



# Health: The EC Perspective

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# Today's presentation

- 1. EU - Canada: key comparisons**
- 2. EU diversity: health status**
- 3. Values and Governance**
- 4. EU diversity : health systems**
- 5. EU policy responses**

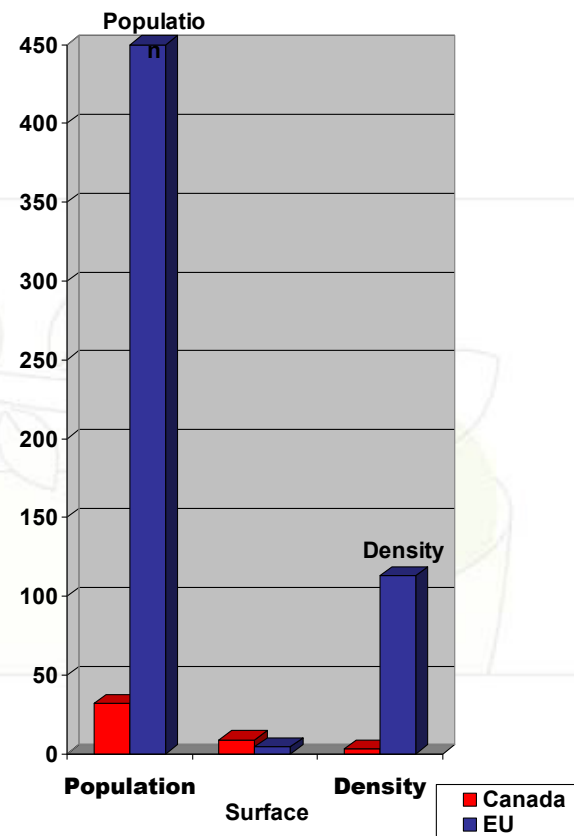
# 1. EU - Canada: key comparison

## Canada:

- Population - 32 million
- Surface - 9,1 million km<sup>2</sup>
- Federal state, 13 Provinces
- Population living in rural areas - 30%

## The EU:

- Population - 450 million
- Surface - 4,5 million km<sup>2</sup>
- 27 Member States, sovereign countries
- 23 languages



⇒ EU: ½ size of Canada, 14X more people, 27 national Health Systems serving between 82 million and ½ million people

# 1. EU - Canada: key comparison

## Life expectancy at birth

- Canada (2001): Females-82,2  
Males-77,1
- The EU (2001): Females- 81,6  
Males-75,7

## Infant mortality (deaths/1000 live births)

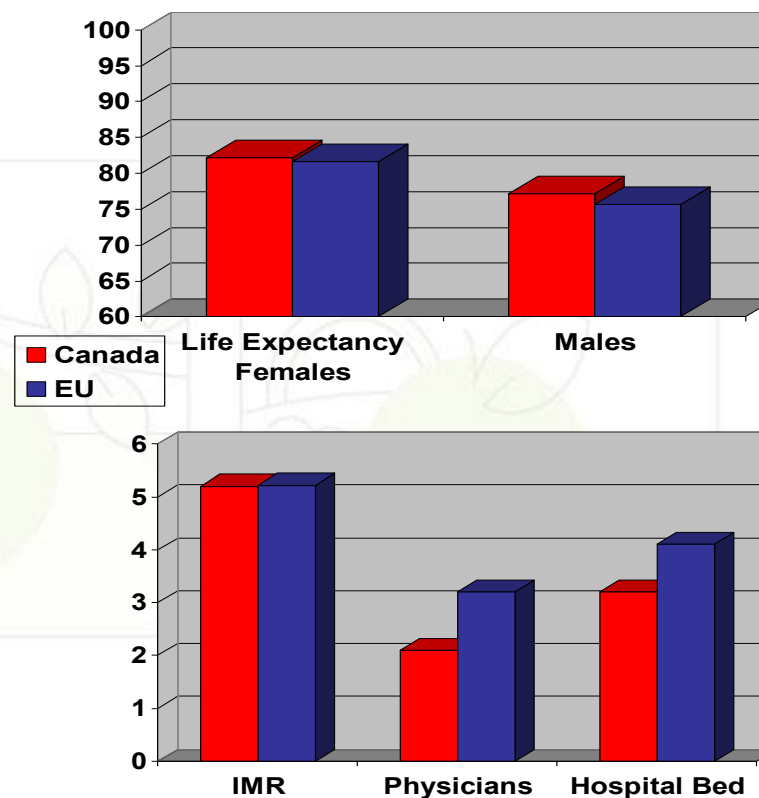
- Canada: 5,2
- The EU: 5,22

## Active physicians per 1000 population

- Canada: 2,1
- The EU: 3,2 (UK:2; FR:3.4; US 2.4)

