## Survival of social health insurance at stake

17th  European Health Forum Gastein, 1-3 October 2014

*Statutory or social health insurance is largely a matter of national policy-making, leading to a total of 28 different systems throughout the EU, each trying to offer affordable health care for all. But decreasing public revenues due to the current crisis threaten this accomplishment in many European countries, experts warned at the European Health Forum Gastein. European countries should exchange best practices and focus on supporting efficiency whenever feasible, is the strategy proposed by insurance experts.*

**Bad Hofgastein, 3 October 2014** – Some European health systems are “fighting for sheer survival”, Dr Franz Terwey, President of the European Social Insurance Platform (ESIP) told the European Health Forum Gastein (EHFG). Little wonder: The debt crisis is far from over and empty public coffers as well as stagnating – or even shrinking – growth lead to decreased public revenues, resulting in a “dramatic impact” on those systems. As a consequence, trained personnel are leaving or have to be laid off, leaving gaps within structures of care-giving that “might not be bridged”, is the bleak picture painted by Dr Terwey.

**Support of cross-border exchange**

So what is to be done? “Probably a good way to start to strengthen such systems would be to give support to efficiency wherever there is the chance”, said the expert; merely increasing the existing debts might work for a while but would only confront the systems with much worse problems in the not all too distant future. And: European healthcare systems should be spared from “ever mounting influence of EU market legislation” wherever possible. “Under no circumstances” should further EU policy-making at a much higher level expose such EU systems to arbitrage-panels, the way industry practices it in the US, said Dr Terwey, and which may be in the offing as a part of the envisaged Transatlantic Trade and Investment Partnership. Instead, countries need support in form of cross-border exchange and at times also by “reminding their own governments of the necessity to address these systems properly”, Dr Terwey concluded.

**National vs. EU competence**

The “big question” of social health insurances in the EU is one of finding a “healthy boundary between national competence and EU competence”, Dr Ewout van Ginneken, Department of Health Care Management at the WHO Collaborating Centre for Health Systems in Berlin, told the EHFG. “Our systems are currently components of national member states, but increasingly this is no longer true – several EU legislations, for instance concerning social security coordination and cross-border health care, blur the lines between the two.”

For Dr van Ginneken, the key to maintaining our health insurances EU-wide is to start the dialogue between the purchasers of care i.e. the insurers, and the health care providers i.e. hospitals, and see what similar challenges they face. “This is where costs in health care emerge, and the more effective it is done the better you can control costs.” Governments across the EU should initiate a dialogue with the insurers and realise that they face similar challenges: how to purchase health care of good quality at a good value for money.

“Electing Health – The Europe We Want” is the motto for this year’s EHFG. Around 600 participants from more than 50 countries are attending the most important health policy conference in the EU to exchange view on key issues affecting European health systems. The future direction of European health policy is the key topic on the conference agenda.

**EHFG Press Office**Dr Birgit Kofler  
B&K Kommunikationsberatung GmbH  
Phone during the conference: +43 6432 85105  
Mobile: +43 676 636 89 30  
Phone: Vienna Office: +43 1 319 43 78 13  
E-mail: press@ehfg.org