Directorate-General for Health & Consumers

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

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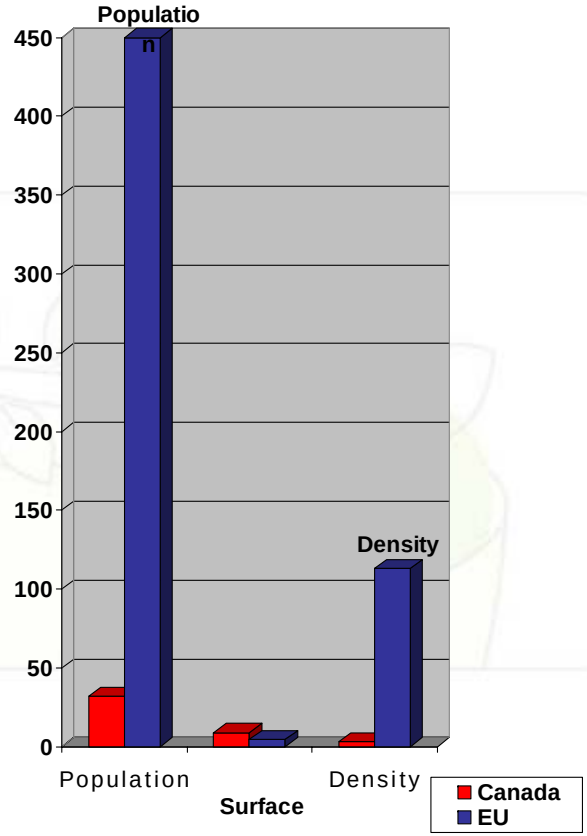
1. EU - Canada: key comparison

Canada:

- Population - 32 million
- Surface – 9,1 million km2
- Federal state, 13 Provinces
- Population living in rural areas - 30%

The EU:

- Population - 450 million
- Surface - 4,5 million km2
- 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

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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)

