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# **Studying Policy Entrepreneurship at the Sectoral Level: Strategies, Venues and the Use of Evidence in Greek Health Policy**

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## Abstract:

How do policy entrepreneurs pursue their objectives within Greek health policy, and what does a longitudinal perspective contribute to the study of policy entrepreneurship? This study draws on findings from an original survey of policy entrepreneurs active in Greek health policy between 2022 and 2025, complemented by elite interviews, to examine venues, strategies, and the use of evidence. The analysis reveals a) a period of high policymaking activity without corresponding structural policy change; b) the continued prevalence of venue creation extending into agenda setting through conferences and scientific meetings, and c) an increasing “lobby-fication” of the sector marked by growing organizational resources and professionalization among key interest groups. Within a highly centralized and inherently evidence-oriented sector, these developments have enabled policy entrepreneurs to expand their access to decision-makers and their capacity to influence policy, yet their scope for innovation remains constrained. The study contributes to the literature by clarifying the interplay between venues, lobbying, and policy entrepreneurship, and by demonstrating the analytical value of adopting a longitudinal lens beyond single reform episodes.

## Introduction:

Health policy has become an area of growing interest for scholars studying policy entrepreneurship (e.g., Karokis-Mavrikos & Mavrikou, 2023; Mavrikou et al., 2022; Béland & Katapally, 2018). The field's multidimensionality (Braveman et al., 2011) and its inherently evidence-based nature (Dobrow et al., 2004) invite a wide range of stakeholders to seek influence over policymaking processes and outcomes.

In Greece, previous research has examined the impact of the country's institutional fluidity and politicized bureaucracy on patterns of policy entrepreneurship. Key milestones, such as the institutionalization of the national health system (ESY) in 1983 and the establishment of a national public health system in 2003, were characterized by highly contentious policy design processes, producing negative spillovers during implementation (Karokis-Mavrikos & Mavrikou, 2023). A persistent culture of undermining and marginalizing formal expert instruments – including through politically motivated turnover in personnel – has traditionally made policy design reliant on ad hoc formations of experts working under the close oversight of political leadership. As a result, policy entrepreneurs have been motivated to pursue the establishment of these ad hoc policy design venues to exert more direct and impactful influence over policymakers, rather than seeking access through institutionalized channels; a strategy known as venue creation, first introduced in the Greek health policy context (Mavrikou et al., 2022).

The COVID-19 pandemic appeared to further reinforce these patterns. Greece's pandemic response was characterized by very high levels of centralization, owing to the country's low policy capacity and limited inclusiveness (Zahariadis & Karokis-Mavrikos, 2022). Policymakers prioritized the securitization of secondary care as a result of long-standing challenges related to funding, staffing, and coordination, as well as the absence of a holistic approach to public health among the system's key stakeholders (Karokis-Mavrikos et al., 2022). At the same time, the lack of policy capacity created windows of opportunity for digital solutions, motivating a shift towards digitisation across multiple policy areas, including health (Karokis-Mavrikos, 2025).

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In this study, we examine policy entrepreneurship in Greek health policy during the period 2022–2025, opting not to structure our analysis around any single instance of reform. Instead, we draw on an original survey of 47 policy entrepreneurs active in the sector, complemented by 15 elite interviews with policymakers and policy experts, to provide a stocktaking of key reforms, priorities, resources, and strategies employed by policy entrepreneurs as the sector returned to a state of normalcy following nearly two decades of consecutive crises.

Our findings reveal wide-ranging policy activity in Greek health policy – from digitization to privatization and from prevention to hospital infrastructure – yet without dramatic shifts that fundamentally challenge established policy paradigms. Evidence emerges as the key strategic resource used by policy entrepreneurs to advance their policy positions; however, respondents indicate that it is rarely used to genuinely inform policy outputs and is instead mobilized primarily for strategic justification. Importantly, venue creation remains prevalent. We find that the practice of establishing informal access points to the political leadership has become systematized even prior to policy formulation, during agenda setting, most notably through the organization of and participation in conferences and scientific meetings.

Finally, key interest groups in the sector – including, most notably, patients' associations – are expanding in terms of financial resources, human capital, and overall professionalization, while maintaining close partnerships with one another. We find that while this development has enabled policy entrepreneurs to mobilize resources, secure access to policymakers, and capitalize on windows of opportunity more consistently and effectively, it has also constrained policy innovation. Taken together, our findings shed light on the interplay between lobbying and policy entrepreneurship and, more broadly, on the role of resources, venues, and strategies in highly centralized policymaking systems. Methodologically, the study also demonstrates the value of adopting a longitudinal perspective for studying policy entrepreneurship beyond single reform episodes. The remainder of the paper proceeds as follows. The next section introduces the research design, followed by an analysis of key reforms and priorities, resources and strategies. The final sections discuss the findings and reflect on the study's contributions.

## Research Design

Our study relies on findings from an original survey administered to policy entrepreneurs active in Greek health policy between July and September 2025.

Drawing on previous scholarship, we identify that policy entrepreneurship in Greek health policy has been primarily examined within crisis-saturated policymaking environments (e.g., Exadaktylos et al., 2023; Mavrikou et al., 2022; Zahariadis & Exadaktylos, 2016). This pattern is not unique to health policy but applies to most policy sectors (e.g., Dikaio & Tsagkroni, 2021; Exadaktylos & Zahariadis, 2014), owing to the consecutive economic depression and pandemic that afflicted the country from 2009 through the early 2020s. In this study, we shift the focus to policymaking under conditions of normalcy and examine whether, and to what extent, prolonged crises have cast “long shadows” on policymaking (Boin & 't Hart, 2001), as well as whether the return to normalcy has generated new patterns of policy entrepreneurship in the sector. Accordingly, we focus on the period between June 2022 and June 2025: from Greece’s lifting of COVID-19 emergency measures to the administration of the survey.

Moreover, we focus on the Greek health policy sector as a whole during the study period, rather than on a specific instance of policy change. Policy entrepreneurship scholarship has traditionally examined successful strategic action in relation to particular (structural) reforms (e.g., Petridou et al., 2024; Hammond, 2013; Oborn et al., 2011). Broadly, this focus stems from the origins of the concept of policy entrepreneurship within the Multiple Streams Framework (MSF) (Kingdon, 1984) and the symbiotic relationship that has developed between policy entrepreneurship and the theories of the policy process (Petridou & Mintrom, 2021; Mintrom & Norman, 2009).

However, scholarship has also highlighted that the pursuits of policy entrepreneurs are highly contingent on timing, opportunity, political winds, and successful strategic action to outcompete rivals (Petridou & Mintrom, 2021; Christopoulos & Ingold, 2015; Kingdon, 1984). Policy entrepreneurs often participate in the workings of policy subsystems long before they successfully influence agendas or alternatives, engage

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in interrelated policy reform processes, and affect small- and medium-scale policies, not only structural ones. Therefore, evaluating policy entrepreneurship longitudinally – beyond the confines of a single instance of structural reform – can provide crucial insights into patterns of strategy and action, and further contribute to the development of policy entrepreneurship as an independent research agenda.

Finally, our research places particular emphasis on the role of evidence. Health policy has long been understood as an evidence-based field, owing to the centrality of scientific knowledge in problem identification and in the design of policy instruments. Nevertheless, scholarship has also established that in public policy “scientific findings do not fall on blank minds that get made up as a result. Science engages with busy minds that have strong views about how things are and ought to be.” (Marmot, 2004).

Previous research on Greek health policy has shown that expert committees are often established during reform design primarily to legitimate policy decisions, rather than to meaningfully inform them. In this study, we want to explore this tension between evidence-based policy and policy-based evidence further, by examining how policy entrepreneurs’ access, interpret, and deploy evidence in their strategic efforts, while also probing the interplay between lobbying and policy entrepreneurship in a sector commonly characterized as evidence driven.

To develop our questionnaire, we draw on insights from three strands of literature most relevant to our aims, as outlined above: *policy entrepreneurship*, *theories of the policy process*, and *organizational and lobbying studies*, linking their core propositions to the questions and response options included in the survey. Similar approaches have been employed by Bandelow et al. (2025) to support the operationalisation of policy change based on expert assessments in the context of German health policy, and by Brower and Huitema (2018) to conceptualize policy entrepreneurship strategies. Our questionnaire, as informed by the corresponding literatures, is presented in Table 1.

<b>Table 1: Survey Design: Policy Entrepreneurship in Greek Health policy 2022-2025</b>		
<b>Scholarship</b>	<b>Contribution</b>	<b>Questionnaire Question</b>
<p><b>Theories of the Policy Process</b> [primarily] the Multiple Steams Framework (Kingdon, 1984)</p>	<p><b>Policy Entrepreneurs as change/reform-oriented agents</b></p>	<p>-What do you consider to be the main reforms in the field of health policy in Greece during the period 2022-2025?</p> <p>-Please briefly specify the key priorities for your organisation/sector in the field of health policy for the period 2022-2025</p>
<p><b>Policy Entrepreneurship</b> (e.g., Capano and Galanti, 2021; MacKillop et al., 2023)</p>	<p><b>Policy entrepreneurs as individuals, organisations, or collectives</b></p>	<p>-In the context of health policy in Greece, your advocacy is primarily carried out</p> <ol style="list-style-type: none"> <li>1. Through individual initiative</li> <li>2. Through the organisation(s) you represent</li> <li>3. Collectively, in cooperation with other stakeholders and/or organisations</li> </ol> <p>-Please indicate which of the following actors constitute partners in the design and implementation of your activities in the field of health policy in Greece.</p> <p>-On a scale from 1 (minimal) to 10 (maximal), how would you rate the development of the organisation/sector you represent during the period 2022-2025 in terms of the following:</p> <ol style="list-style-type: none"> <li>1. Scope of activities</li> <li>2. Resources</li> <li>3. Capacity to achieve objectives</li> </ol>
<p><b>Policy Entrepreneurship</b> (e.g. Mintrom, 2019)</p>	<p><b>Collecting and Disseminating Information/ Knowledge/Evidence</b></p>	<p>-Please select up to three sources you use to stay informed about issues relevant to your/your organization's policy activities.</p> <p>- Which of the following factors contribute to shaping your priorities and objectives?</p> <p>-On a scale from 1 (minimal) to 10 (maximal), please rate the contribution of the following activities to communicating your policy positions during the period 2022-2025.</p> <ol style="list-style-type: none"> <li>1. Organisation of conferences/workshops</li> <li>2. Publication of studies/reports</li> <li>3. Publication of position papers/white papers</li> <li>4. Participation in scientific meetings in Greece</li> <li>5. Participation in European/international scientific meetings</li> <li>6. Funding of studies/reports</li> <li>7. Participation in public consultations in Greece</li> <li>8. Participation in public consultations at the EU level</li> <li>9. Participation in committees/working groups for the drafting of legislation</li> <li>10. Participation in committees/working groups for the implementation of legislation</li> <li>11. Communication of evidence/policy positions to a public organisation</li> <li>12. Communication of evidence/policy positions to a political representative</li> </ol>
<p><b>Multiple Streams Framework - Problem Brokering</b> (Knaggård, 2015)</p>		
<p><b>Informational Lobbying</b> (e.g. Austen-Smith, 1993)</p>		

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<p><b>Policy Entrepreneurship in Crisis Contexts</b> (e.g. Petridou et al., 2024)</p>	<p><b>Crisis as both problem and opportunity</b></p>	<p>-On a scale from 1 (minimal) to 10 (maximal), please rate the extent to which the recent public health crisis (the COVID-19 pandemic) reshaped your goals and priorities during the period 2022–2025</p>	
<p><b>Policy Entrepreneurship</b> (e.g. Mavrikou et al. 2022, Petridou &amp; Mintrom, 2021)</p>	<p><b>Role of Resources [Financial, Organisational, Networks, Access]</b></p>	<p>On a scale from 1 (minimal) to 10 (maximal), please rate the importance of the following factors in achieving your goals during the period 2022-2025:</p> <ol style="list-style-type: none"> <li>1. Funding</li> <li>2. Human resources</li> <li>3. Strategic planning</li> <li>4. Cooperation with European and international bodies</li> <li>5. Collaboration with public sector stakeholders</li> <li>6. Collaboration with private sector stakeholders</li> <li>7. Communication strategy</li> <li>8. Collection and dissemination of scientific data</li> <li>9. Participation in policy design</li> <li>10. Participation in policy implementation</li> <li>11. Participation in policy evaluation</li> </ol>	
<p><b>Multiple Streams Framework</b> (Kingdon, 1984)</p>			
<p><b>Organisational Studies and Lobbying</b> (e.g., McKay, 2012; Mosley, 2010)</p>			
<p><b>Policy Styles</b> (Zahariadis et al., 2023; Howlett &amp; Tosun, 2018)</p>	<p><b>The policy process and the policy advocacy ecosystem</b></p>	<p>On a scale of 1 to 10, please rate the following in relation to health policy in Greece:</p> <ol style="list-style-type: none"> <li>1. It is characterized by long-term planning From 1, short-term/no planning, to 10, long-term planning</li> <li>2. It is based on scientific evidence From 1, no use/use of scientific evidence for legitimization purposes only, to 10, full and effective use of scientific evidence</li> <li>3. It represents a plurality of ideas/interests From 1, limited focus/monophony, to 10, full representation of a pluralistic system of ideas/interests</li> <li>4. It is exercised by the central government From 1, full decentralisation in the exercise of public health policy, to 10, full centralization</li> <li>5. Public administration instruments contribute to problem identification and the formulation of policy solutions From 1, minimal contribution/reliance on ad hoc bodies, to 10, maximal contribution of public administration</li> <li>6. There are high quality mechanisms for monitoring and evaluating strategic interventions From 1, very low quality/lack of mechanisms, to 10, very high-quality mechanisms</li> </ol>	
<p><b>Theories of Interest Group Representation</b> (e.g., Coen and Katsaitis, 2013; Smith, 1990)</p>			
<p><b>Theories of Evidence-based Policy</b> (Marmot, 2004)</p>			

