



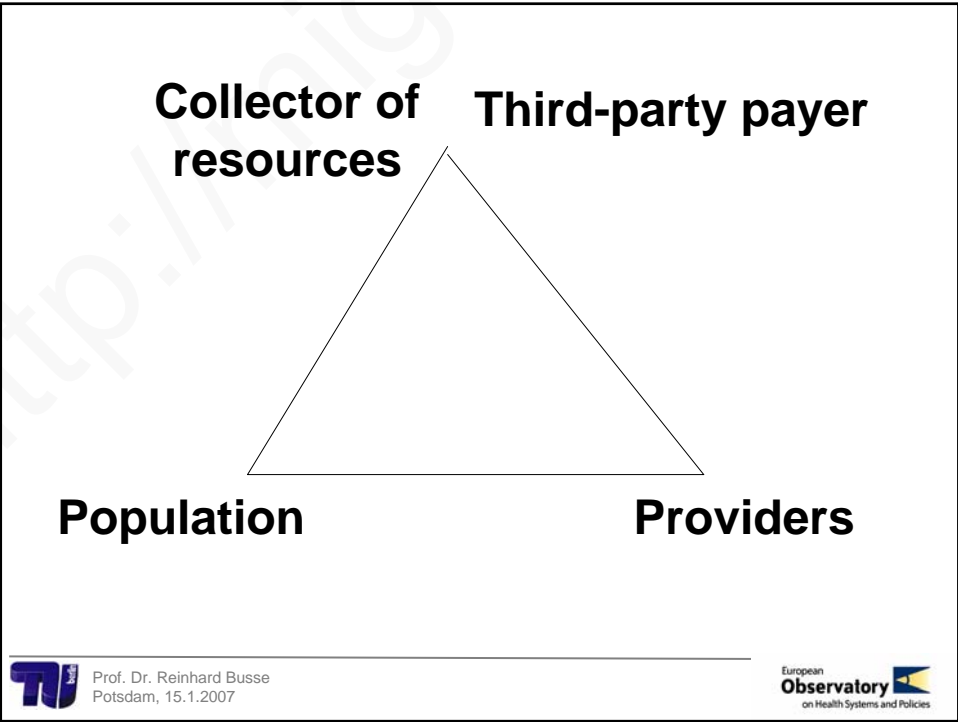
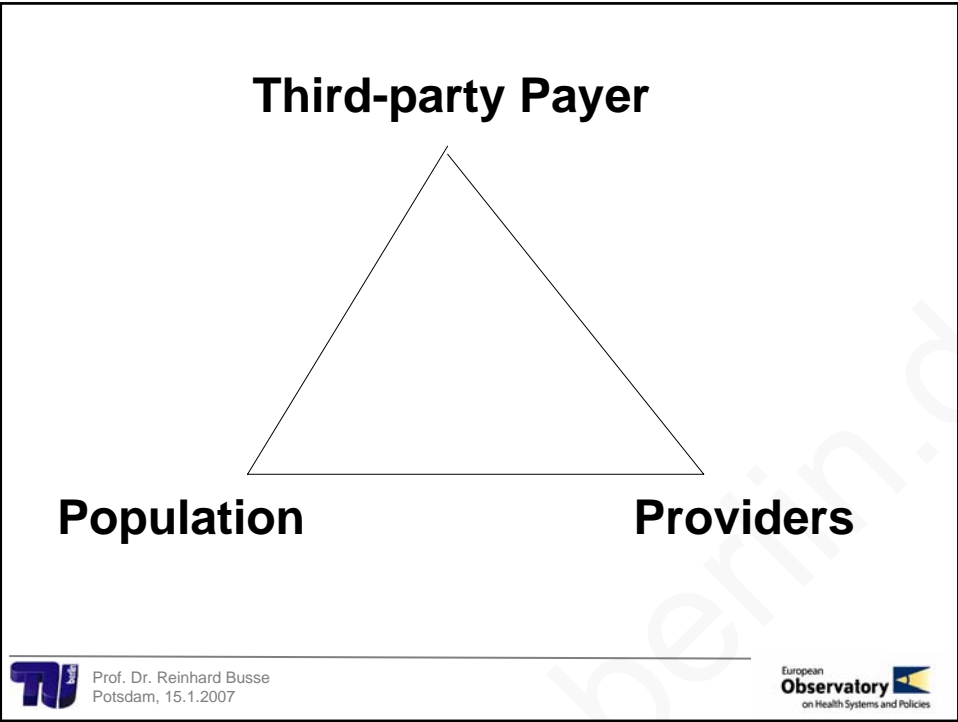
Health Care in Europe – An Overview

Reinhard Busse, Prof. Dr. med. MPH FFPH

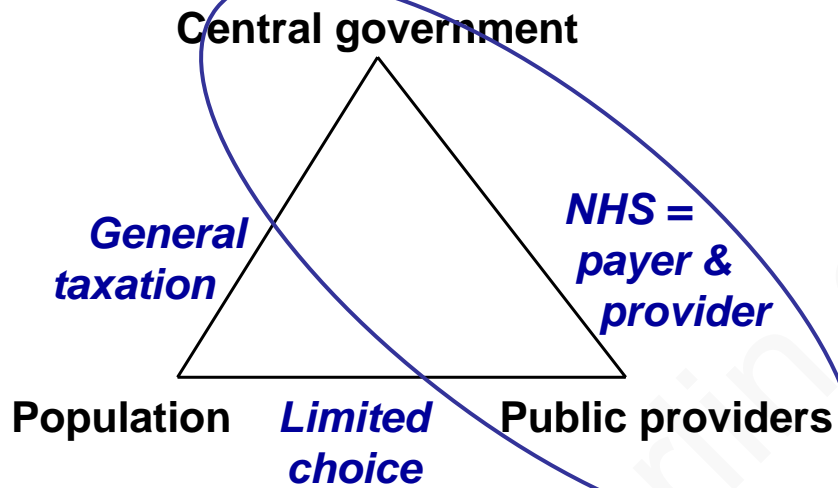
Dept. Health Care Management, Berlin University of Technology
(WHO Collaborating Centre for Health Systems Research and Management),
Charité – University Medicine Berlin &
European Observatory on Health Systems and Policies



1. Actors and organisation: are Bismarck´s and Beveridge´s grandchildren look-alikes?
2. Financing
3. Ensuring access and quality
4. Services, costs and reimbursement
5. Contribution to wealth/ productivity



