

The logo for the European Union's 2007 German Presidency, featuring the German flag colors (black, red, gold) and the letters 'EU 2007 DE' in a stylized font.



# Europäische Gesundheitssysteme im Vergleich

Perspective européenne comparée des systèmes de santé et des assurances sociales

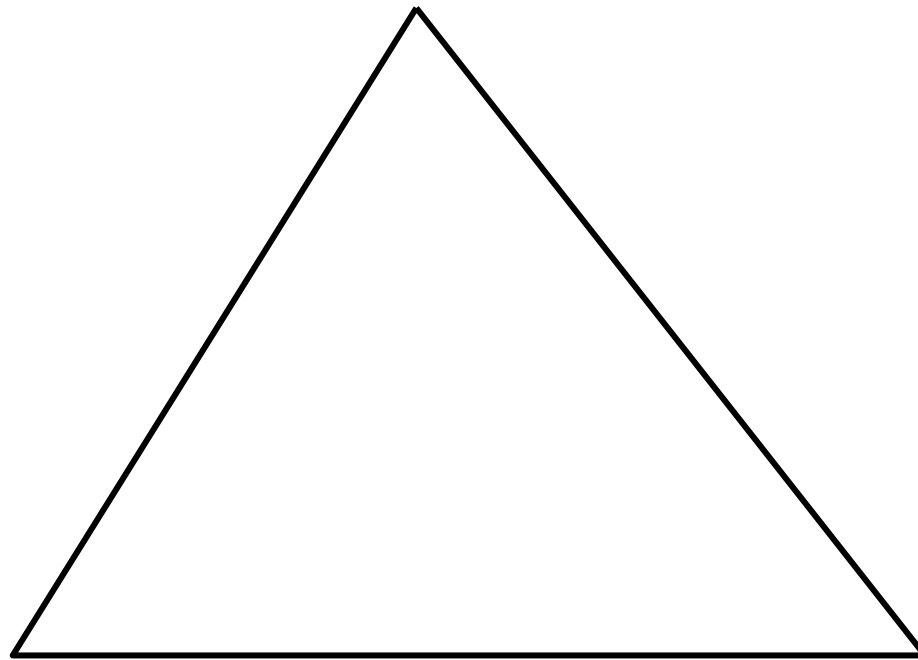
**Reinhard Busse, Prof. Dr. med. MPH FFPH**

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(WHO Collaborating Centre for Health Systems Research and Management),  
Charité – Universitätsmedizin 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 health and wealth

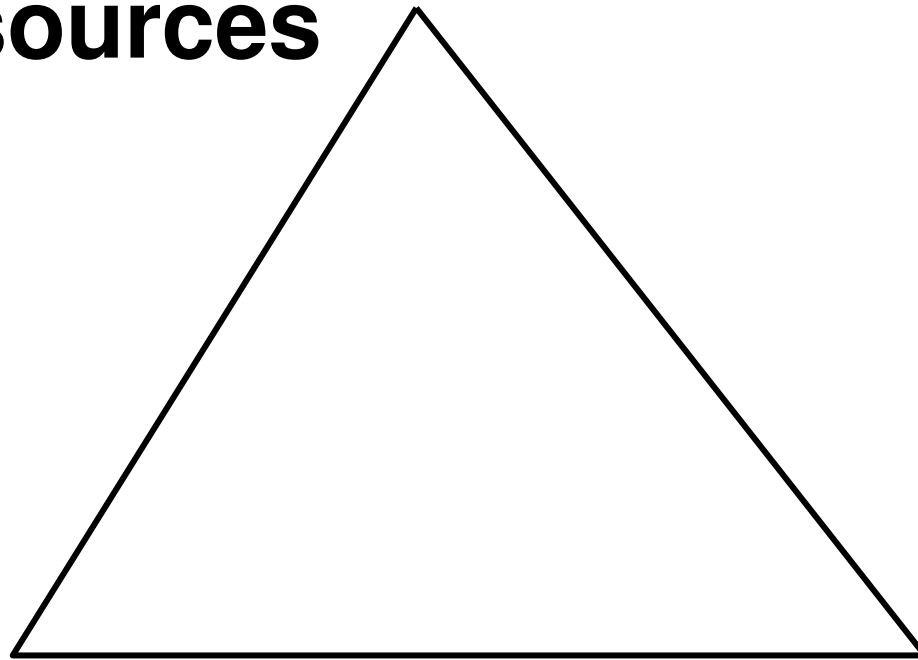
# Third-party Payer



**Population**

**Providers**

**Collector of  
resources**      **Third-party payer**



**Population**

**Providers**

# Resource pooling & allocation

**Collector of resources** → **Third-party payer**

**Mobilizing resources/  
funding**

**Financing providers:  
reimbursement/  
purchasing/  
contracting**

**Steward/  
regulator  
Regulation**

**Population Coverage:**  
**Who? What?**  
**How much?**

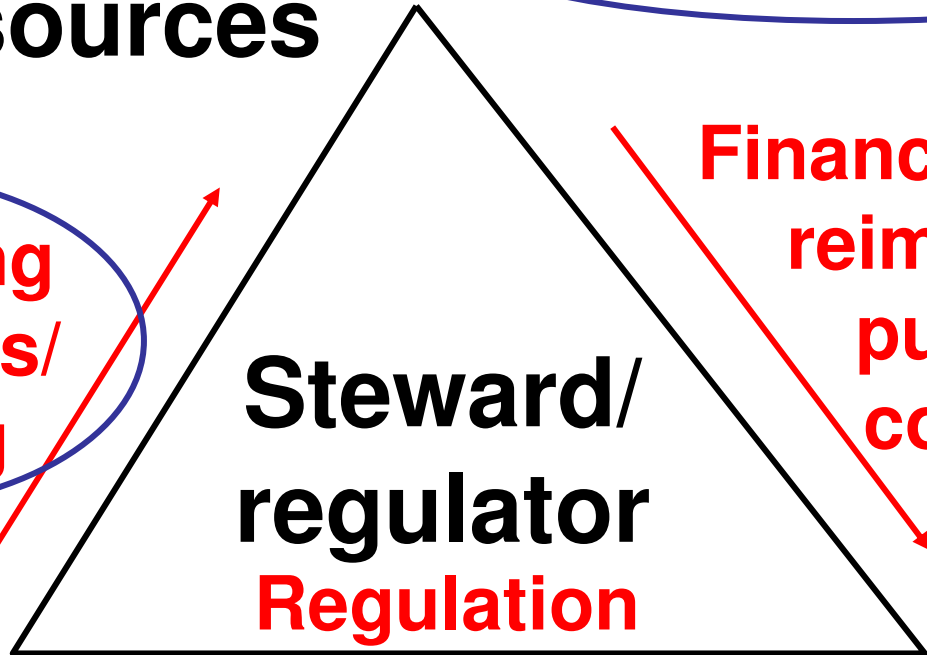
**Access to Providers**  
**and provision of services**