Table 1: Survey Design: Policy Entrepreneurship in Greek Health policy 2022-2025

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Survey respondents were selected through purposive sampling based on: (a) prior research by the authors identifying key policy entrepreneurs involved in major Greek health policy milestones between 1983 and 2022 (see Karokis-Mavrikos & Mavrikou, 2023; Mavrikou et al., 2022; Karokis-Mavrikos et al., 2022); (b) an exhaustive mapping of actors and organisations contributing to health policy reform design and implementation between 2022 and 2025, as documented in publications of the Greek Government Gazette, the Ministry of Health, and the General Secretariat for Coordination, as well as in relevant news coverage and press releases; and (c) 15 elite interviews with policymakers and policy experts, which informed additional snowball sampling.

The final sample consists of 47 policy entrepreneurs, 25 women (53%) and 22 men (47%), with a mean and median age of 55 (range: 35-84). Among respondents, 32% identify as medical doctors, 21% work in the pharmaceutical industry, 19% in public organisations, 15% as academics, and 13% as either self-employed or affiliated with patients' associations. Fewer than 10% reported other professional roles, including in the broader private sector, medical associations, European institutions, and pharmacists. Respondents were permitted to select more than one option.

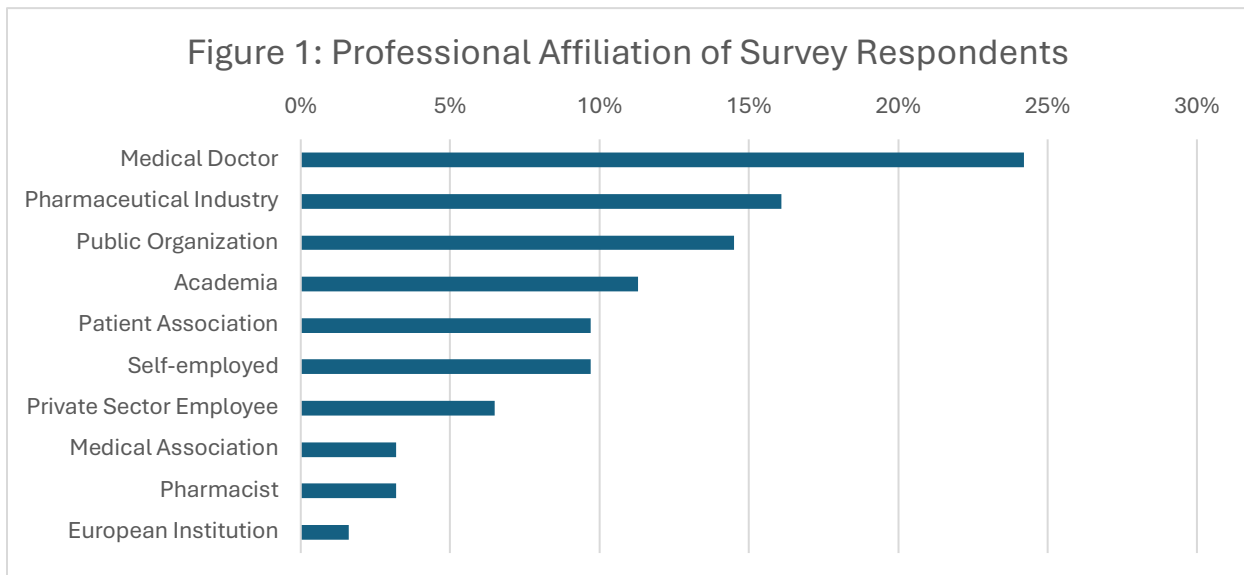


Figure 1: Professional Affiliation of Survey Respondents [Question: Please indicate your professional role(s) (You may select all options that apply to you)]

# Reforms and Policy Priorities in Greek Health Policy (2022-2025)

The first section of this paper looks at the policymaking activity in the sector during the period of study. Policy entrepreneurs are inextricably linked to the pursuit of policy change (Kingdon, 1984). Although the literature has shown considerable variation in the traits and strategies associated with policy entrepreneurship, the drive for policy innovation has remained the one undisputed common thread (Capano & Galanti, 2021). Accordingly, and particularly when adopting a longitudinal lens as in this study, policy entrepreneurs can offer unique input for identifying the most notable policy developments that have transpired in a sector over a given period. This mapping can, in turn, be contrasted with their self-reported priorities over the same period, as well as with the stated objectives of policymakers as expressed in official communications, thereby informing a broader assessment of sectoral policymaking. To that end, our survey included two open-ended questions inviting respondents to identify the key reforms in Greek health policy between 2022 and 2025, as well as their key policy priorities during the same period.

## Reforms

The collected responses in our survey point to a considerable volume of activity in Greek health policy between 2022 and 2025, spread across both regulatory and capacity-building initiatives. However, they do

not highlight any single, broadly recognized instance of structural reform.

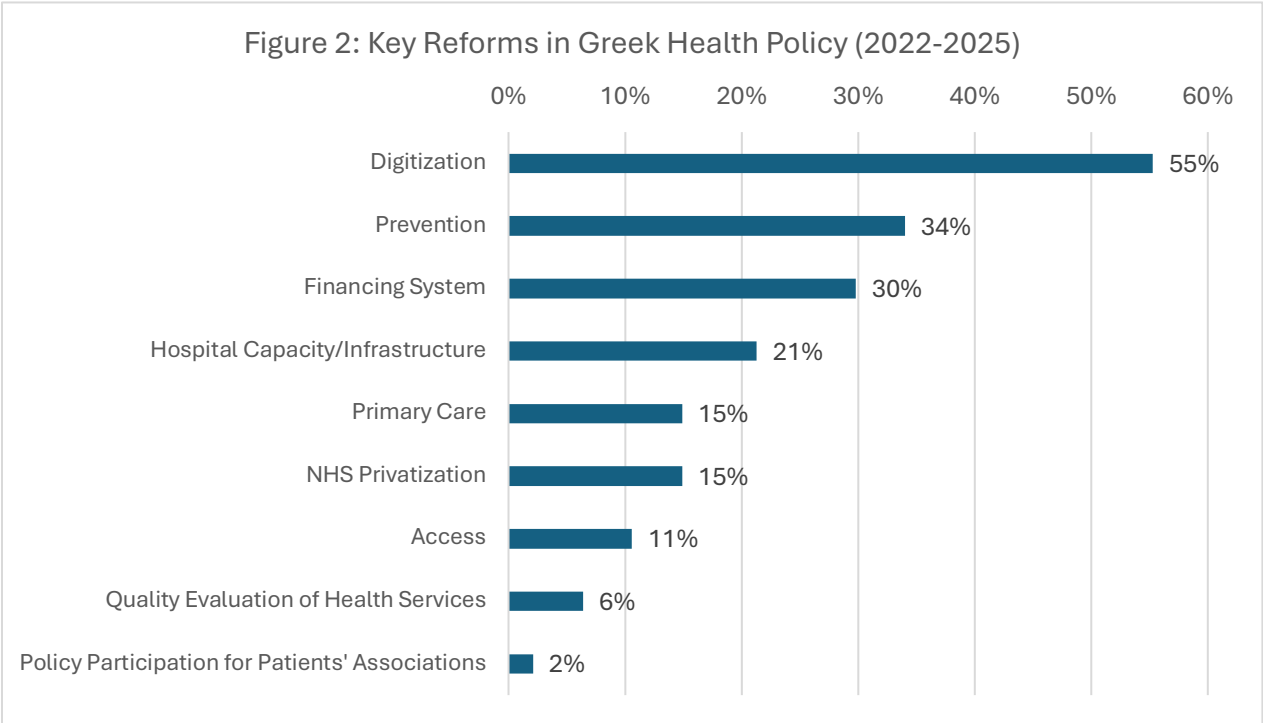


Figure 2 presents a thematic grouping of the reforms identified by respondents in their open-ended responses.

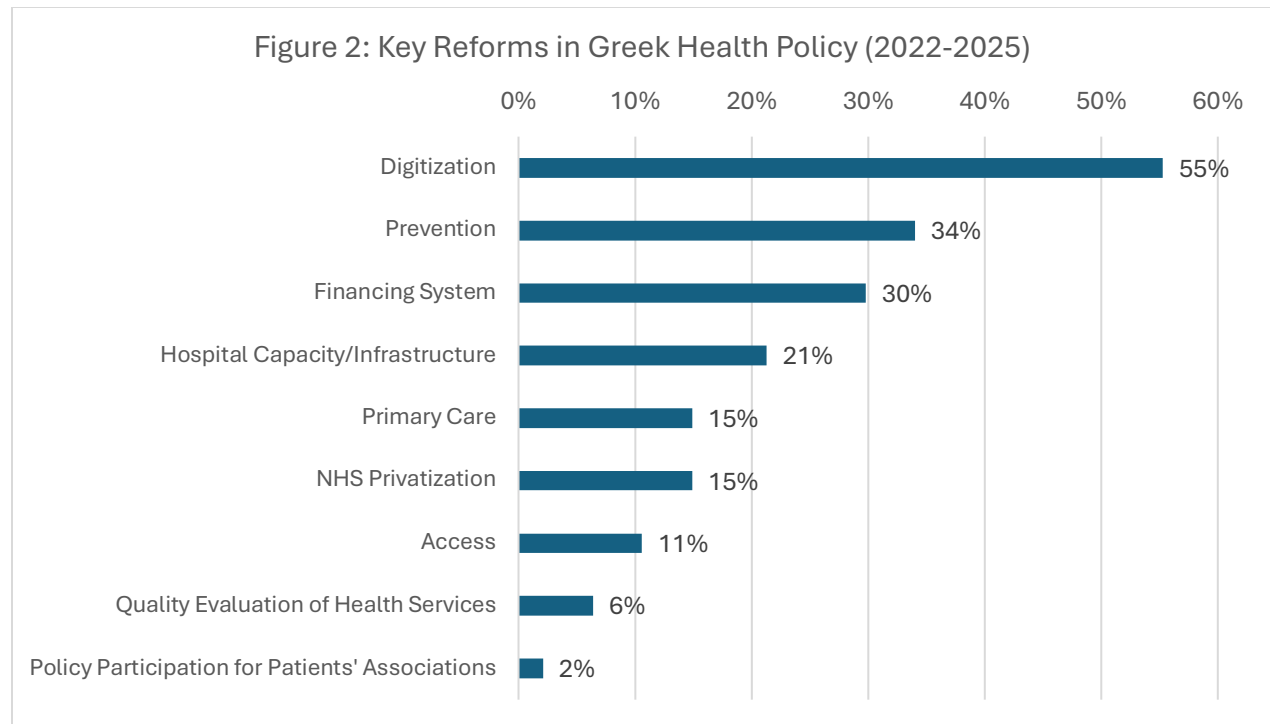


Figure 2: Key Reforms in Greek Health Policy (2022-2025) [Question: What do you consider to be the main reforms in the field of health policy in Greece during the period 2022-2025]

Most policy entrepreneurs (55% of respondents in our survey) identify developments related to digitization as the key reforms during 2022-2025. These include the establishment of digital patient registries (beginning with the National Cancer Registry), the roll-out of the MyHealth App (allowing patients to access their medical exam results, prescriptions, and referrals within a digitized central hub), the expansion of the digital prescription system (originally legislated in 2010 but not activated until 2020 [Law 4704/2020], Exadaktylos et al., 2023), Greece’s participation in the European Health Data Space, and improvements in system interoperability.

