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Exploring social health insurance systems

Special Interest Session: Dinner Session A1, 26.9.2001

Dr. Reinhard Busse (Head of Madrid Hub, European Observatory on Health Care Systems, Profesor Visitante, Escuela Nacional de Sanidad, Madrid), introduced in his lecture the work of the European Observatory on Health Care Systems in general and followed by a presentation of the study “Social Health Insurance Countries in Western Europe”.

The functions of the European Observatory on Health Care Systems

The observatory has been founded on a partnership between WHO Regional Office for Europe, the Governments of Greece, Norway, and Spain, World Bank, The European Investment Bank, Open Society Institute, London School of Economics and London School of Hygiene & Tropical Medicine.

The European Observatory on Health Care Systems's is aiming at bridging the gap between scientific evidence and policy makers' needs, that is its intention is to make the obtainable information even in gray literature available and useful for policy makers. Furthermore, it is conducting comparative analyses on the different health care systems to provide objective and comparable data and, last but not least, developing practical lessons and policy options for policy makers.

The volume of the organisation's production comprises not only 30 country studies on health care in transition, that are structured along similar questions, in order to enable comparison between the different countries and studies which are updated every 2-3 years (available for download on www.observatory.dk), but also topic-wise studies, covering issues like "What is the appropriate hospital?", "How to fund health care?", etc. In-depth studies of sub-regions represent the third product line of the Observatory, which by comparing two countries aim at highlighting what the concerned countries could learn from each other and what other countries could learn from the given example.

Social Health Insurance Systems

As an example of the above mentioned in-depth studies, Dr. Busse presented the study "Social Insurance countries in western Europe" which is currently in the process of development under the editorship of the Observatory. The general objectives of this comparative study of 8 countries were and still are manifold. In a first step the researcher have tried to determine the main features of a "social insurance country", which is characterised mainly by two features: (1) the population pays for non-health risk, and (2) the establishment of sickness funds. But there can be found a lot of other frequent characteristics: Sickness funds in social health insurance countries, for example, are often self-governed and the government has limited control over them, or that the population has usually a rather free access to providers, etc. These features can be summarised around the four principles of solidarity, pluralism, participation, and choice. The specific relationships between the population, the contribution collector, the third-party payer and the providers distinguish the social health insurance systems from others. To crystallise the different constituting elements of a social health insurance system that the citizens particularly value, is one of the major objectives of this study. In order to achieve this aim, it has been the task of the experts working on the study to pose different question dimensions to the matter like "How do sickness funds regulate themselves?", "What is the relationship between sickness funds and providers?", "Who and how are benefit catalogues

defined?”, “How can an optimal balance between the principle of solidarity and competition be achieved?”, “What is the role of social insurance: a full-cover substitute or a supplementary health insurance?”, “How can public health be ensured in a social insurance system?”, “How much separate funding do we need for long term health care?”, etc.

The impact of social health insurance

To illustrate the impact of social health insurance by means of quantitative data, Dr. Busse took the examples of the relationship between goal attainment and health system costs on the one hand, and health systems costs and end-user satisfaction rates these systems achieved in the countries with and without social health insurance system, using data of WHO reports. The comparison illustrated that social health insurance countries do better in terms of goal attainment than countries without such a system, but spend also much more money on it.

Furthermore, people in social health insurance countries are more satisfied with their health system, but this also “has a price”. Interestingly, looking at the developments from 1996 to 1998, Austria experienced the highest increase in satisfaction rates and can be regarded as the winner in this category, whereas Germany can be considered as the “loser” in this regard.

Further information about the European Observatory on Health Care System is available on the website www.observatory.dk.

At the end of Dr. Busse’s lecture, Dr. Joseph Figueras, Head of the WHO Regional Office Europe, highlighted again that the objectives of the Observatory are to analyse objectively health care systems in Europe, in order to combat the various rumours about them, to look behind the myths of the social health insurance systems and to show what a social health insurance really does.

The following discussion furthermore revealed that in the CEECs like Estonia and Poland additional factors like historical roots, public expectations, pressure, and financial matters, played a very important role for choosing and setting up a national social health insurance system.