**Functions**

# Resource pooling & allocation

Collector of resources → **Third-party payer**

**Mobilizing resources/  
funding**



**Financing providers:  
reimbursement/  
purchasing/  
contracting**

**Population  
Coverage:  
Who? What?  
How much?**

**Access to Providers  
and provision of services**

# System typology

**Third-party payer**

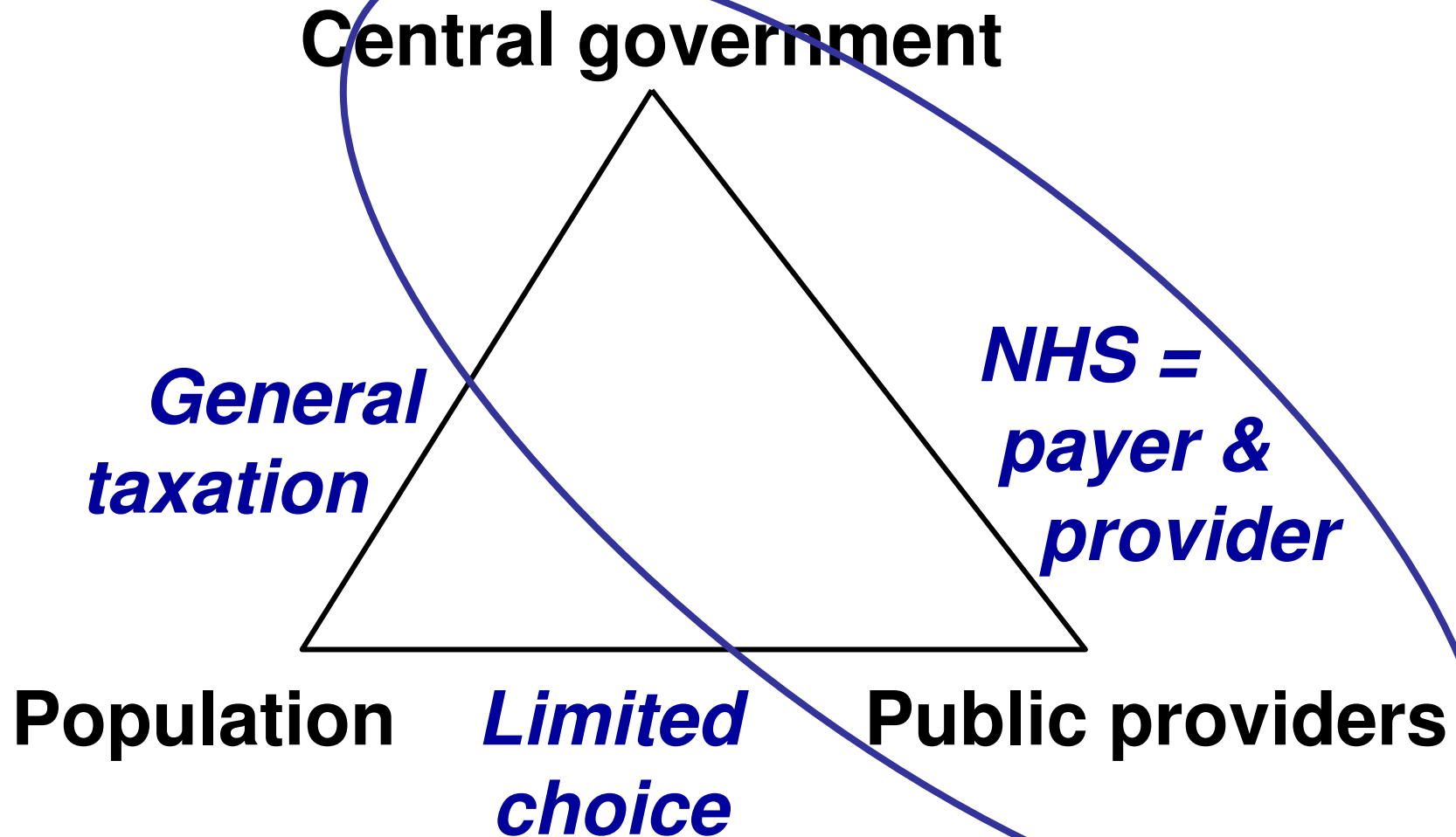
**Mobilizing  
resources/  
funding**

**Social insurance contributions  
& sickness funds =  
social health insurance (SHI)  
BISMARCK**

**Taxes & health authorities =  
national health service (NHS)  
BEVERIDGE**

**System typology**

# Classical integrated NHS-type systems





**“NHS”**

**Central government**

***General  
taxation***

***Purchaser –  
provider  
split***

**Population**

***Limited  
choice***

**Public providers**

**“NHS”**

**Central government**

*General  
taxation*

*Purchaser –  
provider  
split*

**Population**

*Limited  
choice*

**Public**

**“autonomous”  
providers**

**“NHS”**

**Central government**

*General  
taxation*

*Purchaser –  
provider  
split*

**Population**

~~*Limited*~~

*more choice  
(money follows patient)*

**Public**

**“autonomous”  
providers**

**“NHS”**

~~Central~~ **Regional** governments

*General  
taxation*

*Purchaser –  
provider  
split*

**Population**

~~Limited~~  
*more choice*

**Public**

**“autonomous”  
providers**

**“NHS”**

**Regional governments**

*General  
taxation*

*Purchaser –  
provider  
split*

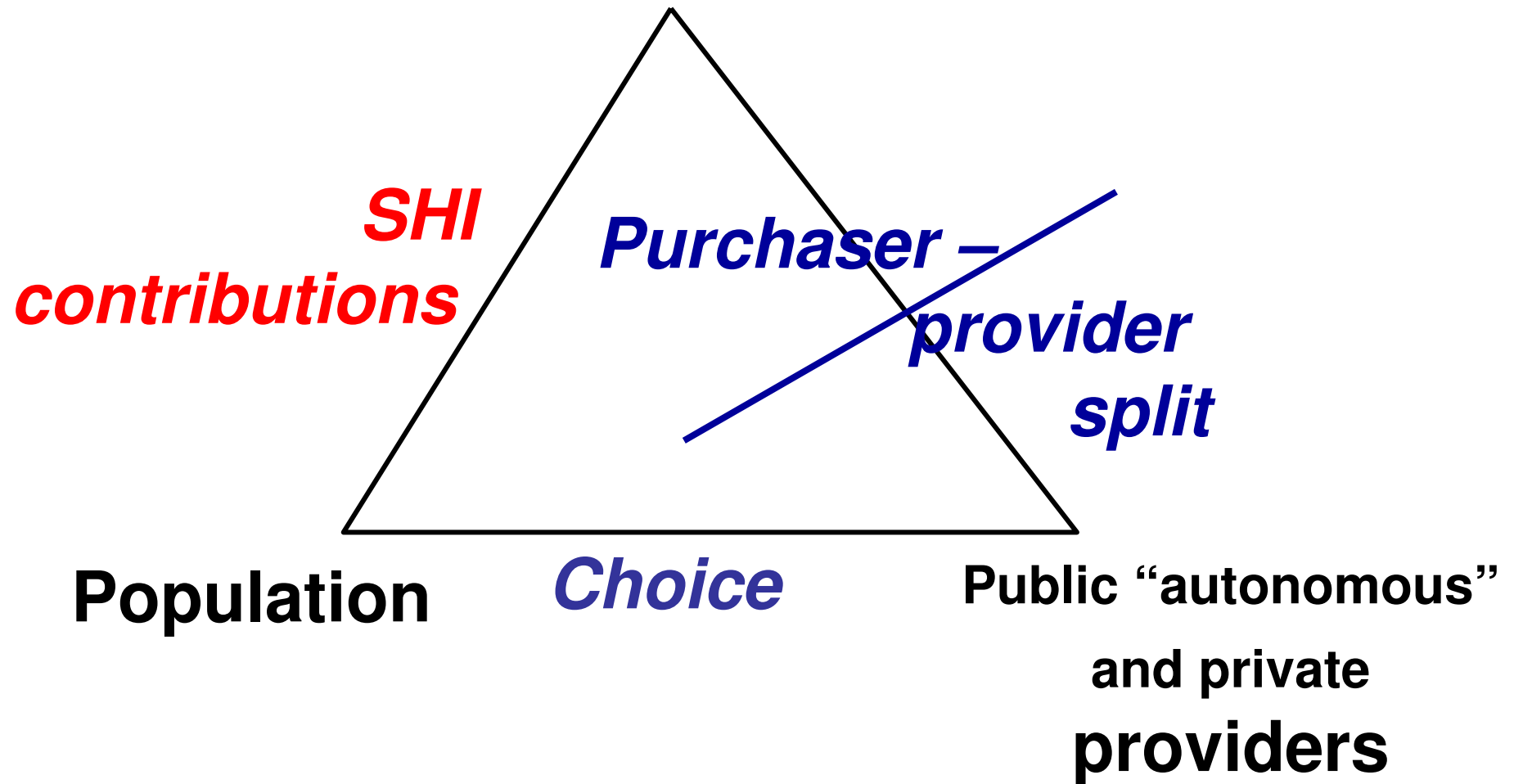
**Population**

~~*Limited*~~  
*more choice*

**Public “autonomous”  
and private  
providers**

# Social Health Insurance (SHI) systems

Sickness funds



# Social Health Insurance (SHI) systems

## Sickness funds

*cont*

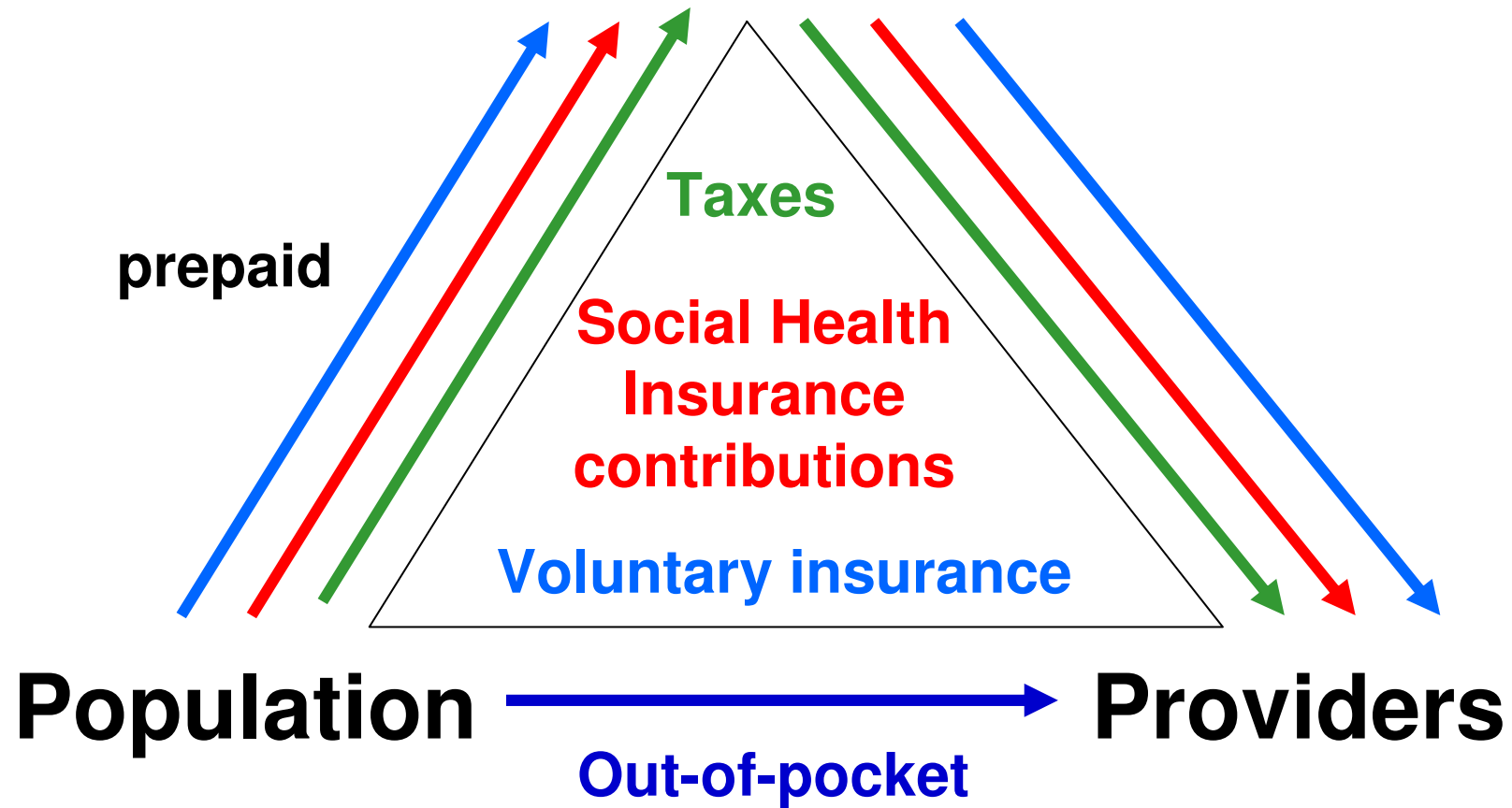
**Observation 1:  
Basic configuration of actors  
is now similar  
across EU member states.**