Following digitization, *prevention* emerges as the second most frequently cited reform area (34%). This is primarily associated with the “*PREVENT*” screening programme<sup>1</sup>, launched in 2024, which introduces free screening for major chronic conditions, including breast cancer, cervical cancer, colorectal cancer, and cardiovascular risk, for all Greek citizens.

<sup>1</sup> ‘PREVENT’ is part of the National Programme for the Prevention of Public Health “*Spyros Doxiadis*” (Law 4675/2020).

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Moreover, 30% of respondents highlight developments related to health system financing mechanisms. These include the redesign of pharmaceutical expenditure channels, the restructuring of the National Central Health Procurement Authority (EKAPY) into a private rather than a public organisation, the rollout of a new Diagnosis-Related Group (DRG)-based hospital financing mechanism, as well as policy developments at the EU level that affect domestic financing, such as the new Health Technology Assessment Regulation<sup>2</sup>, or provide access to funding streams, such as the Recovery and Resilience Facility (RRF)<sup>3</sup>.

Furthermore, 21% point to improvements in hospital capacity and healthcare services infrastructure (such as the modernization of health units, increases in wages and staff, and financial incentives for health professionals in remote areas), and 15% mention primary care (referring primarily to the launch of a personal doctor system) and NHS privatization reforms (referring to the liberalization of private afternoon surgeries for NHS doctors in public or private practices). Reforms related to expanding access, evaluating the quality of health services (including the establishment of a new public organisation for quality monitoring), and enhancing the role of patients' associations in the policymaking process (including the establishment of the Hellenic Patients Association, a unified organisation, supervised by the General Secretariat for Public Health, representing 85 patients' associations) are also reported by a smaller number of respondents.

## Policy Priorities

The key reforms in Greek health policy between 2022 and 2025, as identified by policy entrepreneurs active in the sector, appear to converge significantly with the Greek government's objectives and priorities as set out in the Ministry of Health's annual Action Plans.

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<sup>2</sup> Regulation (EU) 2021/2282

<sup>3</sup> The Recovery and Resilience Facility (RRF) is the centrepiece of the EU's post-COVID-19 recovery plan, NextGenerationEU. It enables the Commission to raise funds by borrowing on the capital markets and allocate them to Member States for the implementation of reforms and investments (European Parliament, & Council of the European Union, 2023).

**Table 2: Strategic Priorities of the Greek Ministry of Health, 2022-2025**

Year	Objectives/Priorities
2022	<ul style="list-style-type: none"> <li>▪ Disease prevention and health promotion.</li> <li>▪ National Action Plan for the Rights of Persons with Disabilities</li> <li>▪ Digital transformation of the health system</li> <li>▪ Upgrade of hospitals, health infrastructure, and service quality                             <ul style="list-style-type: none"> <li>○ Centralization of procurement / tendering of central supplies</li> <li>○ Establishment and operation of the Health Quality Assurance Organisation (O.DI.P.Y. S.A.) and development of methodological tools.</li> </ul> </li> <li>▪ Rationalization of health expenditure to ensure market sustainability</li> <li>▪ Reform of the Primary Health Care System.</li> <li>▪ Improvement of the quality of mental health services and addressing dependencies with respect for human rights.</li> </ul>
2023	<ul style="list-style-type: none"> <li>▪ Improve population health outcomes and reform the public health system.</li> <li>▪ Development of an integrated epidemiological surveillance system.</li> <li>▪ Upgrade of preparedness systems and response to public health emergencies.</li> <li>▪ Development of the public health system at central, regional, and local levels.</li> <li>▪ Creation of the Public Health Portal</li> <li>▪ Strengthening of the role of the Hellenic Patients Association: To serve as a unified voice for patients, supervised by the General Secretariat for Public Health, with participation in health policy. Target population: 500,000 patients represented by 60 patient associations.</li> <li>▪ Digital transformation of the health system.</li> <li>▪ Upgrade of hospitals, health infrastructure, and service quality.</li> <li>▪ Rationalization of pharmaceutical expenditure to ensure the sustainability of the pharmaceutical market.</li> <li>▪ Reform of the Primary Health Care System.</li> <li>▪ Improvement of the quality of mental health services and addressing dependencies with respect for human rights.</li> </ul>
2024	<ul style="list-style-type: none"> <li>▪ Improve population health outcomes and further reform the public health and primary care systems.</li> <li>▪ Digital transformation of the health system.</li> <li>▪ Upgrade of hospitals, health infrastructure, and service quality.</li> <li>▪ Rationalization of pharmaceutical expenditure to ensure the sustainability of the pharmaceutical market.</li> <li>▪ Reform of the Primary Health Care System.</li> <li>▪ National Action Plan for the Rights of Persons with Disabilities.</li> <li>▪ Improvement of the quality of mental health services and addressing dependencies with respect for human rights.</li> </ul>

*Table 2: Strategic Priorities of the Greek Ministry of Health (2022-2025) [The objectives and priorities are drawn from the Greek Ministry of Health's Annual Action Plans, published online on a yearly basis (Ministry of Health [Greece], 2022, 2023, 2024)]*

As highlighted in Table 2, the digital transformation of the health system is identified as a priority in all three plans, while improvements in prevention, restructuring pharmaceutical expenditure, primary care reform, upgrading hospital infrastructure, and establishing quality monitoring mechanisms also feature consistently. Nevertheless, it should be noted that the government's stated priorities appear, for the most part, to remain stable over time. Broadly, this aligns with policy entrepreneurs' overall assessment of policymaking in the sector during the study period, which points to a pattern of numerous smaller-scale reforms across multiple fields rather than one or more defining reform packages.

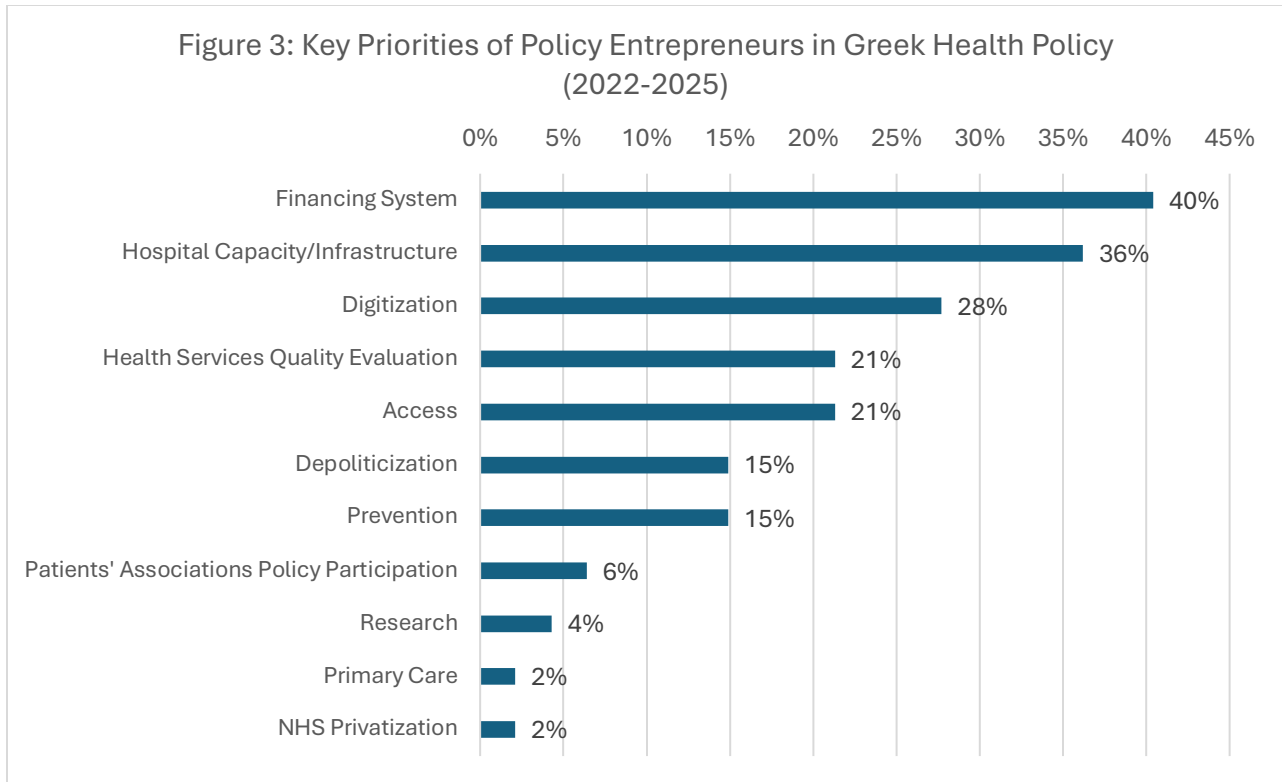


Figure 3: Key Priorities of Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: Please briefly specify the key priorities for your organisation/sector in the field of health policy for the period 2022-2025]

At the same time, examination of the core policy priorities identified by policy entrepreneurs in the sector during the study period provides further insight into the interplay of policy aims and outputs. First, there are notable mismatches between the ranking of priorities and that of identified reforms, as well as variation in the policies demanded and delivered within each domain. Reforms related to the financing system are reported as a key priority by most survey respondents (40%), while reforms related to hospital capacity and infrastructure (36%) and health services quality evaluation (21%) rank second and fourth respectively in the list of priorities, compared to fourth and eighth in the ranking of key reforms (Figure 3).

In terms of the financing system, open-ended responses point to demands that are, at large, broader and more far-reaching than the restructuring of procurement processes or DRG-based financing, which were identified as key reforms during the period. Policy entrepreneurs appear particularly keen on increases in

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public contributions to hospital and pharmaceutical budgets, fairer budget allocation through the embedding of monitoring controls within the digital prescription system, and reductions in industry clawbacks<sup>4</sup>.

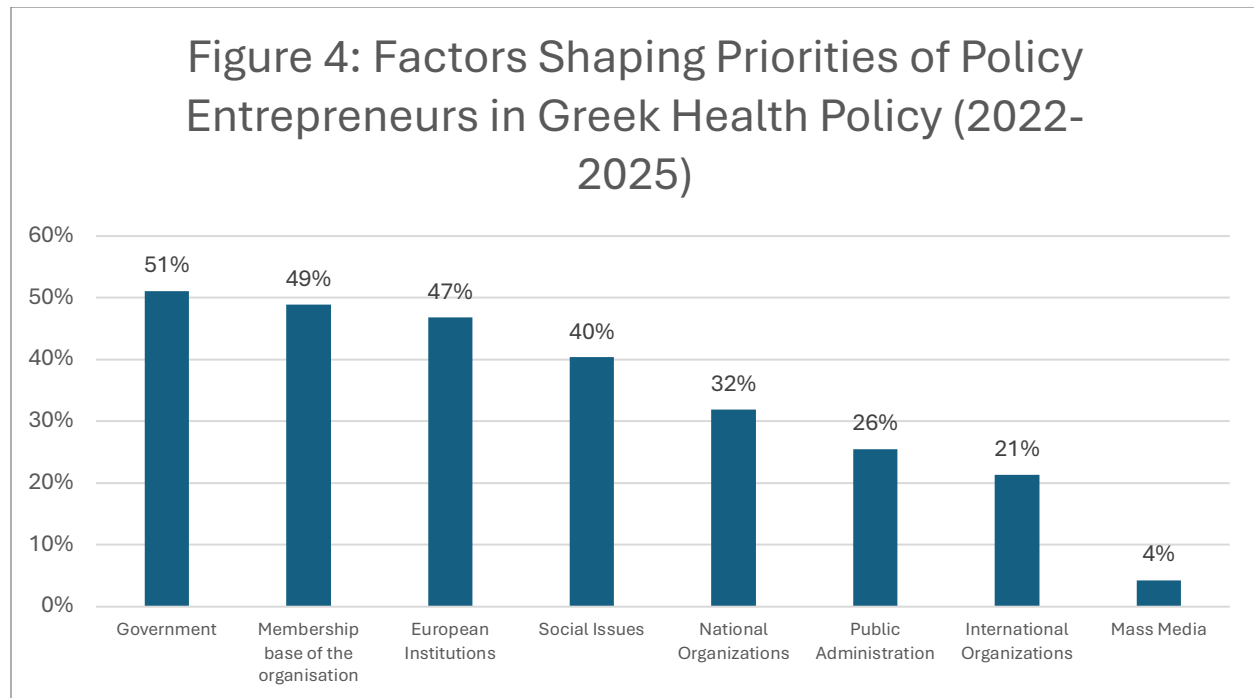
This reflects a broader pattern observed across most domains of the sector and corroborated by the interview material. Policy entrepreneurs articulate ambitious policy aims while, at the same time, displaying a strong preference for securing smaller-scale wins that advance – even if only incrementally – the interests of their professional niche. For example, medical doctors or representatives of the pharmaceutical industry may simultaneously call for fundamental revisions to the existing financing system, yet recognize as structural reforms policy changes that do not challenge the established financing paradigm, as long as they deliver targeted improvements in their immediate area of concern, such as recalibrations of hospital budgets or pharmaceutical contributions. As the findings on collaboration discussed later in the study further indicate, the sector has experienced a period of low conflict among key stakeholder groups. This environment has favored consensual, frequent, yet highly fragmented and incremental policy outputs – characteristic features of a highly integrated policy network (Herweg et al., 2018; Zahariadis, 2003).