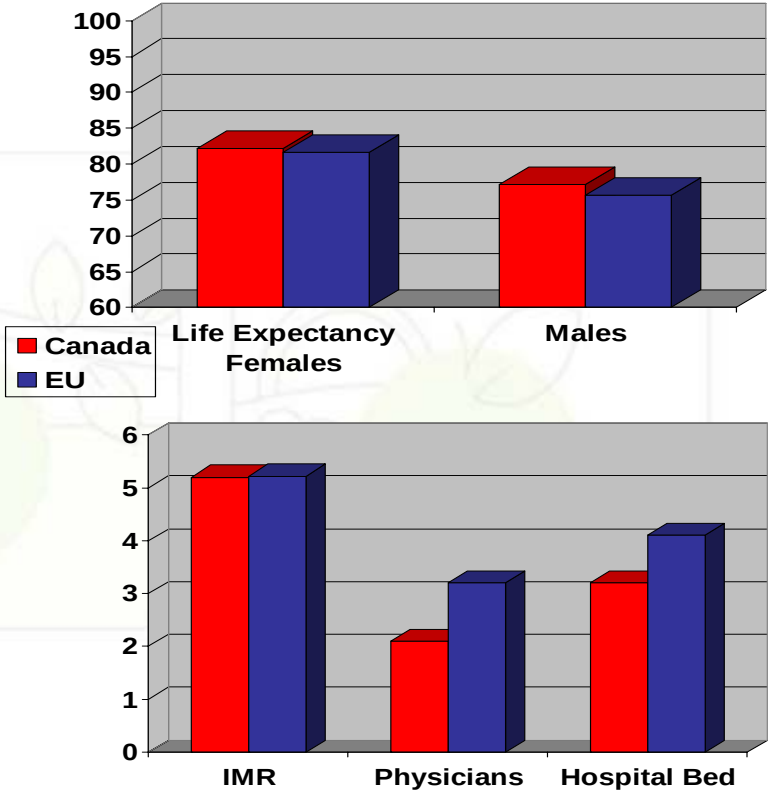
- Canada: 5,2
- The EU: 5,22

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

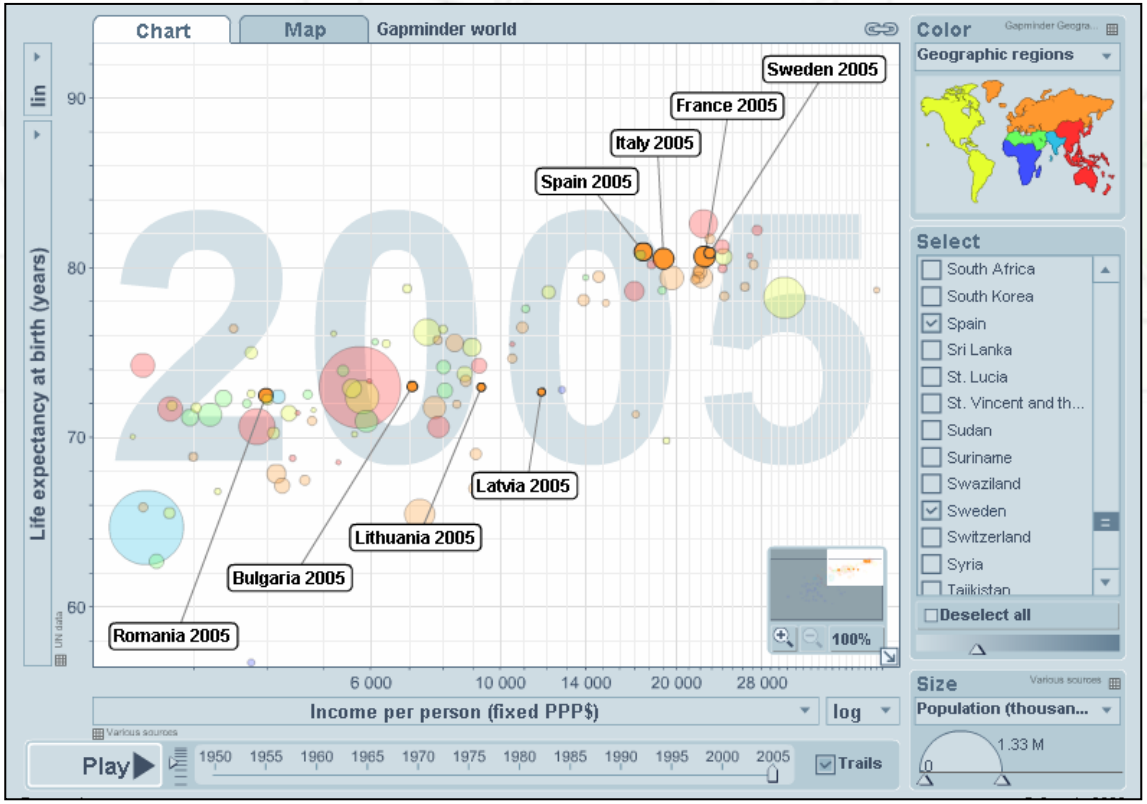


⇨ EU: Lower life expectancy than Canada, but more doctors and more hospital capacity

