



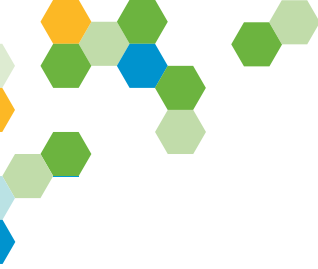
SPECIAL REPORT

Health care in Europe and Spain: unresolved issues

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I. INTRODUCTION

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Health care is one of the fundamental pillars on which the European social model rests, forming one of the characteristic elements of its society and setting it apart from any other in the world. However, when health care is examined country-by-country, the considerable diversity in health care situations becomes apparent: there are countries that respond well to the Beveridge model and that opt to finance health care with taxes, while others are more inclined toward the Bismarkian model and prefer financing it through social security contributions.

On the other hand, the health indicators that characterize each system's performance demonstrate notable heterogeneity, partly due to data unreliability corresponding to sources and distinct periods. These sources include reports from the OCDE, the European Regional Office of the World Health Organization (WHO) and the Spanish Ministry of Health, Social Services and Equality, the latter since 2014. According to these reports, our National Health System is ranked at a medium or high level, depending on the indicators used.

One of the classic indicators, although not necessarily the most relevant, is total health expenditure as a share of GDP. In 2012, the Netherlands reached almost 12 %, slightly outpacing Germany and France's 11 %, while Spain and Italy's stakes were 9.2 %. Trailing the rankings was Estonia, with a little less than 6 %. It is certain that the crisis and subsequent budget adjustments have since modified this data.

If Spain's public health sector was 6.5 % in 2011, it has now fallen below 5.6 % and fulfilling its commitments to Brussels will put it at 5.3 % in 2018. Meanwhile, private sector health spending has grown to 28.29 % of total health spending, consolidating, with varying degrees of difficulty, its presence throughout all the autonomous regions.

In any case, the weight of health spending in terms of GDP shouldn't be evaluated in isolation. This indicator should be related to other, no less important, factors such as the degree of citizen accessibility to benefits and services, cost of copayments, degree of effectiveness in resource management, quality of assistance and, above all, final health outcomes.

In this regard, it is worth examining the United States, which, despite a 19 % share of health expenditure in the GDP, still has 40 million citizens living without health coverage.

“It is a fact that the health systems of European countries present a noticeable heterogeneity in their characteristics”

Another indicator used to evaluate health systems is life expectancy after 65 years of age. This is an important factor, as greater longevity means there have been advances in health outcomes, more attentive care, increased medication use and increases in the number of people with disabilities and/or dependencies who require special services.

With that in mind, if in Poland, Bulgaria or Hungary the average life expectancy after 65 is 13 years, in Spain it is more than 22 years for women and nearly 19 for men.

It is a fact that the health systems of European countries present a noticeable heterogeneity in their characteristics, a situation that brings the Treaty on the Functioning of the EU to mind. Article 168 establishes that competition of the organization, finance and management of their respective health systems corresponds to Member States.

However, community institutions have mechanisms that encourage coordination and convergence in health care models. It is about standards (regulations and directives), joint actions amid public health crisis situations and community action plans.

One examples of this is Regulation 833/2004 on health care coordination in the field of the social security systems and cross-border health care

directives. It also pertains to pharmacovigilance, as well as the fight against medical counterfeiting, the regulation of biosimilar and other related activities and the pursuit of health professions.

2. EUROPEAN UNION'S ACTION PLAN

Special attention is given to the action plan posed by the European Commission July 2014 regarding the 2020 Strategy. Named the European Union's action plan for its efficient, accessible and robust health systems, it was established with respect for Member States' skills but supports unified directives, supervisory tools and evaluation methods. The plan includes the following key elements:

- Support for strengthening health systems' effectiveness on three fronts: evaluation of the system's performance; quality of care and patient safety; and integration of benefits.
- Increase in access to health care through: personal health activities; economic use of medications; and optimal implementation of Directive 2011/24/UE.
- Improve health systems' resilience through improvements to the following: evaluation of health technologies; health information systems; and online health.

“The fight against health inequalities is a priority”

3. EU'S EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

At a plenary session held Jan. 22, 2015, the EU's European Economic and Social Committee adopted this opinion¹, the main conclusions of which are summarized in the following:

- EU Member State health systems must be based on principles and values such as universality, accessibility, equity and solidarity. Without these basic principles, a social dimension for Europe cannot be created.
- The general economic crisis affecting the European Union in general and certain Member States in particular cannot be resolved with measures that ultimately reduce European citizens' right health protection. Despite health care costs and prices, health is not a commodity, and it must not, therefore, depend on people's purchasing power.
- Strengthening the effectiveness of health systems through ensuring the value of resources by using them as efficiently and effectively as possible, linking the concept of scientific and technical quality with those of efficiency and sustainability as the basic vision of health organization and professional practice, always with the utmost patient respect.
- Without accurate, relevant data, progress cannot be made and uniform indicators to support decision-making and scientific analysis cannot be obtained. The Commission and Member States must press ahead with the adoption of a set of reliable indicators that will enable measures to be studied and adopted at the EU level.
- The fight against health inequalities is a priority. The differences between social, economic and political environments are decisive factors in the distribution of illnesses. Member States must therefore commit to ensuring that health care is delivered in an equitable way, irrespective of geographical location, gender, disability, income, age, race or any other factor; and that health services are publicly funded (taxation, health insurance) as one component of a fair redistribution of resources. It is necessary to continue to offer as wide a range of services as possible at reasonable costs and ensuring that copayment does not pose a barrier to access among the most disadvantaged sectors of the population.