Second, a substantial proportion of survey respondents list demands for enhanced meritocracy and depoliticization among their key policy priorities. These include explicit references to “transparency,” “predictability,” “integrity,” and “needs-based, non-partisan staffing of the health system.” Politicization has been identified as a key dysfunction of Greek health policy since the 1980s (Mavrikou et al., 2022) and, despite the incumbent New Democracy administration’s stated commitment to meritocratic governance since 2019<sup>5</sup>, appears not only to persist but also to have become a salient policy concern for policy entrepreneurs in the sector.

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<sup>4</sup> A “payback” policy has been in place since the First Economic Adjustment Programme for Greece, alongside the imposition of a capped public pharmaceutical budget. The clawback refers to the amount that pharmaceutical companies are required to return to the state when public spending on medicines exceeds the budget (Therianos & Kanavos, 2025; Letsios et al., 2023).

<sup>5</sup> Law 4622/2019



*Figure 4: Factors Shaping Priorities of Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: Which of the following factors contribute to shaping your priorities and objectives? (Please select up to three options)]*

When asked to identify the factors that shape their priorities and objectives, 51% of policy entrepreneurs listed the government, 47% cited European institutions, and 40% pointed to social issues (Figure 4). Greek policy entrepreneurs during the period of study appear to embody Kingdon’s (1984) metaphor of “surfers waiting for the big wave” – that is, their priorities remain highly contingent on emerging windows of opportunity. In the Greek health policy context, these windows depend largely on the preferences and actions of the central government and European institutions, as well as on social issues that capture public and political attention.

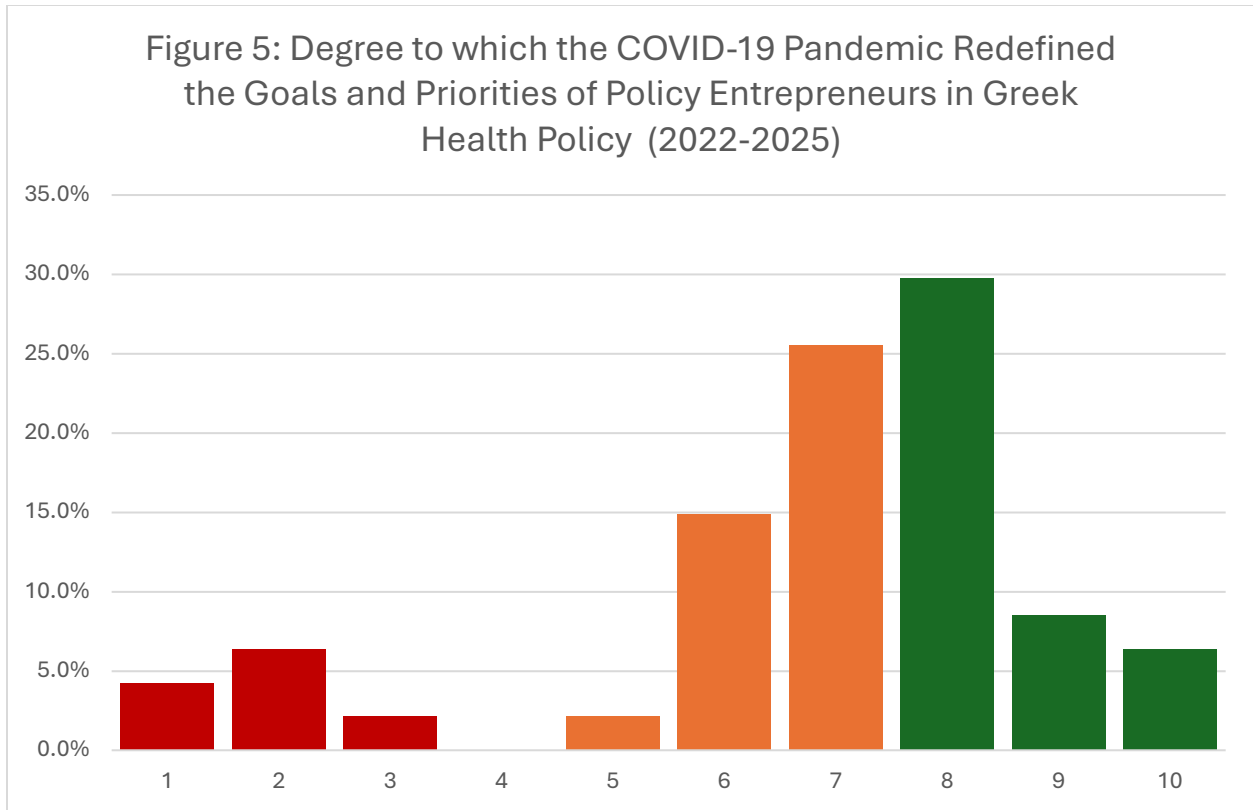
This reliance is further reflected in the comparatively lower proportion of respondents identifying national organisations (32%), public administration (26%), and international organisations (21%) as influential on their priorities (Figure 4). While international organisations such as the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) play an instrumental role in setting global scientific and policy priorities (Majone, 2006), their limited direct influence on domestic agenda-setting and decision-making renders them less salient for national policy entrepreneurs. This

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contrasts with European institutions, which not only exercise legislative authority through Regulations and Directives that shape domestic policy frameworks, but also influence national policymaking through funding mechanisms such as the RRF (Fabbrini, 2025), which participants specifically highlighted among key policy developments during the study period.

Meanwhile, domestic expert instruments – including national organisations and the public administration – have long faced marginalization within Greek health policy, largely owing to the high degree of politicization (Mavrikou et al., 2022). This appears to remain the case: even in the aftermath of a public health crisis, expert administrative bodies continue to exert minimal influence on the priorities of policy entrepreneurs through their work or outputs.

Finally, 49% of respondents reported that the membership base of their organisation serves as a key source for setting priorities (Figure 4). Greek health policy has long been characterized by the presence of strong interest groups, such as medical doctors and pharmacists (Zahariadis & Exadaktylos, 2016; Mossialos & Allin, 2013). In recent years, as the survey findings indicate, this interest group environment appears to be expanding, with an increasing number of stakeholders in the sector becoming organized. Ultimately, policy entrepreneurs in Greek health policy appear to occupy important – often multiple – organizational roles and, as a result, rely heavily on sectoral and institutional preferences when defining their policy priorities.



*Figure 5: Degree to which the COVID-19 Pandemic Redefined the Goals and Priorities of Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: On a scale from 1 (minimal) to 10 (maximal), please rate the extent to which the recent public health crisis (the COVID-19 pandemic) reshaped your goals and priorities during the period 2022–2025]*

When asked to evaluate the impact of the COVID-19 pandemic on their goals and priorities, policy entrepreneurs reported a median score of 7 out of 10 on a low-to-high scale (Figure 5). As highlighted in the open-ended responses and elaborated in interviews, for Greek health policy entrepreneurs, the pandemic embodied the “dual aspect of crisis as a devastating event [...] and as an impetus for innovation” that “lends itself as a propitious opportunity structure” (Petridou et al., 2024). In the context of Greek health policy, this was primarily framed in relation to capacity building, as the pandemic once again exposed cross-sectoral gaps in institutional mechanisms and resources. Accordingly, policy entrepreneurs oriented their efforts to influence policy towards strengthening financial sustainability, upgrading hospital infrastructure, and leveraging digitization for service delivery and monitoring, reframing their proposals around these pillars, which also enjoyed political support in the post-crisis climate.

## Resources and Strategies

Having established an overview of the key reforms and priorities identified by policy entrepreneurs in Greek health policy, the next section of the paper shifts focus to how policy entrepreneurs pursue their objectives in terms of resources and strategies.

### The Role of Evidence

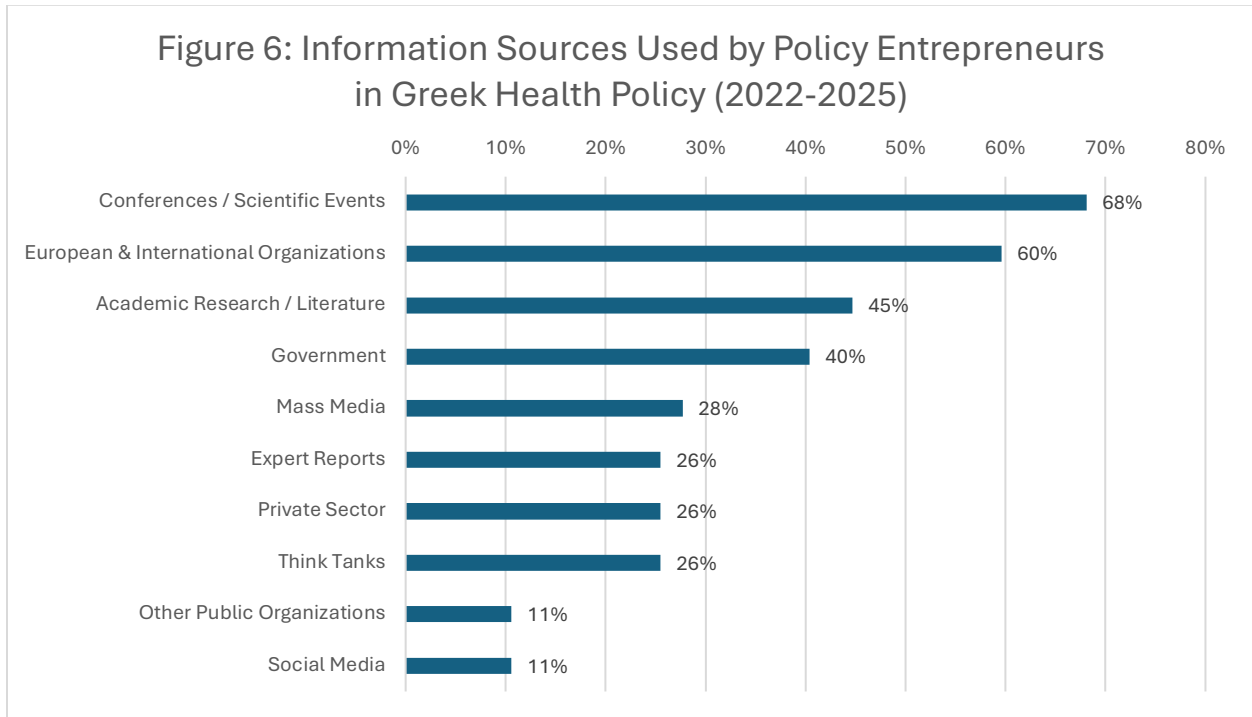
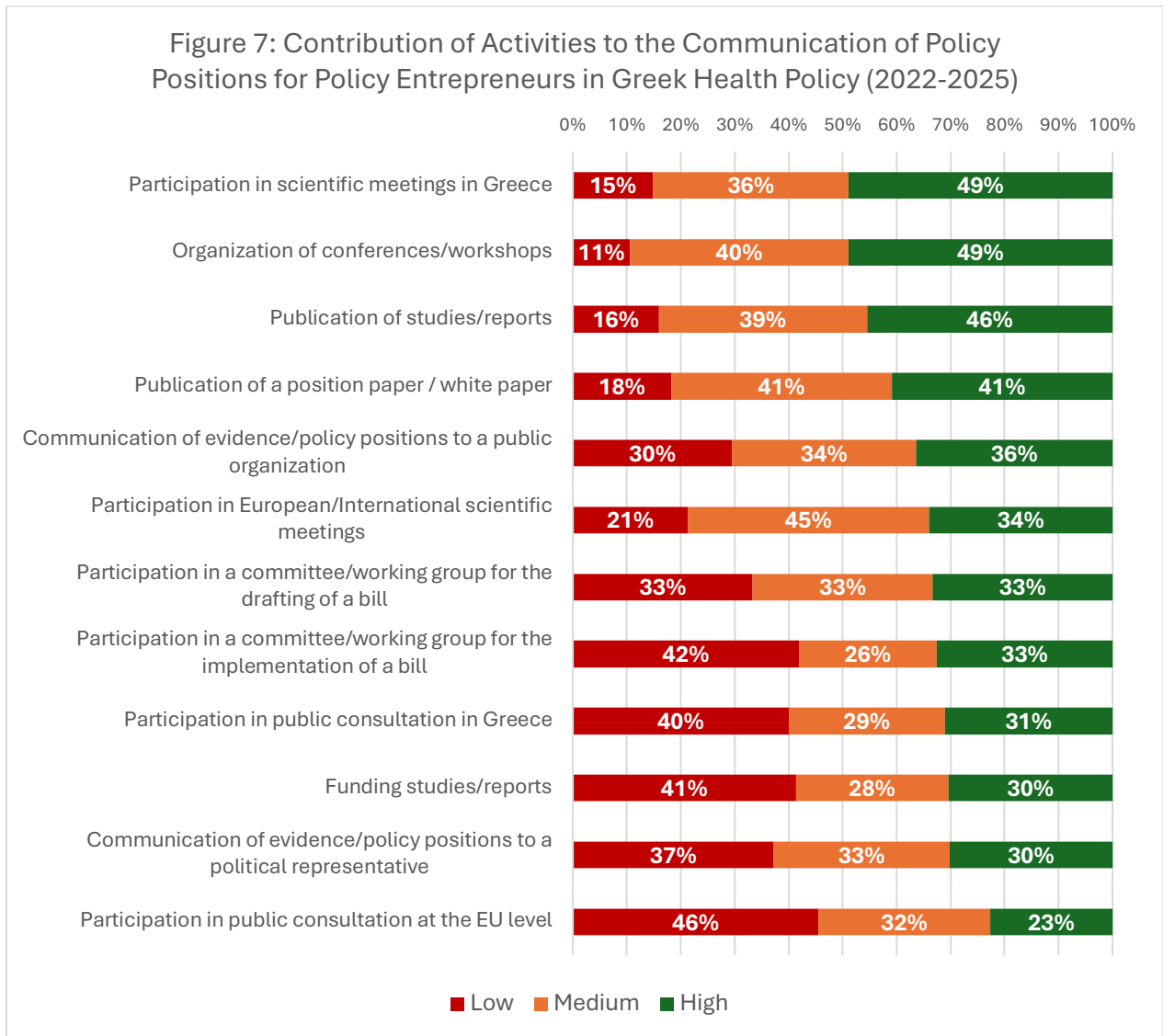