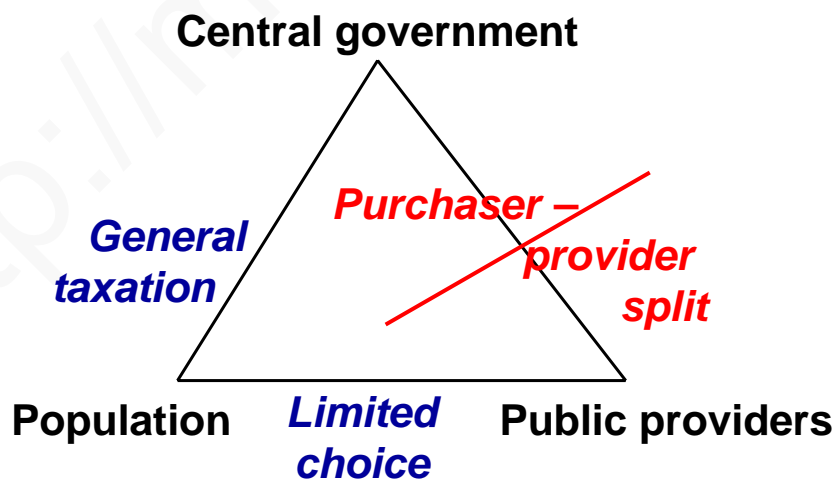
Classical integrated NHS-type systems



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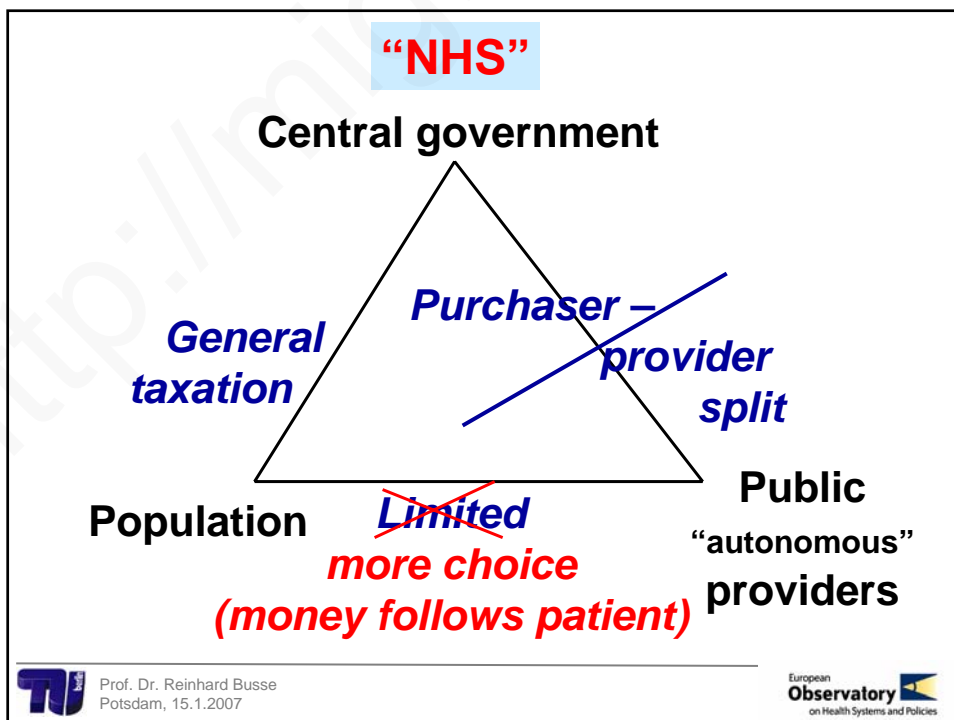
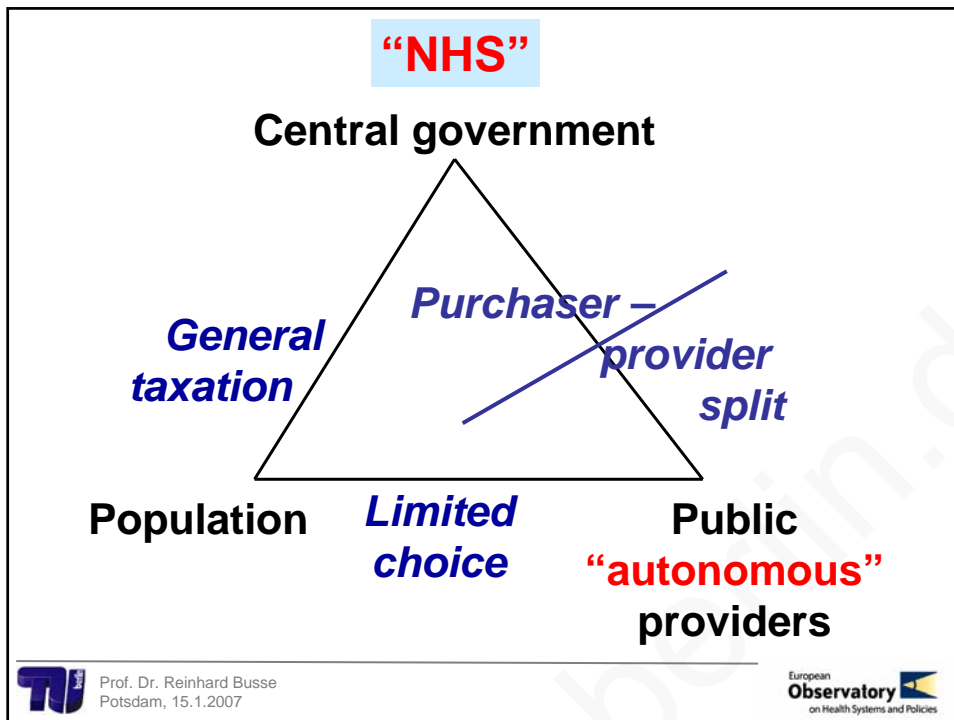
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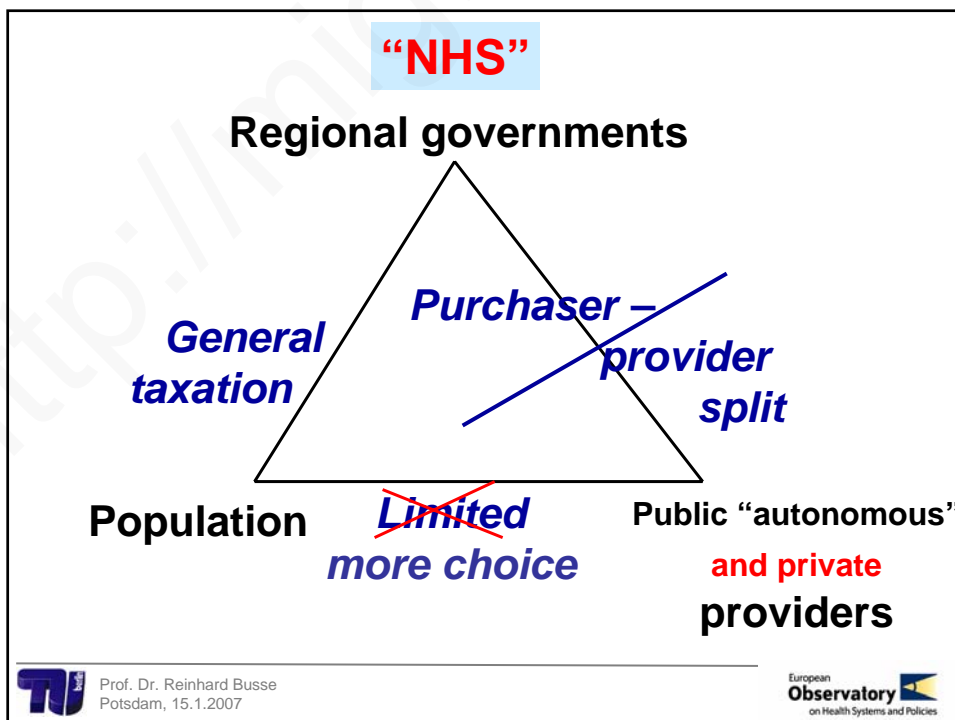
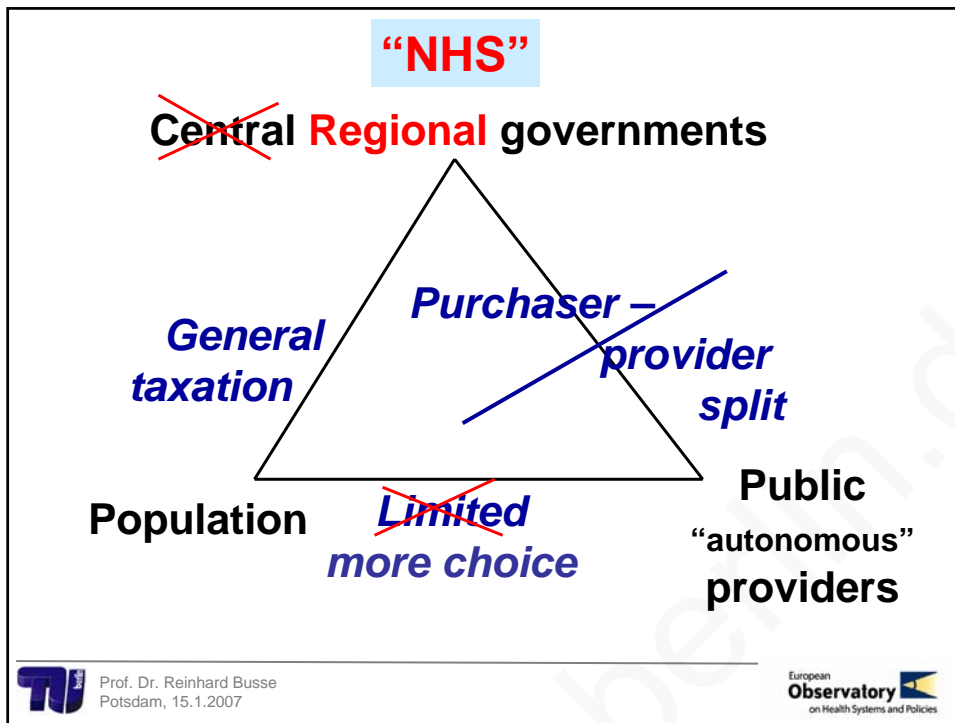
“NHS”