**Population**

***Choice***

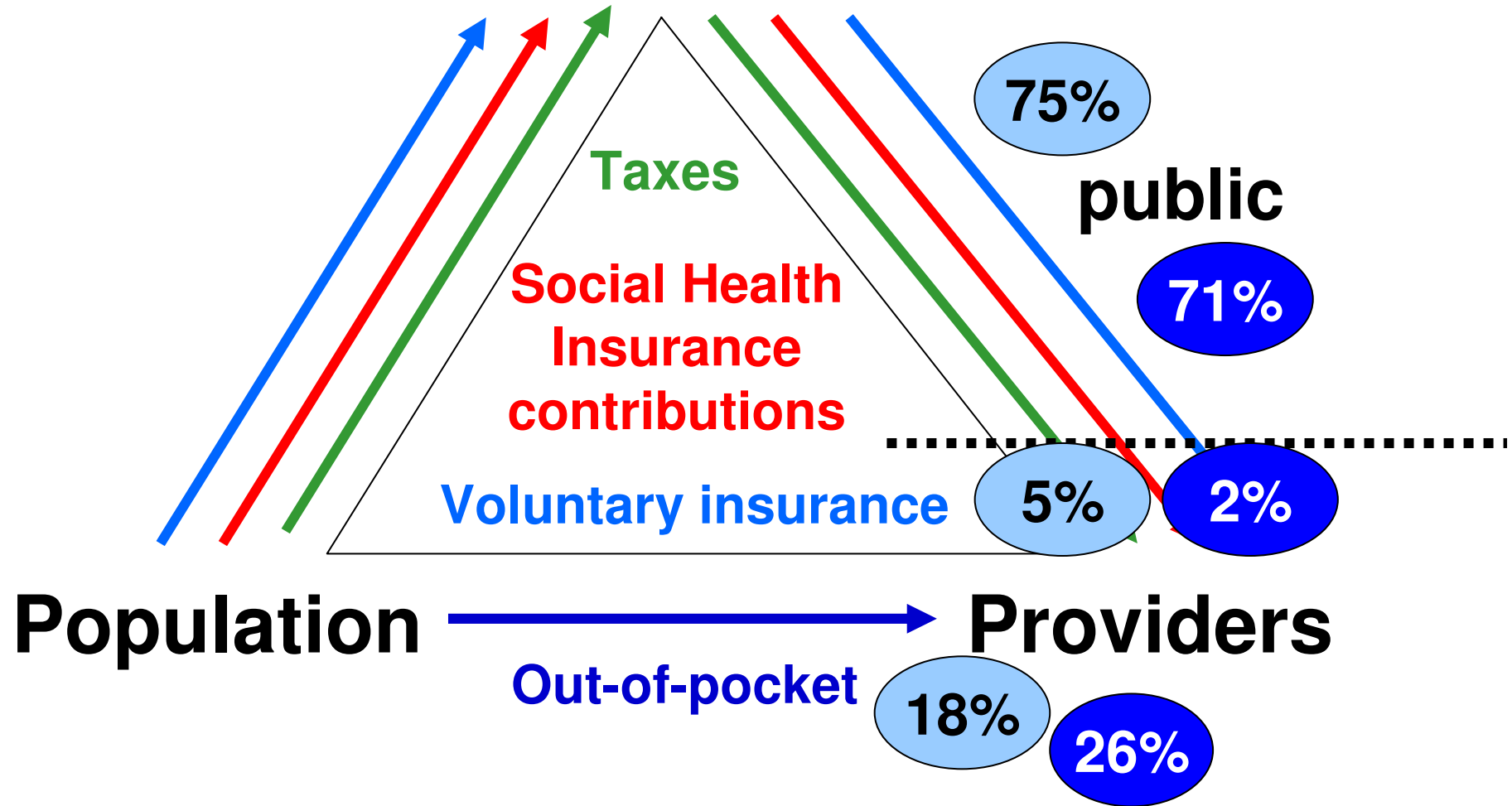
**Public “autonomous”  
and private  
providers**

