

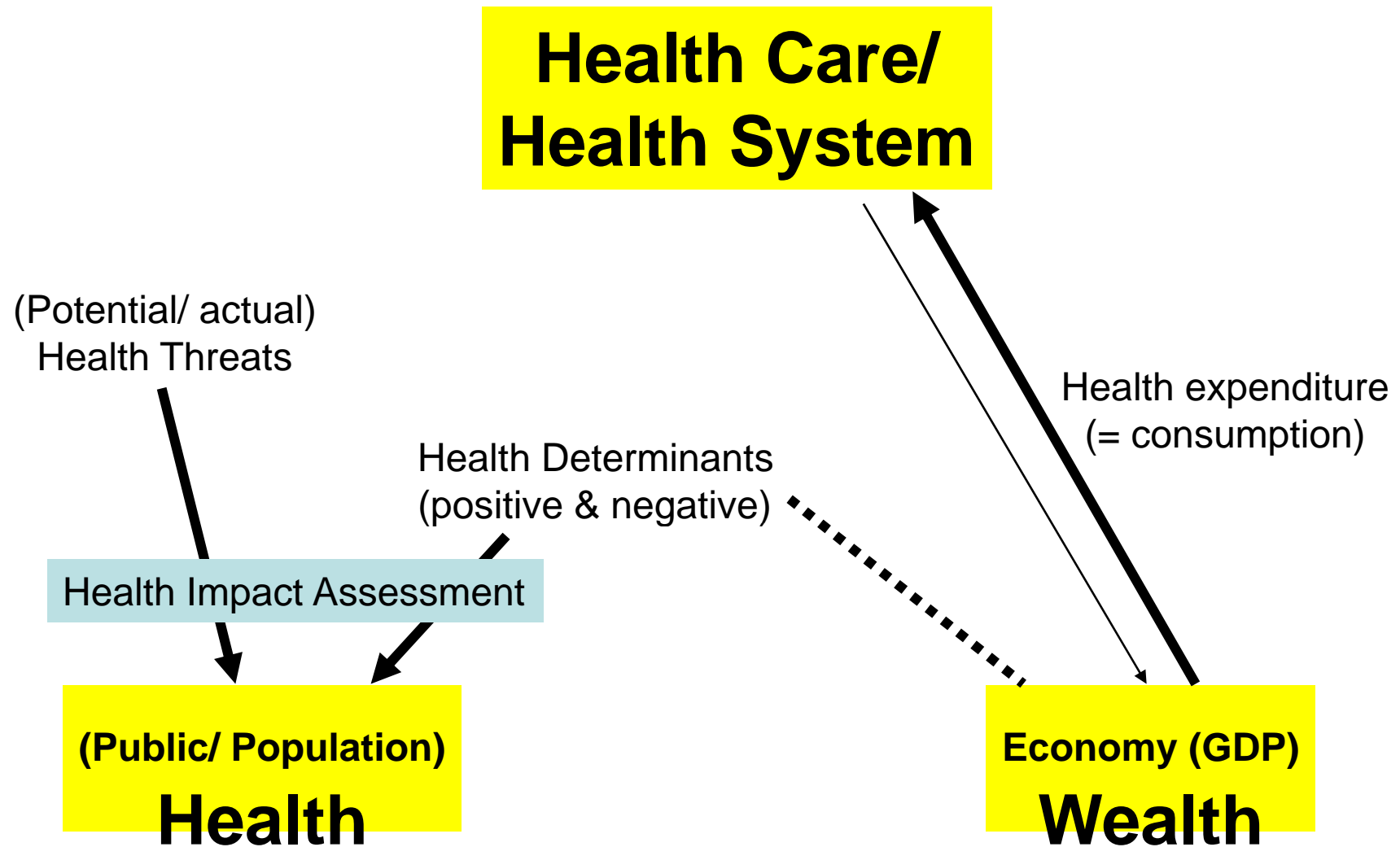


# Health Strategy and Health Systems – A world apart?

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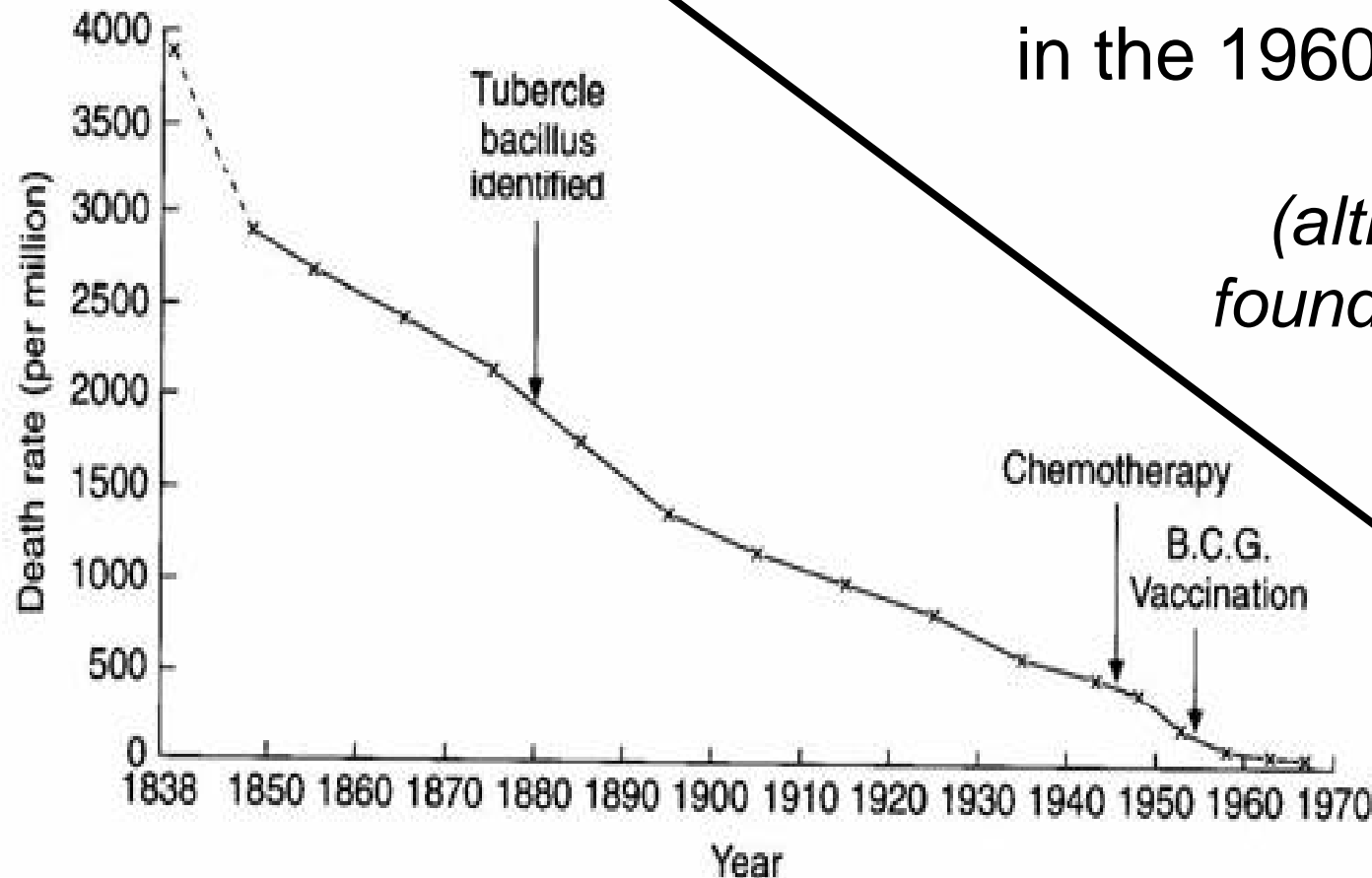
**The old-fashioned view ...**