Figure 6: Information Sources Used by Policy Entrepreneurs in Greek Health Policy (2022-2025): [Question: Please select up to three sources you use to stay informed about issues relevant to your/your organization's policy activities.]

When asked to indicate the key sources they use to access information relevant to their own or their organization's policy activities, respondents most frequently identified conferences and other scientific events as their primary fora (68%). These are followed by outputs from European and international organisations (60%) and academic research (45%) (Figure 6). Taken together, scientific and technocratic forms of knowledge appear to play a prominent role in the ways policy entrepreneurs in the sector access, process, and learn from policy-relevant information. Government sources follow at 40%, while the media, together with outputs from experts, private-sector stakeholders, think tanks, and other public organisations, were each selected by fewer than 30% of respondents.



*Figure 7: Contribution of Activities to the Communication of Policy Positions for Policy Entrepreneurs in Greek Health Policy: [Question: On a scale from 1(minimal) to 10(maximal), please rate the contribution of the following activities to communicating your policy positions during the period 2022-2025: - Recoded as Low (1-4), Medium (5-7), High (8-10)]*

Furthermore, when asked to assess the contribution of various dissemination activities to communicating their policy positions, 49% of policy entrepreneurs rated their participation in scientific meetings in Greece and the organisation of conferences or workshops as high (8-10 on a 10-point scale) – the highest among all options. It emerges that Greek health policy entrepreneurs identify conferences and scientific meetings held domestically as both their primary sources of information (Figure 6) and their most

impactful venues for communicating policy positions (

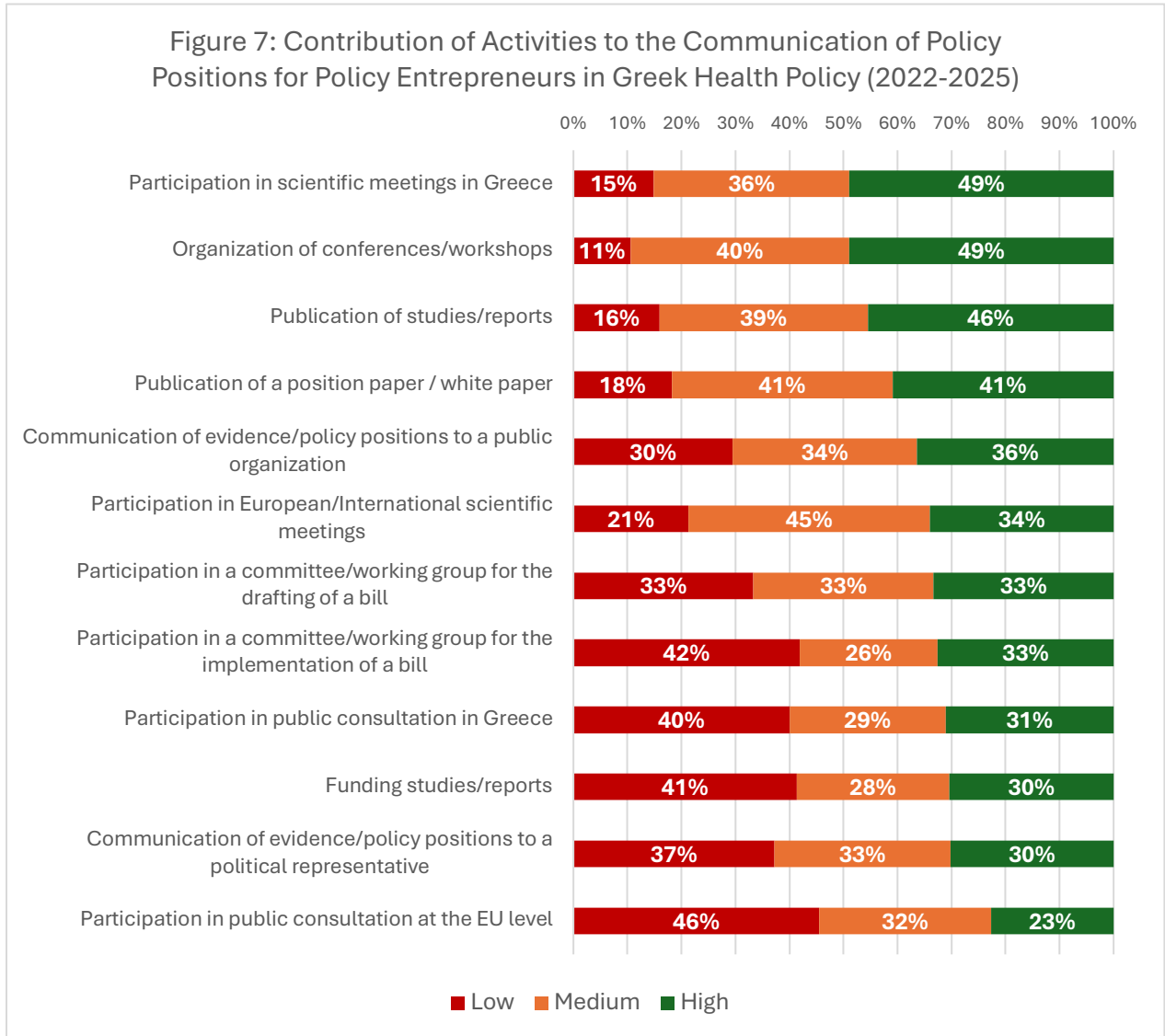


Figure 7).

This finding is highly informative for understanding the interaction between the systemic features of the Greek health policy system and the strategic behavior of policy entrepreneurs. In a context characterized by long-standing centralization and institutional fluidity, venues that offer access to policymakers, potential veto players, and competing policy entrepreneurs become a critical strategic resource. As a result, conferences and scientific meetings in Greek health policy – many of which are recurring and well-

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established – have evolved into informal but highly consequential spaces for gauging, navigating, and shaping policy priorities.

On the one hand, participation in these venues allows policy entrepreneurs to establish informational advantages over competitors and to forge alliances with like-minded actors. On the other, given that such events are regularly attended by representatives of the political leadership, they also facilitate both reactive and proactive forms of engagement. Policy entrepreneurs can assess prevailing political signals – what the government currently prioritizes – while simultaneously seeking to cultivate closer rapport with key political figures in anticipation of future policy windows. As one interviewee noted, “It matters who is organizing the conference. It matters who is paying for the conference. It matters who from the political leadership is attending – whether it is the Minister or a General Secretary, and of what kind. And if you are active in that policy area, it matters that you are there.”

Following the organization of and participation in scientific conferences and meetings, policy entrepreneurs also emphasize the publication of studies and reports, as well as position or white papers, as highly impactful activities for communicating their policy positions (ranked as having a high contribution by 46% and 41% of respondents, respectively). These results suggest that the production and dissemination of evidence are the key policy-relevant resources in the advocacy efforts of policy entrepreneurs in the sector. More broadly, and in conjunction with the study’s overall findings, this pattern reinforces the interpretation of an increasingly professionalized policy environment, in which policy entrepreneurs draw on organizational capacities and resources to generate policy-oriented evidence at scale and with consistency.

At the same time, roughly one in three respondents list their participation in committees and working groups involved in the drafting (33%) and implementation (31%) of legislation as highly contributing to the advancement of their policy positions (Figure 7). Overall, the survey results provide strong evidence that venue creation – the practice of influencing policy outputs through the establishment of and participation in ad hoc policy design venues under the oversight of political leadership, most commonly in the form of committees (Mavrikou et al., 2023) – remains both prevalent and impactful in Greek health policy. During

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the study period, although the overwhelming majority of respondents report non-political professional roles as their primary affiliation, nearly one in three policy entrepreneurs were directly involved in government-led deliberative spaces during policy formulation and/or policy implementation.

## Mode of Advocacy and Collaboration

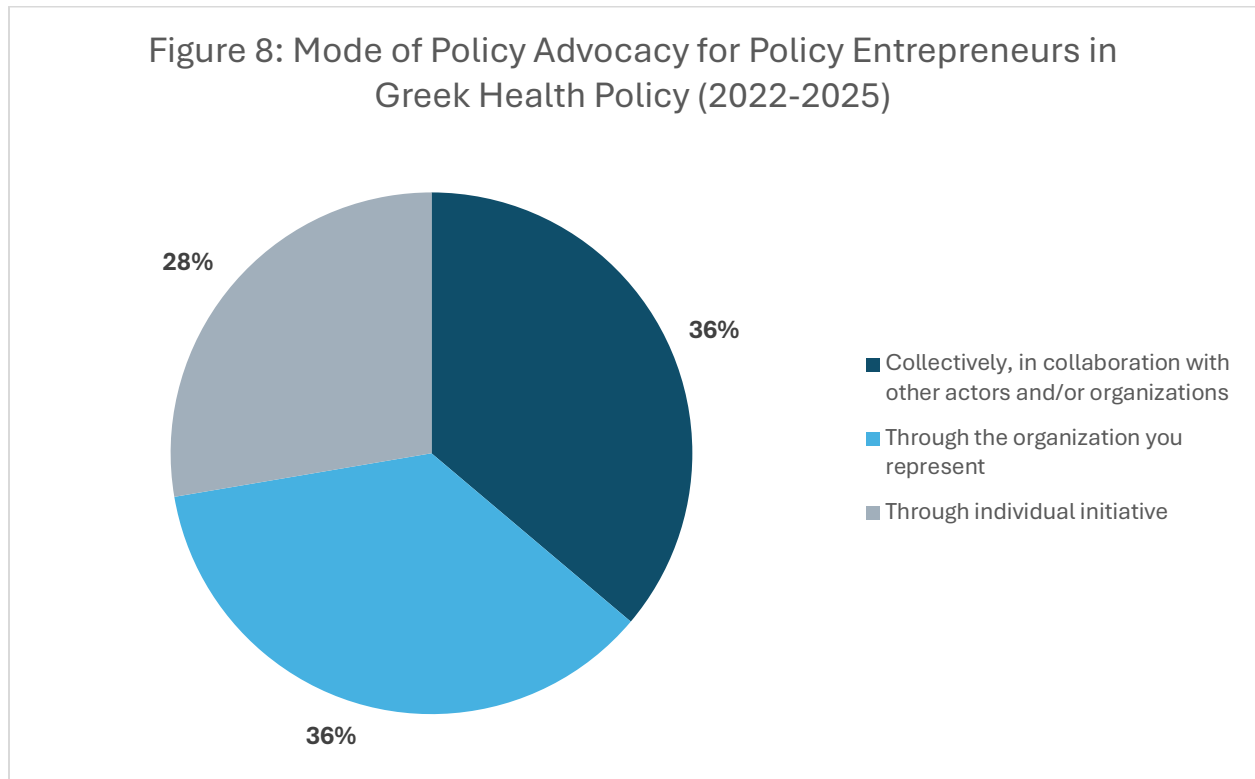


Figure 8: Mode of Policy Advocacy for Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: In the context of health policy in Greece, your advocacy is primarily carried out:]

Thirty-six percent of participants reported that they carry out their policy advocacy activities collectively, in collaboration with other actors and/or organisations, another 36% do so through the organisation they represent, and 28% act through individual initiative (Figure 8). These findings indicate that policy entrepreneurs in Greek health policy do not adhere to a single modus operandi and challenge the traditional conception of policy entrepreneurs as lone actors – a view that is increasingly being reconsidered in modern scholarship (e.g., Capano and Galanti, 2021; MacKillop et al., 2023).

