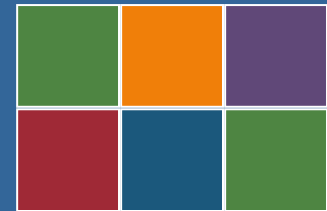




Dublin, 18 June 2013
Health Systems in the Era of Austerity

Navigating health systems through financial crisis: lessons from the European Region

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Barcelona Office for Health System Strengthening
Division of Health Systems and Public Health
WHO Regional Office for Europe



WHO's involvement and Oslo meeting

Generating the evidence

Emerging policy lessons and recommendations

Questions and priorities for future work



Why is WHO engaged?



Financial and economic crisis is threatening the health gains made across Europe in recent decades, and risks exacerbating the longer term challenges facing our health systems.



Oslo conference April 2013

The screenshot shows the WHO Europe website for the Oslo conference. The page features a navigation menu with links for Home, Where we work, What we do, What we publish, and Who we are. The main content area is titled "Oslo conference on health systems and the economic crisis" and includes a sub-header "Health systems in times of global economic crisis: an update of the situation in the WHO European Region". A photograph shows three individuals: Jonas Gahr Støre, Zsuzsanna Jakab, and Hans Kluge. A sidebar on the left lists "Documentation", "Multimedia", and "Presentations". A social media widget on the right displays tweets from #healthfinancing.

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Where we work Our work in European countries

What we do Data and evidence, health topics, events

What we publish Books, fact sheets, press releases, reports

Who we are About us, our partners and networks

Oslo conference on health systems and the economic crisis

Oslo conference on health systems and the economic crisis

- Documentation
- Multimedia
- Presentations

Health systems in times of global economic crisis: an update of the situation in the WHO European Region

From left: Jonas Gahr Støre, Minister of Health and Care Services, Norway; Zsuzsanna Jakab, WHO Regional Director for Europe; Hans Kluge, Director of the Division of Health Systems and Public Health, WHO/Europe. Photo: Norwegian Directorate of Health/Arild Blomkvist

17–18 April 2013, Oslo, Norway

Countries in the WHO European Region have been affected in different ways and to differing degrees by the global economic crisis. Similarly, the policy responses of governments and the overall impact on health systems and health outcomes are varied.

Four years after Norway hosted the high-level meeting "Health in times of global economic crisis: implications for the WHO European Region", WHO brought together senior policy-makers from ministries of health, finance and health insurance funds, as well as patient organizations, international partners and researchers, to review the situation across the Region today.

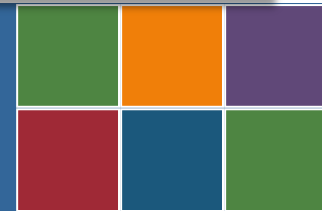
#healthfinancing

Waqas Masood @wmdogar 1h
@ImranKhanPTI If you're serious to implement #healthfinancing (#HealthInsurance) in #KPK, you must consult @SaniaNishtar #PTI #Pakistan

Rap Abacan @RapAbacan 4h
3 days 'til #ProjectLAAN's big reveal!
facebook.com/raphael.abacan...
#healthfinancing #philippines

Expand

Tweet #healthfinancing

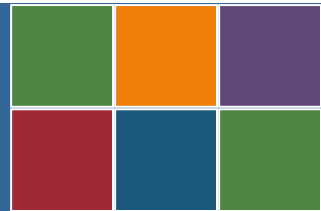


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Examples of our technical work




World Health Organization
 REGIONAL OFFICE FOR Europe

SUMMARY

Health, health systems and economic crisis in Europe
 Impact and policy implications

Draft for review


European Observatory
 on Health Systems and Policies
a partnership limited by guarantee



Rationale and background

Generating the evidence

**Emerging policy lessons and
recommendations**

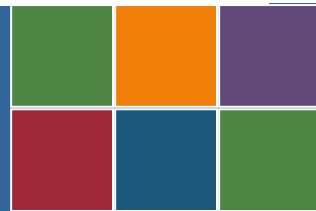
Questions and priorities for future work