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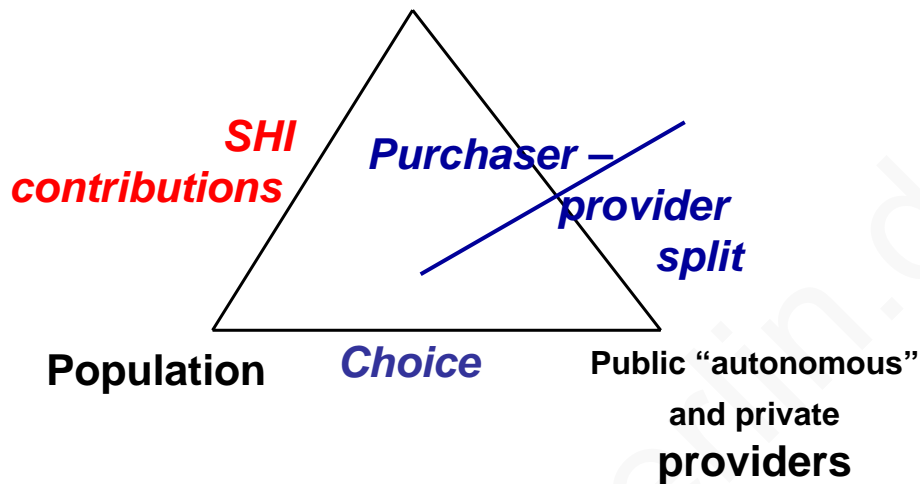
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Social Health Insurance (SHI) systems

Sickness funds

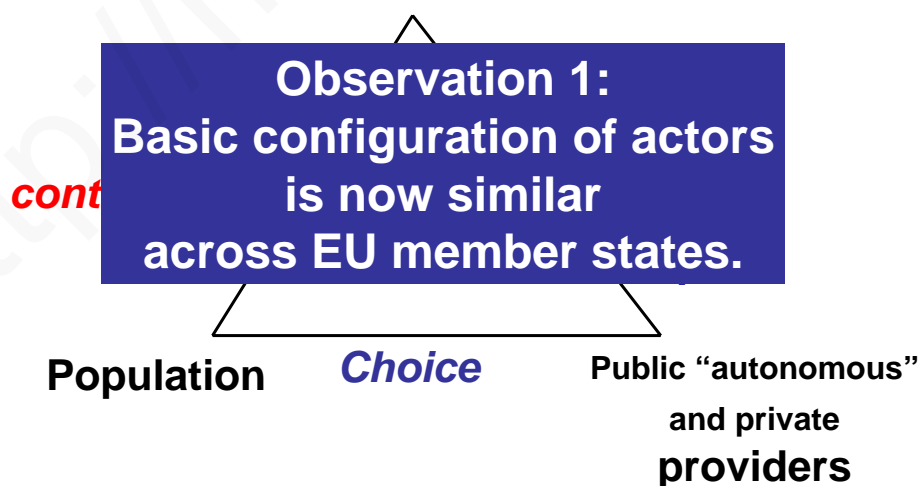


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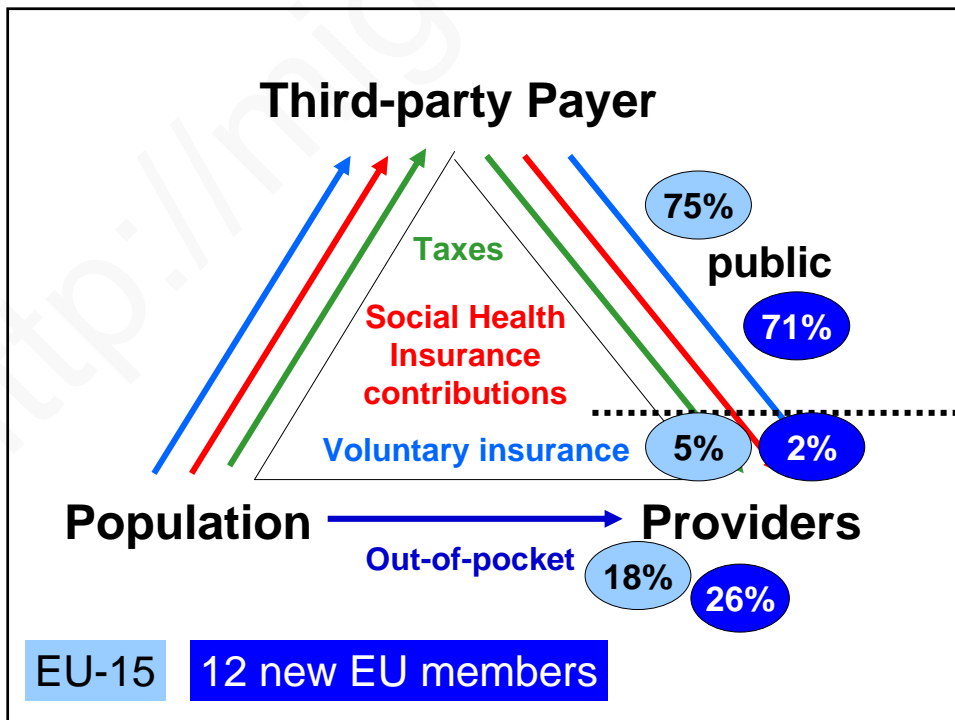
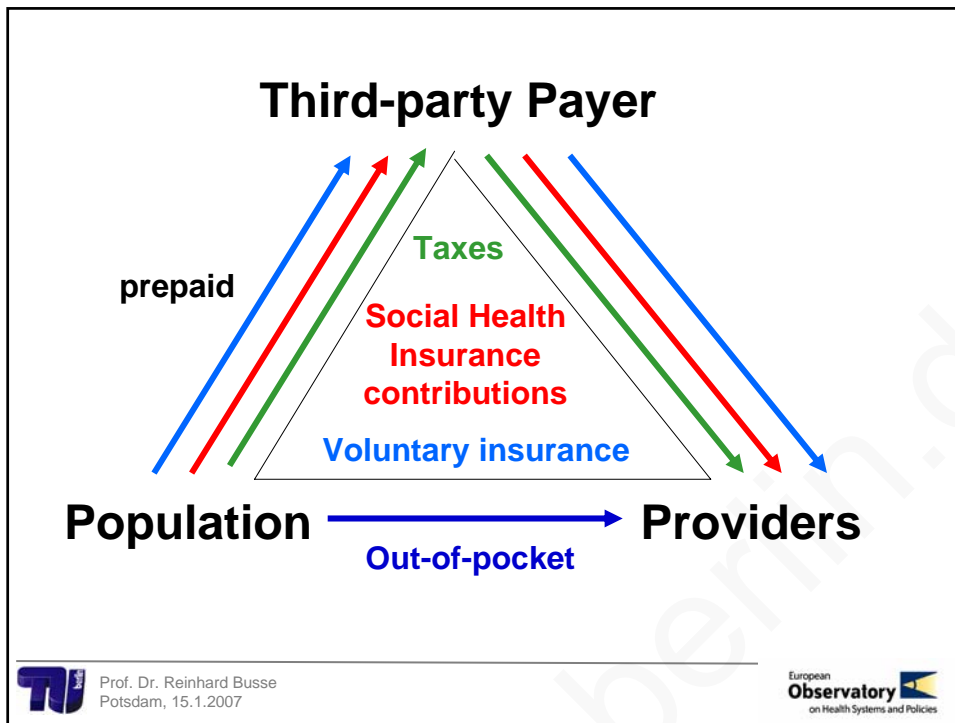
Social Health Insurance (SHI) systems

