.2	:	:	:
Iceland	:	:	:	:	:	:	:	:	:	:	:	:
Norway	400.6	395.9	393.5	390.3	380.8	382.5	432.3	428.2	420.6	405.9	402.7	:
Switzerland	665.9	663.7	664.0	662.7	630.5	605.8	596.9	584.4	568.9	555.6	:	:

Source : Eurostat

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