**At the same time ...  
health care has become much more effective:**

**Thomas  
McKeown  
(1976) *The Role  
of Medicine: Dream,  
Mirage, or Nemesis?***

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

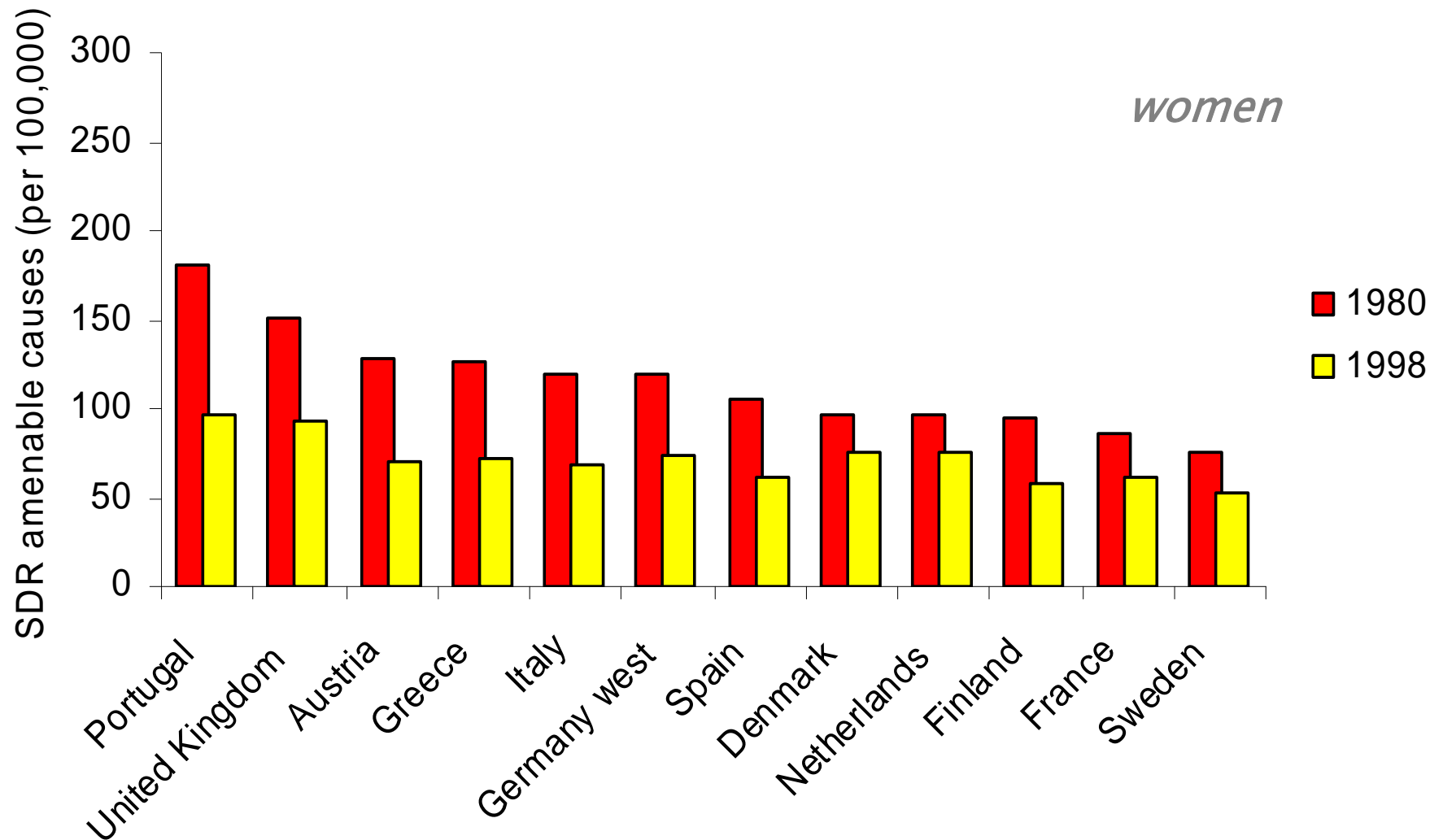
*(although we only found that out later)*



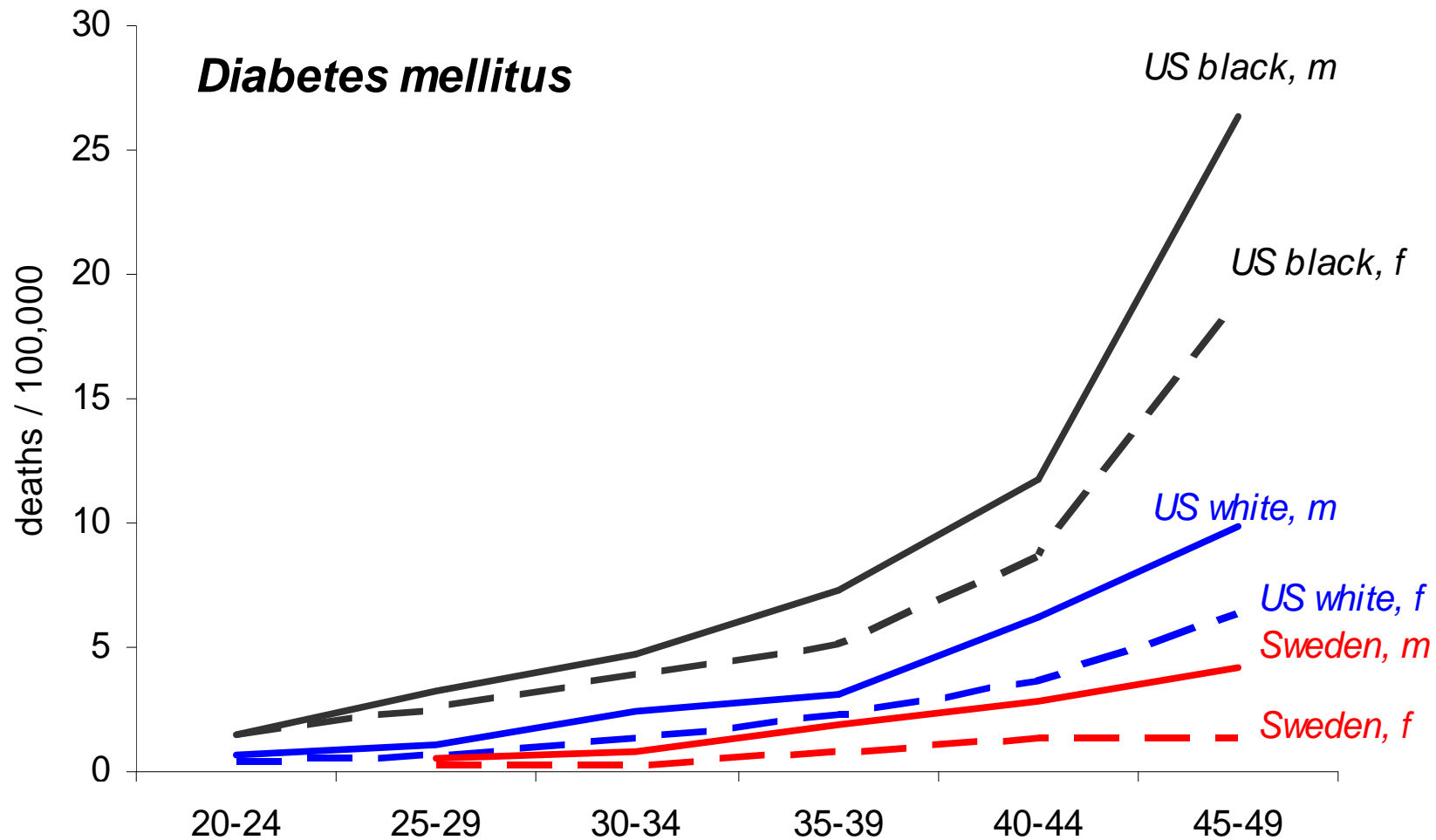
	England & Wales	USA	France	Japan	Italy	Sweden	Netherlands	Spain
Time analysed	1956-1978						1969-84	1975-90
Age groups included	5-64 y.						0-74 y.	5-64 y.
<b>Share "medically amenable/ avoidable" mortality of total mortality (cross-sectional analysis)</b>								
1956	17.3%	15.8%	15.3%	33.3%	19.7%	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%

Busse (2006) Gesundheitssysteme als epidemiologischer Gegenstand – oder: Wie wissen wir, wie effektiv Gesundheitssysteme sind?