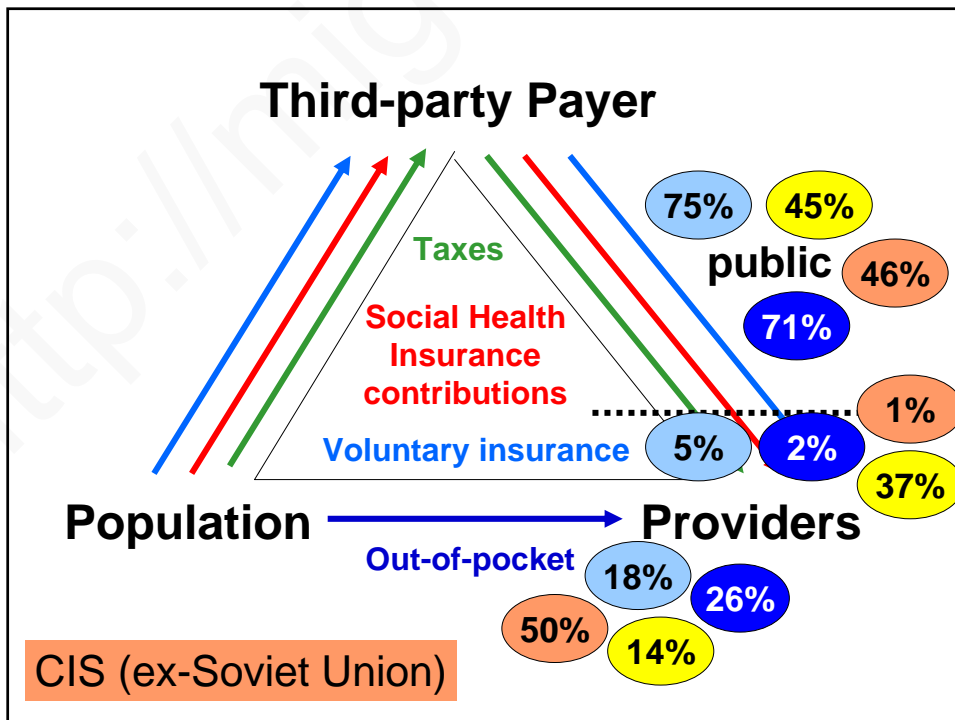
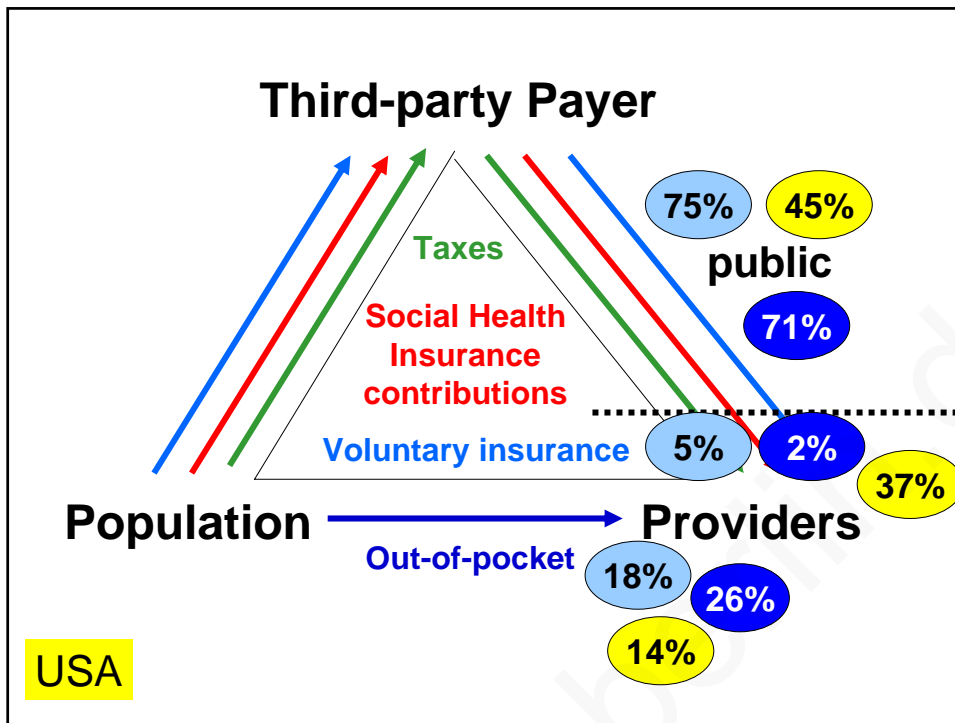
Sickness funds

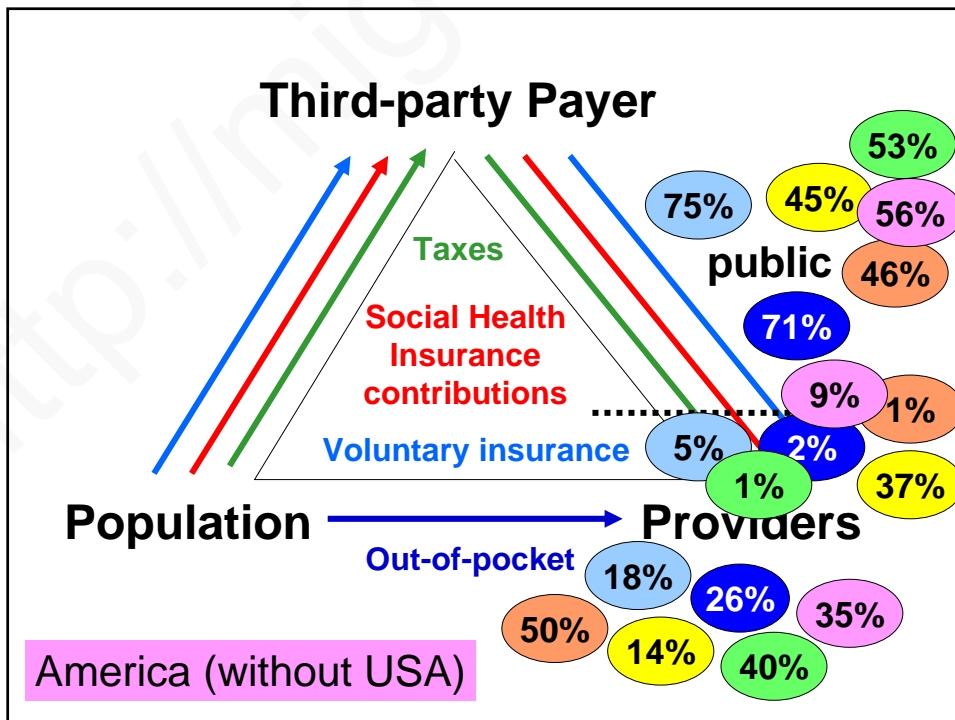
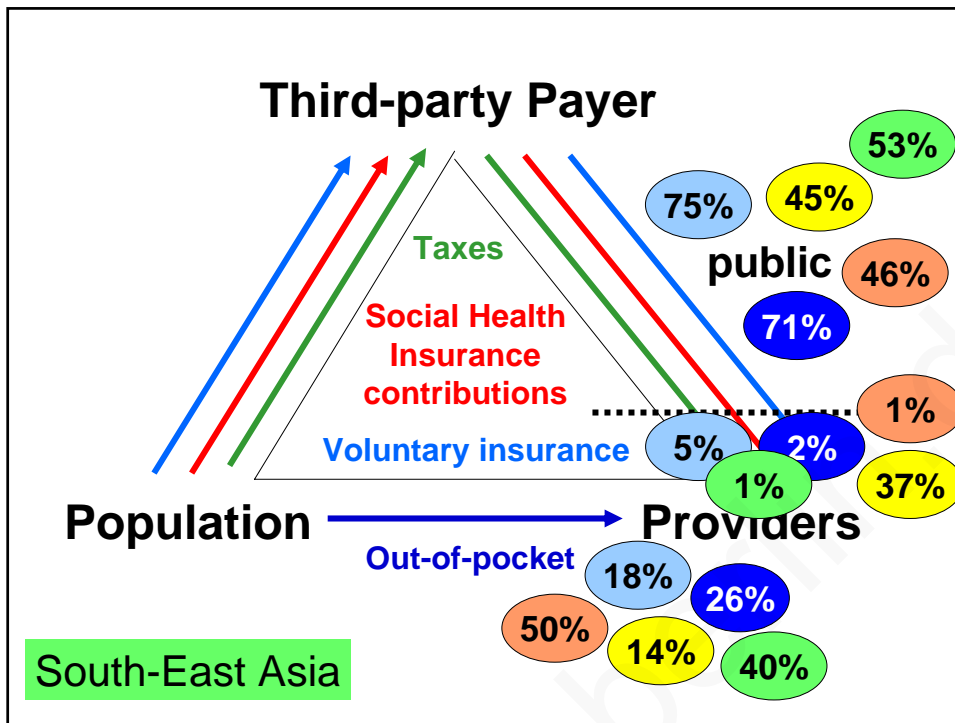


