



Equal Distribution of Health Care Resources: European Model

Beyond Theory to Social Justice in Health Care



Children's Hospital of New Orleans
Saturday, March 15, 2008
New Orleans, Louisiana



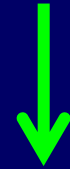
Alfred Tenore
Professor of Pediatrics, University of Udine
President, European Board of Paediatrics
European Academy of Paediatrics- UEMS Section of Paediatrics



Equal Distribution of Health Care Resources : The European Model



123 min running time



15 minute talk

Equal Distribution of Health Care Resources : The European Model

So, where do we start from ?

Some Clarifications !



“Equal” (or defining **equity** in health)

“Europe”

Equal Distribution of Health Care Resources : The European Model

“Equal” (or defining **equity** in health)

health inequities are differences in health that are:

unnecessary

avoidable

unfair

unjust

Whitehead M. : The Concepts and principles of equity in health.
Int J. Health Serv 1992;22:429-445

Inequities in the distribution of health care resources

Inequities in **health** and **health care** are one of the greatest challenges facing the international community

Problem which
raises serious
questions for:



health care planners



Politicians



ethicists

Equal Distribution of Health Care Resources : The European Model

“Equity” means “Social Justice” or “fairness”

It is an **ethical concept**, grounded in principles of distributive justice.

Equity in health care can be (and has widely been) defined as the **absence of socially unjust** or **unfair health disparities**

Inequities in the distribution of health care resources

Any discussion of **equity** and **justice** in health

is closely
related to
issues of :

→ Human rights

Health is one of the essential human rights specified in the



■ International Covenant on
Economic, Social and Cultural
Rights of 1966

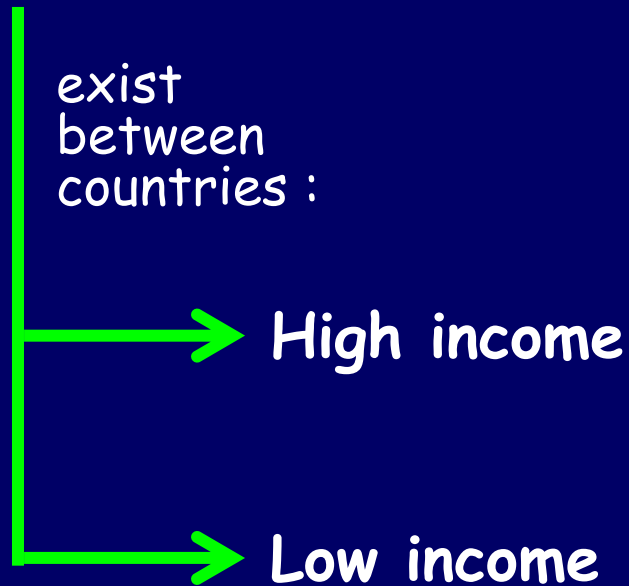
("Right to Health")



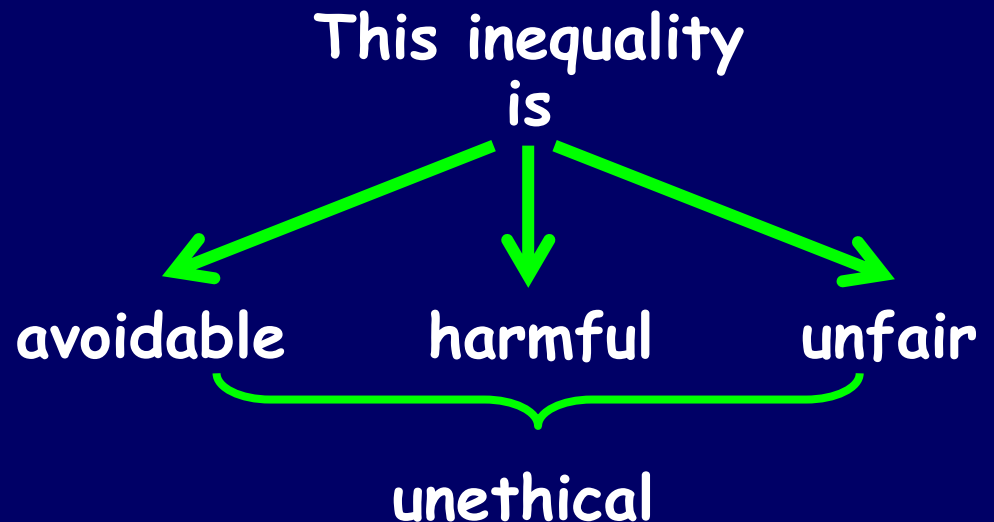
"The right to the enjoyment of the highest attainable standard of physical and mental health and the obligation of all state parties to create conditions which would assure to all people medical services"