The crisis challenge: sustained decline in per capita public spending on health

**Other
constraints:
uncertainty?
time? info?
capacity?
opposition?**

2008	2009	2010	2011
Andorra	Andorra	Albania	Andorra
France	Bulgaria	Armenia	Armenia
Luxembourg	Croatia	Croatia	Czech Rep
	Estonia	Czech Rep	Germany
	Hungary	Estonia	Greece
	Ireland	Finland	Ireland
	Latvia	Greece	Netherlands
	Lithuania	Iceland	Portugal
	Romania	Ireland	Slovakia
	San Marino	Latvia	Spain
	FYRM	Lithuania	UK
		Montenegro	
		Slovenia	
		Spain	

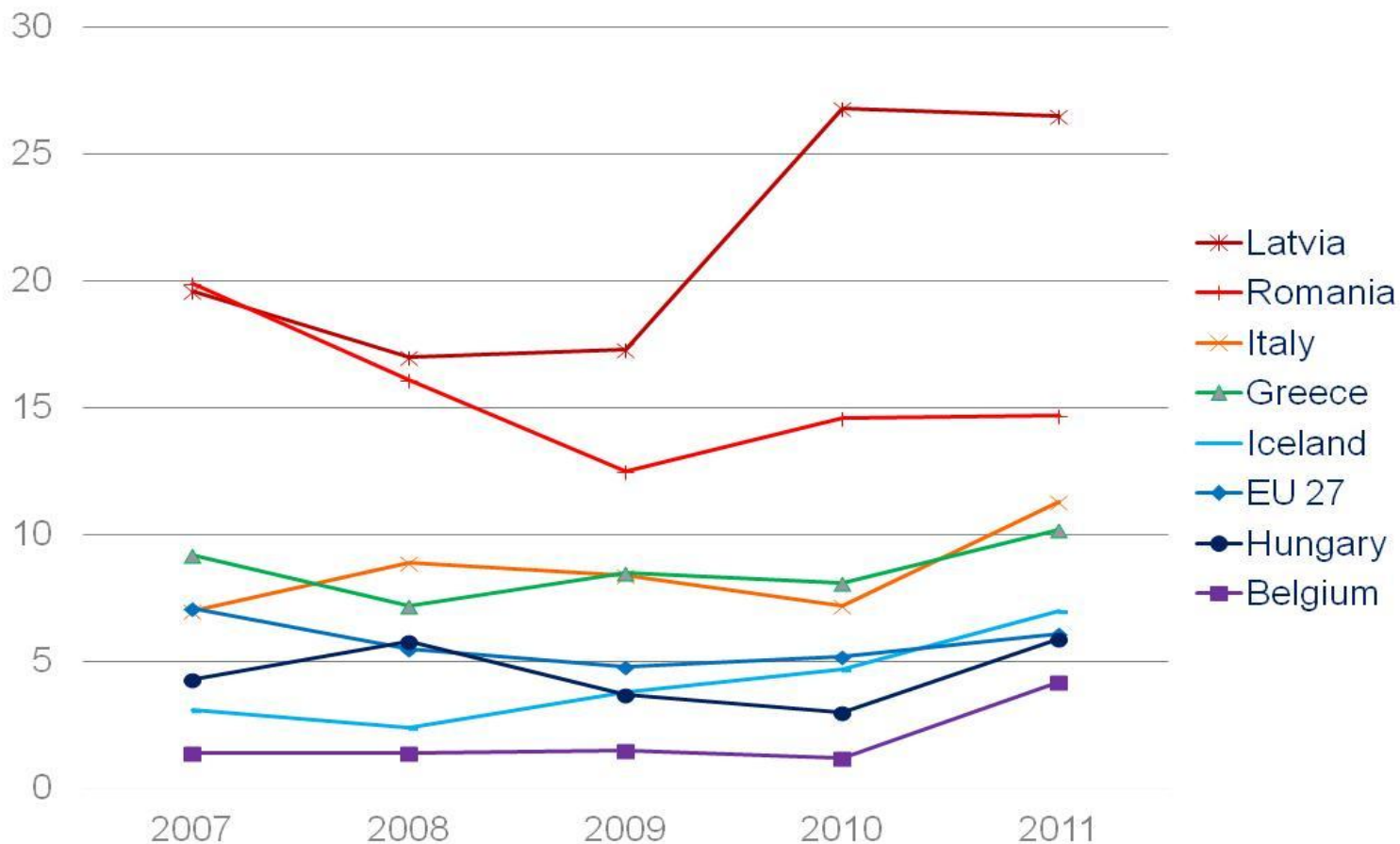


Access to effective care: responses

	Population entitlement	Benefits package	User charges
No change	ARM BUL CRO GER DNK EST FIN GEO HUN ISL ISR ITA MNE NLD NOR POR ROM SVK TUR UKR UK (22)	GER DNK FIN GEO ISR LVA NOR SVK SWE SLO TUR UKR UK (13)	BIH GEO ISR MNE MKD MLT NOR SRB SWI UKR (10)
Better coverage	AUT BIH BEL GRC FRA LTU MLD MKD SRB RUS SWE SWI (12)	ARM AUT BGR BEL HRV FRA ISL ITA MLD MNE MLT SRB (12)	AUT BEL GER DNK HUN SVK (6)