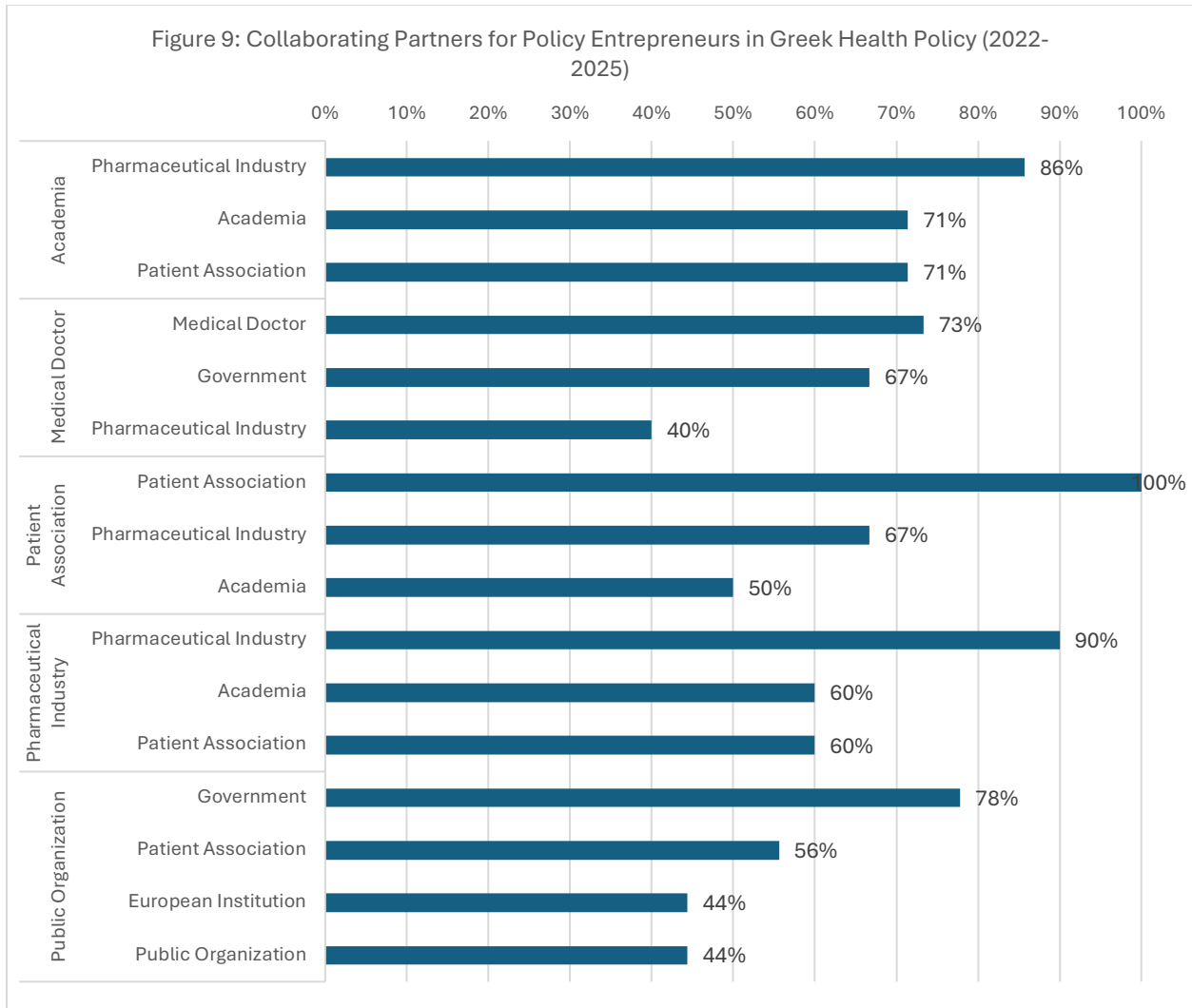


Figure 9: Collaborating Partners for Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: Please indicate which of the following actors constitute partners in the design and implementation of your activities in the field of health policy in Greece. (Please select up to three options)]

When asked to identify their key collaborators in carrying out policy-oriented activities, policy entrepreneurs’ responses uncover a series of noteworthy partnerships and coalitions (Figure 9).

First, all survey respondents identify other stakeholders from their professional domain among their top three categories of collaborators. This is most evident in the case of patient associations and the pharmaceutical industry, where 100% and 90% of respondents, respectively, list their counterparts as key collaborators. Regarding patient associations, the establishment of the Hellenic Patients Association as a unified voice for existing organisations under the direct supervision of the General Secretariat for Public Health has proven catalytic in enhancing collaboration between organisations in the sector.

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By contrast, only 44% of respondents from public organisations (T-3rd) identify other public organisations as collaborators, instead prioritizing partners from central government. This is indicative of the high degree of politicization and centralization that continues to govern the sector, which direct policy entrepreneurship away from public administration venues and towards the political leadership, even for public administration “insiders”.

Second, 86% of respondents who identify as academics list the pharmaceutical industry as the primary sector with which they collaborate, while 60% of respondents from the pharmaceutical industry list academia as a key collaborator. This partnership lies at the heart of the expanded regime of evidence production and dissemination described above, in which private actors – such as the pharmaceutical industry – increasingly mobilize resources to generate evidence-based demands for more favorable regulatory environments, thereby forging transactional partnerships with academia. This relationship is further reinforced by the sector’s data-oriented shift, reflected in the high ranking of digitisation and data integration initiatives as both key reforms and priorities, whereby the pharmaceutical industry and academia mutually contribute to both the supply of and demand for data.

Third, beyond respondents affiliated with public organisations, the government is also listed as the second most frequent collaborator (67%) by medical doctors. Medical doctors have long held a special position in Greek health policy, enjoying a regime of full-time and exclusive employment in the Greek NHS since 1983. As our results indicate, they retain high levels of access to and collaboration with government, even amid a period of privatization and primary care reform that could, at least in theory, challenge their status and dominance.

Finally, patient associations are listed among the three main collaborators for academia (71%), the pharmaceutical industry (60%), and public organisations (56%). In recent years, patient associations have evolved into a key interest group within the sector, expanding both their networks and their overall presence. More broadly, this reflects increasing professionalization in Greek health policy, as indicated by the survey

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findings on the development of the organisations represented by policy entrepreneurs and the factors that most contribute to achieving their policy goals.

## Organizational Capacity and Contributing Factors for Pursuing Policy Entrepreneurship

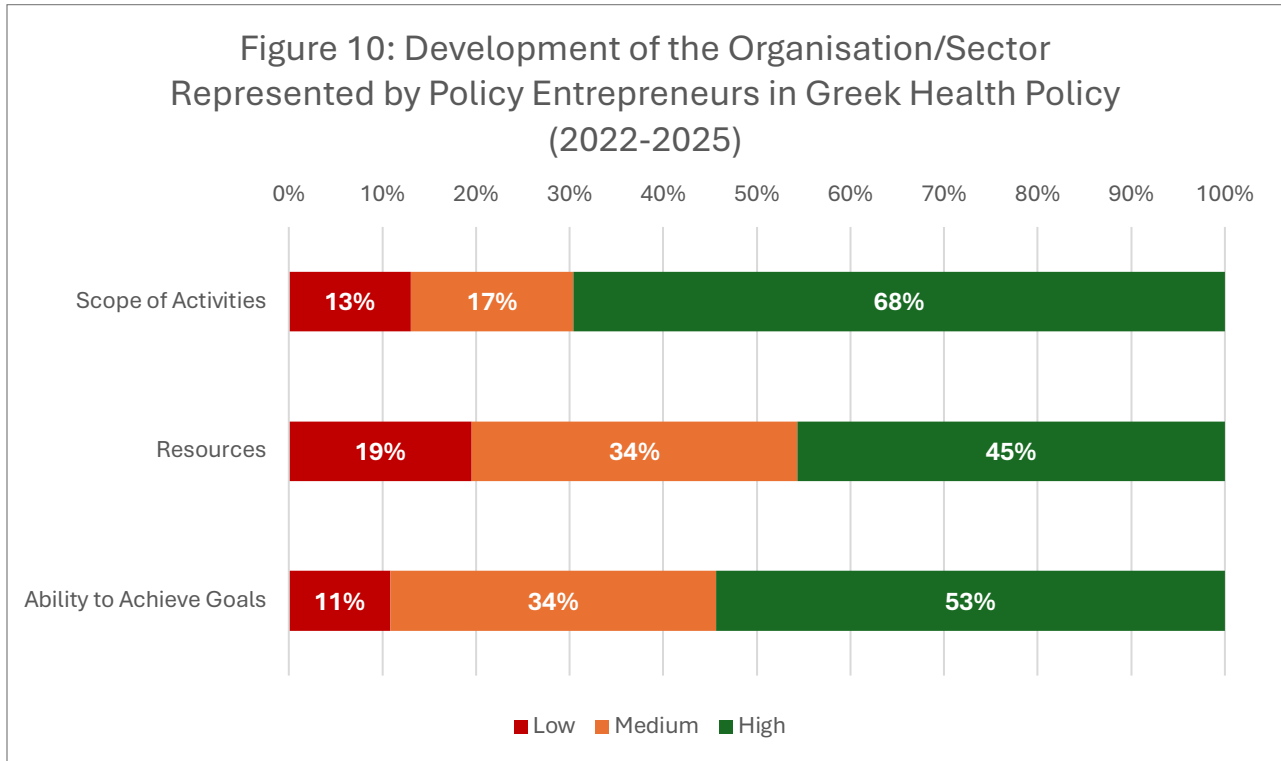
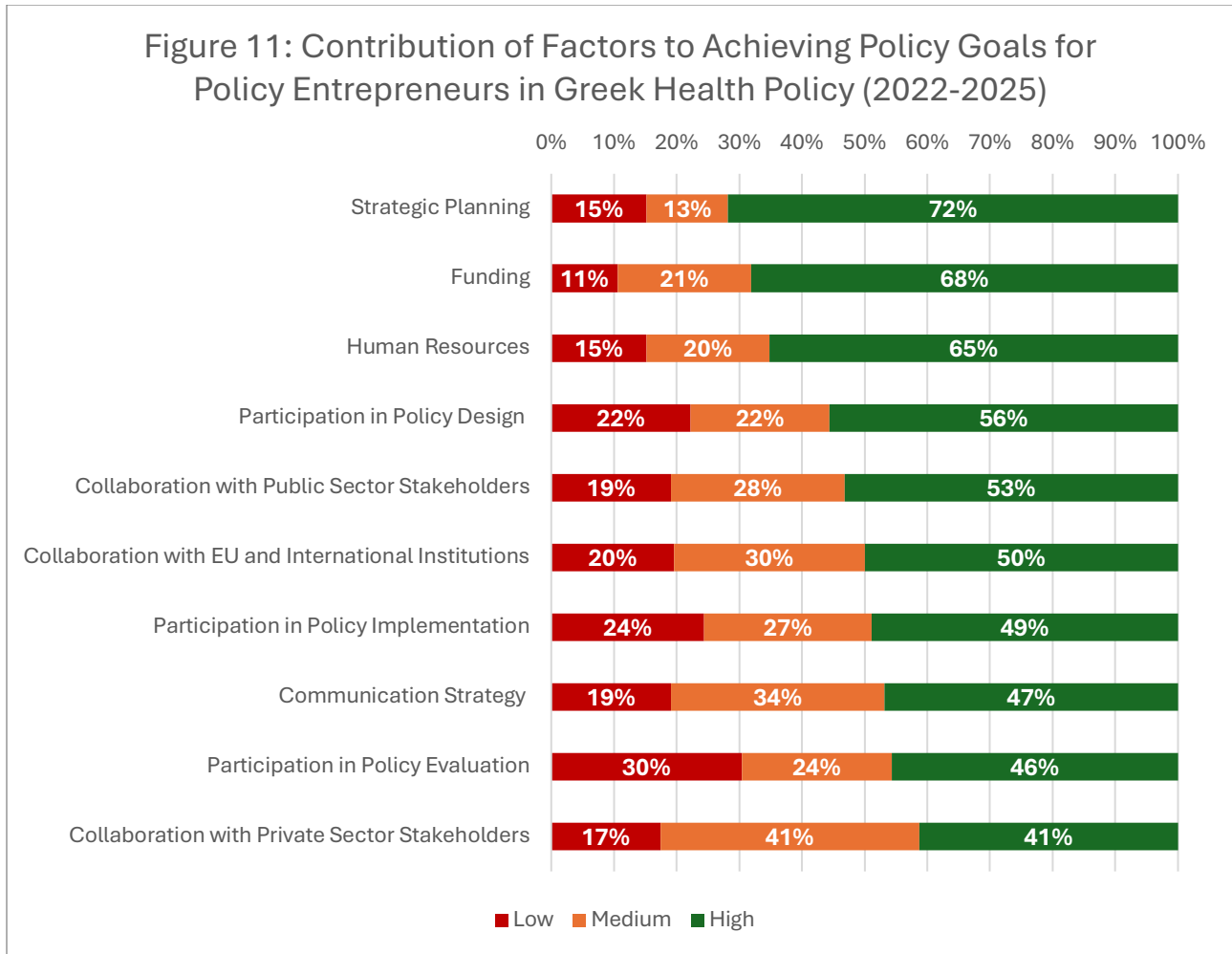