## Acute hospital bed per 1000 population

- Canada: 3,2
- The EU: 4,12

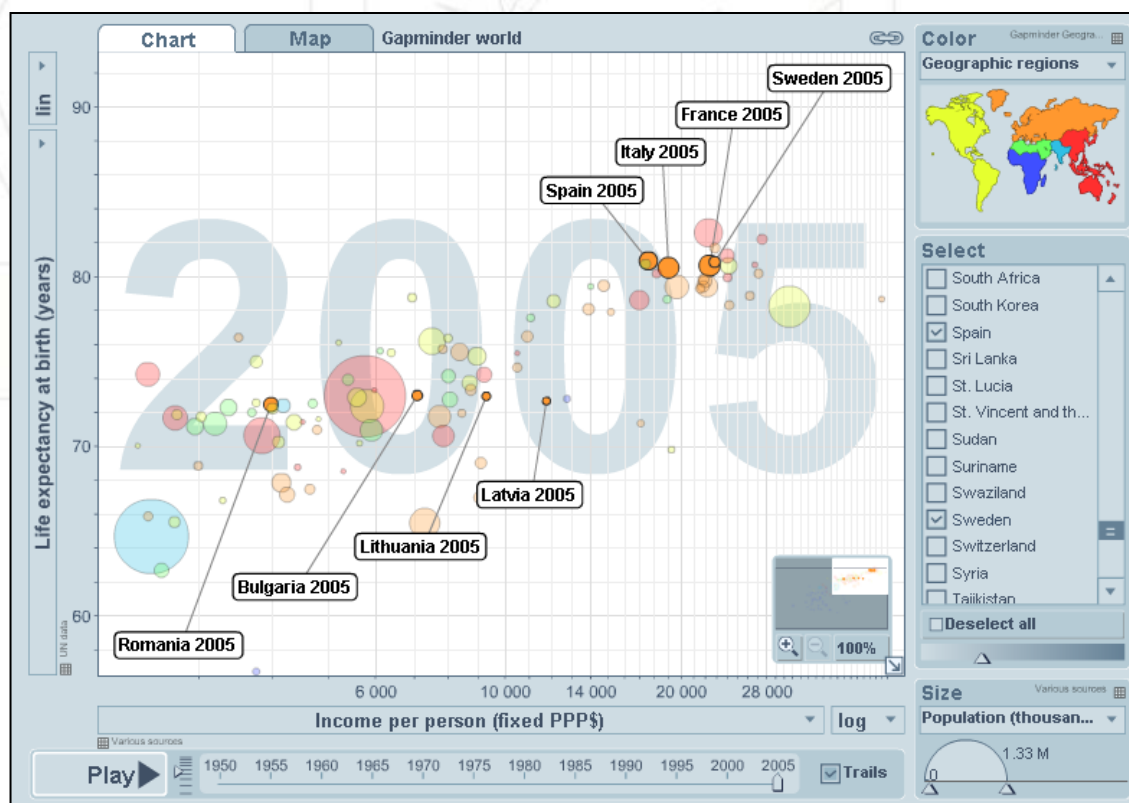


⇒ EU: Lower life expectancy than Canada, but more doctors and more hospital capacity

## 2. EU diversity: health status

### Health status varies widely in EU

- Life expectancy at birth (years) for males ranges from 65 (Latvia, Lithuania) to 79 (Sweden), a gap of 14 years
- Life expectancy at birth (years) for females ranges from 76 (Bulgaria, Latvia, Romania) to 84 (France, Italy, Spain), a gap of 8 years