# Third-party Payer





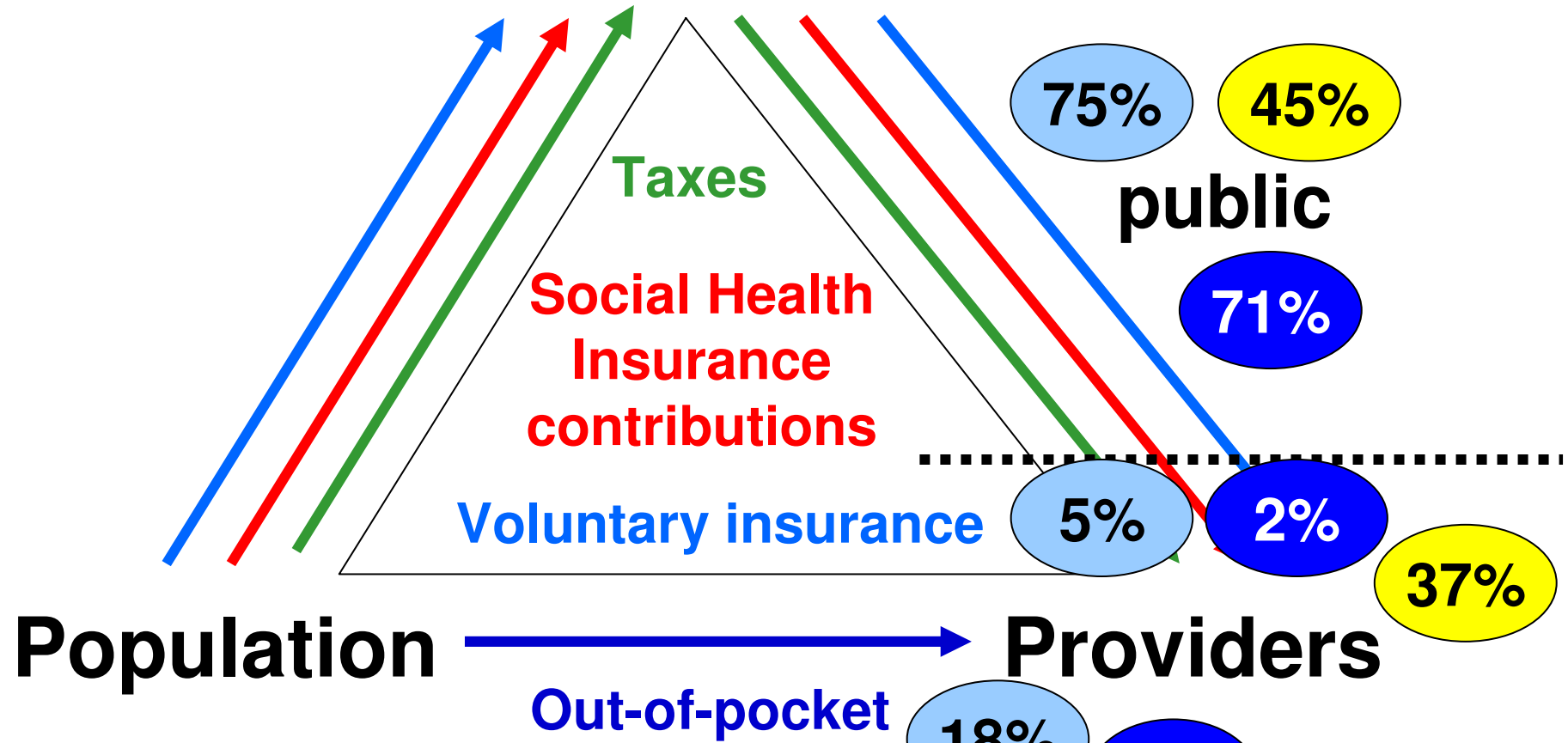
# Third-party Payer



EU-15

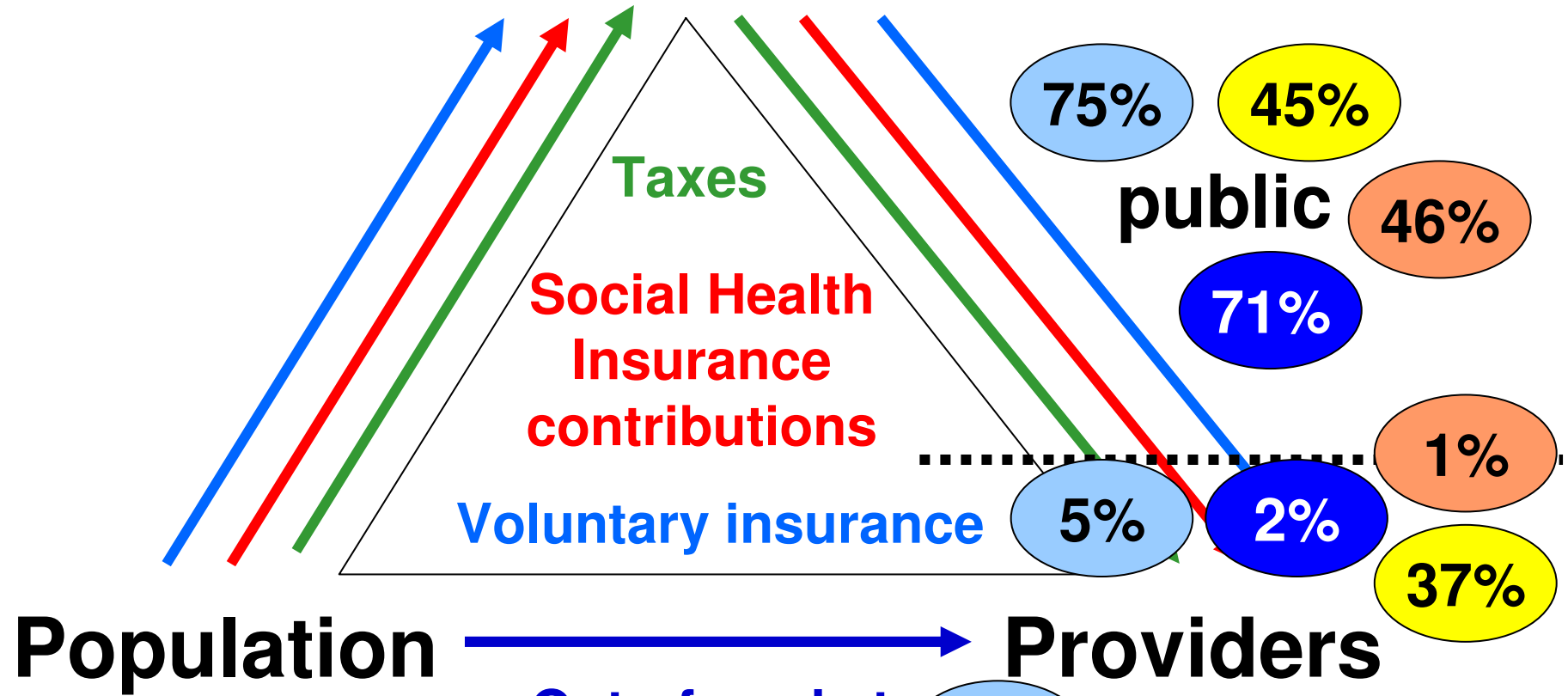
12 new EU members

# Third-party Payer



USA

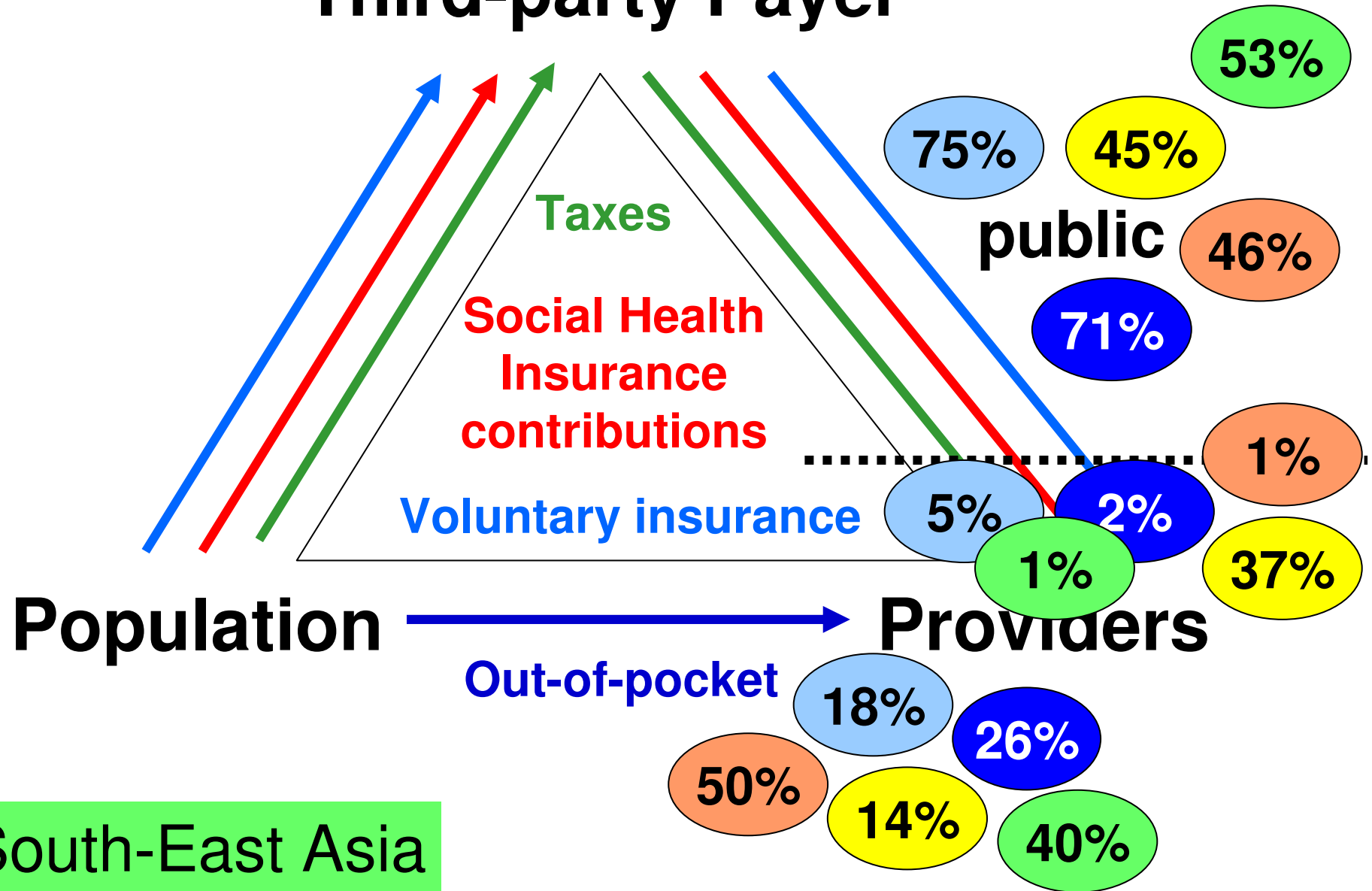
# Third-party Payer



CIS (ex-Soviet Union)

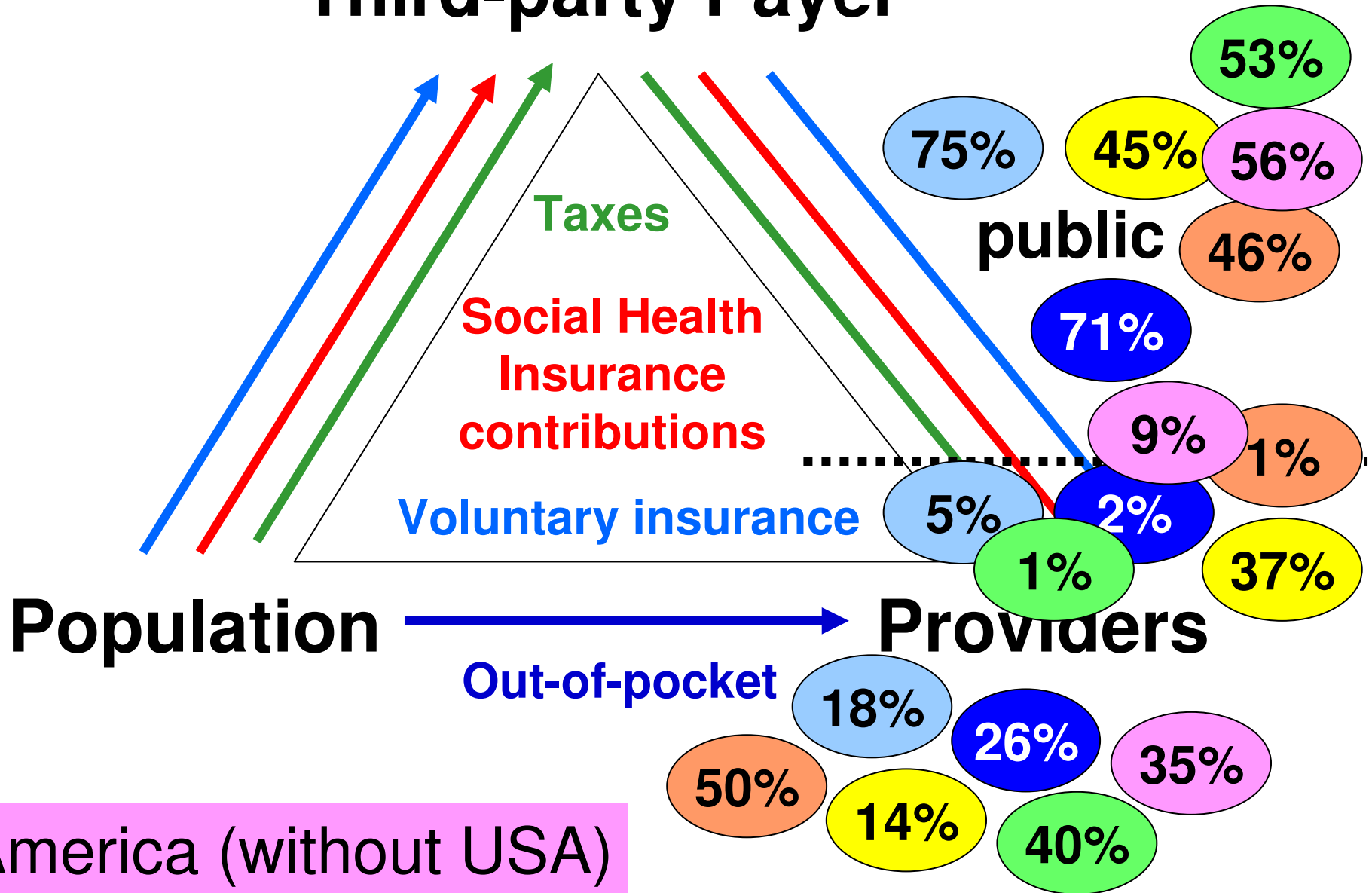
50% (orange oval)  
18% (blue oval)  
14% (yellow oval)  
26% (blue oval)