Inequities in the distribution of health care resources

The most striking disparities, with the most devastating effects



- Millions of people die each year because of easily preventable and/or treatable diseases



Inequities in the distribution of health care resources

The impact of failures in health systems



“The poor are treated with less respect, given less choice of service providers and offered lower - quality amenities.

In trying to buy health from their own pockets, they pay and become poorer”.

Dr G. H Brundtland,
WHO Director General

Equal Distribution of Health Care Resources

The European Model !

Europe

Europe may be United...
but the various
components which make a
country function as "one"
are still not completely
"harmonized"



Equal Distribution of Health Care Resources : The European Model

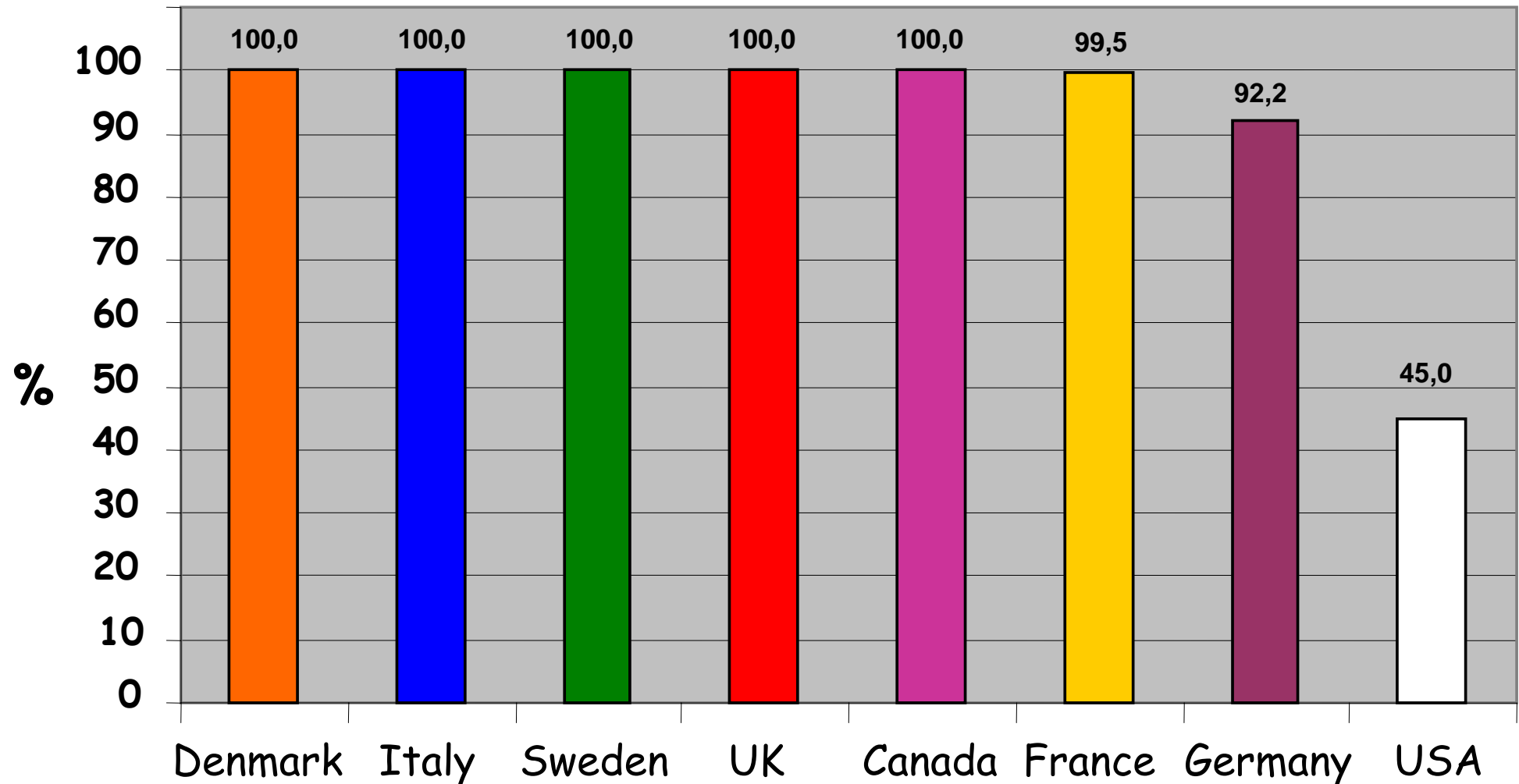
- At the present, it would be unrealistic to claim European harmonisation in the field of health care
- Health systems across the Union are different from each other as they rely on their own specific historical development
- Distinction is made between national health services and social insurance systems.