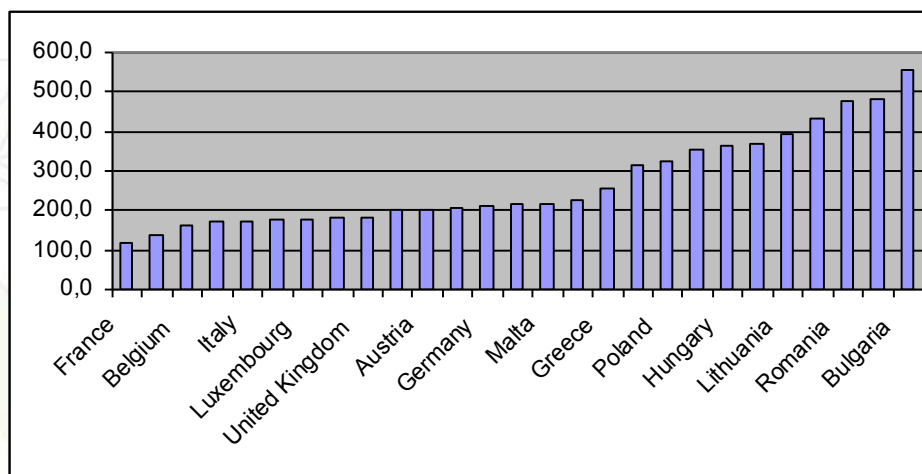
Source: Rosling H. Gapminder, registered as a Foundation at Stockholm County Administration Board

## 2. EU diversity : health status

### Incidence and mortality of diseases varies widely between EU countries

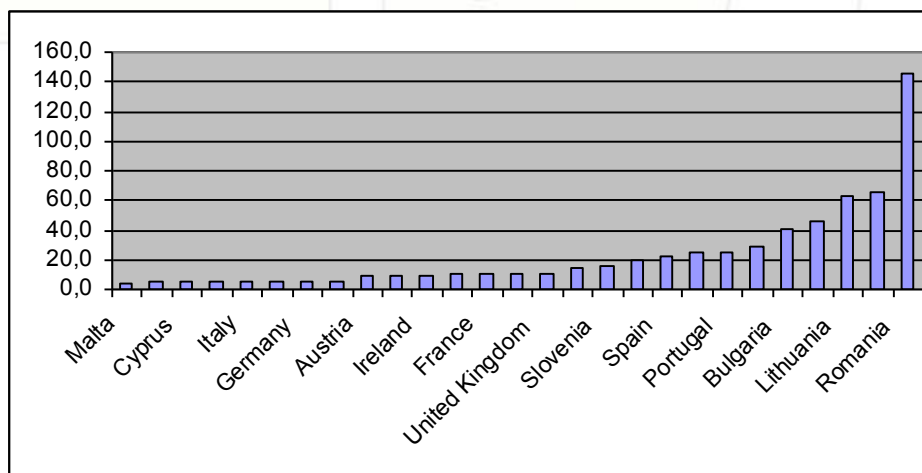
- **Mortality rate for cardiovascular diseases** (per 100 000 population) varies **4 fold** between EU countries