Worse coverage	CYP CZE ESP IRL (4)	BIH SWI CYP CZE EST GRE ESP HUN IRL LTV NLD POR ROM RUS (14)	ARM BGR HRV CYP CZE IRL ISL MLD ROM SWE SVN (11)
Mixed effects	LVA SVN (2)	MKD (1)	EST GRE ESP FIN FRA ITA LVA NLD POR RUS TUR UK (12)



Unmet need is rising in the poorest quintile



Source: EU SILC



#1. Short-term policy responses to fiscal pressure should be consistent with long-term health system goals and reforms

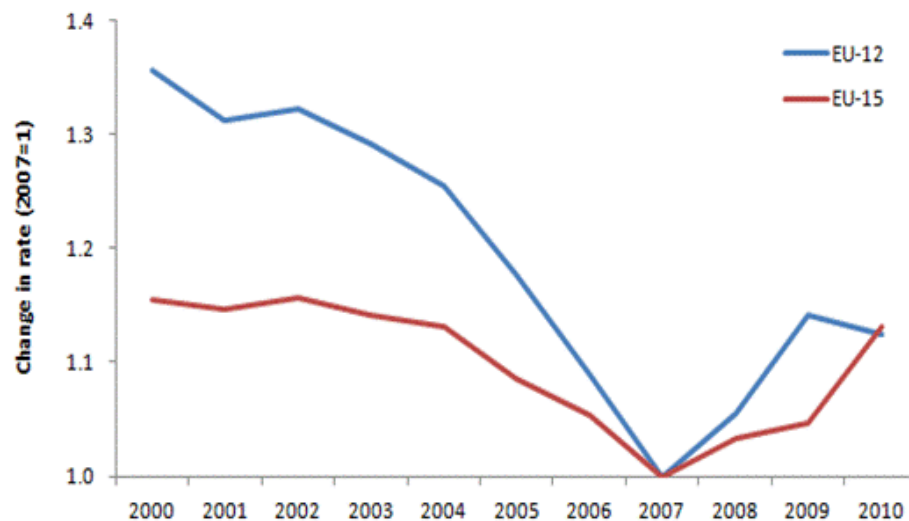
- Moving towards and /or sustaining universal coverage
- Health-in-all policies focused on risk factors related to non-communicable diseases
- Emphasis on health promotion and disease prevention
- Coordinated service delivery systems based on primary care and community care



#2. Fiscal policy should explicitly take account of health impact

- There is strong evidence that negative health effects arise during financial crisis and economic recession, particularly for the poor and vulnerable