Health Services in Europe & their Main Sources of Financing

	Taxes	Social Security Funds	Private Insurance
Denmark	X		
Italy	X		
Norway	X		
Sweden	X		
United Kingdom	X		
Canada	X		
Germany		X	
France		X	
Netherlands		X	
Switzerland			X
United States			X

Most industrialized countries have established hybrid systems in which the public sector (which has the greater share of responsibility) works alongside the private sector, both in the funding of health care

Percentage of Total Population with Public Insurance



Health Services in Europe

However;

even within these systems, important differences exist

- In **national health service systems**, some countries still apply a distinction among population groups. In **Ireland**, for instance, only the lower income groups (32%) has full free-of-charge access, whereas the rest is to pay co-payments for certain types of care.
- in the **Netherlands** and **Germany** an important part of the population is excluded or can opt out of the compulsory system. These are mainly the higher income groups, earning a salary above a certain level (32.000-40.000 euro per year).

Public Coverage of Complementary Care

Countries covering Almost all care

Germany
Italy
Belgium
Denmark
Finland
Greece
Luxembourg
Spain
Norway
Iceland

Countries not covering the following Care

Drugs

UK
Sweden
Portugal
Canada
USA

Glasses

UK
France
Austria
Canada
USA

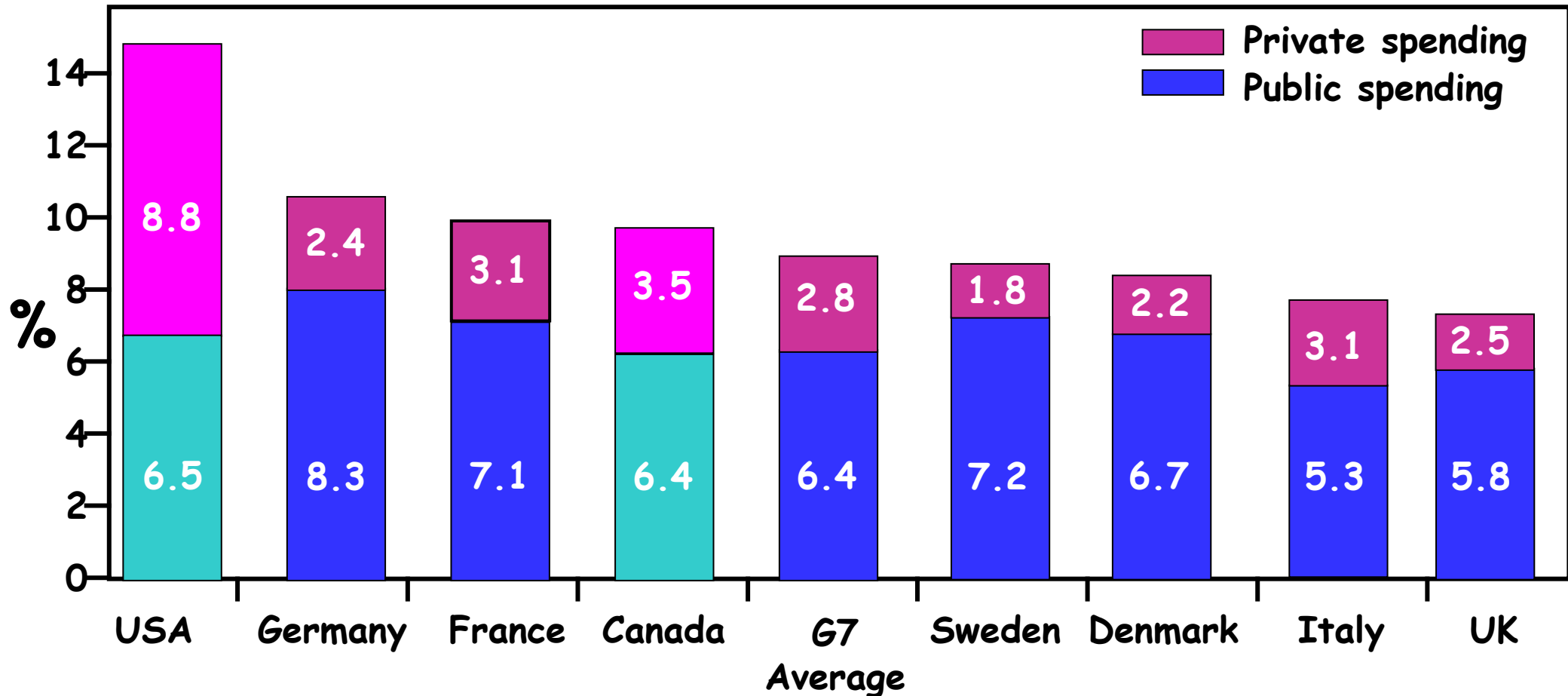
Dental care

