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The challenges for health systems in an enlarged Europe

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Doctors without borders.
European enlargement: a challenge

The topic of health never ceases to be topical. It constitutes a political, economic, and social factor that all European governments have included in their programmes.

As of 2004, the European Union will comprise 25 member states. This European enlargement will have enormous consequences for the health sector: Europe's unique diversity in terms of culture, language, and mentality will become a challenge in the health sector. The average life expectancy varies significantly between the applicant countries, and the status of their health systems is at different levels. The programmes of the EU and the national governments focus in particular on the cost explosion in medical care, the differing quality of health services, and the mobility of patients and medical staff. Many member states – old and new – are developing strategies toward an improved health system and the promotion of health.

Europe, we're coming!
Strategies for a better health care in Hungary
The applicant countries have already taken significant steps to approximate their systems to those of the EU: Particularly in connection with the implementation of European standards, these countries have clearly approached Western levels. Despite this, the problems facing Lithuania, Estonia, Poland, and the others are different than those of the current member states, and great efforts are being made to curb these. But what is the actual situation there?
In Hungary, for instance, only some 4% of the GDP is spent on health care. Life expectancy there is seven years lower than the EU average. By applying the EU "Acquis", Hungary is hoping to reduce illness rates by 25% in the future. Moreover, efforts are made to create the conditions for equal treatment of all parts of the population and social strata, and to invest in the training of specialists. All in all, Hungary's efforts for the future are focusing on synergy effects: European integration is

expected to bring support on a European level, while national progress is to be achieved through health programmes.

Strategies in Estonia

The situation in Estonia is similar: Since the Baltic state became independent in 1991, it has been busy dismantling its old, centralised structures. The former Soviet state was characterised by a very unbalanced health policy: Public health care at the time meant an overcapacity of hospital beds and a strong vaccination policy, despite the fact that infectious diseases no longer constitute a particular risk factor in Europe. The main causes of death are cancer (lung and stomach), heart diseases, and accident injuries (particularly in road traffic). By the way, this applies both to old and to new EU member states alike.

Estonia has taken a significant step toward EU membership by introducing universal health insurance based on the solidarity principle. Primary health care was outsourced to a network of general practitioners, and a system of specialists was established, backed by state subsidies. Yet new orders in the health sector are not implemented only with a top-to-bottom approach: Estonia is making sure that the population also has a saying in the process. The surveys carried out so far showed that the reactions to the health reform have been quite positive. "The most important element are the people that believe in the success of these measures", says Ain Aaviksoo, Head of the Department for Public Health in the Estonian Ministry of Social Affairs.

Sweden

The situation is completely different in an EU member state like Sweden. For a very long time, Sweden was considered the social state par excellence. Sweden's primary aims are the promotion of health and the prevention of diseases. Moreover, the country focuses on the dialogue between political decision makers and the population. "Politics cannot prevent disease and death, but it can influence the causes", stresses Bosse Petersson from the National Institute for Health. In this dynamic model, regular evaluations of living conditions and requirements ensure constant improvement in the health sector.

Does poverty cause illness?!

Risk factors for health

"Health in Europe is unequally distributed", believes Hilary Graham from the Lancaster University. This can be largely attributed to differences in income and to working and living conditions. The accession of new member states will further deepen the gap between the "healthy" and the "ill". For this reason, it is necessary to close this gap by improving, for instance, the situation of disadvantaged groups or – ideally – by reducing the social gap within the population. The latter is, of course, a politically extremely difficult undertaking. The fact, however, that politics can be used to improve the situation of marginal groups is proven by the example presented by Graham in connection with tax reforms in the United Kingdom. These have particularly benefited the poor by improving their living standards.

Another threat for health: Work! In Germany, € 28 million is spent every year for workplace-related diseases. In 1996, the European Network for Health at Work was established in an effort to reduce these horrendous costs. In the meantime, the network comprises 23 European states. It is a proven fact that health and satisfaction

among a company's staff have a direct influence on the purchasing behaviour of its customers. Well, what can be more attractive than this for a company?

A patient's responsibility.
What could future European health care look like?
EU member states spend an average 8.7% of their national budgets on health each year. The average among the new EU members is only 5.8%. Rodney Elgie from the European Patients Forum believes that "patients must play a key role in the development of health services". Since health funds are not about to increase drastically, it is necessary to use health services as efficiently as possible. "Health must be seen as an investment and not as a financial burden", adds Elgie.

Go West!
How can we prevent a migration of medical specialists to the EU?
Apropos of mobility, let us look at the example of the Baltic states: A study carried out in Lithuania on the possible migration of specialists showed that 26% of the practicing physicians and 60% of the medical trainees there plan to work abroad after their country joins the EU. The reasons are higher income, better living standards, and greater career opportunities. While the number of students at medical faculties in the EU is decreasing, the number of practicing physicians is on the rise. This imbalance can be attributed to the said migration from Eastern countries. In return, specialists in countries like Poland, Slovenia, Lithuania, etc. are becoming increasingly scarce. One can already predict that this phenomenon will have a disastrous impact on the health systems concerned. But what can be done?
Zilvinas Padaiga from the Kaunas University for Medicine in Lithuania speaks in favour of an improved "early warning system": Long-term studies must be carried out to determine the required number of physicians and nurses for years to come. Another supporting measure would be to increase the number of medical students. Yet the key to controlling migration from the new member states lies perhaps in an intensified and improved regional and international cooperation.

Cooperation between Italy and Romania
The regions of Venice (Italy) and Timis (Romania) are a good example for regional cooperation. Ever since several Italian industry sectors have been outsourced to Romania, 17% of the Venetian population now work in the region of Timis. From the very beginning, the aim of Venice has been to make this Romanian region fit for Europe also in terms of health. Venice is providing support to Timis in applying European standards on a political level.
Bente Nielsen, a member of the Committee of Regions, also believes that regionalism is an approach to solving the problems of an enlarged Europe. On the micro level of regions, it is easier to identify needs and targets in order to adapt health care to these. Regional democracy could help when the objective is to integrate citizens, make political decisions more transparent, and develop networks.