# Third-party Payer



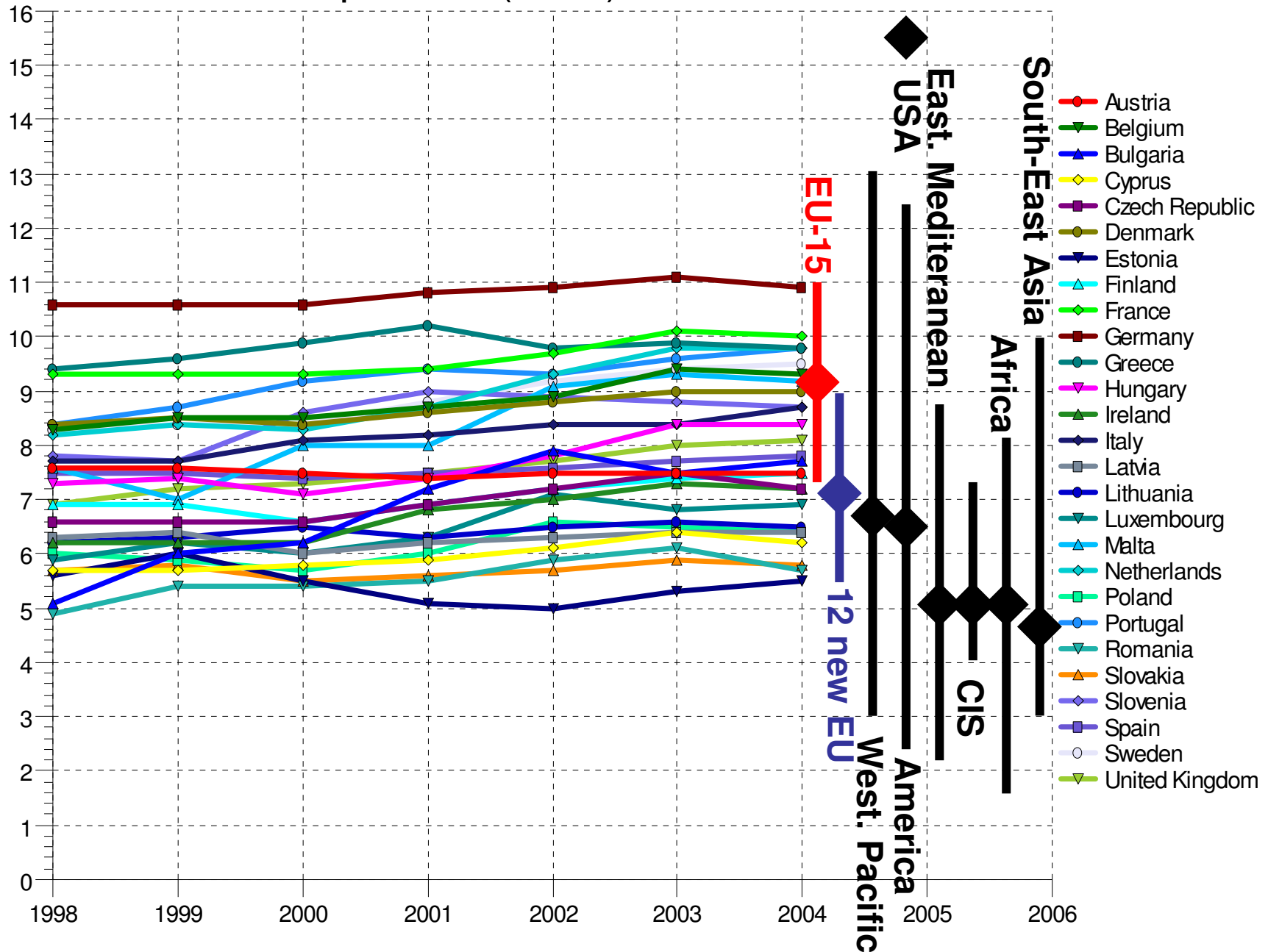
South-East Asia

# Third-party Payer

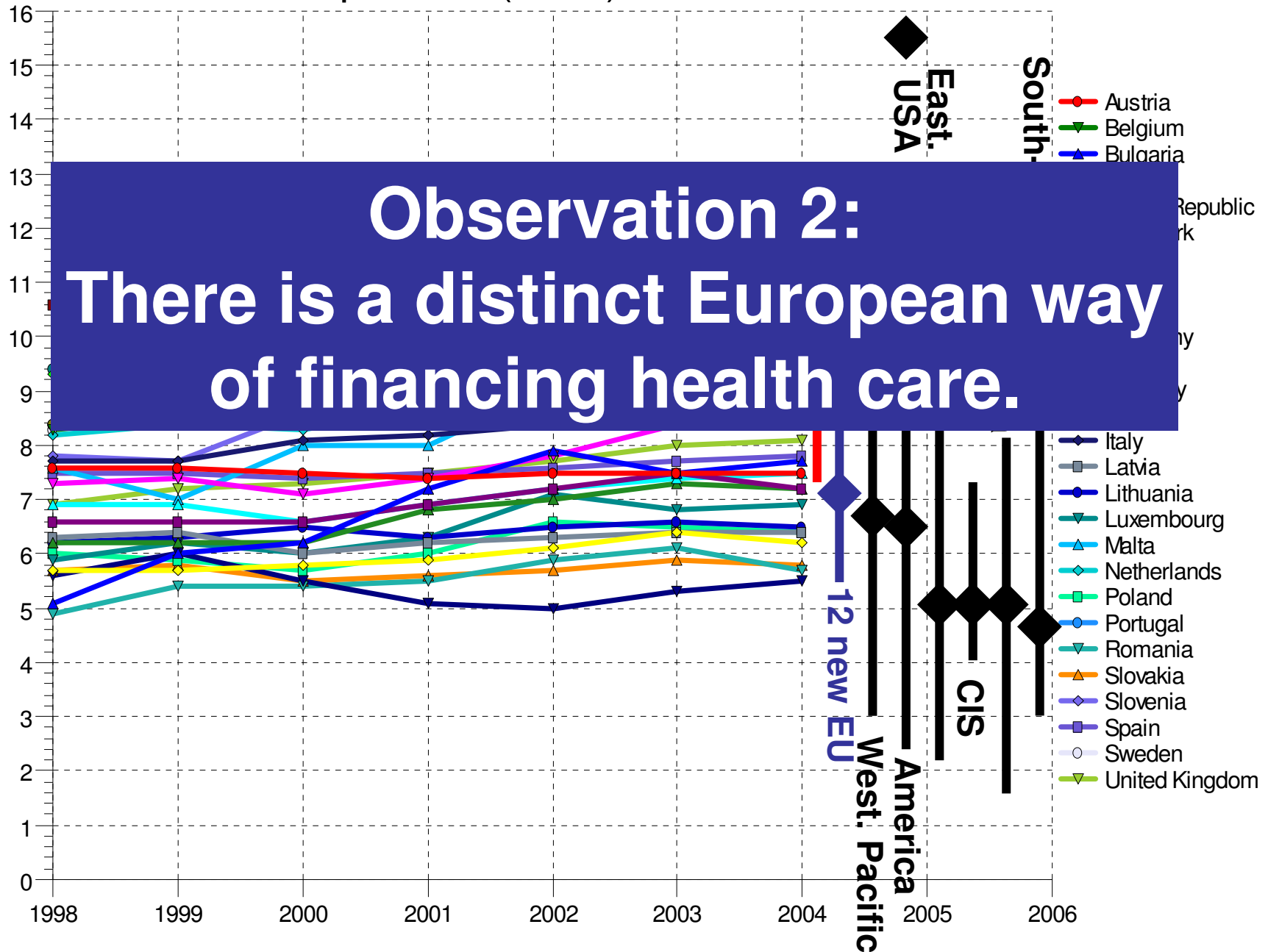


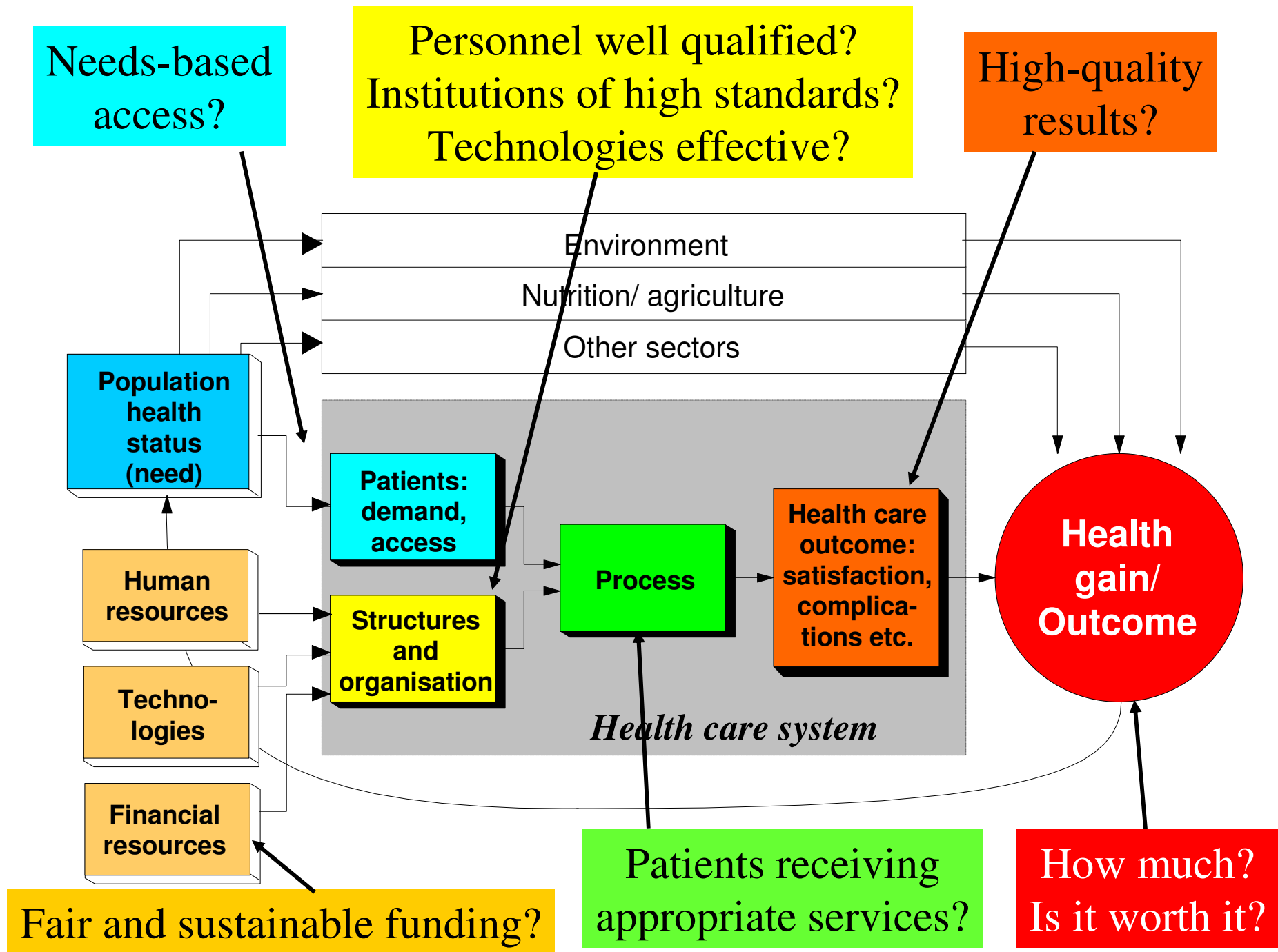
America (without USA)