France
Austria
Canada
USA

Prosthesis

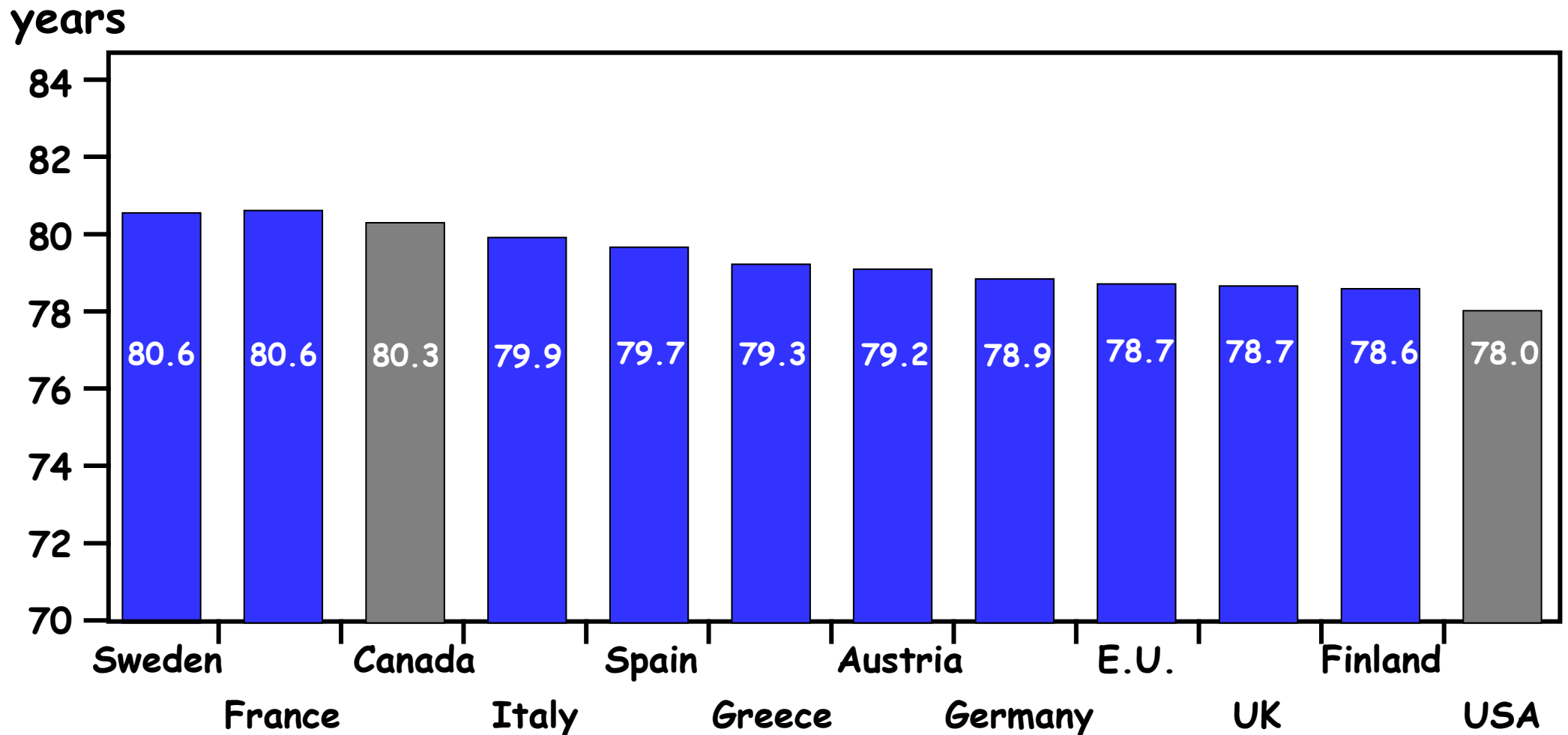
France
Portugal
Canada
USA

Health Spending as a Percentage of GDP



Life Expectancy (2007)

Source: US Census Bureau, International Data Base



Rank in Infant Mortality Rates in 212 Countries (2006)

(Infant deaths / 1000 live births)

Source: US Census Bureau, International Data Base

2)	Sweden	(2.8)	19)	Belgium	(4.6)
6)	Finland	(3.5)	23)	Luxembourg	(4.7)
7)	Norway	(3.6)	24)	Netherlands	(4.9)
8)	Malta	(3.8)	25)	Portugal	(4.9)
9)	Czech Rep	(3.9)	26)	U.K.	(5.0)
11)	Germany	(4.1)	28)	Ireland	(5.2)
12)	France	(4.2)	30)	Greece	(5.3)
13)	Switzerland	(4.3)	36)	Italy	(5.7)
14)	Spain	(4.3)	39)	S. Korea	(6.1)
16)	Slovenia	(4.4)	40)	Cuba	(6.1)
17)	Denmark	(4.5)	41)	Taiwan	(6.2)
18)	Austria	(4.5)	42)	U.S.A.	(6.4)

Mortality Amenable to Health Care

(Standardized death rate / 100,000 Ages 0-74)

BMJ 2003;327(7424):1124

1° Sweden	9° Italy
2° Norway	10° Denmark
3° Australia	11° Netherlands
4° Canada	12° Greece
5° France	13° Japan
6° Germany	14° Austria
7° Spain	15° New Zealand
8° Finland	16° U.S.A.

Disability Adjusted Life Expectancy

BMJ 2003;327(7424):1124

1°	Japan	9°	Canda
2°	Australia	10°	U.K.
3°	France	11°	Norway
4°	Sweden	12°	Austria
5°	Spain	13°	Finland
6°	Italy	14°	Germany
7°	Greece	15°	U.S.A.
8°	Netherlands		

Equal Distribution of Health Care Resources: European Model

- Even if the national social and economic context is different from country to country, all members share the same basic values:
 - Access to health care as a **fundamental right**,
 - Solidarity and non-exclusion as essential means to ensure this access to **quality health care for all**, **irrespective of** health status or **financial capacity to pay**;
 - **Autonomous management** and **non profit orientation** as guiding principles for health insurance based upon the needs of citizens,

The World Health Organization's Ranking of the 191 World's Health Systems

At the turn of the 21st Century

- WHO carried out the first ever analysis of the world's health systems (www.who.int/whr)
- Main message:
 - The health and well-being of people around the world depend critically on the **performance of the health systems** that serve them

HOWEVER

There is a wide variation of performance, even among countries with similar levels of income and health expenditure

The World Health Organization's Ranking of the 191 World's Health Systems

Five performance indicators

- 1) Overall level of population health
- 2) Health inequalities (or disparities) within the population
- 3) Overall level of health system responsiveness
 - A combination of patient satisfaction and how well the system acts
- 4) Distribution of responsiveness within the population
 - How well people of varying economic status find that they are served by the health system
- 5) Distribution of the health system's financial burden
 - Who pays the costs