¹ Opinion of the European Economic and Social Committee on the 'Communication from the Commission on effective, accessible and resilient health systems. Rapporteur José Isaías Rodríguez García-Caro.

“We would have to analyze how Spain is performing its duties and if it is promoting the necessary reforms”

- Health professionals are an essential element of health systems. High-quality technical and scientific training is indispensable in order to produce highly-trained professionals who can successfully meet the health care needs of the EU public. Furthermore, the ethical component of their training must also be safeguarded and promoted in the Member States.
- Promoting primary care as a fundamental component of the health care provided by health systems can help improve the health results of these systems and reduce costs, thus making them more financially sustainable. The Commission should play a coordinating role in the sharing of national expertise among the Member States.
- Efforts to contain pharmaceutical costs and the costs of high technologies are needed, as these are elements which have a decisive impact on the sustainability of health systems. National and EU agencies must play a key role in assessing the effectiveness and safety of medicinal and technological products placed on the market with regard to health.
- Information and communication technologies (ICTs) must continue to play an increasingly important part in Member States' health systems, without forgetting

that the human dimension must be at the heart of eHealth.

In light of these objectives, we would have to analyze how Spain is performing its duties and if it is promoting the necessary reforms. It is certain that during these last years, decisions connected to the crisis and debt have been made, tempered by the Autonomous Region Liquidity Fund. These include those contained in Royal Decree-Law 16/2012. Unfortunately, health reform measures did not have political or autonomous support.

Once more, the eligible State Health Pact didn't make it past Parliament and the Autonomous Governments. Instead of agreeing on the National Health System's Inter-territorial Council's structural reforms, they have been developing scattered policies focused on cuts to human resource and pharmaceutical expenditures. On many occasions, this has led to undesirable inequalities affecting patient rights as a function of where they live.

As a result of these findings, finalizing the past Legislature remained an important item on the agenda of pending issues; in particular, more potent and executive measures agreed upon in an Inter-territorial Council allow: greater coordination between health services from the various Autonomous

“Maximize the promotion of healthy habits and disease prevention”

Regions and between different levels of care; increased humanization in care; a more robust role in primary care; potent deployment in public health material; a coordinated operation of the social services and health services; and new human resources policies that favor motivation and stability in professionals and more effective methods for the Patients Association to participate in the health system in the future.

4. STRATEGIC RECOMMENDATIONS FOR THE NEW GOVERNMENT

For these reasons and in line with the European recommendations, it would seem reasonable to propose the following strategic objectives to the next administration:

- Adapt our health system to the paradigm changes stemming from increased chronic illness and an aging population.
- Prioritize the principles of equal care and regional cohesion. All citizens are equal throughout all Spanish territories and are thus entitled to the same health benefits.
- Put true health system management in place and reform the duties of the Inter-territorial Council of the National Health System.

- Establish a new financial model that optimizes resources while keeping the principles of competence, cohesion, and quality of care and management efficiency in mind.
- To promote ICTs as a tool for disease prevention and monitoring and controlling the citizen health.
- Work toward a Health Pact, similar to the Toledo Pact. Health system and social security stability must not be at stake.

In addition, the following concrete measures may be necessary:

- Maximize the promotion of healthy habits and disease prevention by providing additional resources. Only 1.1 % of the current health budget is dedicated to public health initiatives.
- Put medium- and long-term employment policies for Public Health Services in place, as according to changes in care needs and territorial distribution.
- Improve education for health workers, foster teamwork and adopt measures to promote increased motivation in professionals.

**“This health agenda
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- Revise the basic array of services and resolve the current problems in accessing benefits and medications in particular.
 - Support biomedical research and innovation in line with EU policies while also utilizing public-private initiatives.
 - Advance eHealth to guarantee interconnection and interoperability between all the Public Health Services. Promote a medium-term investment policy plan in this area.
 - Improve health care efficiency through comprehensive and continuous attention during care processes and reorganization of available resources, coordinating with social services to pay special attention to those in long-term care.
 - Support home health care, which is crucial in facing the phenomenon of aging, along with the necessities associated with disability and dependence.
 - Complete the socio-health strategy approval process.
 - Revise pharmaceutical policy and its regulatory framework to increase stability and visibility while treating medication as a potential therapeutic tool rather than a mere cost factor.
 - Establish a new regulatory framework for public-private collaboration, modernizing and bringing transparency to systems of public engagement.
 - Approve measures to support increased participation, training and information for patients and their loved ones.
- This health agenda requires additional dialogue, compromise and economic resources. This is how our health care system will be better equipped to meet the changing demands of our society.

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