Health Strategy
and Health Systems –
A world apart?

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Health Care/
Health System

(Potential/ actual) Health Threats

Health Determinants (positive & negative)

Health Impact Assessment

(Public/ Population) Health

Health expenditure (= consumption)

Economy (GDP) Wealth

The old-fashioned view …
At the same time …

health care has become much more effective:

Reduction of “Medically amenable mortality” explained 40%-70% of overall mortality decline in the 1960s and 1970s.

(although we only found that out later)

Thomas McKeown
(1976) The Role of Medicine: Dream, Mirage, or Nemesis?
<table>
<thead>
<tr>
<th></th>
<th>England &amp; Wales</th>
<th>USA</th>
<th>France</th>
<th>Japan</th>
<th>Italy</th>
<th>Sweden</th>
<th>Netherlands</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time analysed</td>
<td>1956-1978</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1969-84</td>
<td>1975-90</td>
</tr>
<tr>
<td>Age groups included</td>
<td>5-64 y.</td>
<td>0-74 y.</td>
<td>5-64 y.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Share “medically amenable/ avoidable“ mortality of total mortality (cross-sectional analysis)**

<table>
<thead>
<tr>
<th>Year</th>
<th>England &amp; Wales</th>
<th>USA</th>
<th>France</th>
<th>Japan</th>
<th>Italy</th>
<th>Sweden</th>
<th>Netherlands</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1956</td>
<td>17.3%</td>
<td>15.8%</td>
<td>15.3%</td>
<td>33.3%</td>
<td>19.7%</td>
<td>15.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1969</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18.4%</td>
</tr>
<tr>
<td>1975/ 78</td>
<td>9.6%</td>
<td>6.3%</td>
<td>7.4%</td>
<td>19.6%</td>
<td>11.3%</td>
<td>7.1%</td>
<td>15.5%</td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.7%</td>
</tr>
<tr>
<td>1990</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**Change in mortality per year (longitudinal analysis)**

<table>
<thead>
<tr>
<th></th>
<th>England &amp; Wales</th>
<th>USA</th>
<th>France</th>
<th>Japan</th>
<th>Italy</th>
<th>Sweden</th>
<th>Netherlands</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Medically amenable“ mortality</td>
<td>-3.2%</td>
<td>-3.6%</td>
<td>-4.5%</td>
<td>-5.6%</td>
<td>-3.8%</td>
<td>-4.2%</td>
<td>-4.5%</td>
<td>-6.5%</td>
</tr>
<tr>
<td>Other mortality</td>
<td>-0.2%</td>
<td>-0.4%</td>
<td>-1.0%</td>
<td>-2.5%</td>
<td>-0.8%</td>
<td>-0.1%</td>
<td>-1.1%</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Total mortality</td>
<td>-0.6%</td>
<td>-0.9%</td>
<td>-1.4%</td>
<td>-3.4%</td>
<td>-1.3%</td>
<td>-0.6%</td>
<td>-1.6%</td>
<td>-1.8%</td>
</tr>
</tbody>
</table>

**Share of “medically amenable“ mortality of change in total mortality**

|                         | 71% | 59% | 38% | 46% | 45% | 78% | 43% | 41% |

Age standardised death rates \(_{(0-74)}\) from amenable causes, 1980 & 1998
Where there is no (effective) health system – people die

Diabetes mellitus
But health care also qualifies as a “health threat“:

INSTITUTE OF MEDICINE

Shaping the Future for Health

TO ERR IS HUMAN:
BUILDING A SAFER HEALTH SYSTEM

Health care in the United States is not as safe as it should be--and can be. At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented, according to estimates from two major studies. Even using the lower estimate, preventable medical errors in hospitals exceed attributable deaths to such feared threats as motor-vehicle wrecks, breast cancer, and AIDS.
Health Care / Health System

(Potential/ actual) Health Threats

Health Technology Assessment

Health Determinants (positive & negative)

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Health expenditure (= consumption)

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Health expenditure (= consumption)
The return on investment

<table>
<thead>
<tr>
<th></th>
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<th>UK</th>
<th>Italy</th>
<th>Spain</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in GDP per capita</td>
<td>$5,200</td>
<td>$6,000</td>
<td>$5,420</td>
<td>$5,180</td>
<td>$4,810</td>
</tr>
<tr>
<td>Increase in total health income</td>
<td>$3,302</td>
<td>$4,108</td>
<td>$4,992</td>
<td>$4,498</td>
<td>$4,732</td>
</tr>
<tr>
<td>Increase in health expenditure</td>
<td>$676</td>
<td>$630</td>
<td>$403</td>
<td>$506</td>
<td>$395</td>
</tr>
<tr>
<td>Increase in health income attributable to health care</td>
<td>$996</td>
<td>$1,561</td>
<td>$1,325</td>
<td>$1,780</td>
<td>$1,478</td>
</tr>
<tr>
<td>Return on health expenditure</td>
<td>47%</td>
<td>148%</td>
<td>229%</td>
<td>252%</td>
<td>274%</td>
</tr>
</tbody>
</table>
More money for health care = more health ...

X - Total health expenditure as % of gross domestic product (GDP), WHO estimates, 2002
Y - Life expectancy at birth, in years, Last available
Figure 10: Projected GDP per capita (US $) path for Estonia (based on fixed effects estimation) conditional on three future adult mortality scenarios

Health systems, health and wealth

A conducting framework

Health Systems
- Financial protection
- Quality and cost-effectiveness

Performance
- Transparency
- Accountability

Health
Wealth

The Virtuous Cycle
In conclusion:

A Health Strategy without a central role for health systems is
1. not as effective as it could be
2. risks not being taken seriously (cf. WHO’s health for all)
This presentation and more material can be found on the following websites:

http://mig.tu-berlin.de

www.observatory.dk
Needs-based access?

Personnel well qualified? Institutions of high standards? Technologies effective?

Population health status (need)

Human resources

Technologies

Financial resources

Environment

Nutrition/ agriculture

Other sectors

Health care system

Patients: demand, access

Process

Health care outcome: satisfaction, complications etc.

Health gain/ Outcome

Patients receiving appropriate services?

Fair and sustainable funding?

High-quality results?

How much? Is it worth it?
EU health policy

Population health status (need)

Nutrition/agriculture

Other sectors

Process

Health care system

Health gain/Outcome

Patients: demand, access

Structures and organisation

Health care outcome: satisfaction, complications etc.

Financial resources

Technologies

Human resources

Environment

Internal market

Competition law
Problem! Long time to realise; hesitation to accept; solution in new Treaty?!
Universal coverage; cost-sharing limits

Professional (re-)certification Provider (re-)accreditation Health Technology Assessment Concentration of services

“Do the thing right“: Benchmarking/ league tables; registers

Environment
Nutrition/ agriculture
Other sectors

Population health status (need)

Patients: demand, access

Structures and organisation

Process

Health care outcome: satisfaction, complications etc.

Health care system

“Do the right thing“: ex ante Guidelines/ disease management programmes/ reminders; ex post Review

Health gain/ Outcome
Observation 3: EU health care systems face the same challenges and are choosing very similar answers.
If health care increases wealth, then health care/ systems cannot be ignored in a health strategy.