The World Health Organization's Ranking of the 191 World's Health Systems

WHO Report

1°	France	14°	Greece	27°	U. Arab Emirat
2°	Italy	15°	Iceland	28°	Israel
3°	San Marino	16°	Luxembourg	29°	Morocco
4°	Andorra	17°	Netherlands	30°	Canada
5°	Malta	18°	United Kingdom	31°	Finland
6°	Singapore	19°	Ireland	32°	Australia
7°	Spain	20°	Switzerland	33°	Chile
8°	Oman	21°	Belgium	34°	Denmark
9°	Austria	22°	Colombia	35°	Dominica
10°	Japan	23°	Sweden	36°	Costa Rica
11°	Norway	24°	Cyprus	37°	U.S.A.
12°	Portugal	25°	Germany	38°	Slovenia
13°	Monaco	26°	Portugal	39°	Cuba

Inequities in the distribution of health care resources

“Virtually all countries are underutilizing the resources that are available to them”

This leads to:

- Large numbers of preventable deaths and disabilities
- Unnecessary suffering
- Injustice
- Inequality
- Denial of an individual's basic rights to health

Dr C Murray,
Director of WHO's Global Programme on Evidence for Health Policy:

The Ljubljana Charter on Reforming Health Care (1996)

- 1) Its purpose is to articulate a **set of principles** which are an **integral part of current health care systems** or **which could improve health care** in all the Member States of the World Health Organization in the European Region
- 2) The Charter addresses **health care reforms in Europe** and is centered on the principle that **health care should first and foremost lead to better health and quality of life for people**
- 3) The conviction that improvements in the health status of the population are an **indicator of development in the society**

The Ljubljana Charter on Reforming Health Care (1996)

Set of Fundamental Principles

Article 5.1 Driven by Values

- Health care reforms must be governed by principles of human dignity, equity, solidarity and professional ethics

Article 5.2 Targeted on Health

- The protection and promotion of health must be a prime concern of all society

Article 5.3 Centered on People

- Health care reforms must address citizens' needs.
- They should ensure that the citizen's voice and choice decisively influence the way in which health services are designed and operate
- Citizens must also share responsibility for their own health

The Ljubljana Charter on Reforming Health Care (1996)

Set of Fundamental Principles

Article 5.4 Focused on Quality

- Any reform must have as its aim (and include a clear strategy for) continuous improvement in the quality of the health care delivered, including its cost-effectiveness



Article 5.5 Based on Sound Financing

- The financing of health care systems should enable such care to be delivered to all citizens in a sustainable way
- This entails universal coverage and equitable access by all people to the necessary care through efficient use of health resources
- To guarantee solidarity, governments must play a crucial role in regulating the financing of health care systems

The Ljubljana Charter on Reforming Health Care (1996)

Set of Fundamental Principles

Article 5.6 Oriented towards Primary health Care

- Reforms, with primary health care as a philosophy, should ensure that health services at all levels:
 - protect and promote health
 - Improve the quality of life
 - Prevent and treat diseases
 - Rehabilitate patients
 - Care for the suffering and terminally ill
- Reinforce joint decision-making by the patient and care provider
- Promote the comprehensiveness and continuity of care within their specific cultural environment

The Ljubljana Charter on Reforming Health Care (1996)

Principles for Managing Change

Article 6.1 Develop Health Policy

Article 6.2 Listen to the Citizen's voice and choice

Article 6.3 Reshape health care delivery

Article 6.4 Reorient human resources for health care

- Proper incentives should be introduced to encourage health personnel to be more conscious of quality, cost and outcomes of care
- Professional and payment organizations should cooperate actively with health authorities to promote such a development

Equal Distribution of Health Care Resources : The European Model

CONCLUSIONS

Where “Universal health insurance” exists for all its citizens:

Infant Mortality is better

Life expectancy is longer

Mortality Amenable to health care (avoidable mortality) is better

Disability Adjusted life expectancy is better

Health systems are rated higher

the philosopher Bertrand Russell :

“Civilizations are measured by how they treat the most unfortunate among them”

Equal Distribution of Health Care Resources : The European Model

Thank
you
for
your
Attention