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

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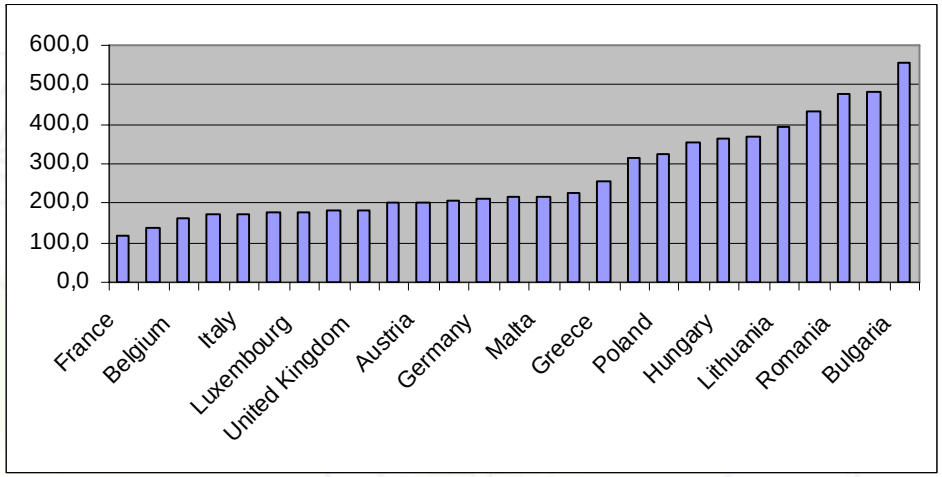
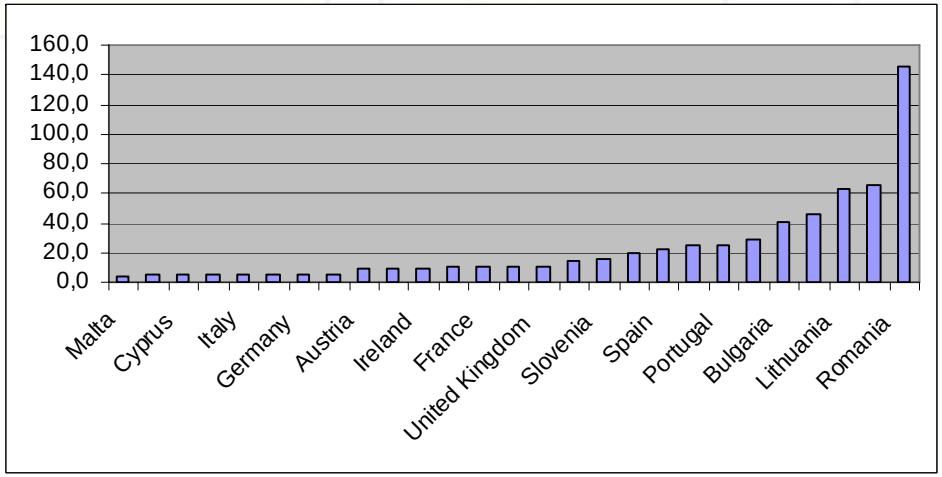
2. EU diversity : health status

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



Source: WHOSIS

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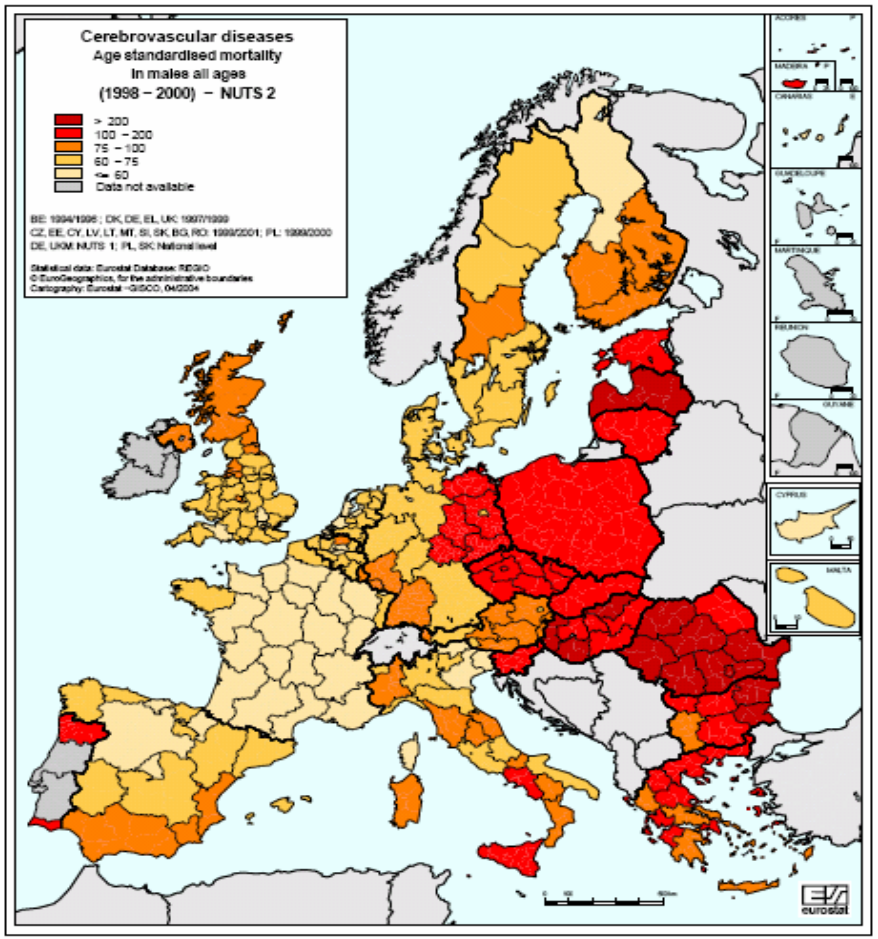
2. EU diversity : health status