Figure 10: Development of the Organisation/Sector Represented by Policy Entrepreneurs in Greek Health Policy (2022-2025) [Question: On a scale from 1 (minimal) to 10 (maximal), how would you rate the development of the organisation/sector you represent during the period 2022-2025 in terms of the following: - Recoded as Low (1-4), Medium (5-7), High (8-10)]

Specifically, respondents overwhelmingly report significant expansion in the scope of activities (68%), resources (45%), and the ability to achieve goals (53%) for the organisation or sector they represent (Figure 10). Across Greek health policy, organizations and professional sectors thus appear to be growing in scale and capacity, while also reporting a universally high ability to achieve their policy objectives.



*Figure 11: Contribution of Factors to Achieving Policy Goals for Policy Entrepreneurs in Greek Health Policy (2022-2025)*  
 [Question: On a scale from 1 (minimal) to 10 (maximal), please rate the importance of the following factors in achieving your goals during the period 2022-2025: - Recoded as Low (1-4), Medium (5-7), High (8-10)]

Probing deeper into this evolution, respondents identify strategic planning, funding, and human resources as the three most important factors for achieving their policy goals (ranked as having a high contribution by 72%, 68%, and 65% of policy entrepreneurs, respectively; Figure 11). It should be noted that these are archetypal enabling conditions for the effective operation of interest organisations and lobbies, as long-identified in the relevant literatures (Walker, 1983; McConnell, 1966; Schattschneider, 1960).

Taken together, the survey findings point to a process of “lobby-fication” in the Greek health policy sector – that is, a gradual shift towards well-resourced and consolidated organisations that, over time, pursue a broad scope of policy aims and forge durable partnerships with policymakers and other established

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stakeholders. Indeed, collaboration with public-sector actors and with EU and other international institutions was identified as highly impactful for achieving policy goals by 53% and 50% of respondents, respectively, pointing to a policy ecosystem characterized by a symbiotic relationship between policymakers and interest groups.

## The Health Policy Process in Greece

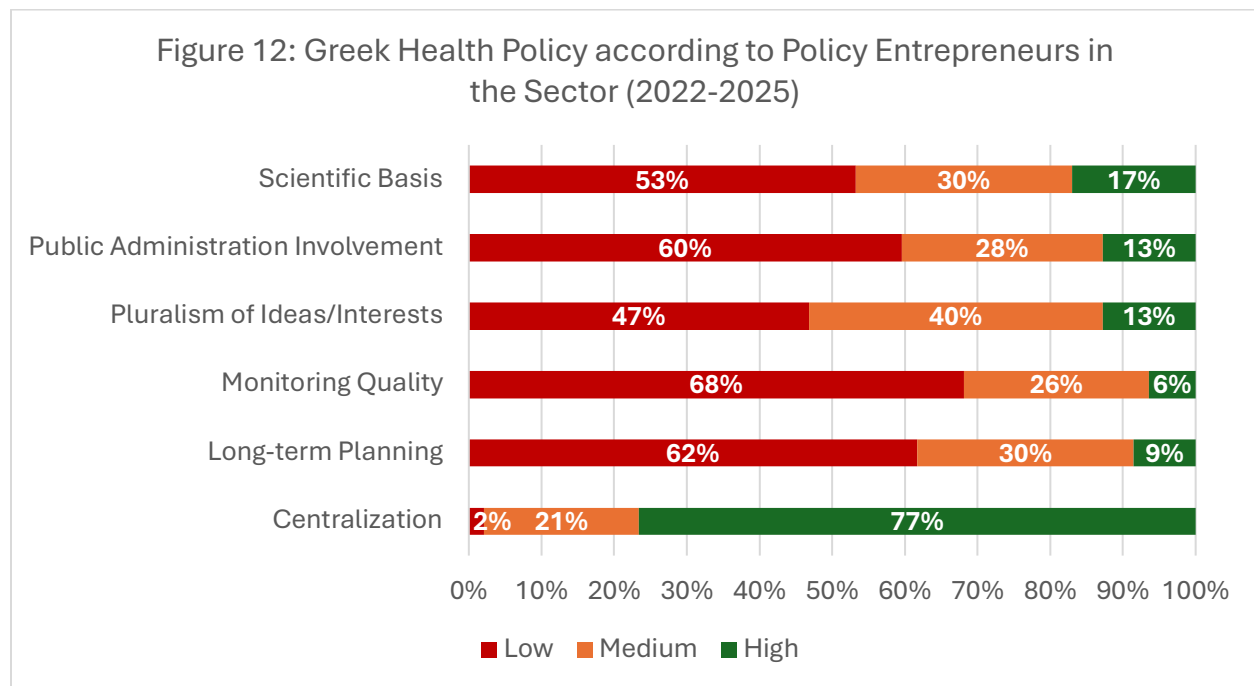


Figure 12: Greek Health Policy according to Policy Entrepreneurs in the Sector (2022-2025) [Question: On a scale of 1 to 10, please rate the following in relation to health policy in Greece - Recoded as Low (1-4), Medium (5-7), High (8-10)]

Finally, the study examines policy entrepreneurs' assessments of the modus operandi of Greek health policy, with particular attention to whether long-standing sectoral dysfunctions have been addressed. Overall, survey responses paint a markedly pessimistic picture (Figure 12). First, 68% of respondents rate the quality of mechanisms for evaluating strategic interventions in Greek health policy as low. Similarly, when asked to assess the extent to which policy decisions are based on scientific evidence – on a scale ranging from the instrumental use of evidence for legitimization purposes to its full and effective integration into policymaking – 53% of respondents again provide low ratings.

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This assessment stands in sharp contrast to the importance policy entrepreneurs attach to evidence as a resource for communicating policy positions and advancing policy goals, as discussed in previous sections. Taken together, the findings suggest that while evidence plays a central role in access-seeking and the justification of policy alternatives, genuinely evidence-based policy formulation and systematic policy evaluation remain rare in Greek health policy. Rather than shaping policy choices substantively, evidence appears to function primarily as a legitimizing and procedural tool.

Moreover, centralization – ranked as high by 77% of respondents – and the continued undermining of public administration persist. Specifically, the involvement of public administrative instruments in problem identification and solution formulation is ranked as low by 60% of respondents, despite the pandemic having exposed the limitations of the centralized model, particularly in relation to proactive needs monitoring and swift intervention. Finally, 47% of respondents consider Greek health policy to lack pluralism in ideas and interests. Notably, while policy entrepreneurs across all professional affiliations report significant improvements in their ability to achieve their goals, they do not perceive the sector's policy outputs as reflecting a broad or diverse range of voices.

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## Discussion and Conclusion

How do policy entrepreneurs pursue their policy objectives within the context of Greek health policy? And how do the findings of our study inform the broader literature on policy entrepreneurship?

Drawing on an original survey of policy entrepreneurs active in Greek health policy between 2022 and 2025, our study concludes that the sector has experienced a period of high-volume but predominantly incremental policy activity. This includes reforms spanning digitization, financing, hospital infrastructure and privatization, as well as prevention and primary care. Overall, Greek health policy appears to be undergoing a transition towards a highly integrated policy subsystem, in which policy entrepreneurs retain ambitious priorities but operate within a collaborative and consensual policymaking environment, thereby constraining the scope of policy change. Ultimately, this dynamic results in highly fragmented policy outputs that are perceived as significant reforms by niche and specialized constituencies, yet fall short of fundamentally challenging established policy paradigms.

An important factor underpinning this development is the sector's emerging professionalization. Key stakeholders in Greek health policy increasingly operate within well-resourced organisations that value strategic planning and financial sustainability, rely on their membership base to set priorities, and pursue partnerships with public and private actors to enhance their standing and influence. This evolution is most evident in the case of patients' associations, which have developed into an established pillar of the interest ecosystem and a recognized partner for most other stakeholders in the sector.

However, how does this process of “lobby-fication” affect policy entrepreneurship? While both lobbying actors and policy entrepreneurs seek to influence policymaking outcomes, lobbying should be analytically distinguished from policy entrepreneurship in several important respects.

First, lobbying activities are typically oriented towards advancing the interests of an organization's membership base, whereas policy entrepreneurship is not necessarily tied to the representation of organized interests. Second, lobbying or interest group actors tend to prioritize resource stability or growth, while

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policy entrepreneurs are characterized by their willingness to deploy the limited resources at their availability in pursuit of specific policy change. Third, and most importantly, policy entrepreneurs are oriented towards policy innovation – that is, discrete instances of (structural) policy change – whereas lobbying organizations seek to secure favorable outcomes over time, a goal that may equally involve resisting change and defending the status quo (Capano and Galanti, 2021; Mintrom & Norman, 2009; Baumgartner et al., 2009).

Ultimately, the emergence of a lobbying culture in Greek health policy has provided policy entrepreneurs with additional access points to key policymakers and a more predictable landscape in terms of policy preferences and political alignments. As reported in the survey, policy entrepreneurs pursue mixed modes of advocacy: at times acting individually, at other times collectively, and often through organizational channels; frequently more than one. In a system where centralization persists and formal administrative instruments remain weakened and marginalized, this interest-representation regime enables policy entrepreneurs to position themselves effectively to capitalize on windows of opportunity, particularly in post-crisis contexts, like during the period of study, where such opportunities are more abundant.

At the same time, however, this environment generates heightened barriers to structural policy change. Policy entrepreneurs may be reluctant to alienate an interest sector on which they rely for access, thereby constraining the scope of innovation. This dynamic can produce a policy environment in which established, systemically embedded policy entrepreneurs repeatedly secure influence over policy outputs without generating substantive innovation, while more ambitious or disruptive entrepreneurs face significant barriers to entry. Broadly, this pattern characterized the Greek health policy landscape from the 1980s through the early 2000s, and the sector appears to be reverting to a similar equilibrium – albeit now more heavily populated – following successive crises.

Ultimately, our findings identify the “lobby-fication” of a policy sector as a double-edged process. On the one hand, it functions as an important enabler of policy entrepreneurship by facilitating access to policymakers, particularly in highly centralized policymaking systems. On the other hand, it acts as a

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constraint on policy innovation, especially when interest groups operate in a collaborative and consensual manner and when policy entrepreneurs engage in frequent role-switching practices, including revolving-door dynamics.

Furthermore, our findings highlight evidence as the single most important strategic resource used by policy entrepreneurs to advance their policy positions in Greek health policy between 2022 and 2025. At the same time, survey respondents overwhelmingly report that health policy in Greece is rarely developed on a robust scientific basis and that evidence is primarily mobilized for legitimization purposes. This seemingly paradoxical combination points to the strategic value of evidence in institutionally fluid policymaking environments, namely settings that lack well-established public organizations capable of undertaking procedurally robust administrative functions across policy formulation, implementation, and evaluation.