Suicides in the European Union pre- and post- 2007



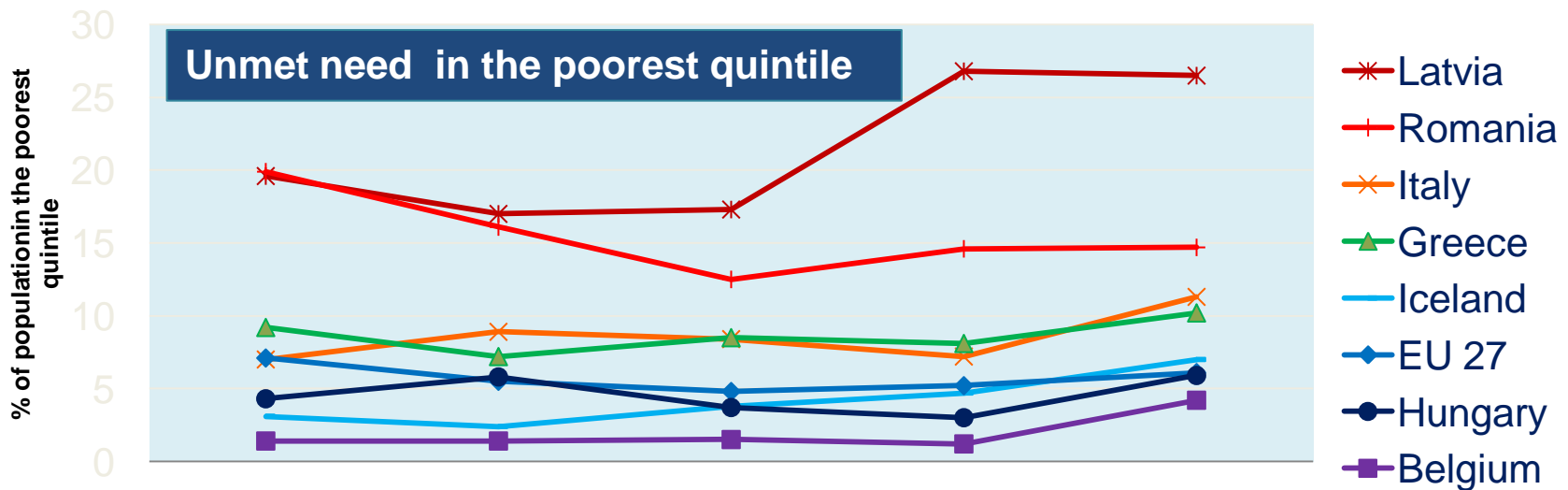
#3. Social safety nets and labour market policies can mitigate the negative health effects of financial and economic crisis

- Investing in social safety nets and unemployment benefits is good health policy
- Health systems need to ensure absorptive capacity for the increased demand for mental and physical health services expected during times of crisis



#4. Health policy responses make a difference for health outcomes, access to care and population financial burden

- Absorb budget cuts through supply-side measures before shifting costs onto patients
- Cut wisely - avoid across-the-board cuts and target inefficiencies
- Protect the poor and vulnerable