Significant health inequalities WITHIN EU countries



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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

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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**

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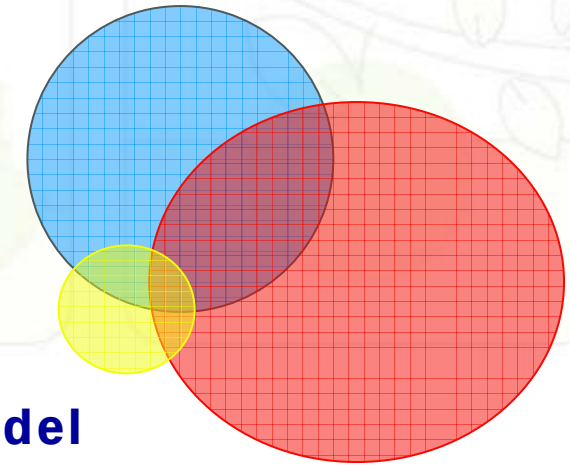
4. EU diversity: health systems

4.1. Financing models EU

- **The Public mainly Tax-based Model**
  - Cyprus
  - Denmark
  - Finland
  - Ireland
  - Italy
  - Malta
  - Spain
  - Sweden
  - UK
- **The mixed model (taxes; insurance; private)**
  - Greece
  - Latvia
  - Lithuania
  - Portugal

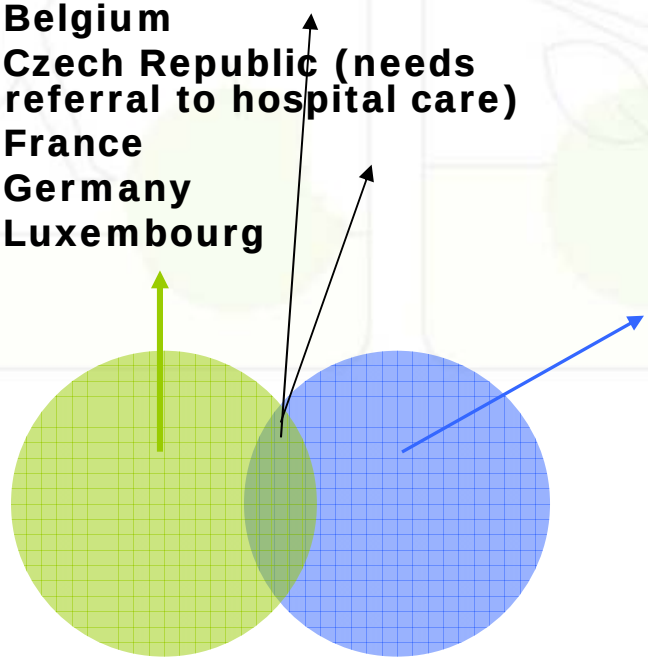


- **The public mainly Insurance-based model**
  - Austria
  - Belgium
  - Bulgaria
  - Czech Republic
  - Estonia
  - France
  - Germany
  - Hungary
  - Luxemburg
  - The Netherlands
  - Poland
  - Romania
  - Slovakia
  - Slovenia