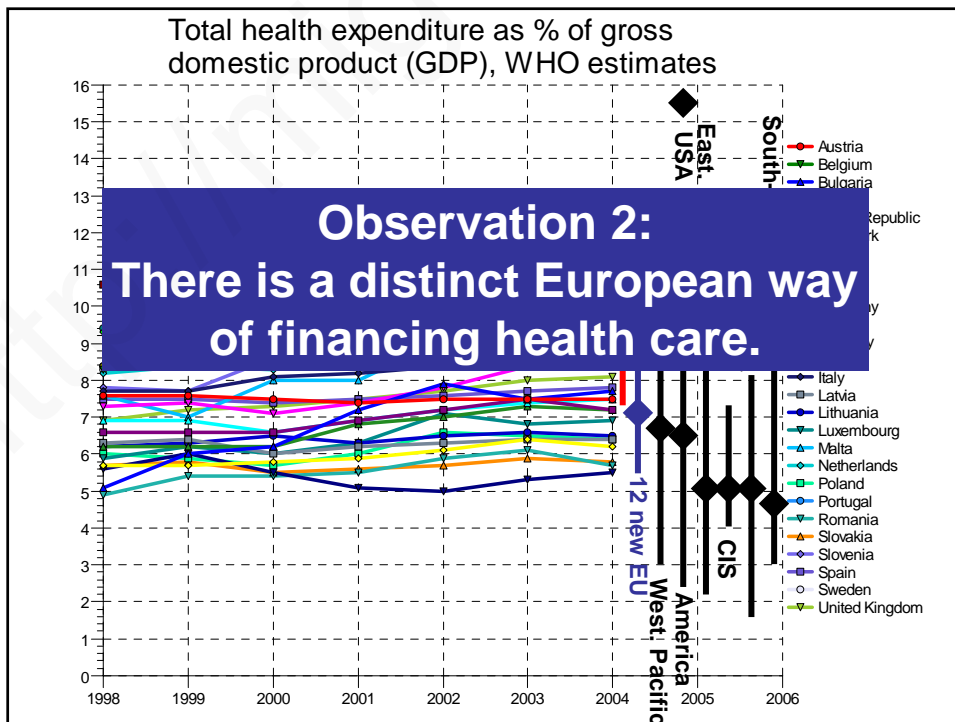
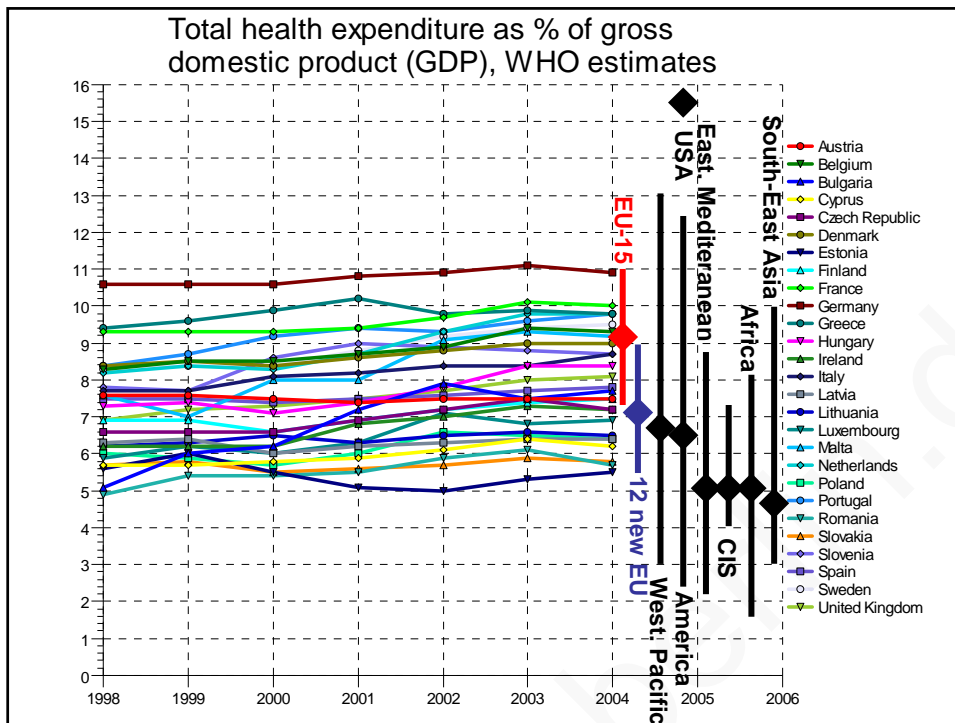
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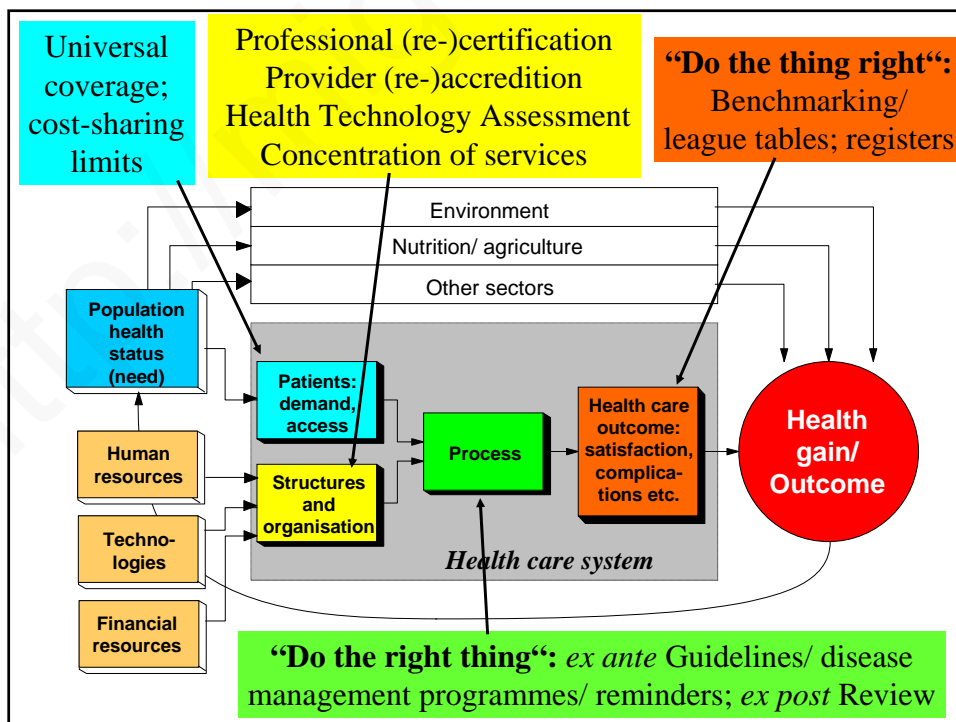
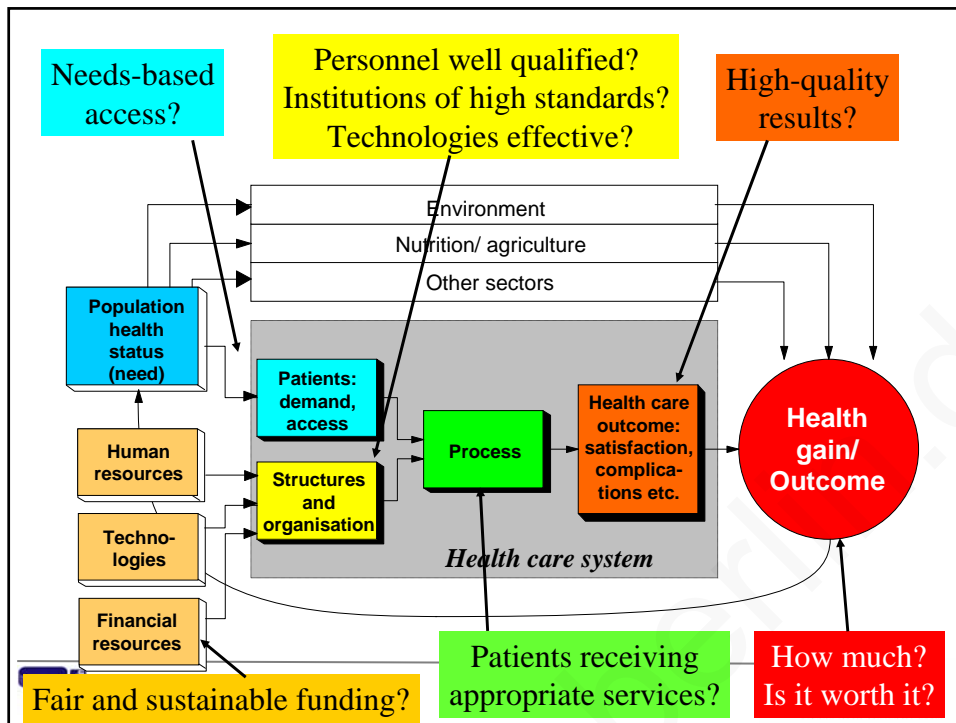