# Age standardised death rates<sub>(0-74)</sub> from amenable causes, 1980 & 1998



# Where there is no (effective) health system – people die



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

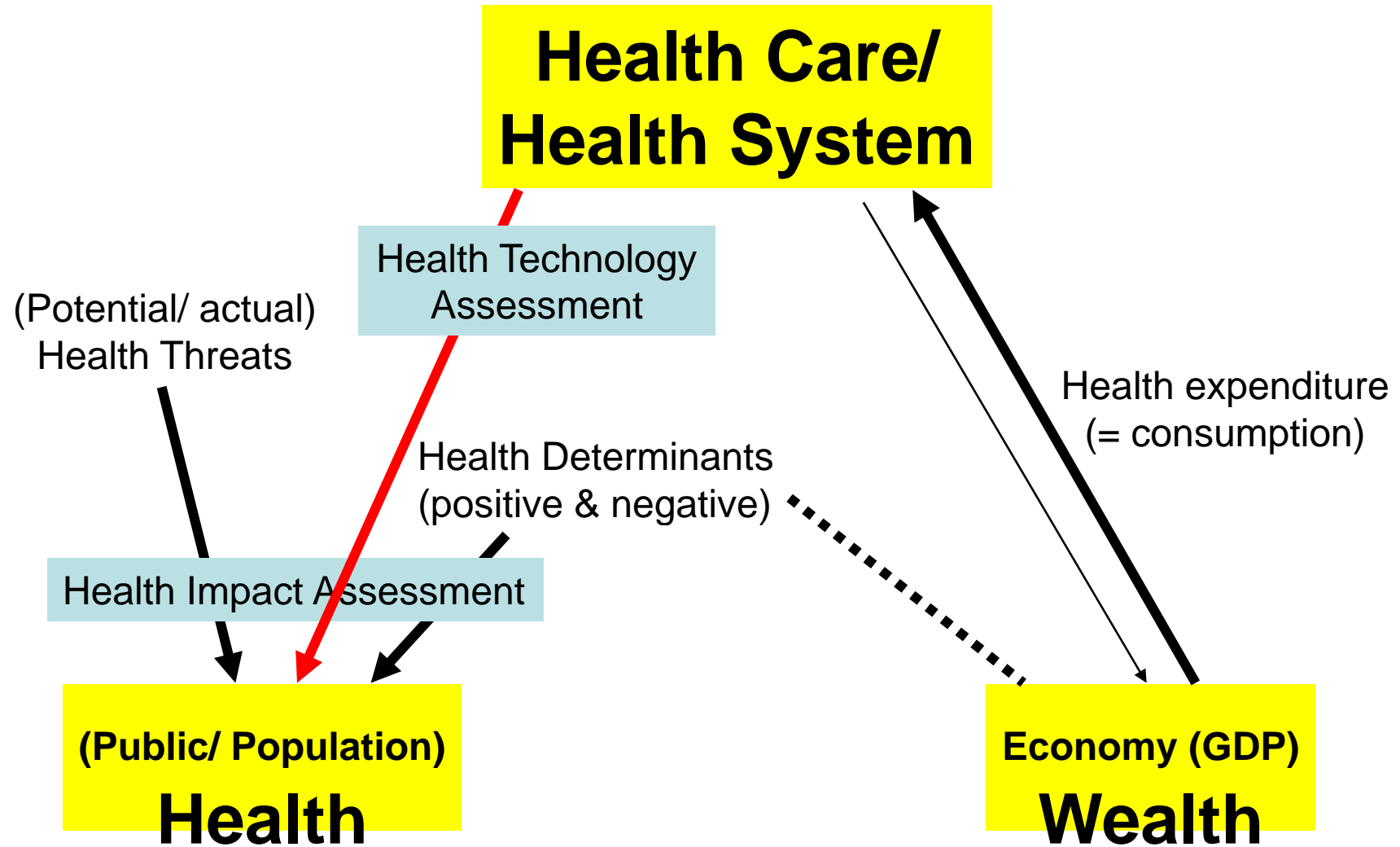
# INSTITUTE OF MEDICINE

*Shaping the Future for Health*

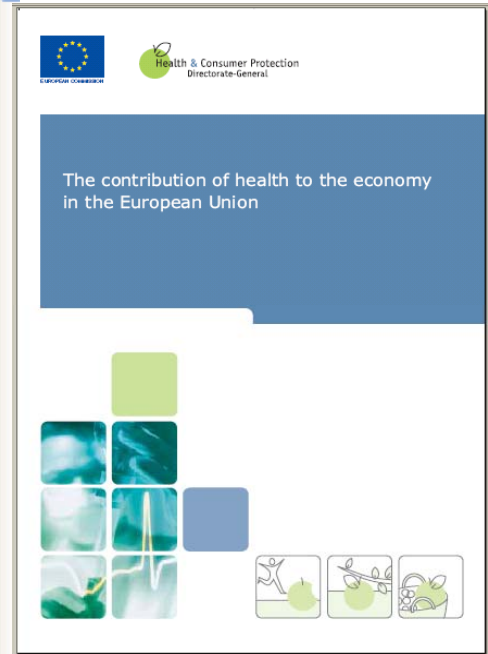
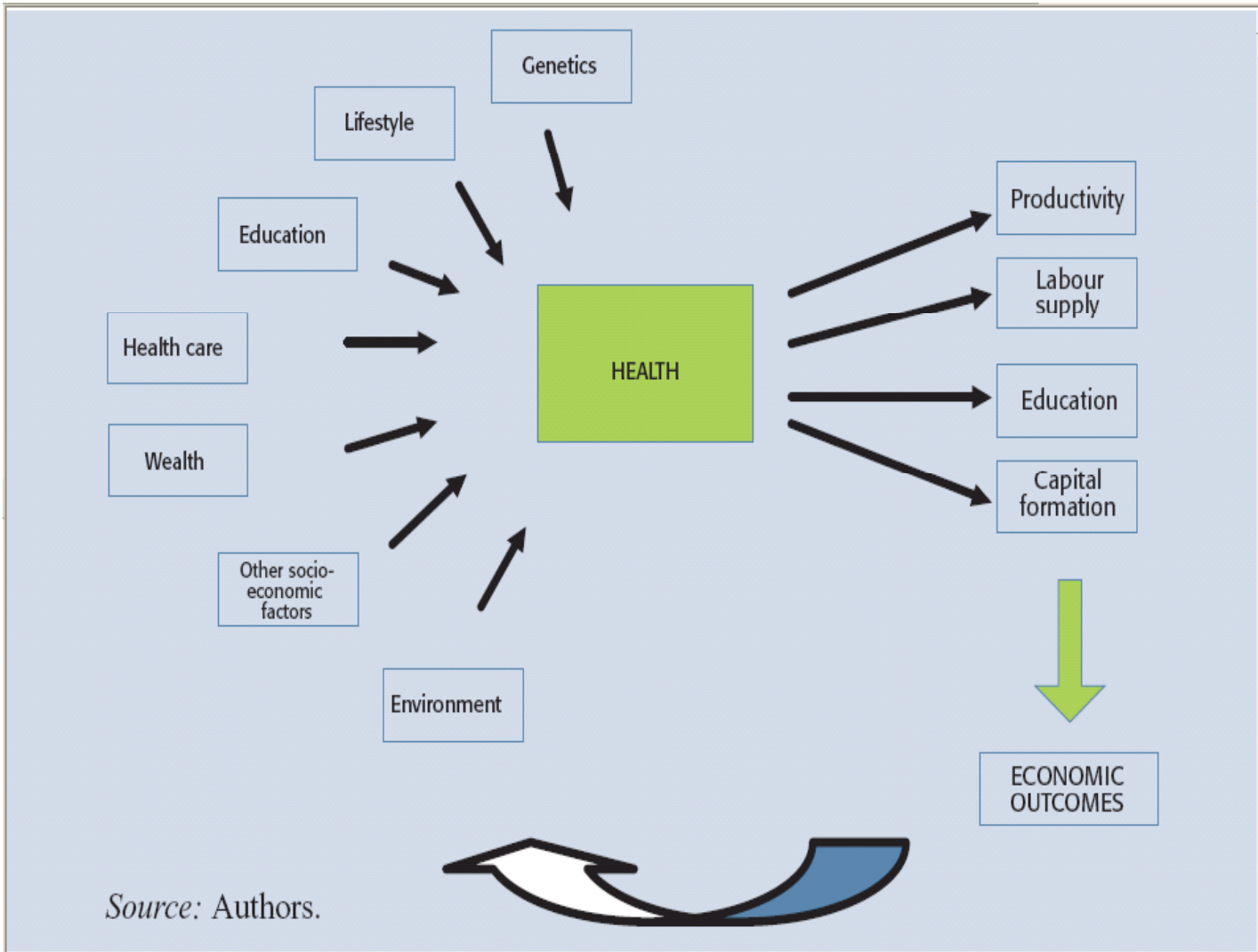
## **TO ERR IS HUMAN: BUILDING A SAFER HEALTH SYSTEM**