- France: 118
- Bulgaria: 554



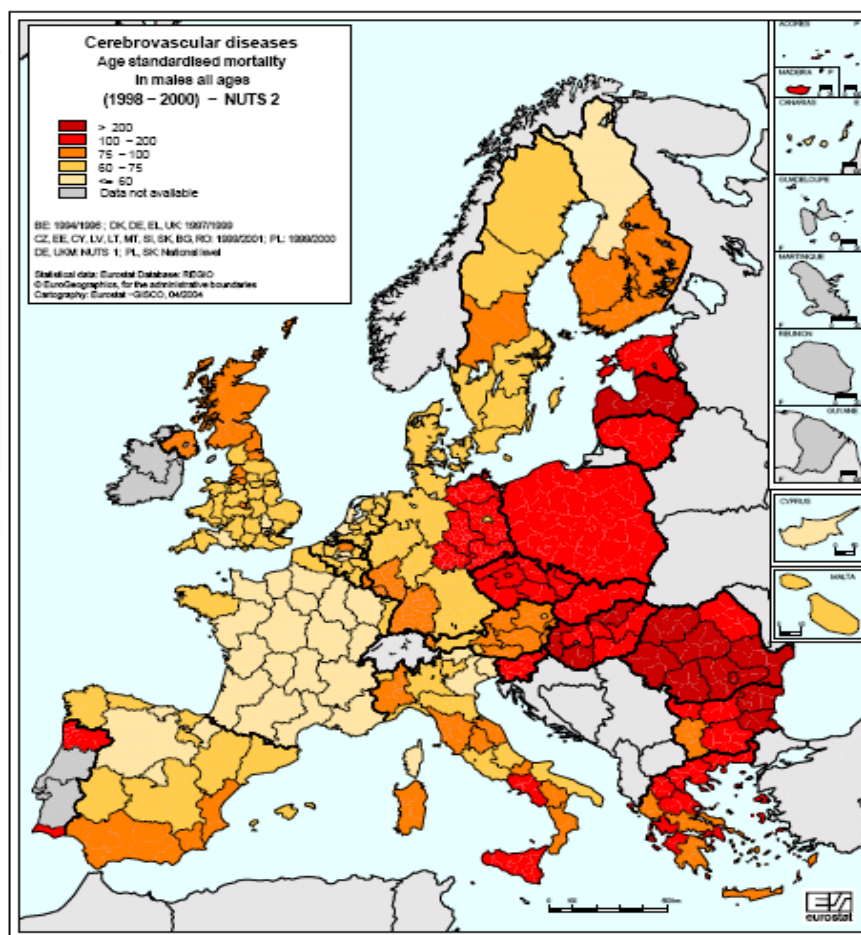
- **Prevalence of tuberculosis** (per 100 000 population) varies **32 fold** between EU countries

- Malta: 4.5
- Romania: 145.9



## 2. EU diversity : health status

### Significant health inequalities **WITHIN** EU countries





## 3. Values and Governance

### **Canada:**

- Canada Health Act (1984) moved from the US model to the EU universal health system model.

### **The EU:**

- Health systems should be based upon shared EU values: “universality, access to good quality care, solidarity and equity”.
- Planned Declaration of values for health policy of all MS
- Europe’s Social model





## **4. EU diversity: health systems**

**EU has 27 very different Health systems**

- 1. Health systems' financing models**
- 2. Access to healthcare and GPs gate-keeping**
- 3. Waiting lists for health care interventions**
- 4. Level of health spending**
- 5. Situation of health professionals, patient safety, etc vary widely**

## 4. EU diversity: health systems

### 4.1. Financing models EU

#### ■ The Public mainly Tax-based Model

- Cyprus
- Denmark
- Finland
- Ireland
- Italy
- Malta
- Spain
- Sweden
- UK

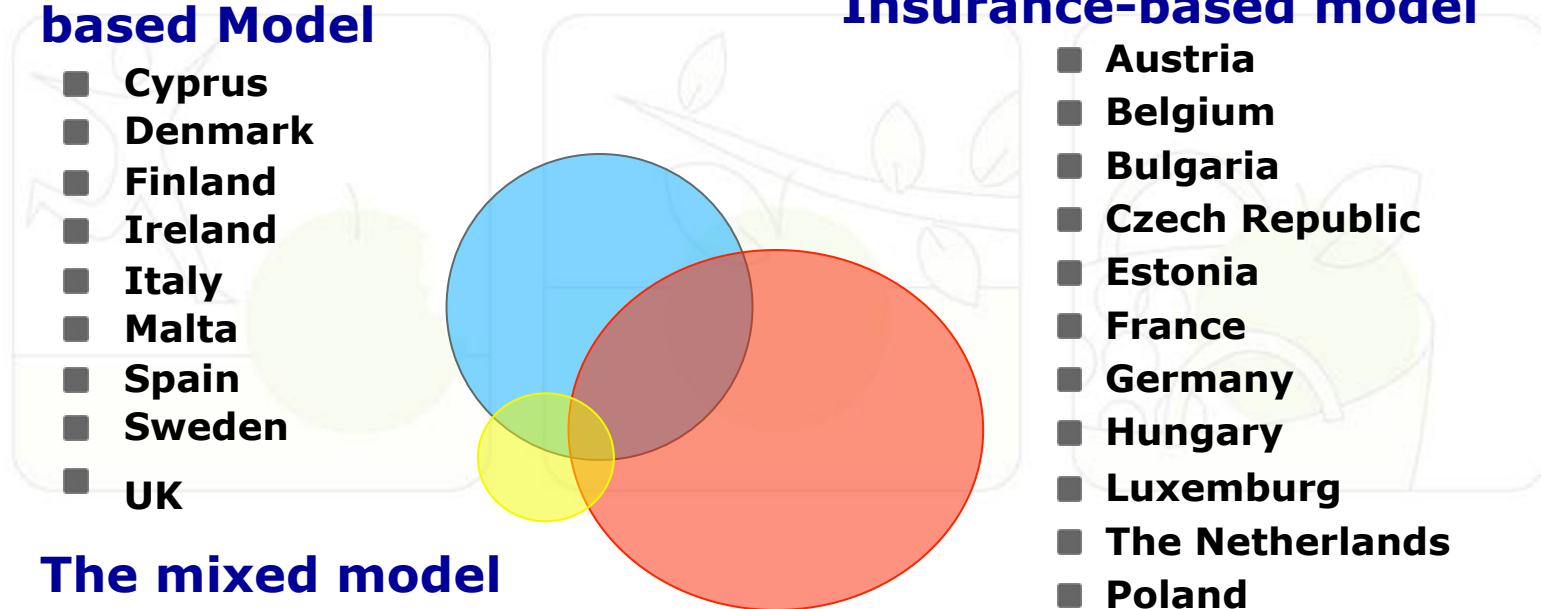
#### ■ The public mainly Insurance-based model