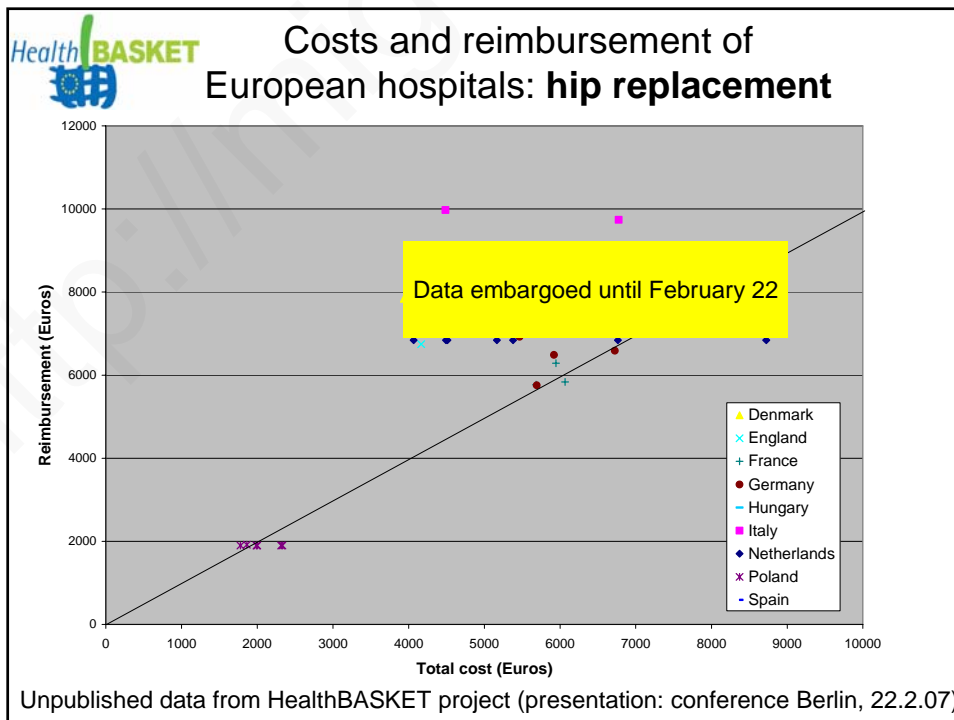
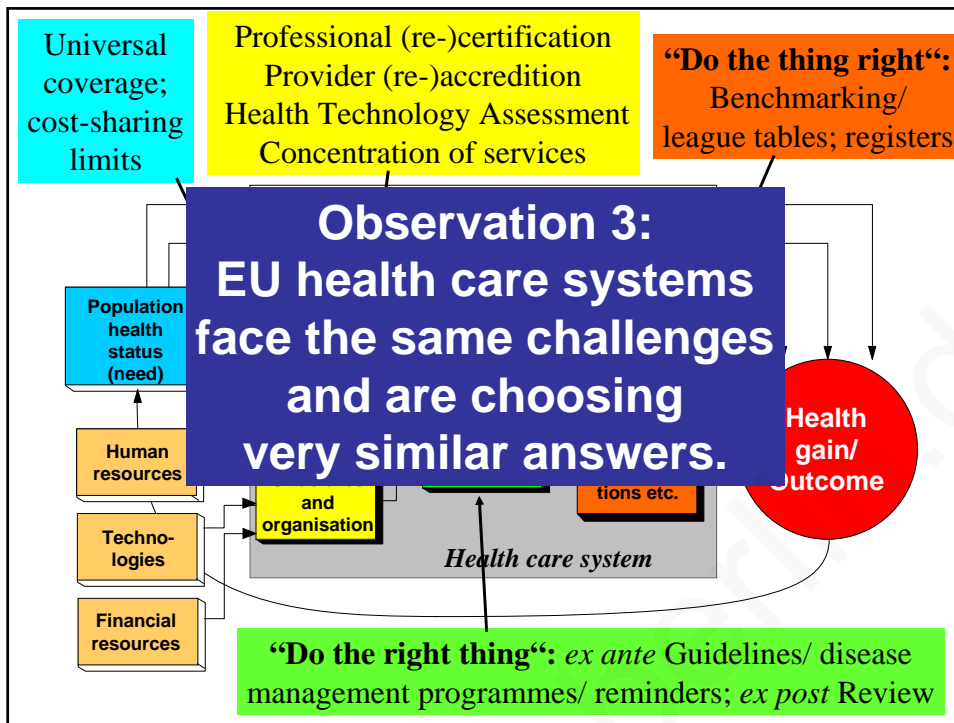


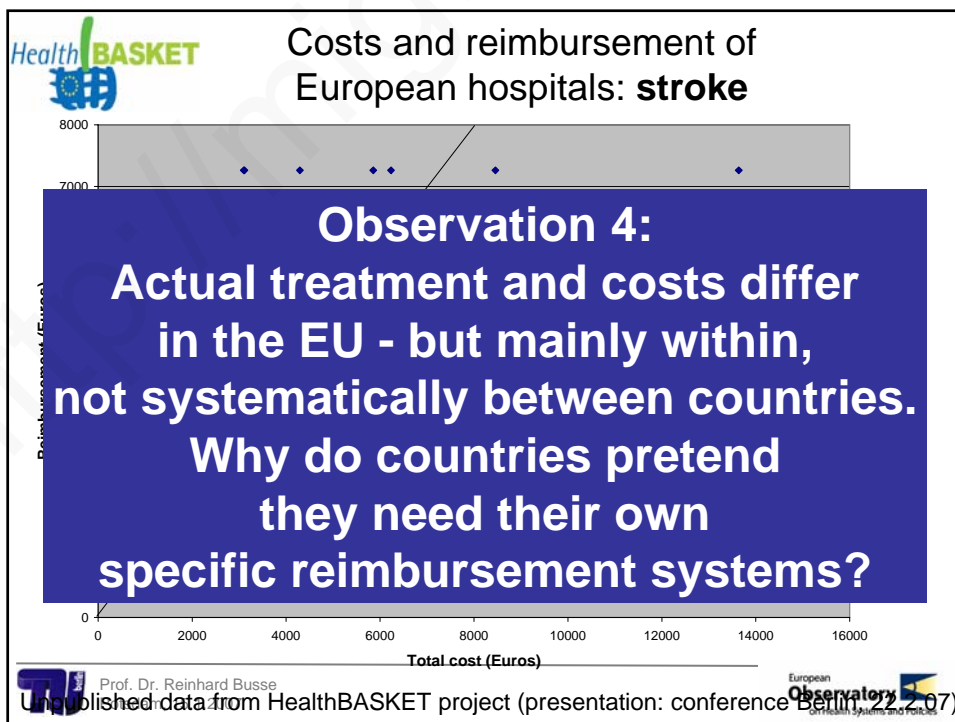
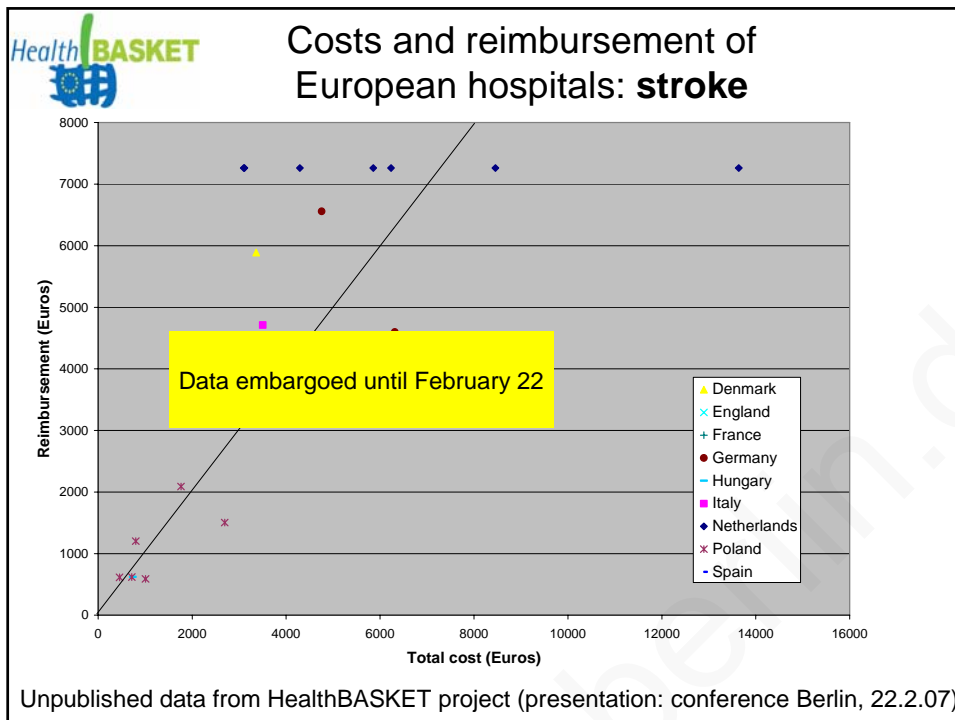