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

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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

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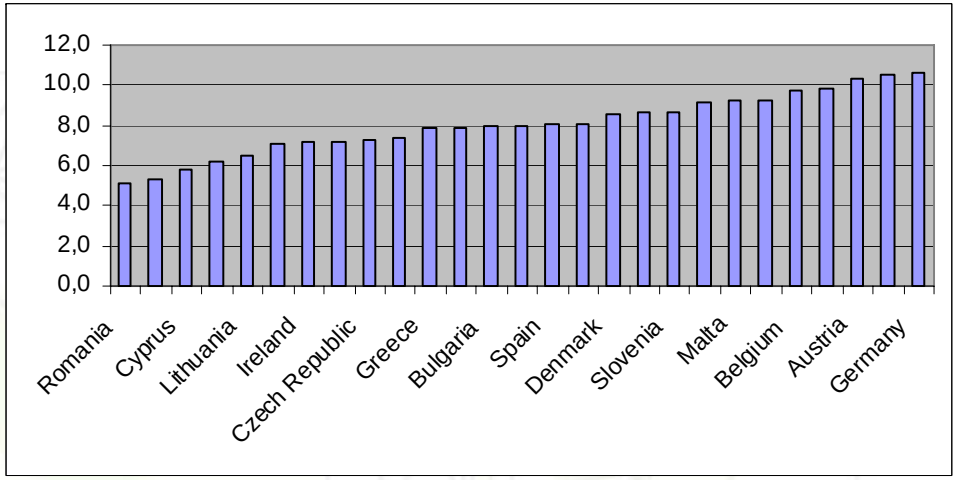
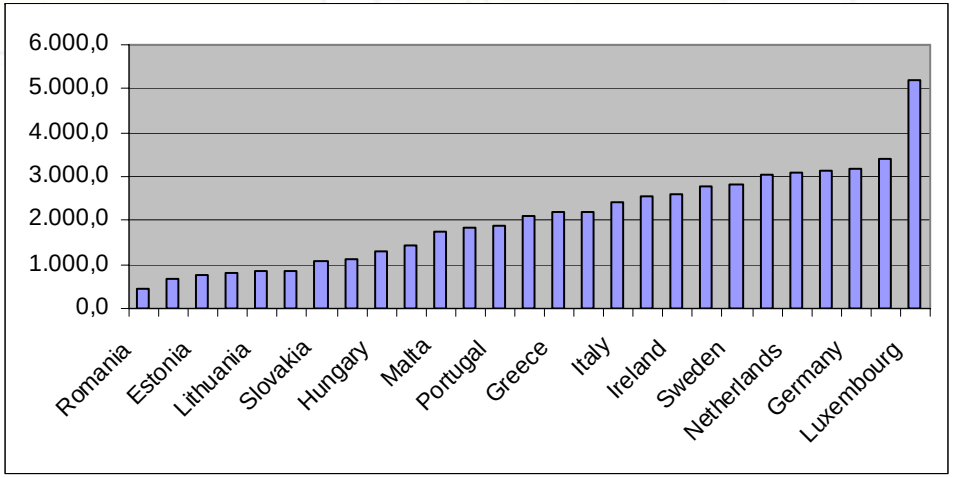
4. EU diversity: health systems

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

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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 ⇨ ⇨ ⇨ ⇨ ⇨

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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

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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