- Austria
- Belgium
- Bulgaria
- Czech Republic
- Estonia
- France
- Germany
- Hungary
- Luxemburg
- The Netherlands
- Poland
- Romania
- Slovakia
- Slovenia

#### ■ The mixed model

(taxes; insurance;  
private)

- Greece
- Latvia
- Lithuania
- Portugal



## 4. EU diversity: health systems

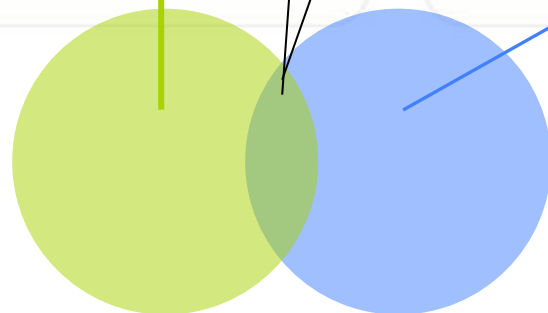
### 4.2. Access to Healthcare - gate-keeping

#### ■ Direct access to hospital health care

- Austria (partially)
- Belgium
- Czech Republic (needs referral to hospital care)
- France
- Germany
- Luxembourg

#### ■ GPs act as gatekeepers (as in Canada)

- Denmark
- Ireland
- Italy
- Netherlands
- Spain
- Cyprus
- Bulgaria
- Estonia
- United Kingdom
- Finland
- Sweden



## 4. EU diversity: health systems

### 4.3. Waiting lists for healthcare interventions

- **Waiting lists for elective surgical procedures are driving reform or policy debates in:**

- **Denmark**
- **Greece**
- **Ireland**
- **Italy**
- **the Netherlands**
- **Spain**
- **Sweden**
- **United Kingdom**