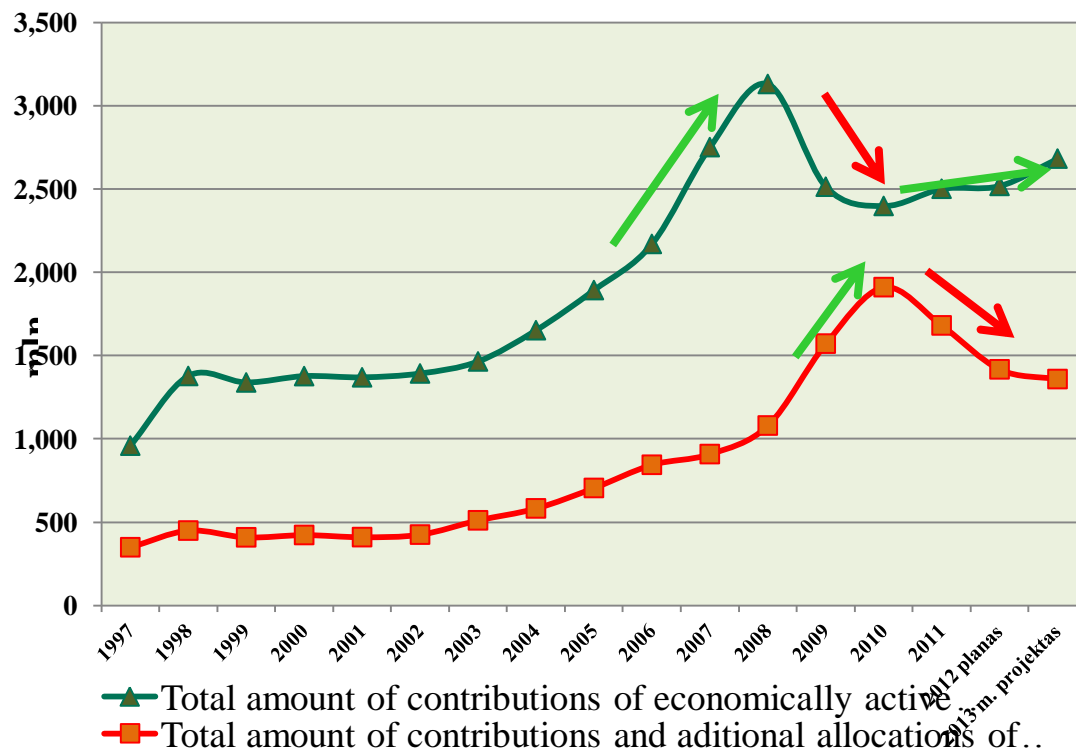


#5. Funding for public health services must be protected

- Fiscal pressure brings into even sharper focus the need to ensure that health spending is cost-effective
- Public health services are proven investments that can improve health outcomes at relatively low cost
- Public health contributes to economic recovery



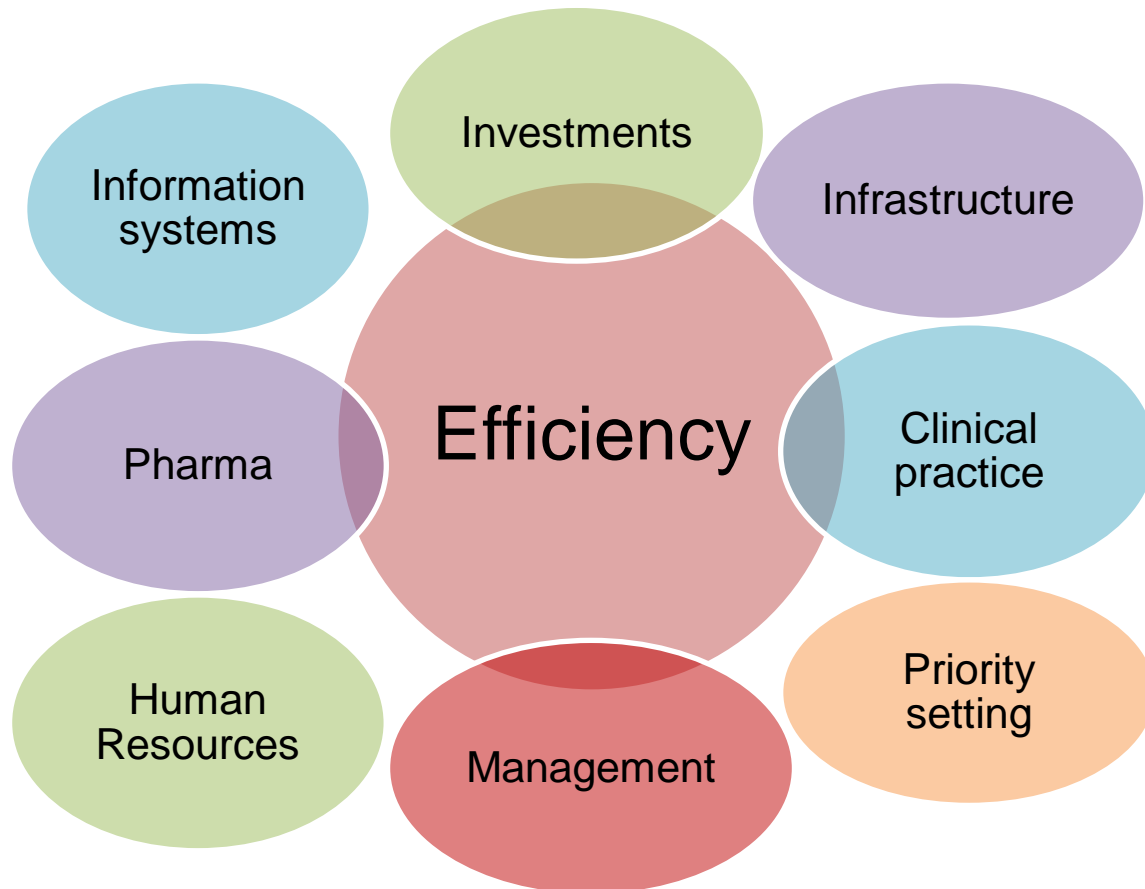
#6. Fiscal policy should avoid prolonged and excessive cuts in health budgets