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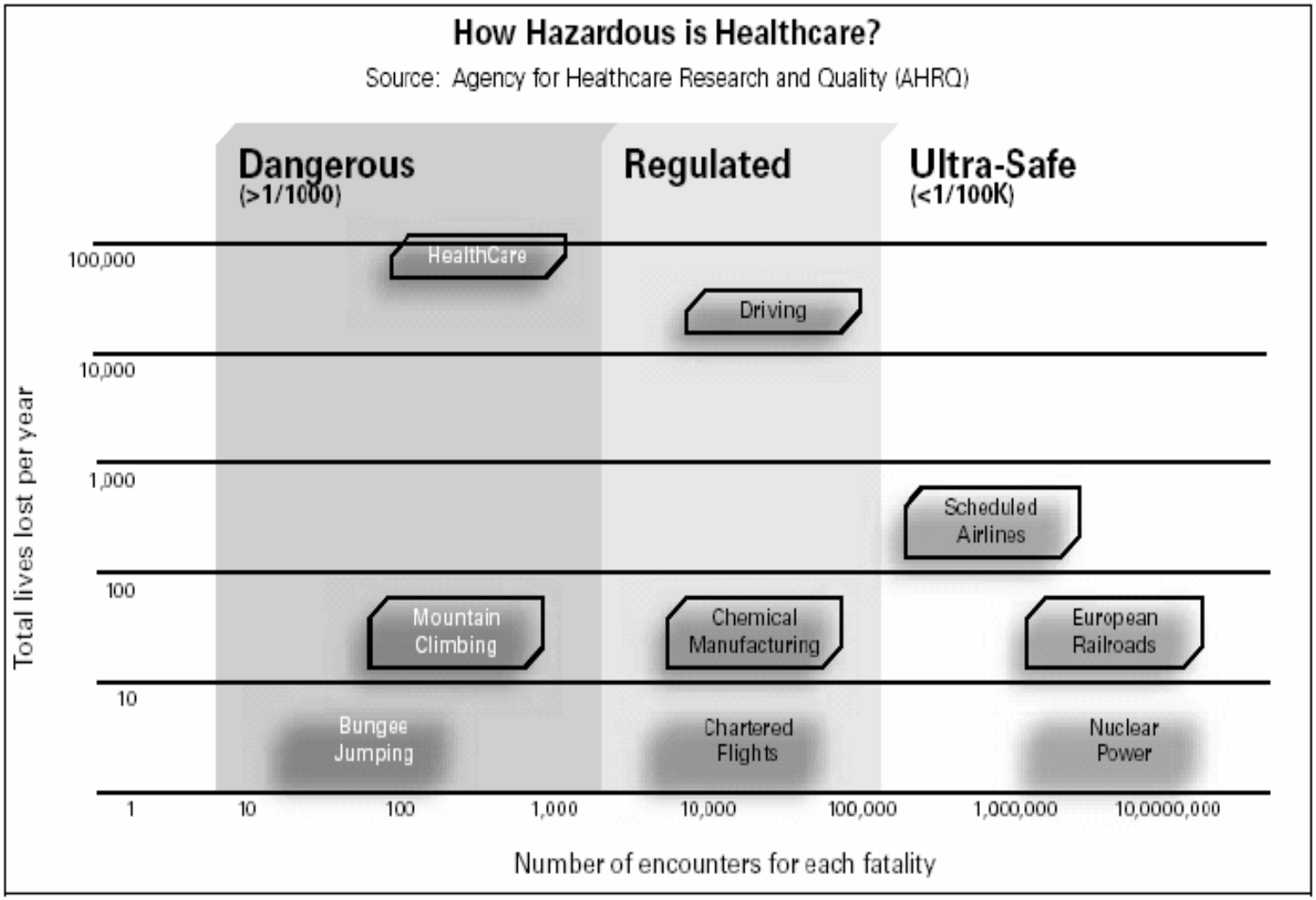
5.2. Improve patient safety



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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 eitheir poor or fair.**