- **Waiting lists for elective surgery are uncommon in:**

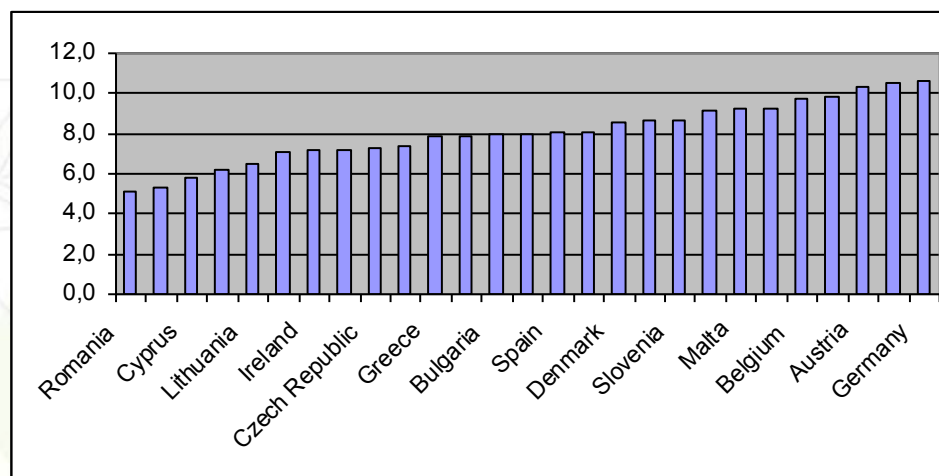
- **France**
- **Germany**

## 4. EU diversity: health systems

### 4.4. Level of health spending: varies widely

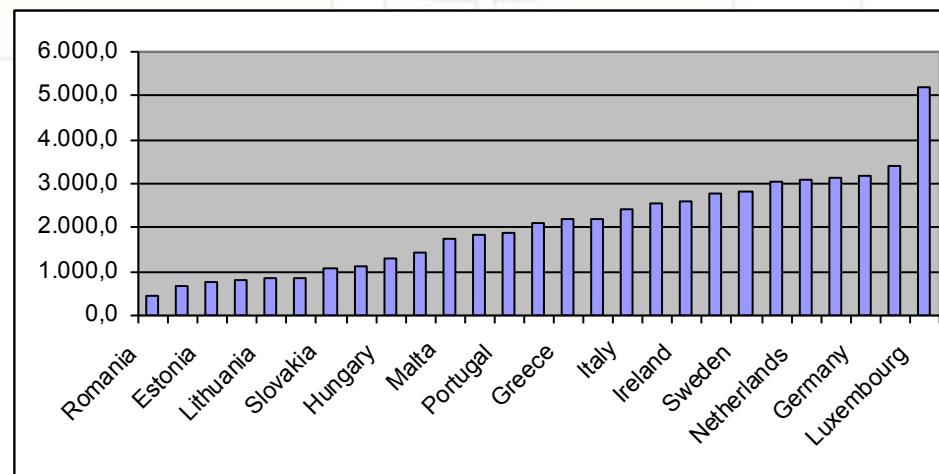
- **Total expenditure on health as percentage of GDP varies 2 fold between EU countries**

- Romania: 5.1
- Germany: 10.6



- **Per capita total expenditure on health (at international dollar rate) varies 12 fold between EU countries**

- Romania: 432.7
- Luxembourg: 5,177.6





## 4. EU diversity: health systems

### 4.5. Health Professionals

#### **UK: Problem: Shortages - Response: Flexibility and Importing**

- Investment in training and new medical schools
- family friendly HR policies, childcare, flexible retirement and better pensions
- recruitment campaigns for school leavers and returners plus refresher courses
- Ethical Code of Practice for international recruitment and bilateral agreements

#### **FR: Problem: Geographical Imbalance - Response: Control and Incentives**

- High density of doctors but regional inequalities
- National Observatory of Health Professional demography set up in 2003
- Increase of Numerus Clausus
- Financial incentives to GPs in deprived areas
- Experiment to transfer some medical tasks to nurses in 2003 – further generalisation of advanced practice in 2008



## 5. EU Policy responses

- **EU Health competences limited; MS main actors**
- **New EU Health Strategy 2007**
  - Driven by EU health values
  - Sets objectives and principles for action up to 2013
  - Brings together all health related policies, eg. research, pharmaceuticals
  - Examples of actions ⇒ ⇒ ⇒ ⇒ ⇒

## 5.1. Improve cross-border healthcare



- ⇒ Patients prefer to be treated as close to home as possible
- Sometimes the healthcare patients need is better provided abroad
  - closer to home (in border regions)
  - lack of capacity
  - specialised care, rare diseases



## 5.1. Improve cross-border healthcare

- For every patient treated earlier, a gain in EU-wide healthcare **efficiency**, AND of EU-wide **well-being**
- **Patient-mobility** remains limited (currently 1% expenditure); but impact for individual patients is high
- **No significant impact on national budgets.**
- **Quality and safety** of cross-border care improves
- More clarity for all about rules for **reimbursement** of care
- Patients have better **access** to the care they need