- Demand for health services increases as unemployment rises and household incomes fall
- There is a case for a counter-cyclical approach to public spending
- This requires responsible fiscal and economic policies during periods of economic growth

Source: G. Kacevicius

#7. High performing health systems that are more efficient are better prepared and more resilient during times of crisis



#8. Deeper structural change in health systems will take time to deliver savings

- The prolonged nature of the crisis means that structural change may be required beyond the initial policy responses e.g. reducing pharmaceutical prices
- Fundamental reforms with structural change often require up-front investment
- Budget allocations to health should take this into account.
- Health systems must continually seek efficiency gains and not only once crisis hits.

#10. Prepared and resilient health systems result primarily from good governance

- The crisis is a test of good governance in health systems to protect equity and solidarity
 - prudent fiscal policy
 - continual attention to efficiency
 - responsible management of public resources

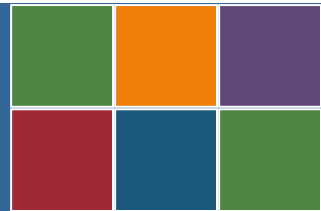


Rationale and background

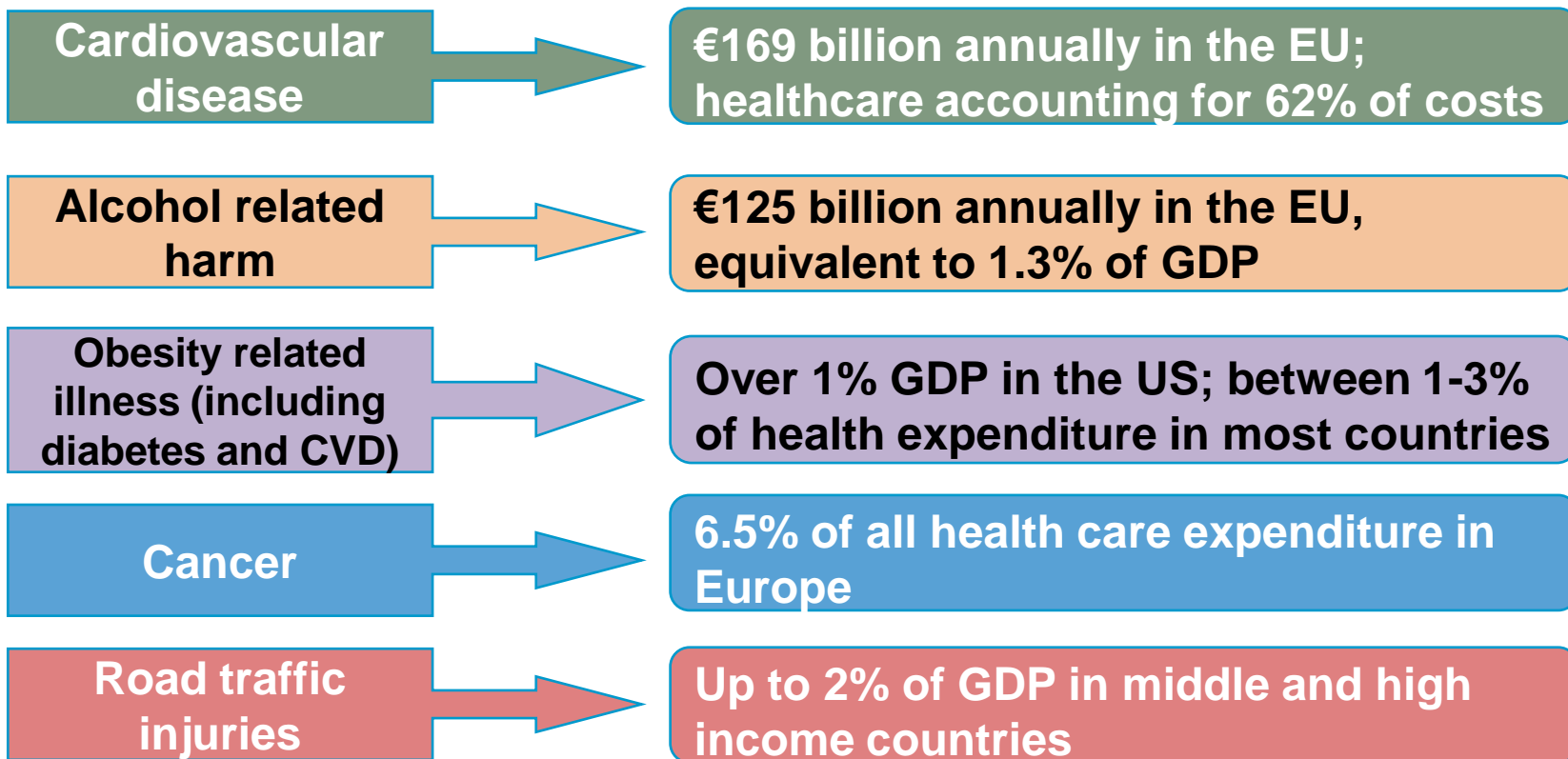
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How can we spend more efficiently?