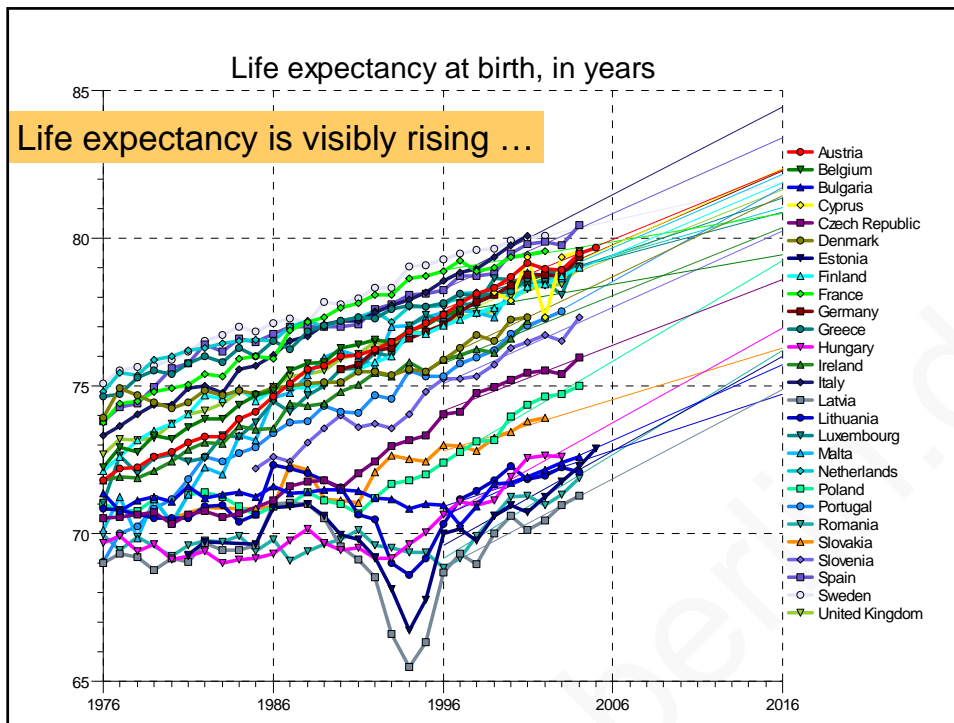










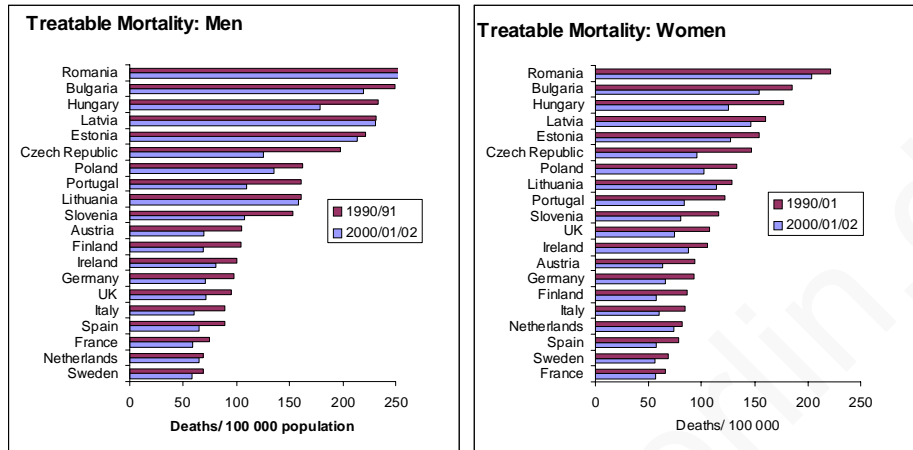


Today we know that health care does improve health ...

	England & Wales	USA	France	Japan	Italy	Sweden	Netherlands	Spain
Time analysed	1956-1978						1969-84	1975-90
Age groups included	5-64 y.						0-74 y.	5-64 y.
Share "medically amenable/ avoidable" mortality of total mortality (cross-sectional analysis)								
1956	17.3%	15.8%	15.3%	33.3%	19.7%	15.8%		
1969							18.4%	
1975/ 78	9.6%	6.3%	7.4%	19.6%	11.3%	7.1%		15.5%
1984							11.7%	
1990								7.5%
Change in mortality per year (longitudinal analysis)								
„Medically amenable“ mortality	-3.2%	-3.6%	-4.5%	-5.6%	-3.8%	-4.2%	-4.5%	-6.5%
Other mortality	-0.2%	-0.4%	-1.0%	-2.5%	-0.8%	-0.1%	-1.1%	-1.2%
Total mortality	-0.6%	-0.9%	-1.4%	-3.4%	-1.3%	-0.6%	-1.6%	-1.8%
Share of "medically amenable" mortality of change in total mortality								
	71%	59%	38%	46%	45%	78%	43%	41%

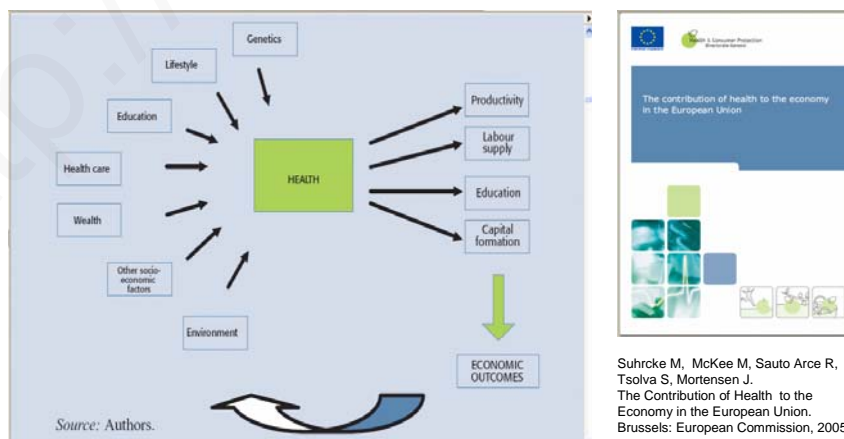
Busse 1998

Age-standardised death rates of treatable mortality in 20 EU member states, 1990/91 and 2000/02



Newey, Nolte, McKee & Mossialos 2004

Rethinking investment in health: A virtuous cycle?



Suhrcke M, McKee M, Sauto Arce R, Tsolva S, Mortensen J. The Contribution of Health to the Economy in the European Union. Brussels: European Commission, 2005.