**H**ealth 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.

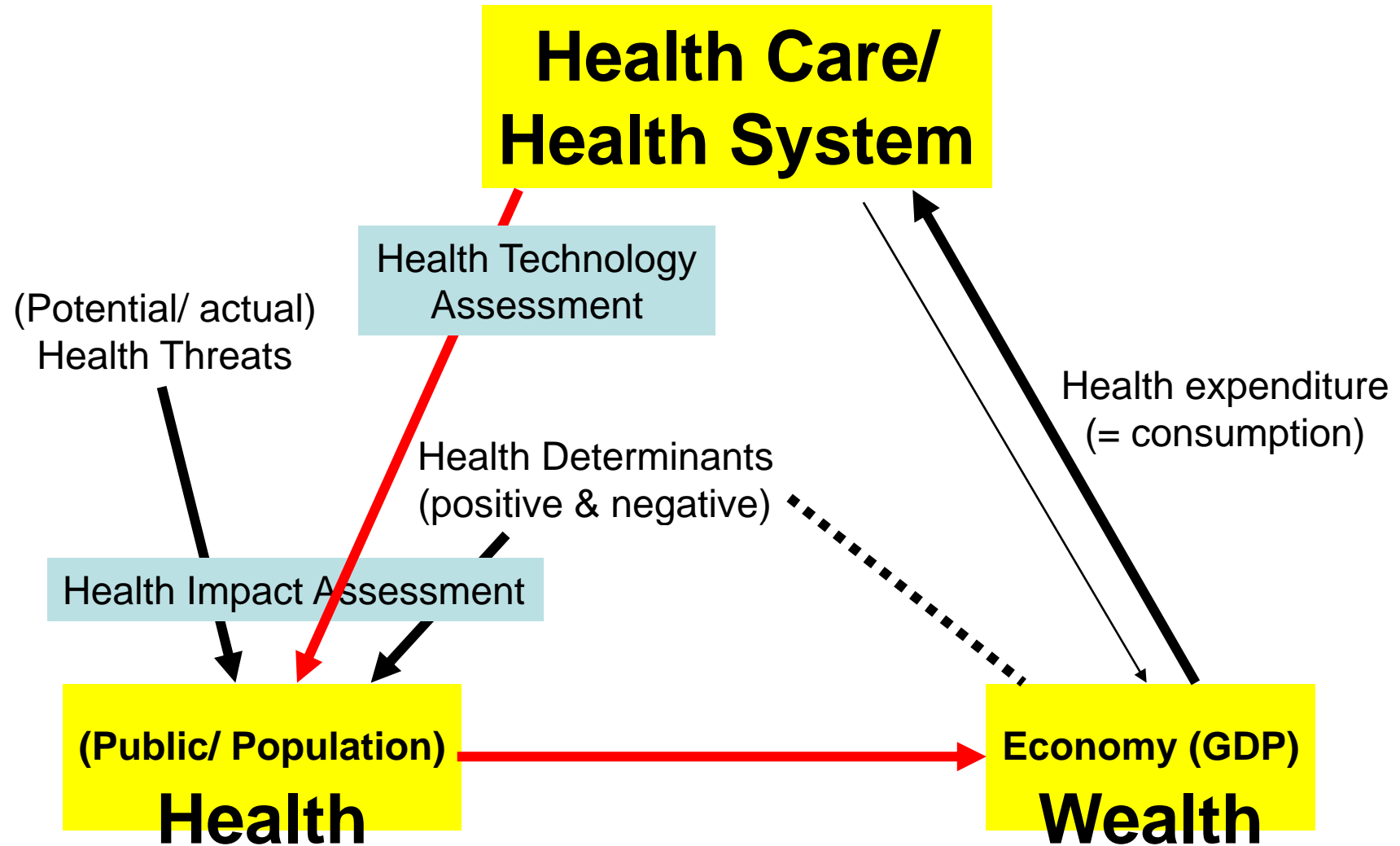






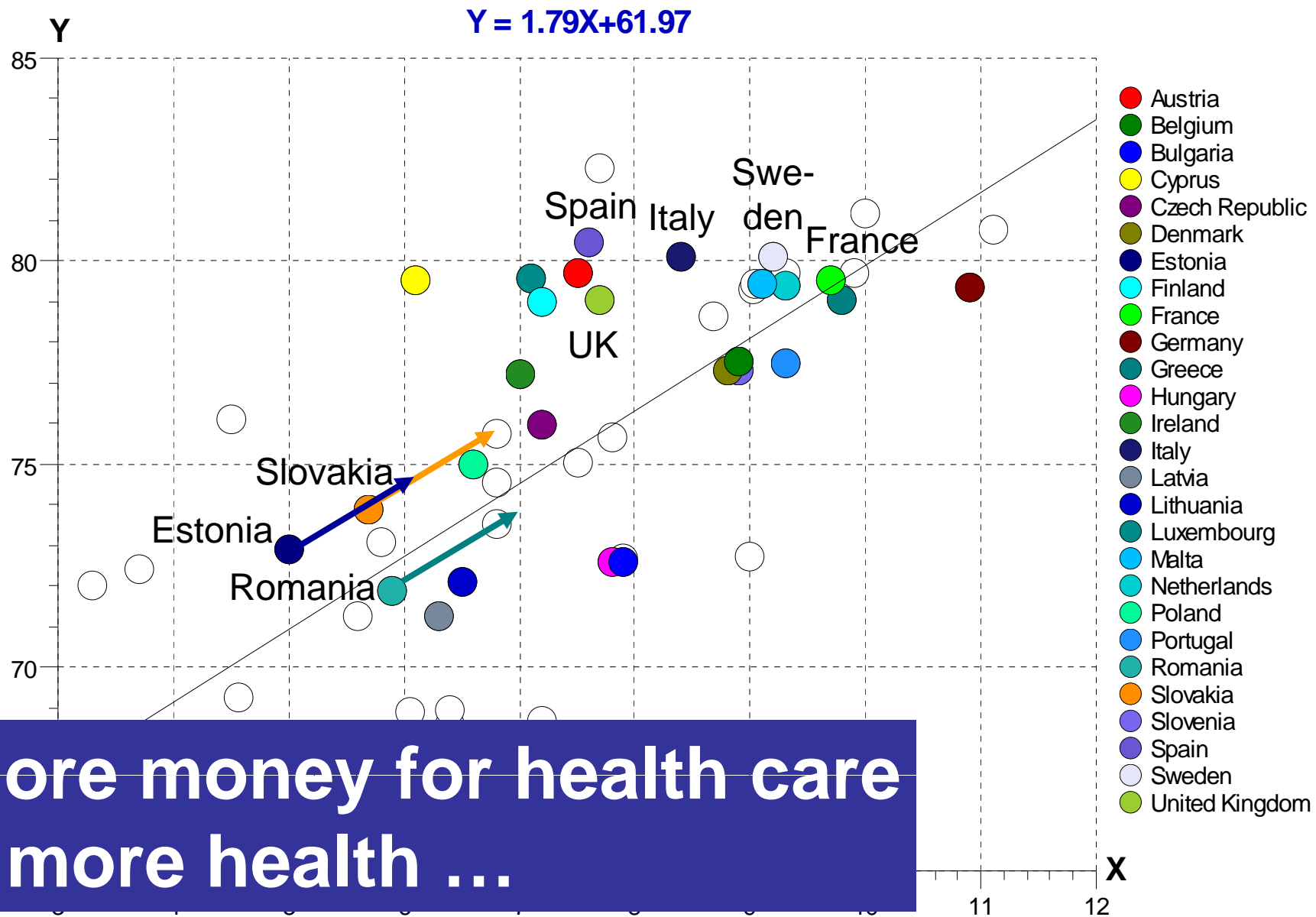


Suhrcke M, McKee M, Sauto Arce R, Tsolva S, Mortensen J. The Contribution of Health to the Economy in the European Union. Brussels: European Commission, 2005.