Sources: Leal (2006), DG Sanco (2006), Stark (2006), Sassi (2010), WHO (2004)



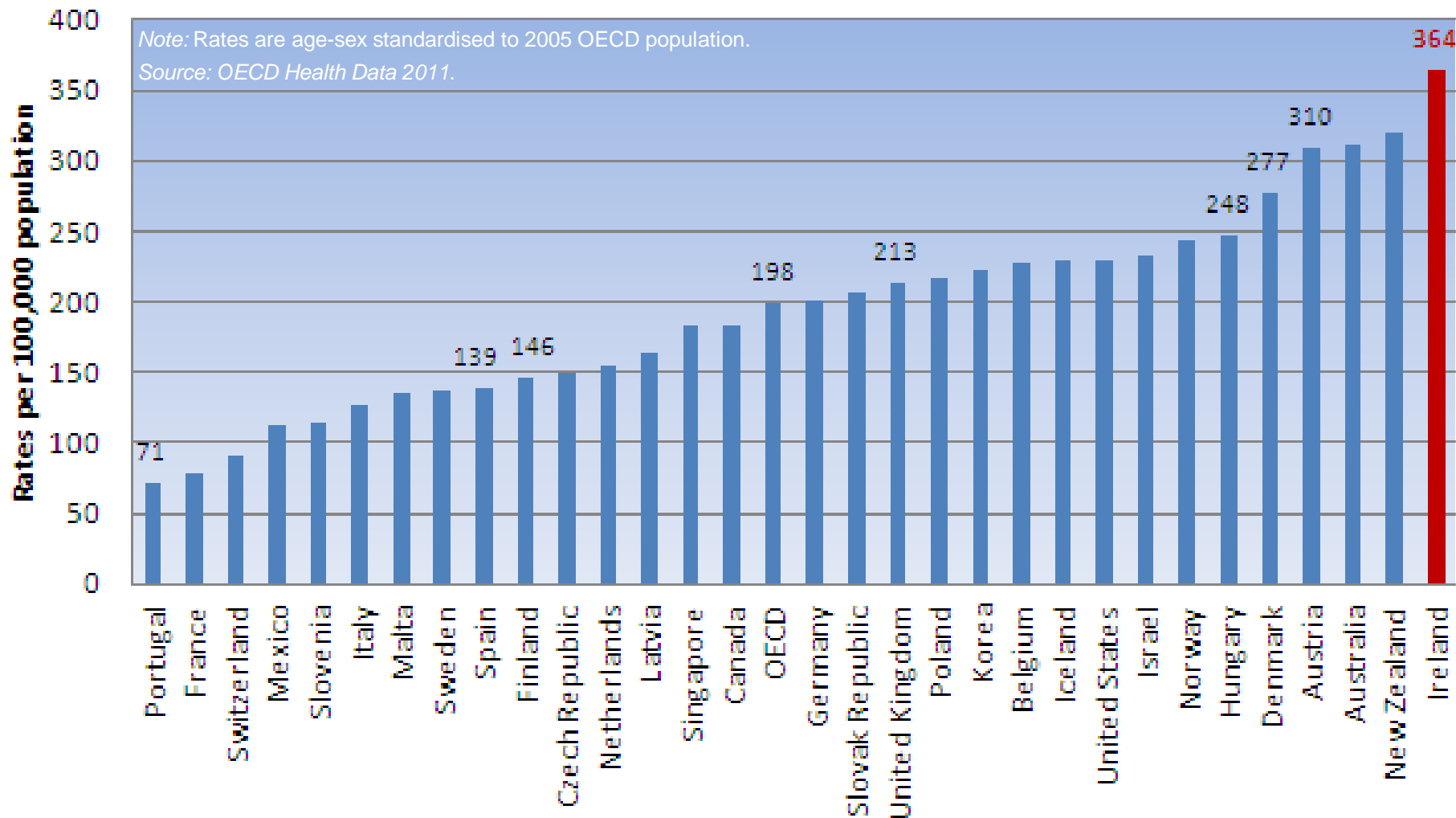
Role of the hospital under question

- Often seen as inefficient, both in terms of internal organization (clinical silos) and inappropriate activity (treating PHC-sensitive cases)
- In many countries represent a significant misallocation of resources
- Insufficiently coordinated with primary care - external
- Growing quality and safety concerns
- Rural areas? What is desirable / possible?
- Large fixed cost - takes time to adjust



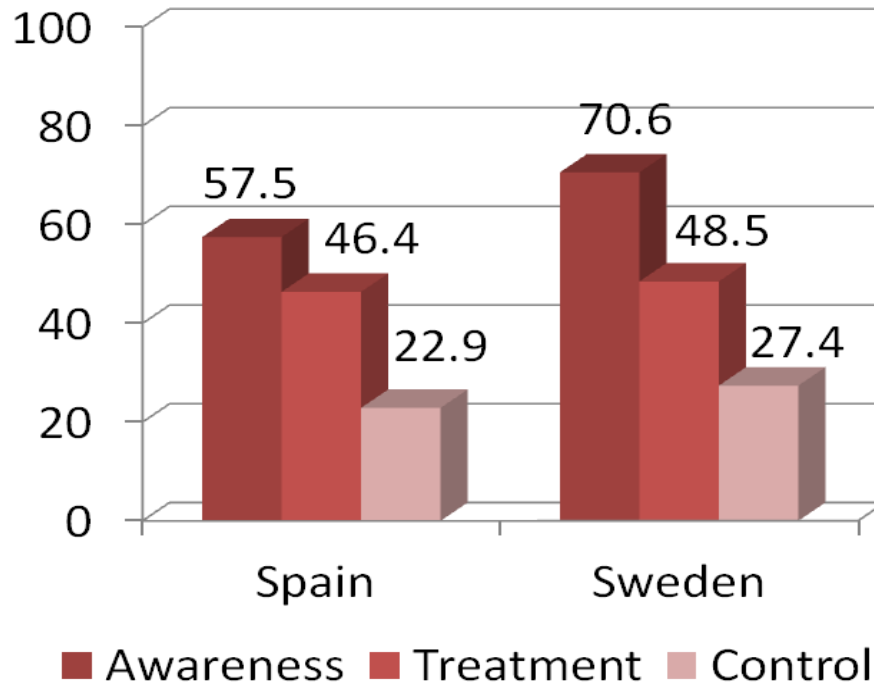
Unnecessary admissions - COPD

5.1.2 COPD hospital admission rates, population aged 15 and over, 2009
(or nearest year)



Room for improvement

Awareness, treatment and control of hypertension



- Two countries with free and widely accessible primary care (i.e. full coverage)
- Why is there such poor awareness of own blood pressure, low treatment rates, and poor control?

Source: Wolf-Maier, et al. 2004. "Hypertension treatment and control in five European countries, Canada, and the United States" *Hypertension* 2004;43;10-17.

CREDIT: M. JAKAB



How can we better monitor the health effects of economic downturns?

Monitoring the health impact of the crisis during the crisis

A priority area of joint work for the future



THANK YOU