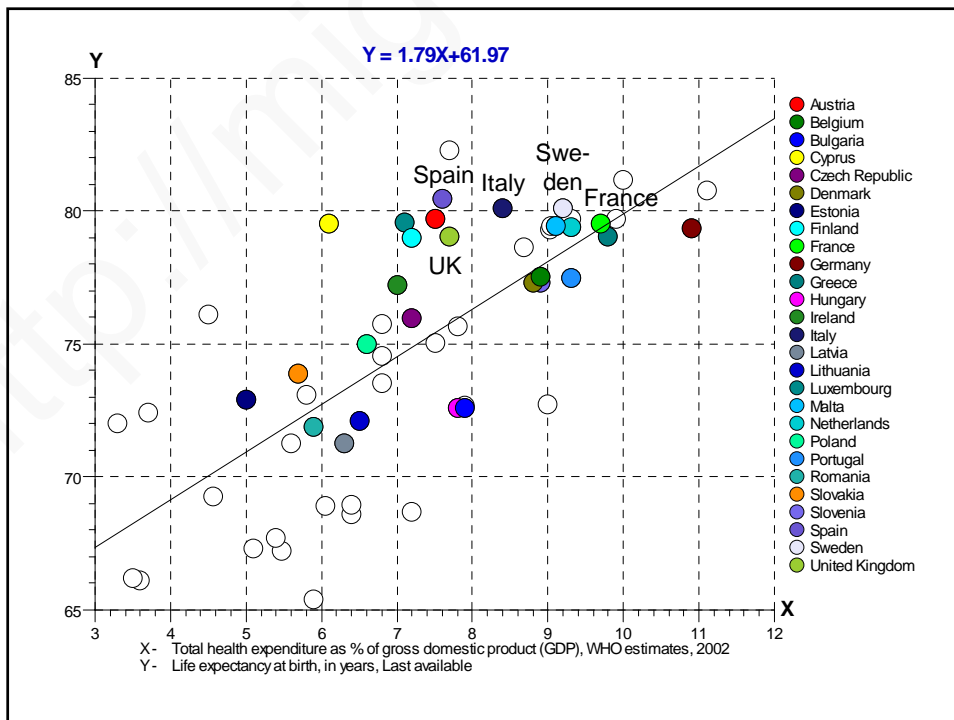
The return on investment

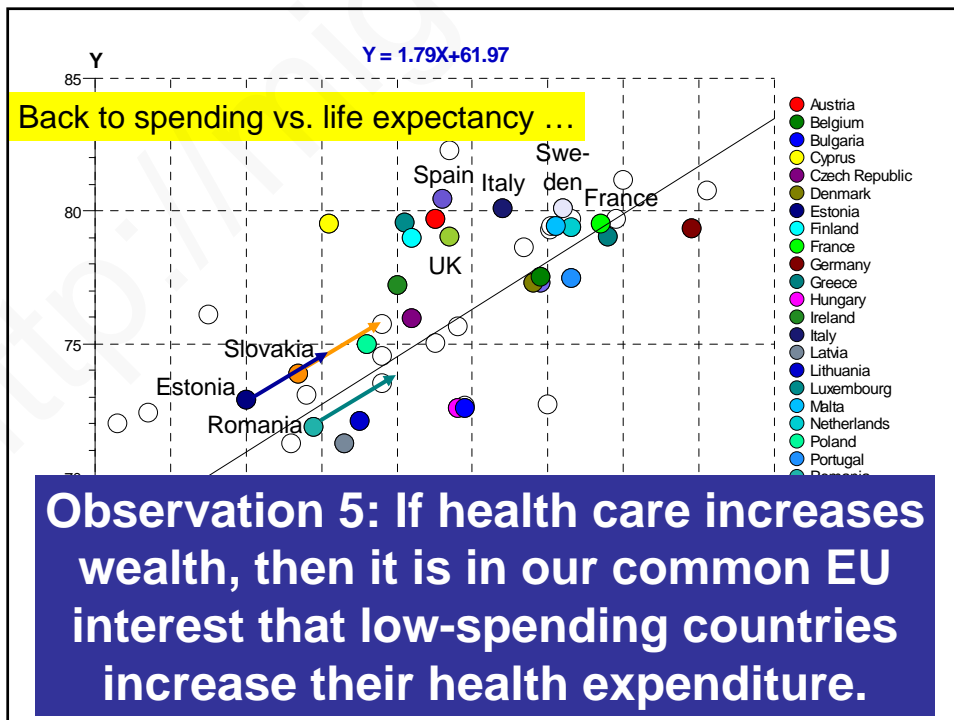
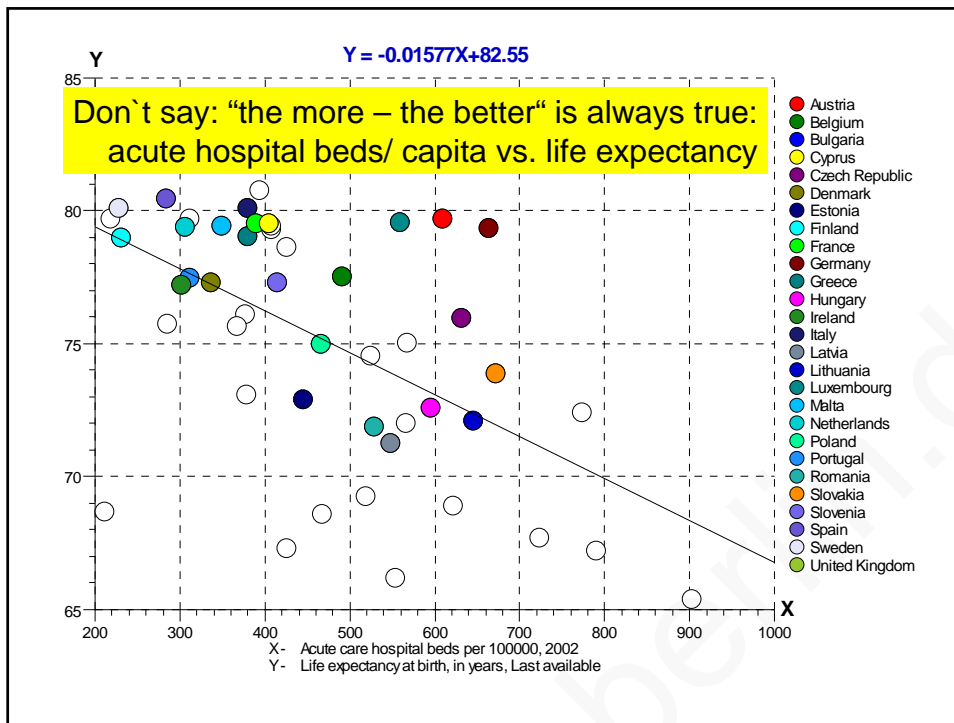
	France	UK	Italy	Spain	Sweden
Increase in GDP per capita	\$5,200	\$6,000	\$5,420	\$5,180	\$4,810
Increase in total health income	\$3,302	\$4,108	\$4,992	\$4,498	\$4,732
Increase in health expenditure	\$676	\$630	\$403	\$506	\$395
Increase in health income attributable to health care	\$996	\$1,561	\$1,325	\$1,780	\$1,478
Return on health expenditure	47%	148%	229%	252%	274%

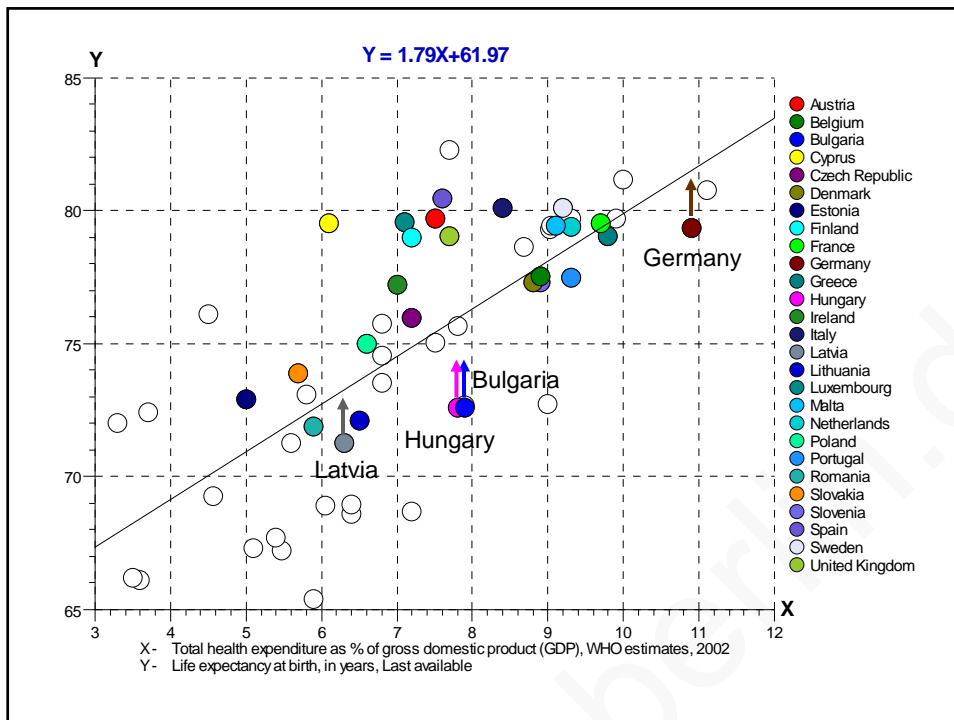


Prof. Dr. Reinhard Busse
Potsdam, 15.1.2007

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This presentation and more material can be found on the following websites:

<http://mig.tu-berlin.de>

www.observatory.dk