# Total health expenditure as % of gross domestic product (GDP), WHO estimates

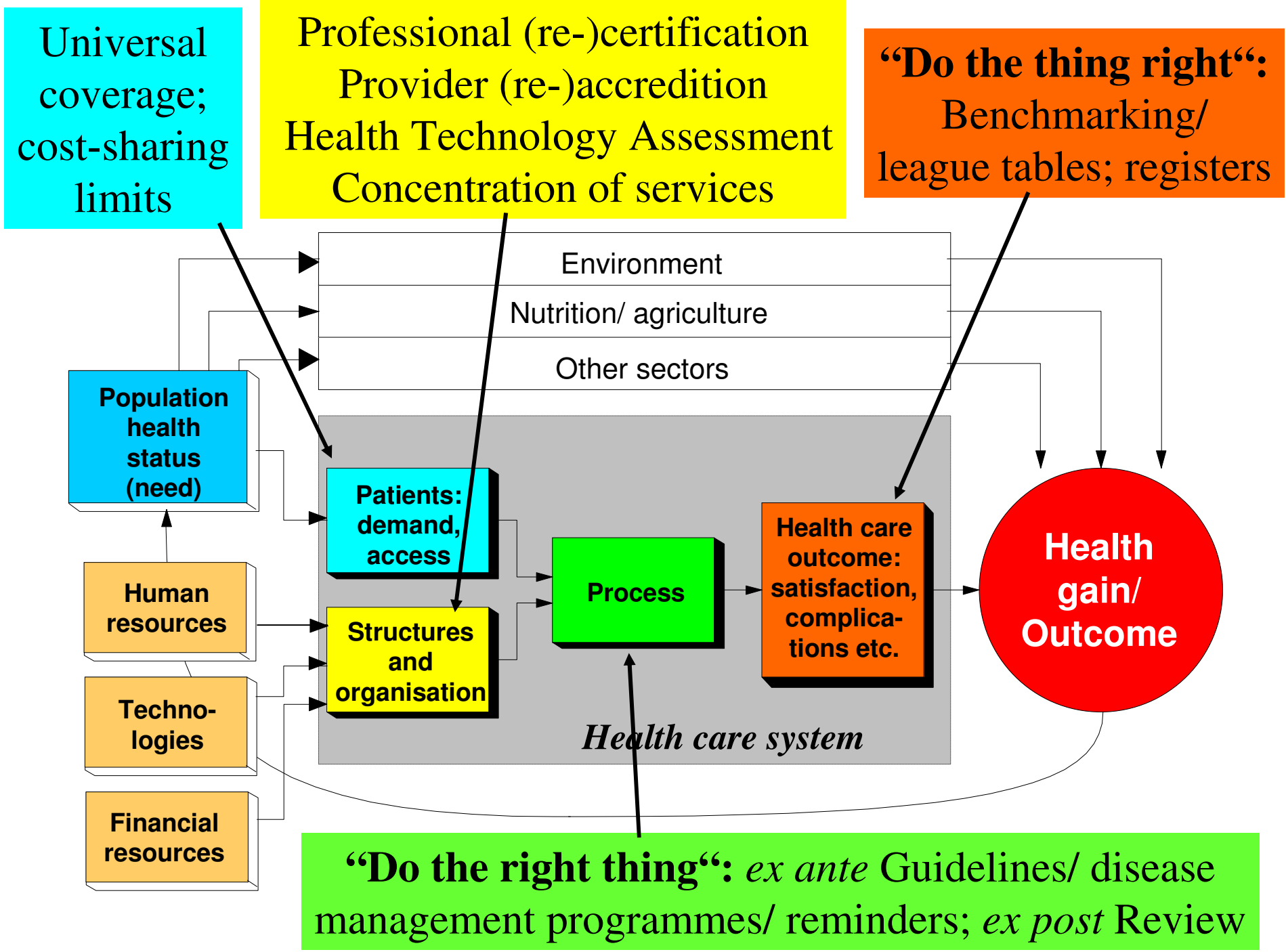


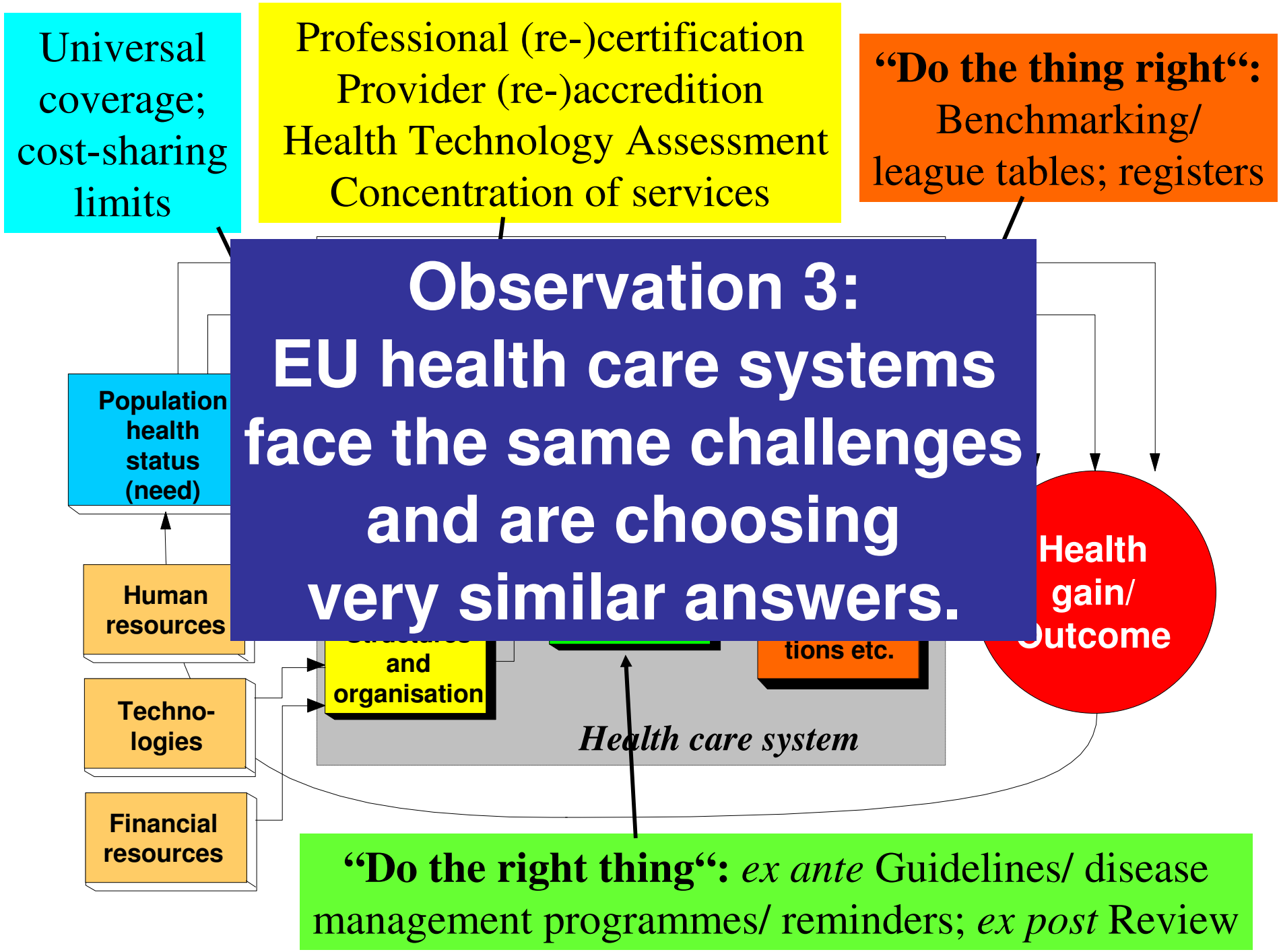
# Total health expenditure as % of gross domestic product (GDP), WHO estimates