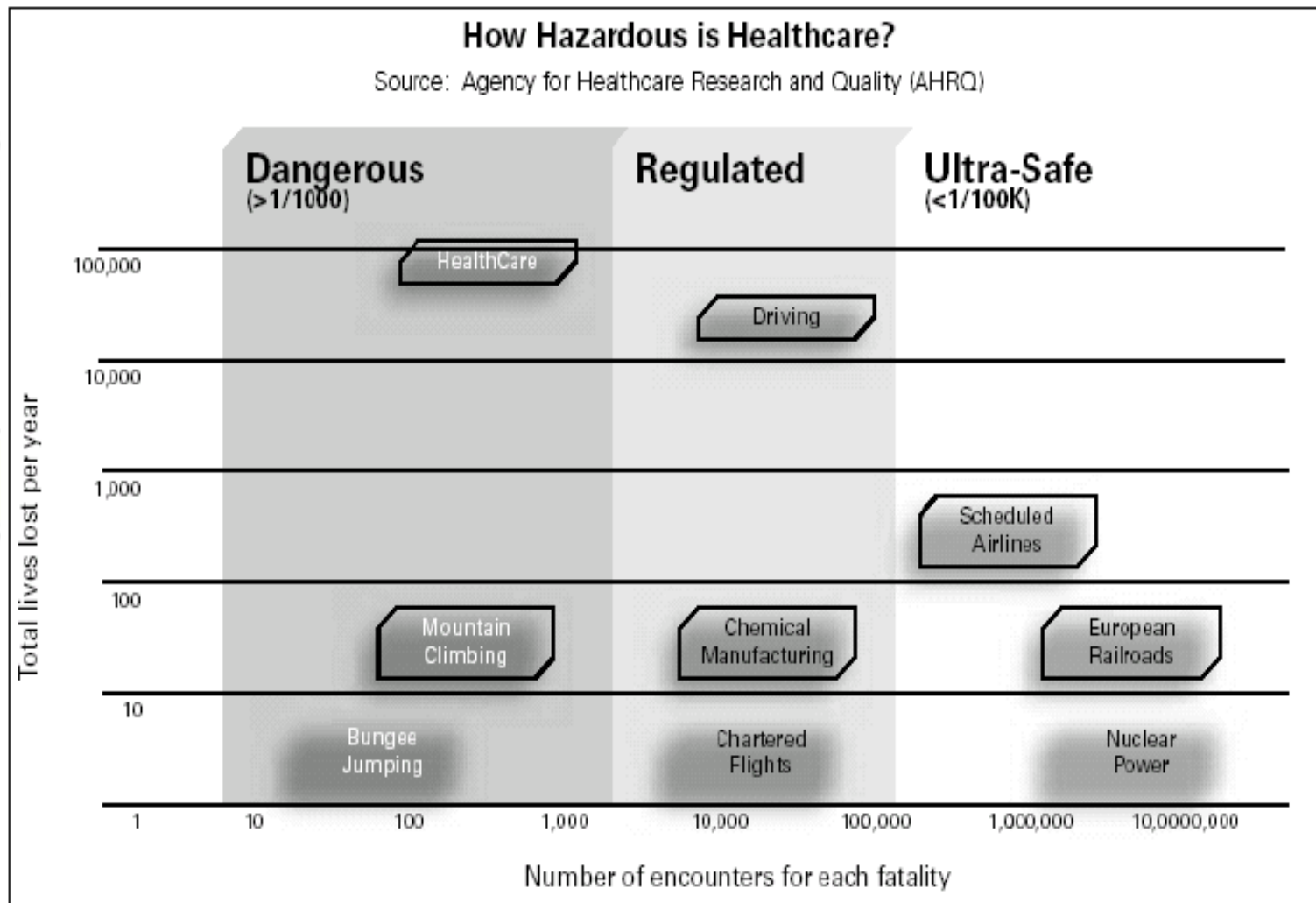
## 5.1. Improve cross-border healthcare

### Added value through cooperation on healthcare to:

- Strengthen cooperation in border regions and through eHealth standards over the WWW
- Create a European network for sharing efforts on Health Technology Assessment
- Support Centres of reference
- Develop tools for Health Systems Impact Assessment
- Improve medical recognition of prescriptions issued in another MS



## 5.2. Improve patient safety





## 5.2. Improve patient safety

⇒ **European Commission to adopt policy Communication in 2008**

- **general, systemic patient safety issues**
- **healthcare-associated infections**