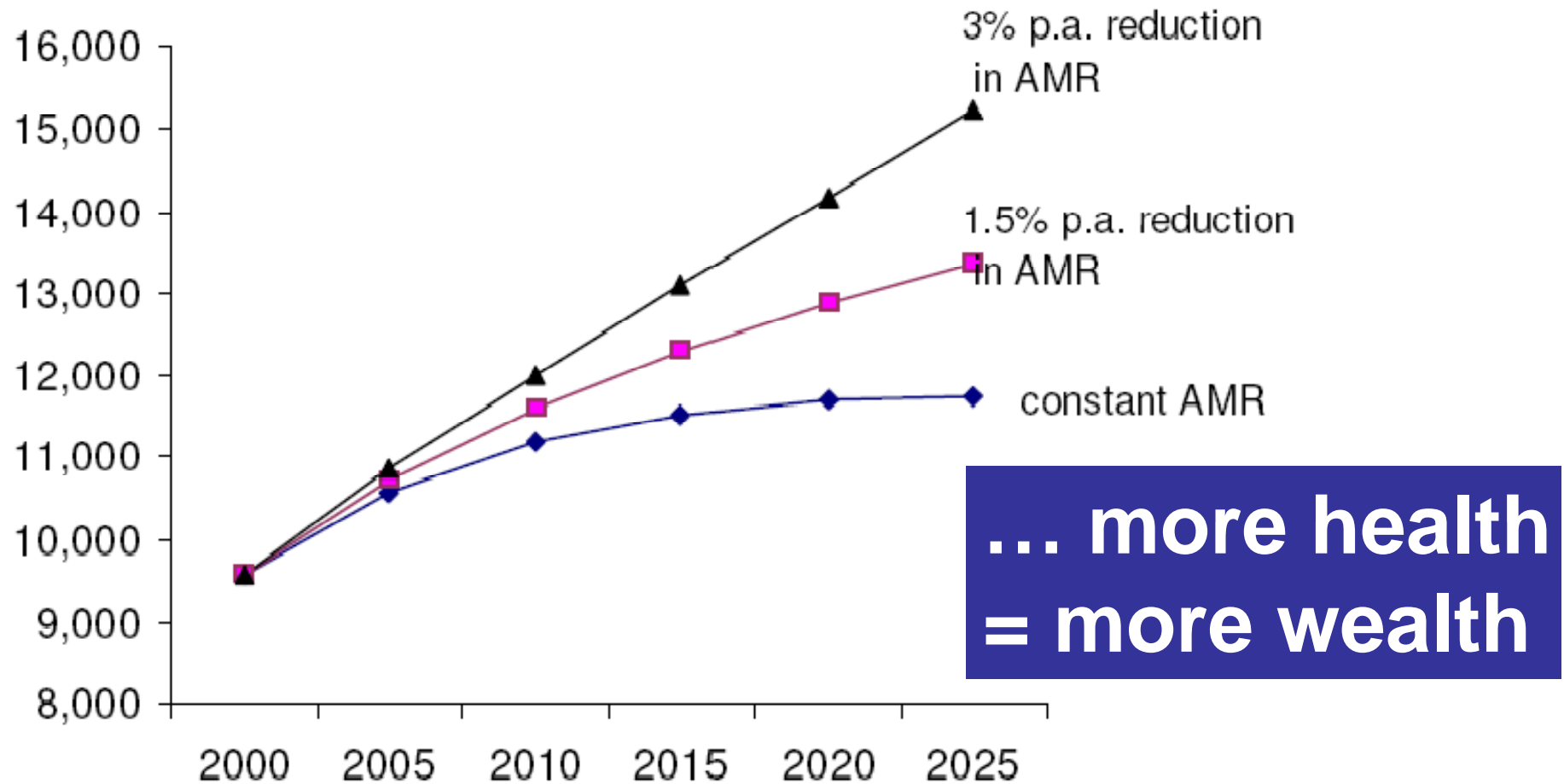
# The return on investment

	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%



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**



**Source: Suhrcke, Vörk, Mazzucco (2006). The Economic consequences of ill health in Estonia**

# Health systems, health and wealth

## *A conducting framework*

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### Health Systems

- *Financial protection*