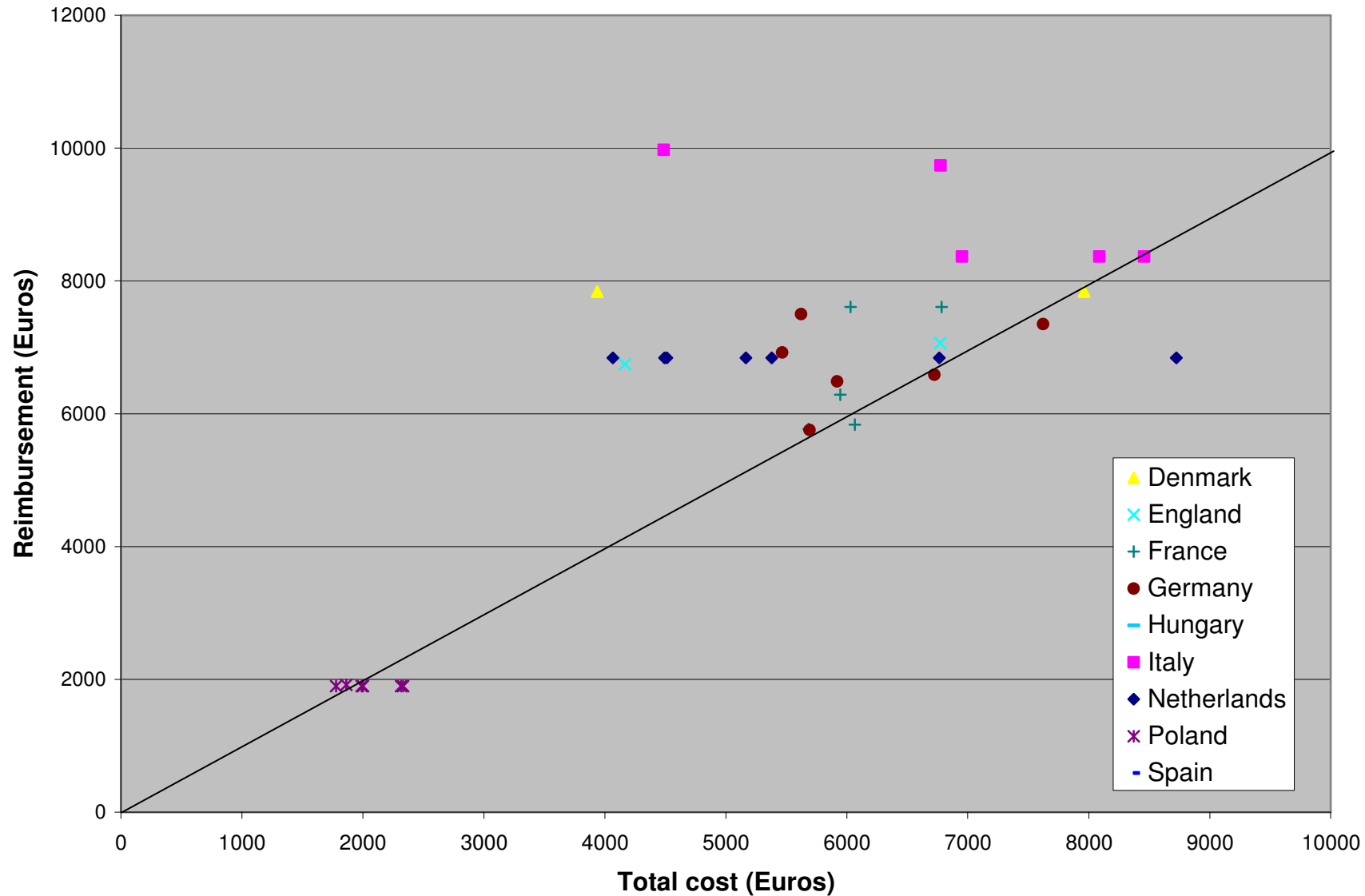




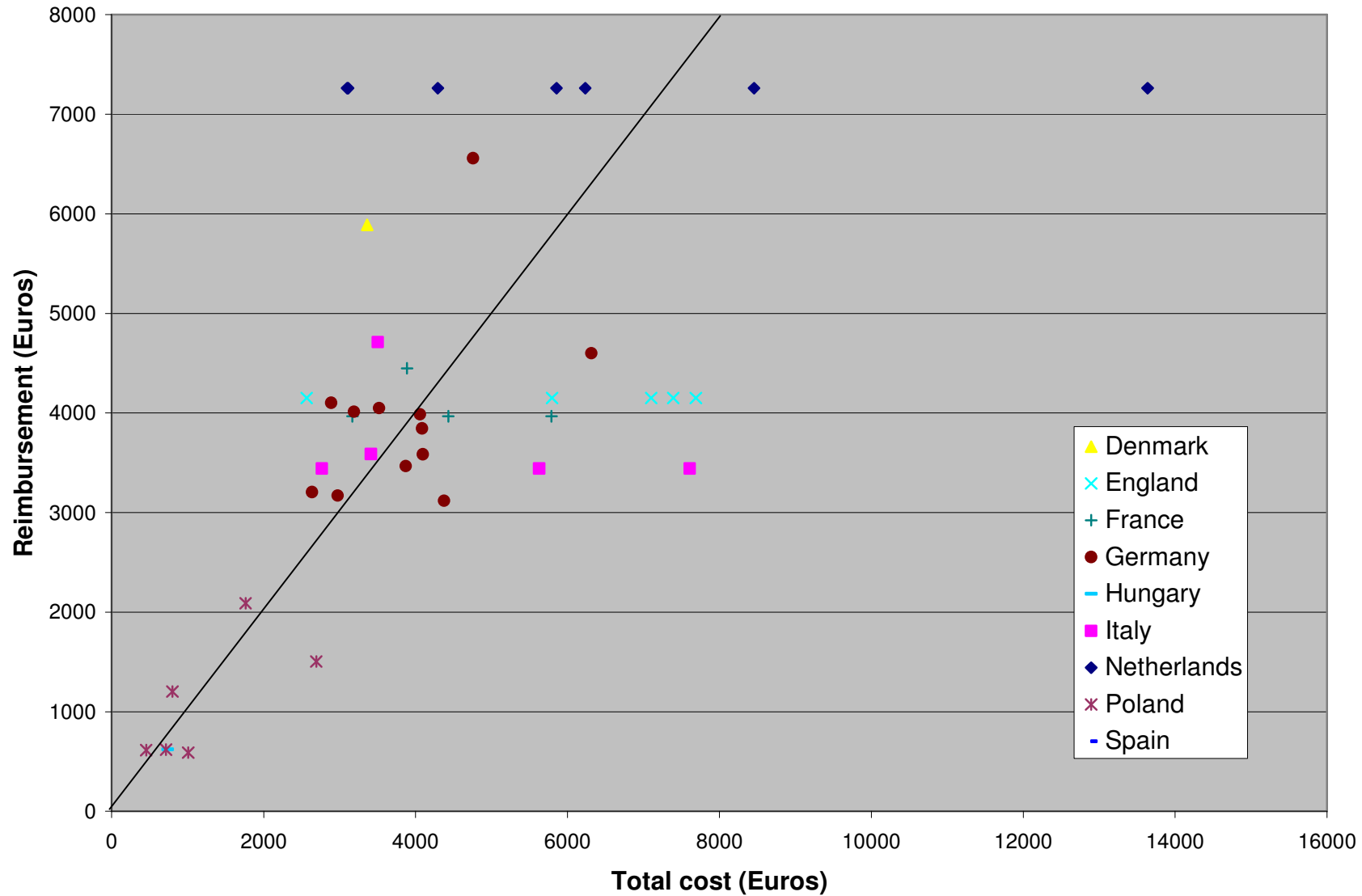




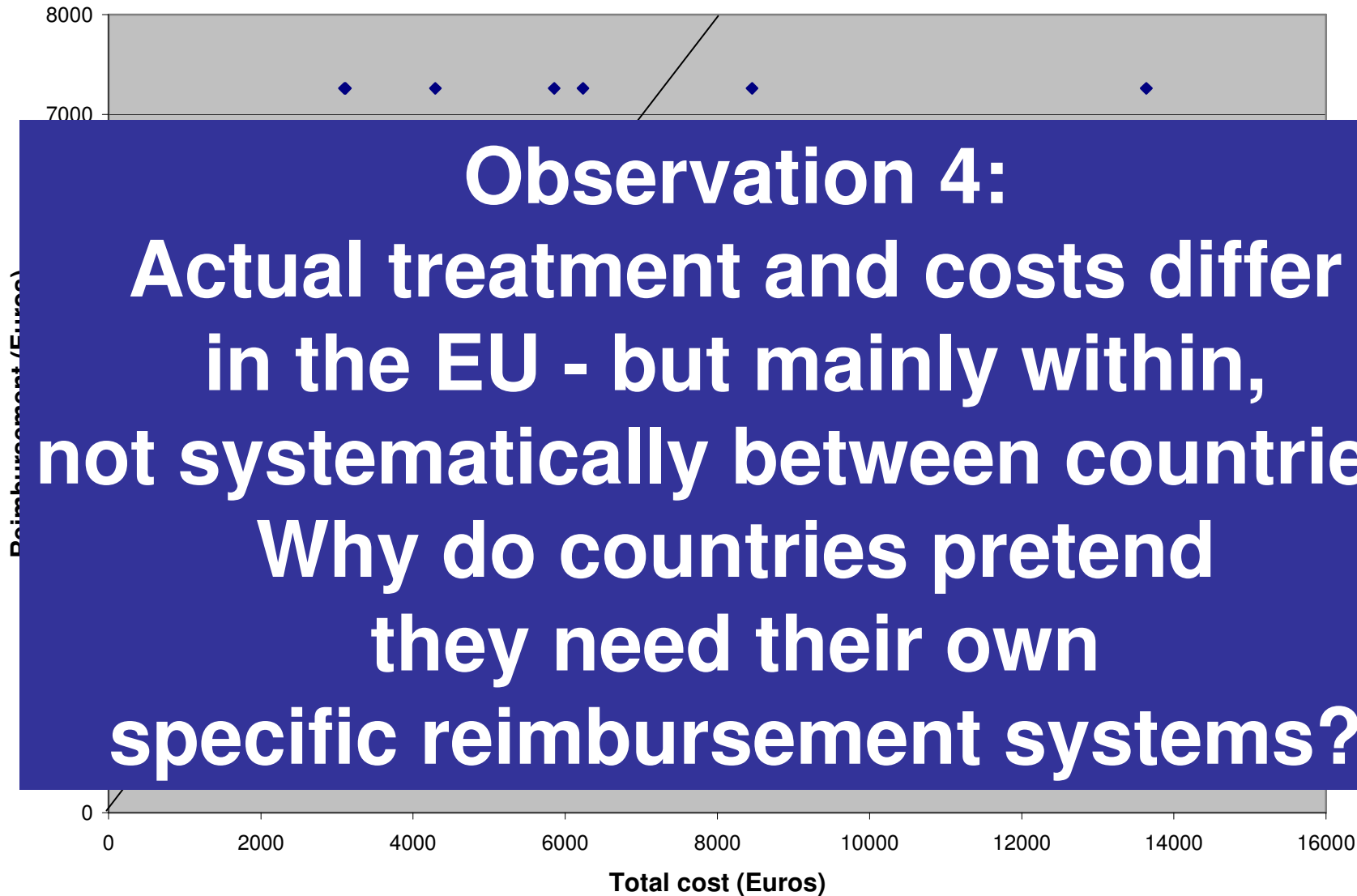
# Costs and reimbursement of European hospitals: hip replacement



# Costs and reimbursement of European hospitals: **stroke**



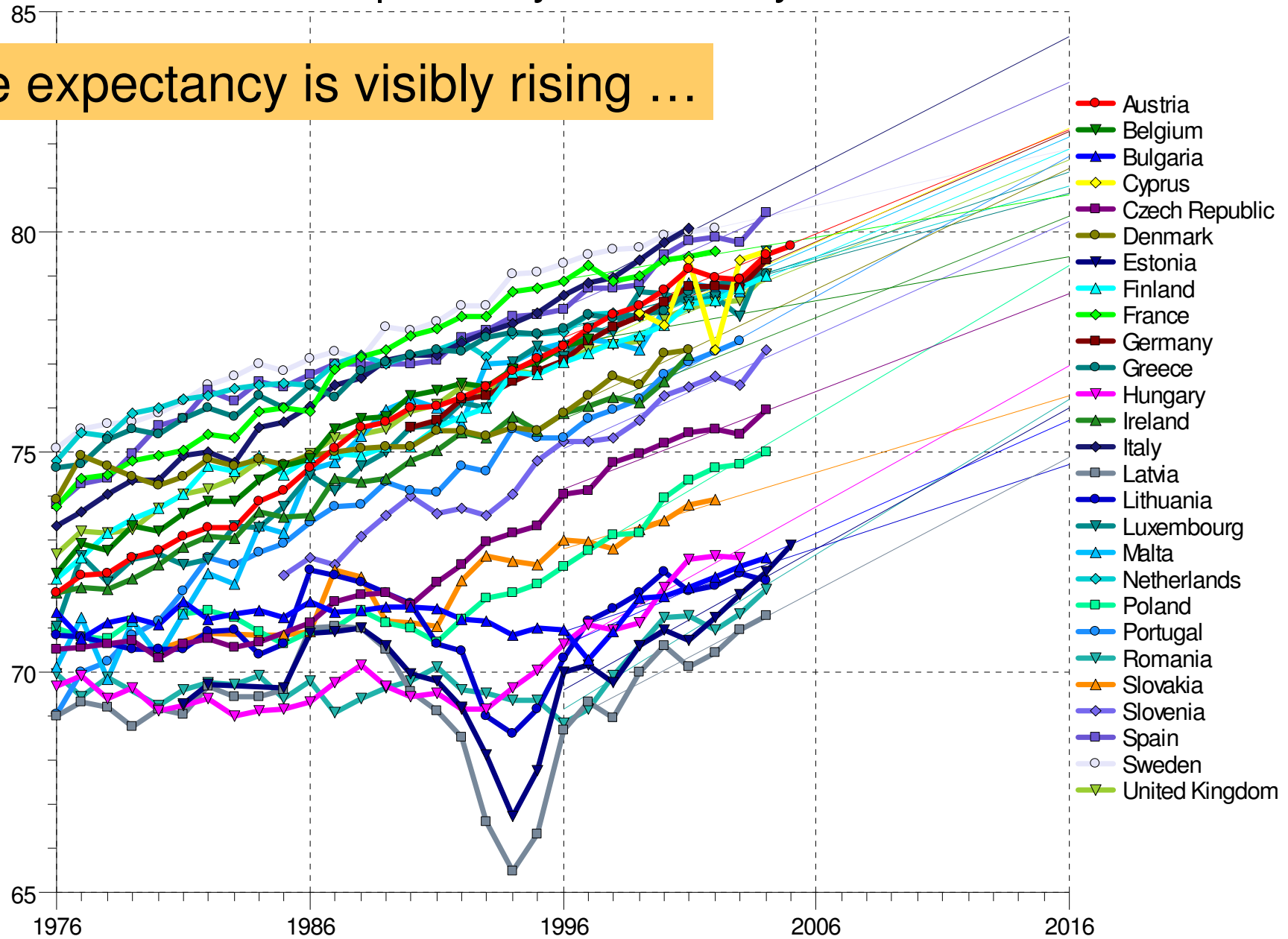
# Costs and reimbursement of European hospitals: **stroke**



**Observation 4:**  
**Actual treatment and costs differ in the EU - but mainly within, not systematically between countries. Why do countries pretend they need their own specific reimbursement systems?**

# Life expectancy at birth, in years

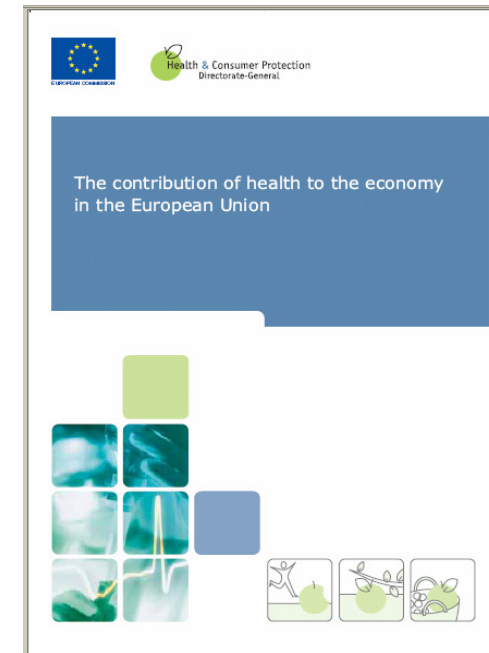
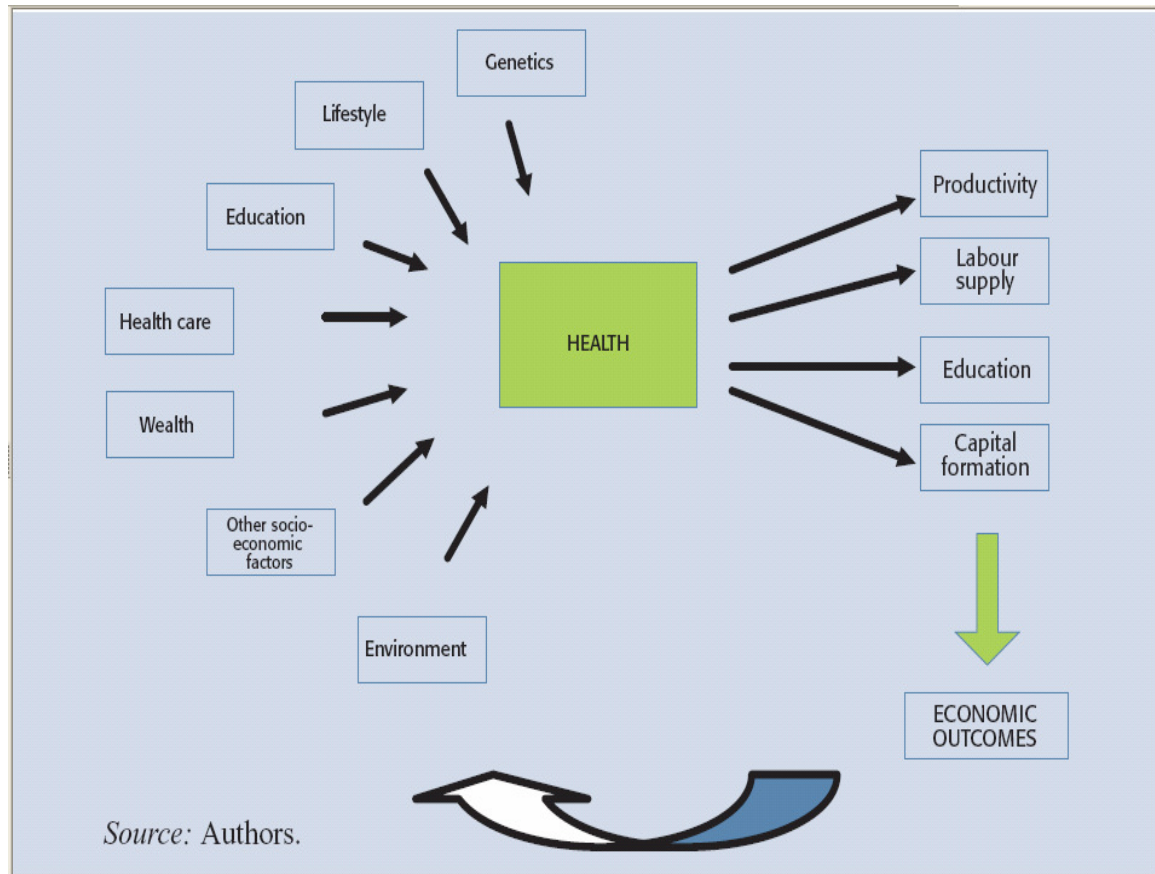
Life expectancy is visibly rising ...