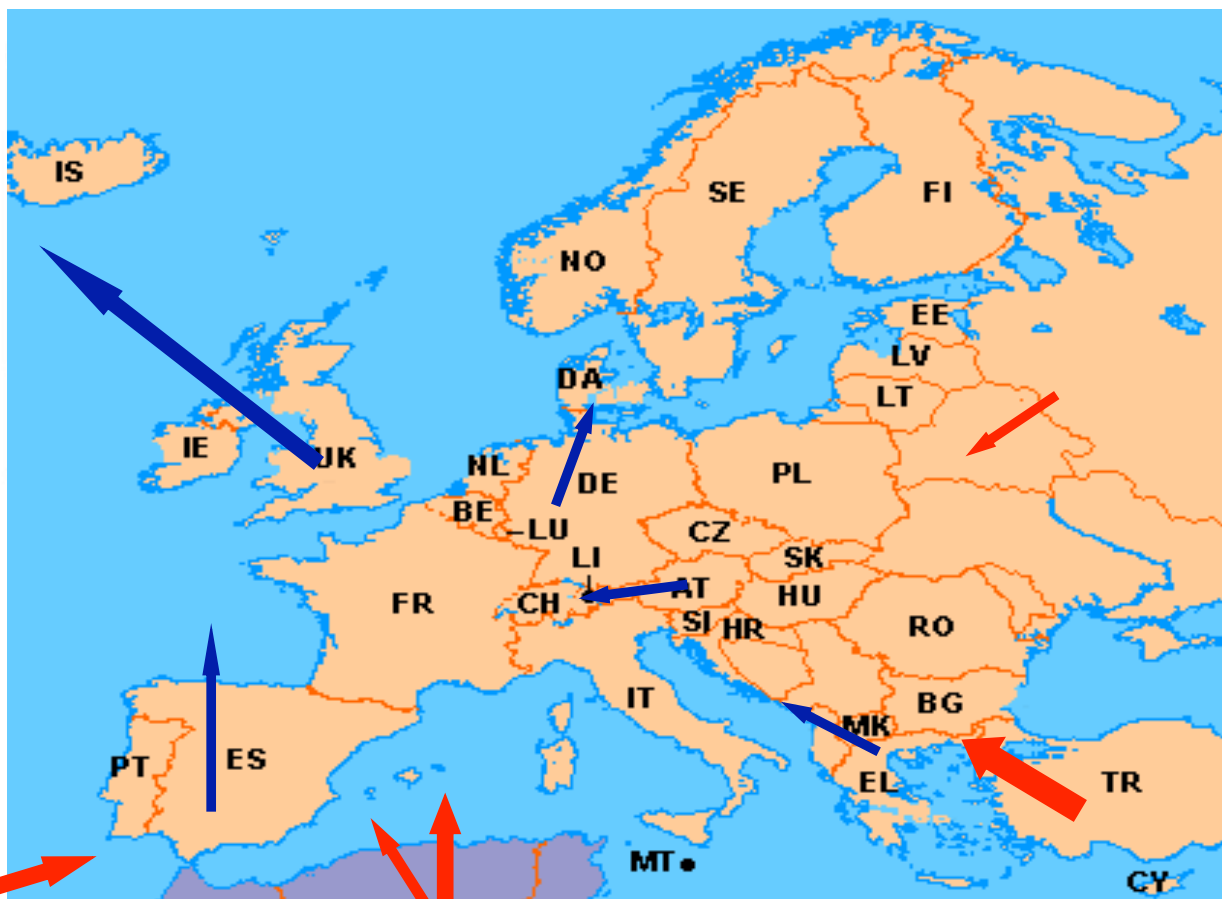
Patient safety growing concern. In UK **10%** of hospitalised patients experience adverse effects from healthcare

- Patient safety structures, policies and systems, (including reporting and learning systems) vary widely in EU
  - **Only 4 MS are considered exemplary,**
  - **8 MS are either poor or fair.**



## 5.3. Health Professionals

⇒ European Commission to adopt Green Paper in 2008 to consult stakeholders on EU action to ensure an adequate workforce



From  
Non  
EU

From:  
Africa  
South  
America  
Asia

EU

From EU to:  
Canada, USA,  
New Zealand,  
Aust;

Within EU:  
To West from  
Centre, to Centre  
from East, to  
North from South



**Thank you!**  
**Merci!**