In the absence of such institutionalized capacities, actors who are able to generate and mobilize policy-relevant evidence become a particularly valuable resource for policymakers, often irrespective of the quality or relevance of that evidence. Within a system where venue creation remains prevalent, with one third of policy entrepreneurs in our survey reporting their participation in government-led reform design committees as a highly impactful strategy for advancing their policy proposals, the strategic value of evidence also facilitates earlier forms of venue creation during agenda-setting. Most notably, this takes the form of funding, organizing, or participating in conferences and scientific meetings, which have evolved into recurring arenas for shaping policy agendas. These venues are regularly attended by senior policymakers and are identified by policy entrepreneurs in our survey as the most effective settings for communicating and advancing policy positions.

Taken together, these findings invite further inquiry into the relationship between the supply and demand of evidence in sectors commonly characterized as evidence based, particularly during periods marked by explicit governmental commitments to evidence-driven policymaking but limited in-house capacity for evidence generation and processing. Under such conditions, successful policy entrepreneurs are likely not

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only to prioritize evidence as a central strategic resource, but also to treat evidence-production and dissemination fora as key venues for policy advocacy.

All in all, this study adopts a less common longitudinal lens to the analysis of policy entrepreneurship, examining policy activity in Greek health policy between 2022 and 2025 rather than focusing on a single instance of structural reform. The findings provide valuable insights into the resources, priorities, and strategies of policy entrepreneurs in the sector, illuminating new organizational and strategic developments that both challenge and corroborate existing scholarship, while also reinforcing the value of the adopted approach. While the study does not seek to establish robust causal mechanisms explaining policy entrepreneurship success, this stocktaking exercise – based on self-reported inputs – offers a useful analytical blueprint for understanding policy entrepreneurs as actors embedded within policy subsystems.

## References

- Austen-Smith, D. (1993). Information and influence: Lobbying for agendas and votes. *American Journal of Political Science*, 37(3), 799–833. <https://doi.org/10.2307/2111575>
- Baumgartner, F. R., Berry, J. M., Hojnacki, M., Leech, B. L., & Kimball, D. C. (2009). *Lobbying and policy change: Who wins, who loses, and why*. University of Chicago Press.
- Béland, D., & Katapally, T. R. (2018). Shaping policy change in population health: Policy entrepreneurs, ideas, and institutions. *International Journal of Health Policy and Management*, 7(5), 369–373. <https://doi.org/10.15171/ijhpm.2017.143>
- Boin, R. A., & 't Hart, P. (2001). The long shadow of post-crisis politics. In U. Rosenthal, R. A. Boin, & L. K. Comfort (Eds.), *Managing crises: Threats, dilemmas, opportunities* (pp. 28–53). Charles C. Thomas.
- Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32(1), 381–398. <https://doi.org/10.1146/annurev-publhealth-031210-101218>
- Brouwer, S., & Huitema, D. (2018). Policy entrepreneurs and strategies for change. *Regional Environmental Change*, 18(5), 1259–1272. <https://doi.org/10.1007/s10113-017-1139-z>
- Christopoulos, D., & Ingold, K. (2015). Exceptional or just well connected? Political entrepreneurs and brokers in policymaking. *European Political Science Review*, 7(3), 475–498. <https://doi.org/10.1017/S1755773914000277>
- Coen, D., & Katsaitis, A. (2013). Chameleon pluralism in the EU: An empirical study of the European Commission interest group density and diversity across policy domains. *Journal of European Public Policy*, 20(8), 1104–1119. <https://doi.org/10.1080/13501763.2013.781785>
- Dikaios, G., & Tsagkroni, V. (2021). Failing to build a network as policy entrepreneurs: Greek politicians negotiating with the EU during the first quarter of SYRIZA in government. *Contemporary Politics*, 27(5), 611–630. <https://doi.org/10.1080/13569775.2021.1955252>
- Dobrow, M. J., Goel, V., & Upshur, R. E. G. (2004). Evidence-based health policy: Context and utilisation. *Social Science & Medicine*, 58(1), 207–217. [https://doi.org/10.1016/S0277-9536\(03\)00166-7](https://doi.org/10.1016/S0277-9536(03)00166-7)
- European Parliament, & Council of the European Union. (2023). *Regulation (EU) 2021/241 establishing the Recovery and Resilience Facility* (Consolidated version of 1 March 2023). <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02021R0241-20230301>
- Exadaktylos, T., & Zahariadis, N. (2014). Political trust and policy implementation in Greece. *Politics & Policy*, 42(1), 160–183. <https://doi.org/10.1111/polp.12058w>
- Exadaktylos, T., Zahariadis, N., & Mavrikou, M. (2023). *Reforms in health policy during the Greek bailout: What makes reform successful and why?* (GreeSE Paper No. 188). Hellenic Observatory Papers on Greece and Southeast Europe, London School of Economics and Political Science. <https://www.lse.ac.uk/Hellenic-Observatory/Assets/Documents/Publications/GreeSE-Papers/GreeSE-No188.pdf>

This is a working draft – please do not cite without the permission of the authors

Fabbrini, F. (2025). The recovery and resilience facility as a new legal technology of European governance. *Journal of European Integration*, 47(1), 85–103. <https://doi.org/10.1080/07036337.2024.2361830>

Hammond, D. R. (2013). China's response to urban poverty. *Policy Studies Journal*, 41(1), 119–146. <https://doi.org/10.1111/psj.12005>

Herweg, N., Zahariadis, N., & Zohlnhöfer, R. (2018). The multiple streams framework: Foundations, refinements, and empirical applications. In C. M. Weible & P. A. Sabatier (Eds.), *Theories of the policy process* (4th ed., pp. 17–53). Boulder, CO: Westview Press.

Howlett, M., & Tosun, J. (Eds.). (2018). *Policy styles and policy-making: Exploring the linkages*. Routledge.

Kingdon, J. W. (1984). *Agendas, alternatives, and public policies*. Little, Brown and Company.

Karokis-Mavrikos, V. (2025). What can drive a digital governance transformation? Greece, the Covid-19 crisis and “a jump-started Lamborghini.” *Policy and Internet*. <https://doi.org/10.1002/poi3.428>

Karokis-Mavrikos, V., & Mavrikou, M. (2023). Shifting ideational paradigms in public health: The case of Greece. In N. Zahariadis, N. Herweg, R. Zohlnhöfer, & E. Petridou (Eds.), *The modern guide to the multiple streams framework*. Edward Elgar. <https://doi.org/10.4337/9781802209822.00016>

Karokis-Mavrikos, V., Mavrikou, M., & Yfantopoulos, J. (2022). Stakeholder perceptions and public health system performance evaluation: Evidence from Greece during the Covid-19 pandemic. *Frontiers in Political Science*. <https://doi.org/10.3389/fpos.2022.1067250>

Letsios, A. N., Mavridoglou, G., Ladopoulou, D., Tsourдини, D., Dedes, N., & Polyzos, N. M. (2023). Exploring the impact of clawback on pharmaceutical expenditure: A case study of public hospitals in Greece. *International Journal of Health Planning and Management*, 38(5), 1539–1554. <https://doi.org/10.1002/hpm.3679>

MacKillop, E., Connell, A., Downe, J., & Durrant, H. (2023). Making sense of knowledge-brokering organisations: Boundary organisations or policy entrepreneurs? *Science and Public Policy*, 50(6), 950–960. <https://doi.org/10.1093/scipol/scad029>

Majone, G. (2006). Agenda setting. In M. Moran, M. Rein, & R. E. Goodin (Eds.), *The Oxford handbook of public policy* (Vol. 3). Oxford University Press.

Marmot, M. G. (2004). Evidence based policy or policy based evidence? *BMJ*, 328, 906. <https://doi.org/10.1136/bmj.328.7445.906>

Mavrikou, M., Zahariadis, N., & Karokis-Mavrikos, V. (2023). The strategy of venue creation: Explaining health policy change in Greece. *International Review of Public Policy*, 4(3). <https://doi.org/10.4000/irpp.3018>

McConnell, G. (1966). *Private power and American democracy*. Alfred A. Knopf.

McKay, A. (2012). Buying policy? The effects of lobbyists' resources on their policy success. *Political Research Quarterly*, 65(4), 908–923. <https://doi.org/10.1177/1065912911424285>

This is a working draft – please do not cite without the permission of the authors

Ministry of Health (Greece). (2022). Annual Action Plan 2022 [in Greek]. [https://gsco.gov.gr/wp-content/uploads/2023/03/ΕΣΛ\\_ΥΠΟΥΡΓΕΙΟΥ\\_2022.pdf](https://gsco.gov.gr/wp-content/uploads/2023/03/ΕΣΛ_ΥΠΟΥΡΓΕΙΟΥ_2022.pdf)

Ministry of Health (Greece). (2023). Annual Action Plan 2023 (executive summary) [in Greek]. <https://www.moh.gov.gr/articles/newspaper/egkyklioi/11318-ethsio-sxedio-drashs-2023-ypoyrgeioy-ygeias?fdl=25156>

Ministry of Health (Greece). (2024). Annual Action Plan 2024 [in Greek]. <https://www.moh.gov.gr/articles/newspaper/egkyklioi/12102-ethsio-sxedio-drashs-2024-ypoyrgeioy-ygeias?fdl=26592>

Mintrom, M., & Norman, P. (2009). Policy entrepreneurship and policy change. *Policy Studies Journal*, 37(4), 649–667. <https://doi.org/10.1111/j.1541-0072.2009.00329.x>

Mosley, J. E. (2010). Organizational resources and environmental incentives: Understanding the policy advocacy involvement of human service nonprofits. *Social Service Review*, 84(1), 57–76. <https://doi.org/10.1086/652681>

Mossialos, E., & Allin, S. (2013). Interest groups and health system reform in Greece. In K. Featherstone (Ed.), *Politics and policy in Greece* (pp. 198–222). Routledge.

Oborn, E., Barrett, M., & Exworthy, M. (2011). Policy entrepreneurship in the development of public sector strategy: The case of London health reform. *Public Administration*, 89(1), 325–344. <https://doi.org/10.1111/j.1467-9299.2010.01889.x>

Petridou, E., Johansson, R., Eriksson, K., Alirani, G., & Zahariadis, N. (2024). Theorizing reactive policy entrepreneurship: A case study of Swedish local emergency management. *Policy Studies Journal*, 52(1), 73–89. <https://doi.org/10.1111/psj.12508>

Petridou, E., & Mintrom, M. (2021). A research agenda for the study of policy entrepreneurs. *Policy Studies Journal*, 49(4), 943–967. <https://doi.org/10.1111/psj.12405>

Petridou, E., Sparf, J., Zahariadis, N., & Birkland, T. (2025). *Policy entrepreneurs, crises, and policy change*. Cambridge University Press.

Schattschneider, E. E. (1960). *The semisovereign people: A realist's view of democracy in America*. Holt, Rinehart and Winston.

Smith, M. J. (1990). Pluralism, reformed pluralism and neopluralism: The role of pressure groups in policy-making. *Political Studies*, 38(2), 302–322. <https://doi.org/10.1111/j.1467-9248.1990.tb01495.x>

Therianos, P., & Kanavos, P. (2025). *Pharmaceutical sector rebates and paybacks in the Greek healthcare context: From temporary measure to structural distortion* (Policy Brief). LSE Consulting, London School of Economics and Political Science. <https://www.lse.ac.uk/business/consulting/assets/documents/Pharmaceutical-Policy-Interventions-in-Greece-Impact-Brief-4.pdf>

Walker, J. L. (1983). The origins and maintenance of interest groups in America. *American Political Science Review*, 77(2), 390–406. <https://doi.org/10.2307/1958924>

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Zahariadis, N. (2003). *Ambiguity and Choice in Public Policy: Political Decision Making in Modern Democracies*. Georgetown University Press

Zahariadis, N., & Exadaktylos, T. (2016). Policies that succeed and programs that fail: Ambiguity, conflict, and crisis in Greek higher education. *Policy Studies Journal*, 44(1), 59–82. <https://doi.org/10.1111/psj.12129>

Zahariadis, N., & Karokis-Mavrikos, V. (2022). Centralization and lockdown: The Greek response. In N. Zahariadis, E. Petridou, T. Exadaktylos, & J. Sparf (Eds.), *Policy styles and trust in the age of pandemics: Global threat, national responses*. Routledge.

Zahariadis, N., Karokis-Mavrikos, V., Exadaktylos, T., Kyriakidis, A., Sparf, J., & Petridou, E. (2023). Advancing the operationalization of national policy styles. *European Policy Analysis*. <https://doi.org/10.1002/epa2.1172>