# 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.
<b>Share "medically amenable/ avoidable" mortality of total mortality (cross-sectional analysis)</b>								
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%
<b>Change in mortality per year (longitudinal analysis)</b>								
„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%
<b>Share of "medically amenable" mortality of change in total mortality</b>								
	71%	59%	38%	46%	45%	78%	43%	41%

# Rethinking investment in health: A virtuous cycle?



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



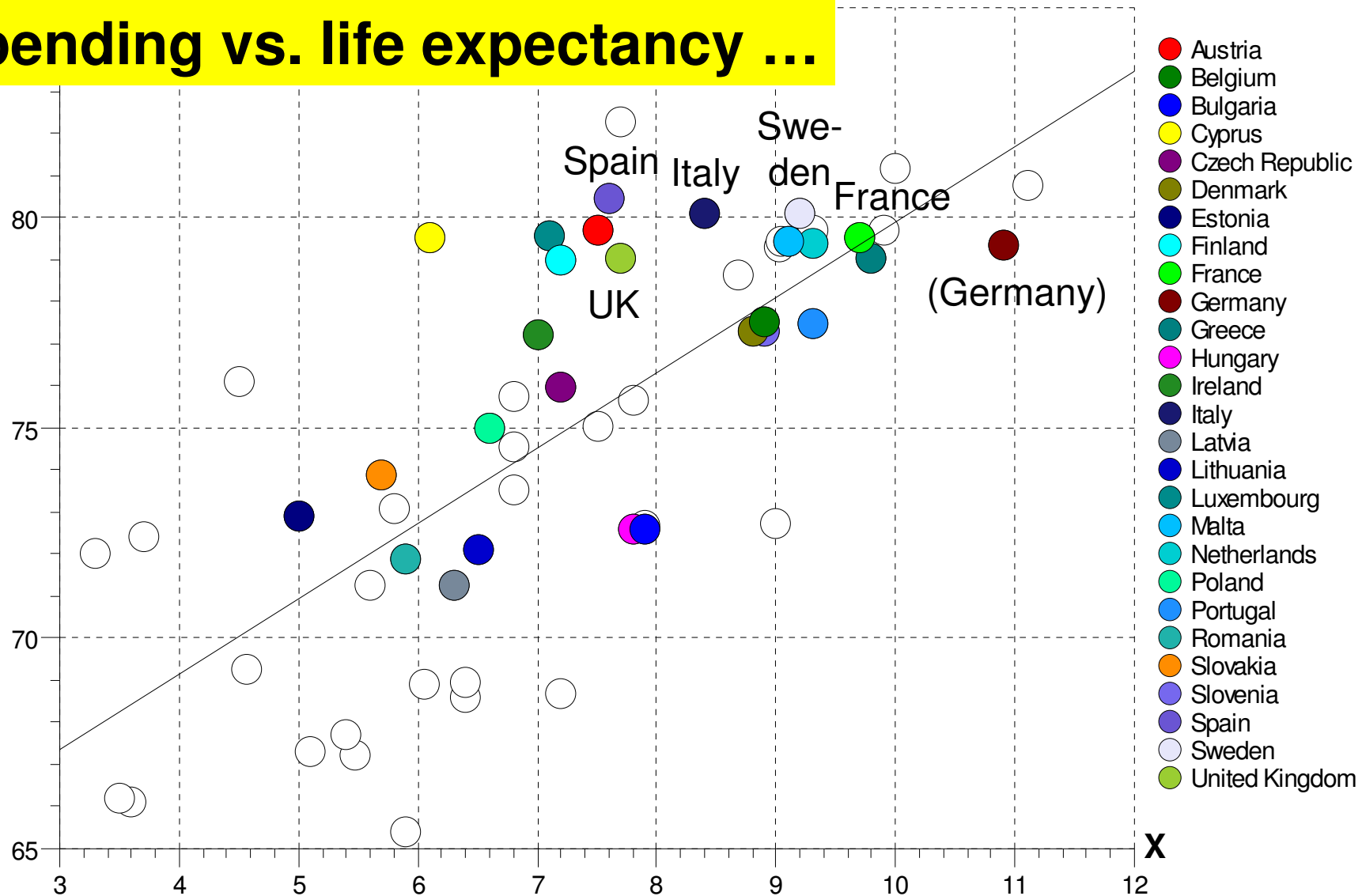
# The return on investment

	<b>France</b>	<b>UK</b>	<b>Italy</b>	<b>Spain</b>	<b>Sweden</b>
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
<b>Return on health expenditure</b>	<b>47%</b>	<b>148%</b>	<b>229%</b>	<b>252%</b>	<b>274%</b>

Y

$Y = 1.79X + 61.97$

# Spending vs. life expectancy ...



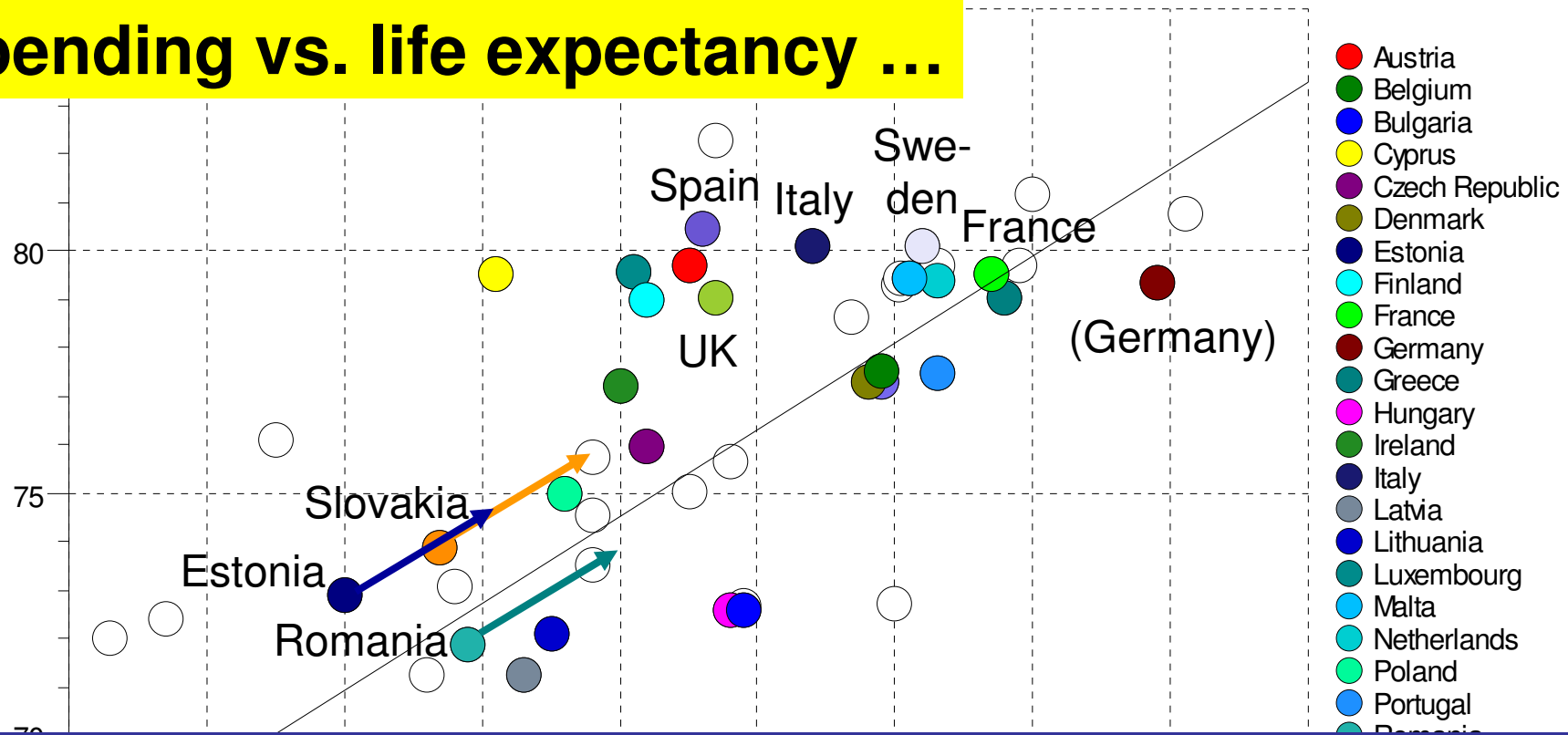
X- Total health expenditure as % of gross domestic product (GDP), WHO estimates, 2002

Y- Life expectancy at birth, in years, Last available

Y

$$Y = 1.79X + 61.97$$

## Spending vs. life expectancy ...



**Observation 5: If health care increases wealth, then it is in our common EU interest that low-spending countries increase their health expenditure.**

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

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

Deutschsprachige Artikel  
zu Gesundheitssystemen  
international:

[www.healthcaresystems.de](http://www.healthcaresystems.de)

[www.observatory.dk](http://www.observatory.dk)

European  
**Observatory**   
on Health Systems and Policies