- *Quality and cost-effectiveness*

***Performance***

- *Transparency*
- *Accountability*

**Health**

**The Virtuous Cycle**

**Wealth**



## **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)

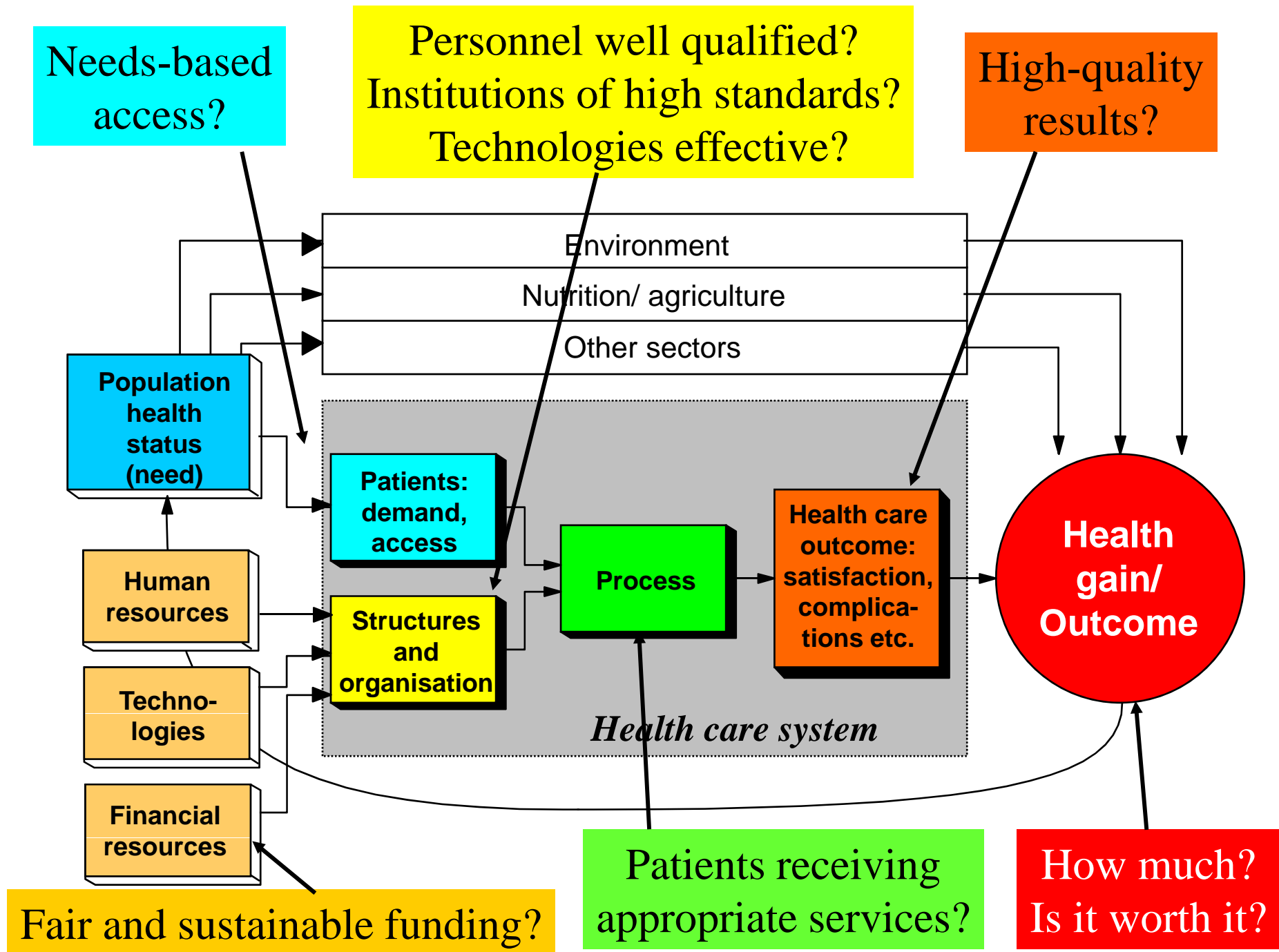
This presentation and more material can be found on the following websites:

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

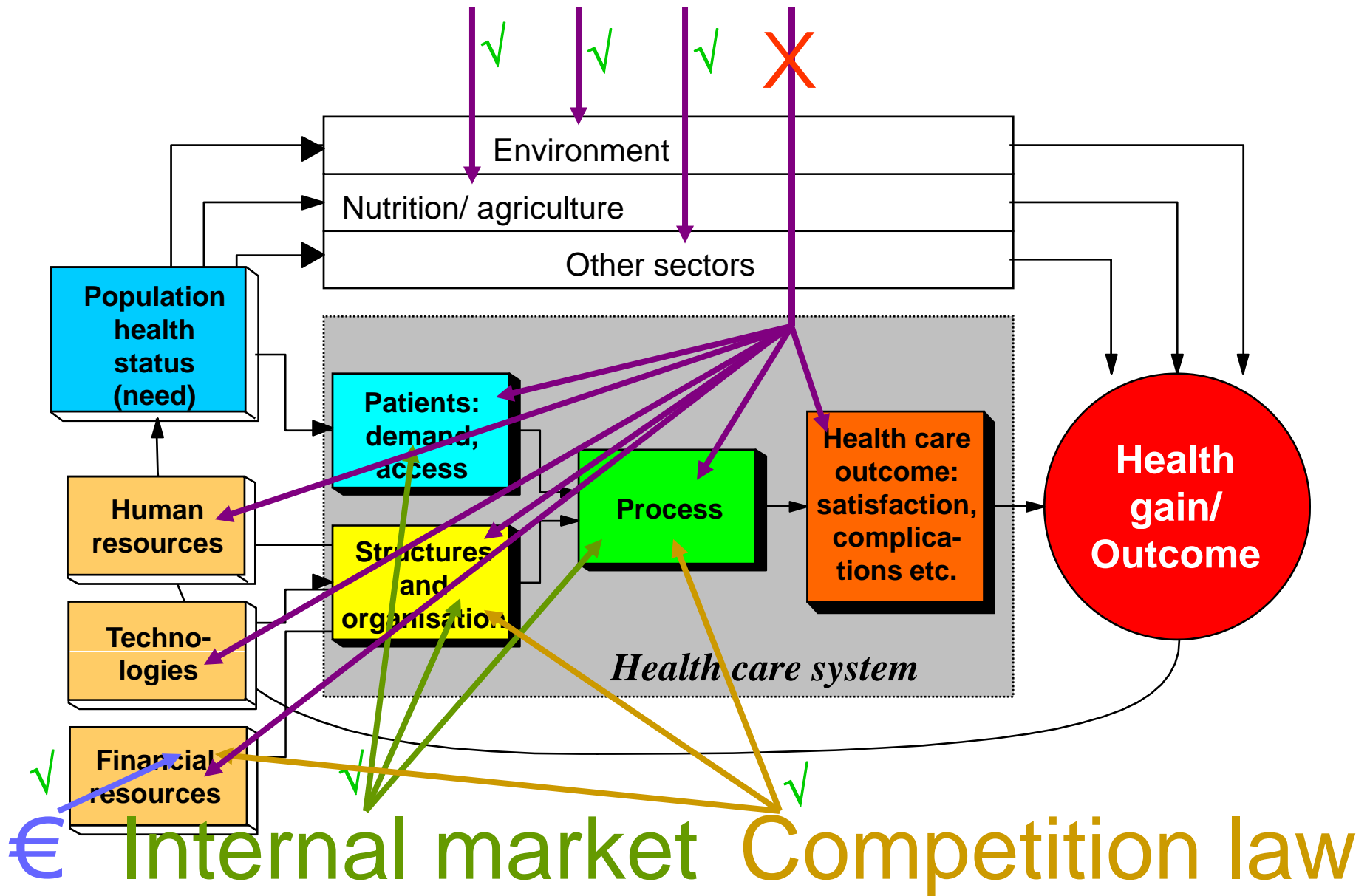
[www.observatory.dk](http://www.observatory.dk)