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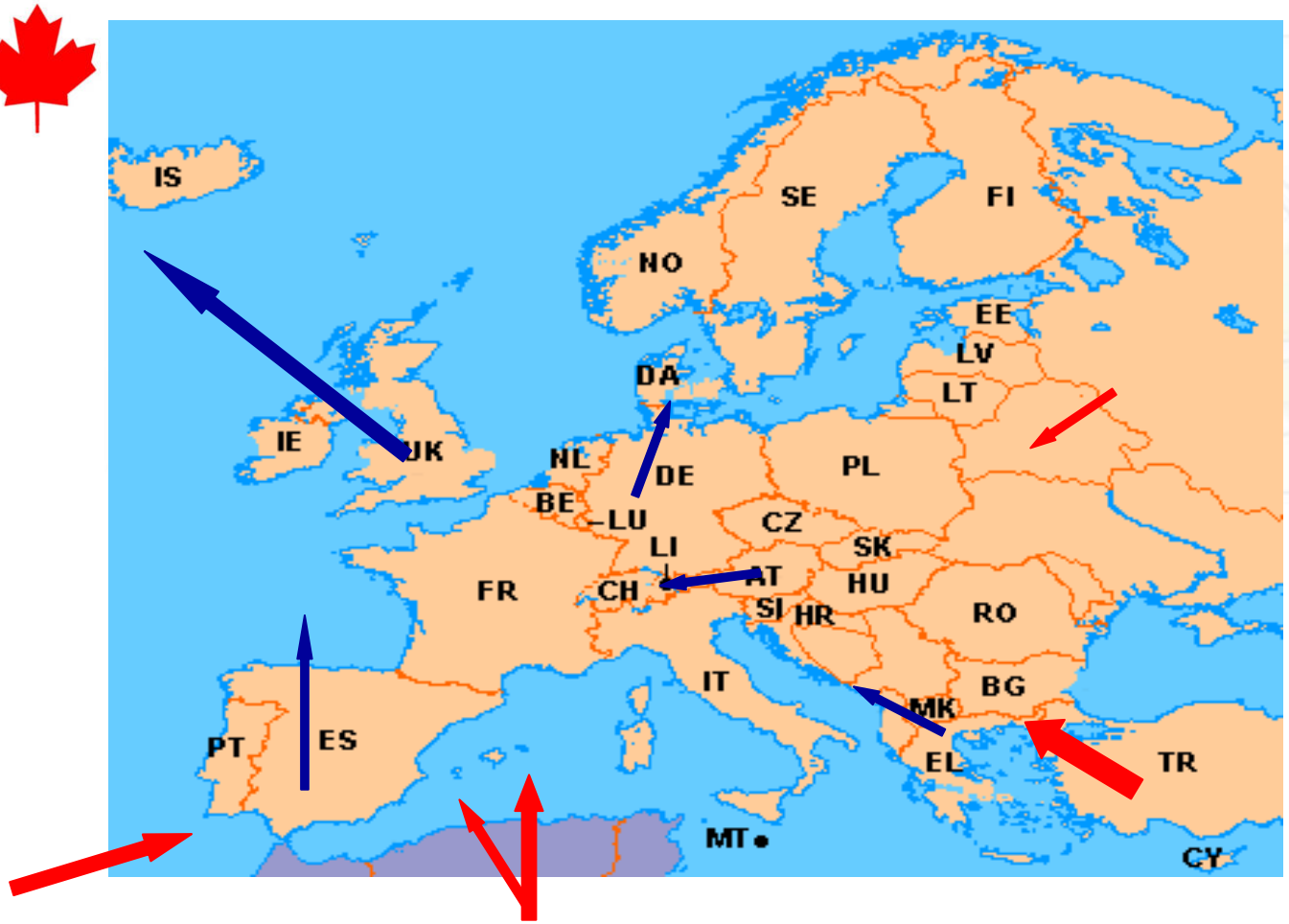
5.3. Health Professionals

⇨ **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!