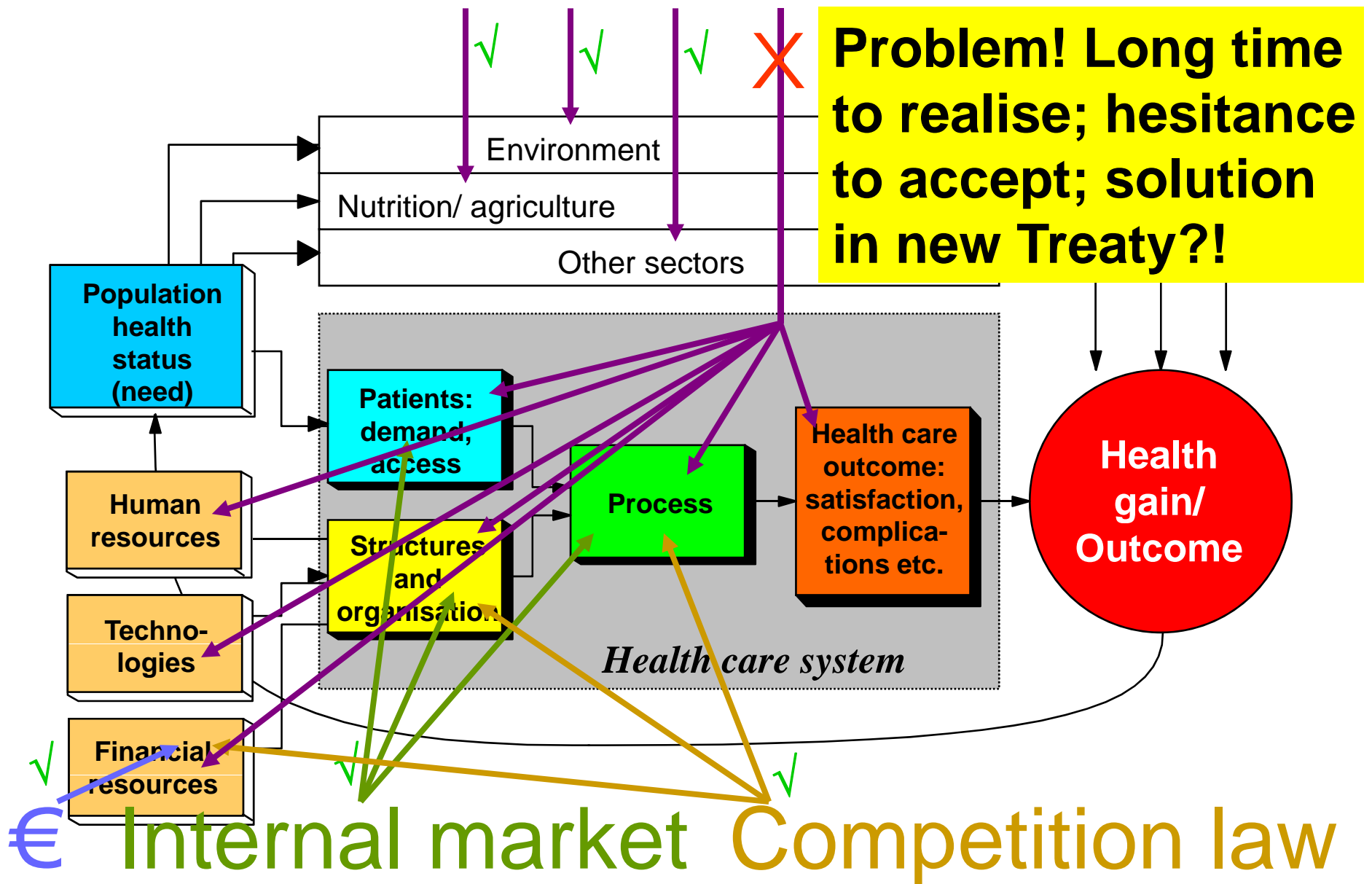




# EU health policy



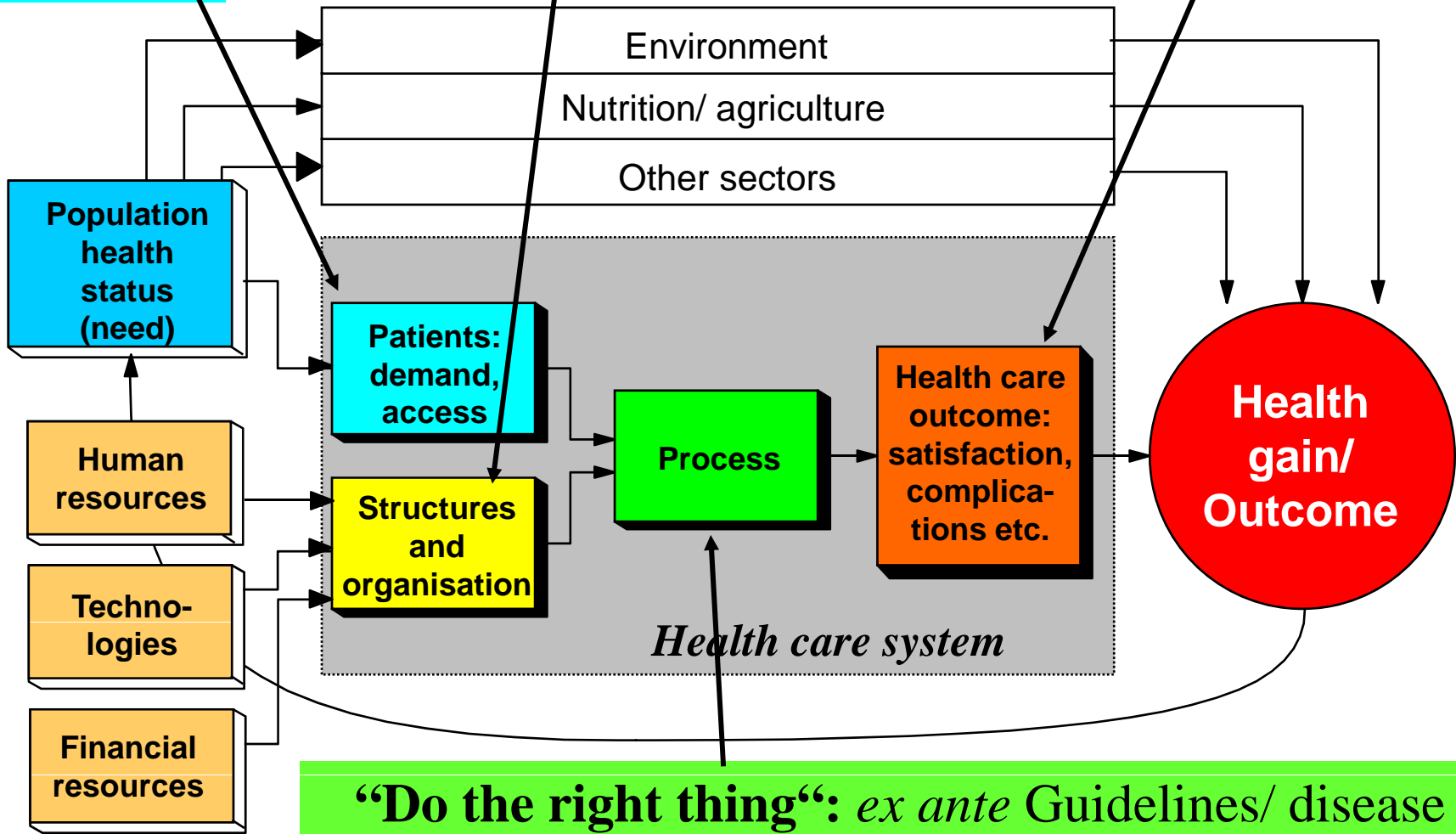
# EU health policy



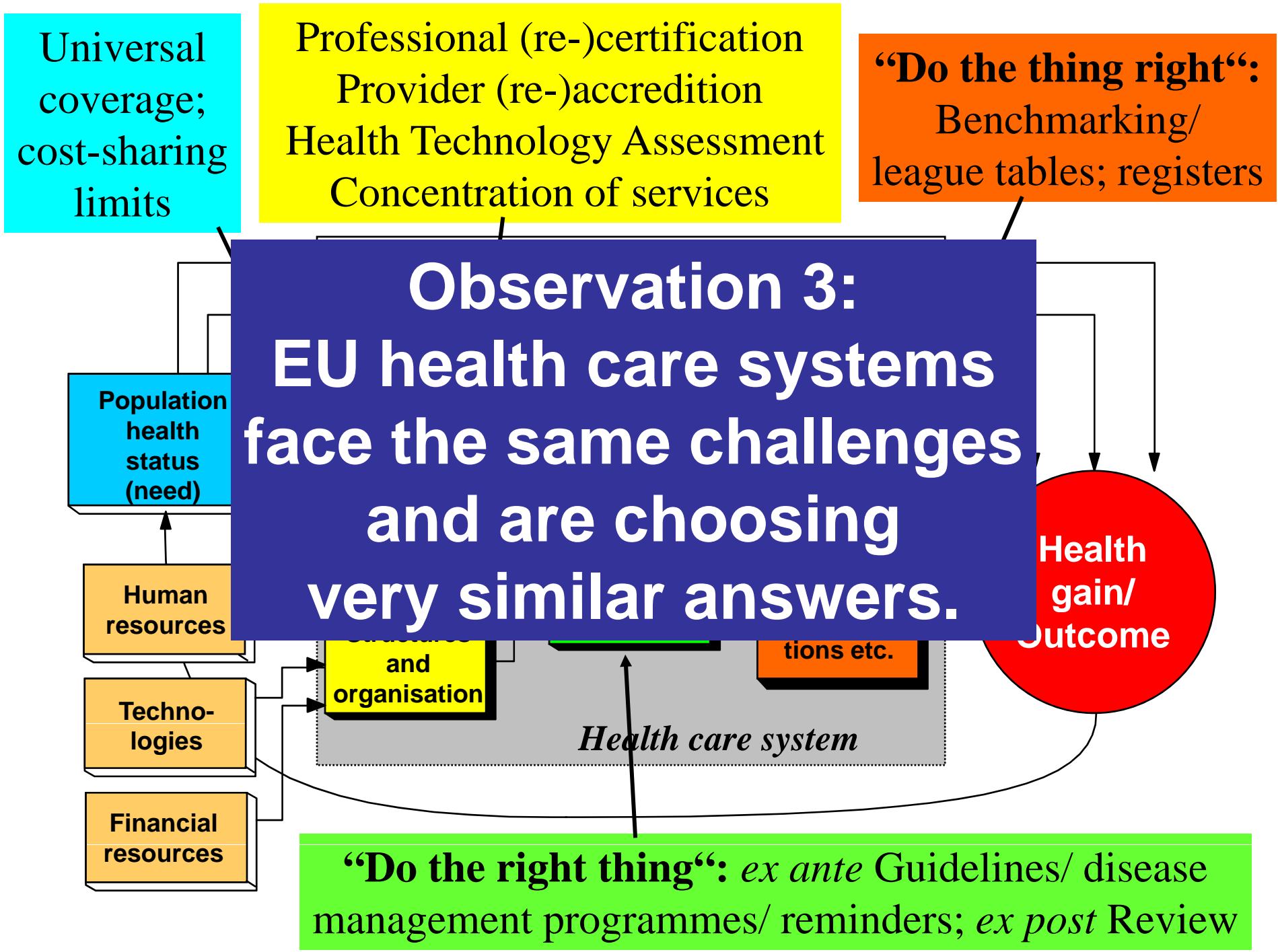
Universal coverage; cost-sharing limits

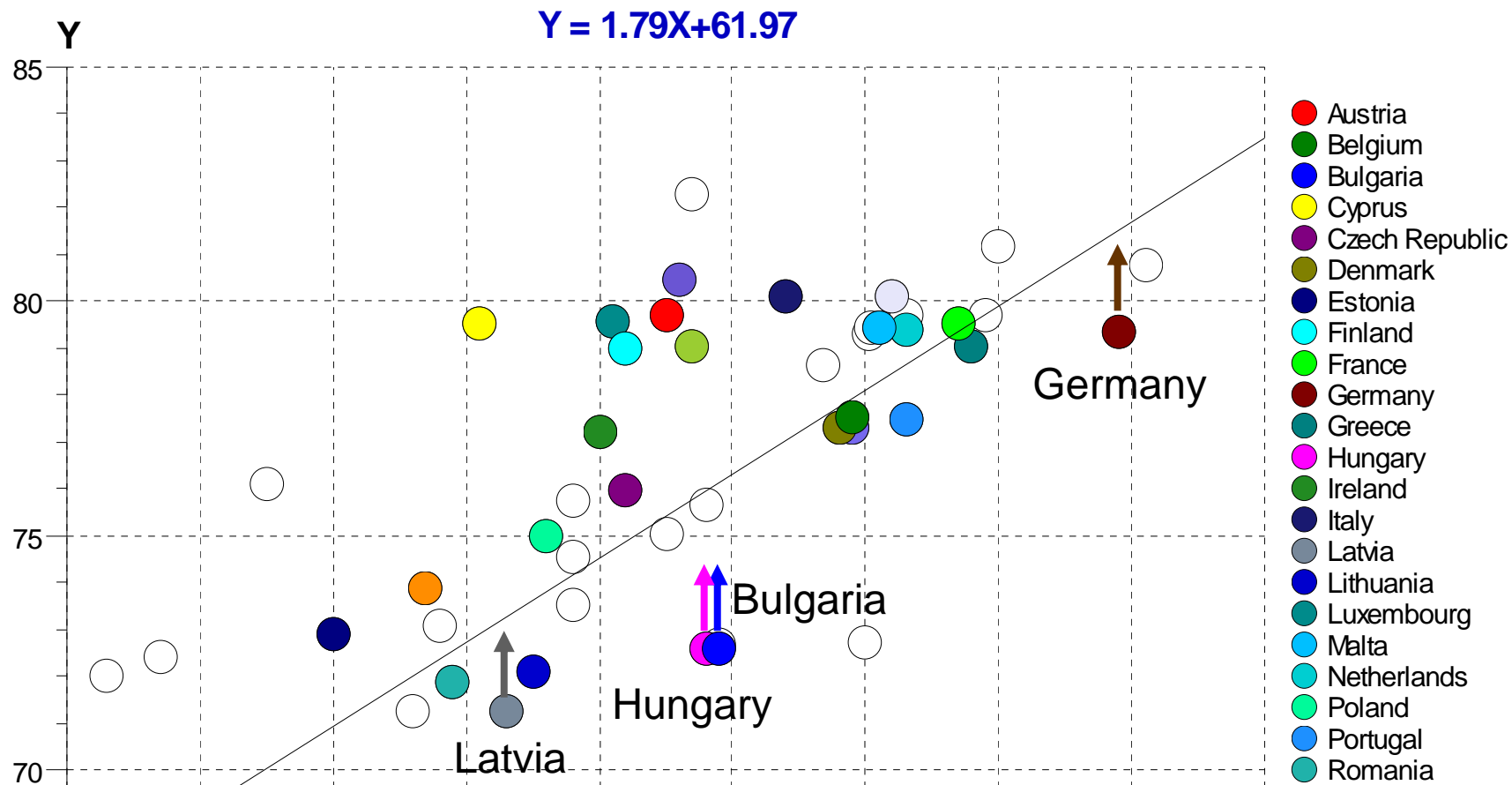
Professional (re-)certification  
Provider (re-)accreditation  
Health Technology Assessment  
Concentration of services

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



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





**If health care increases wealth,  
then health care/ systems  
cannot be ignored in a health strategy**