

Health and Social Values in times of financial crisis

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World Health
Organization

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Outline

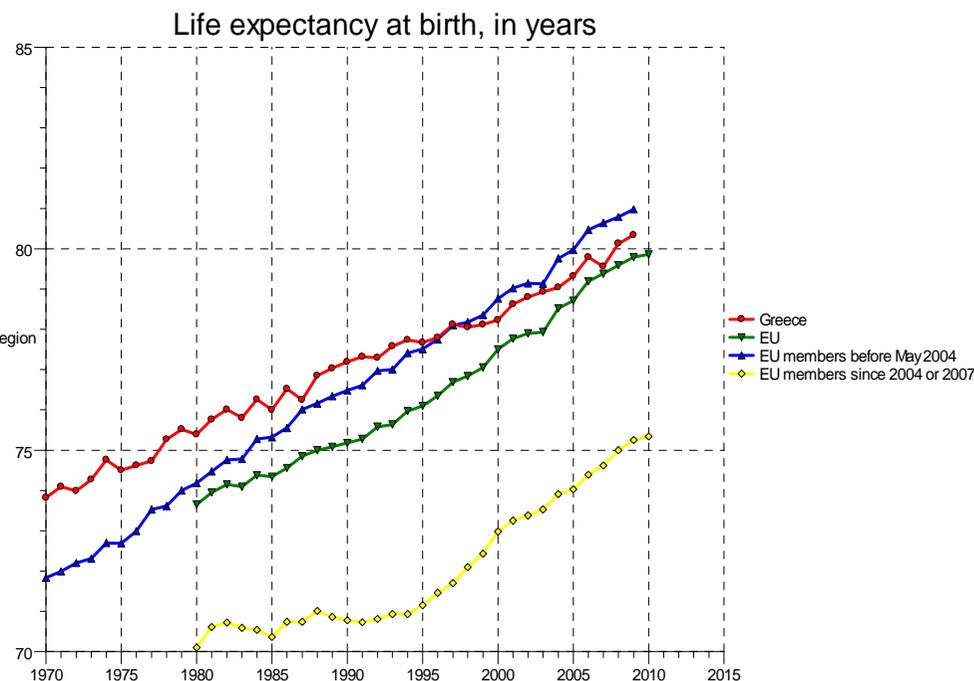
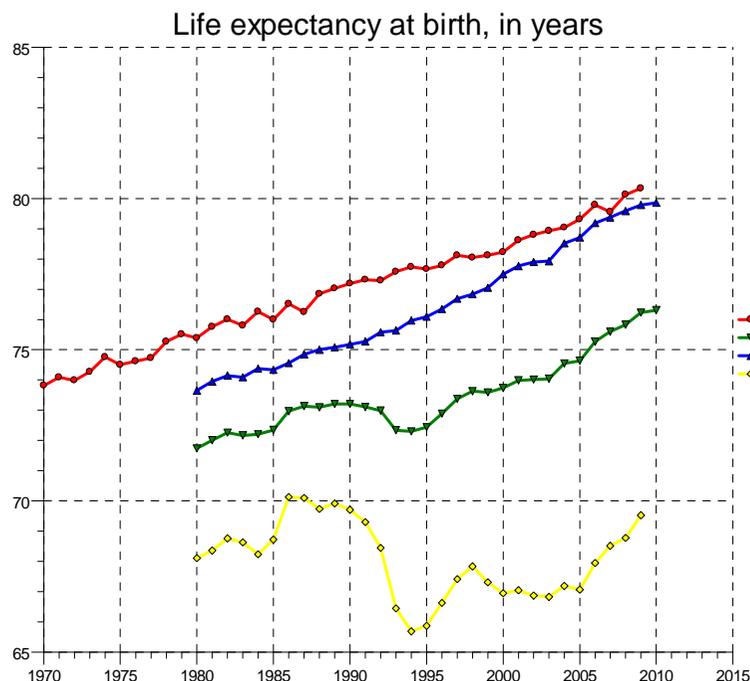
1. Demographic and Epidemiological trends
2. Social Values - WHO Member States
3. Effects of the Crisis
4. Improving efficiency
5. Conclusions

1. Demographic and Epidemiological trends

Life expectancy at birth population health improvement and ageing

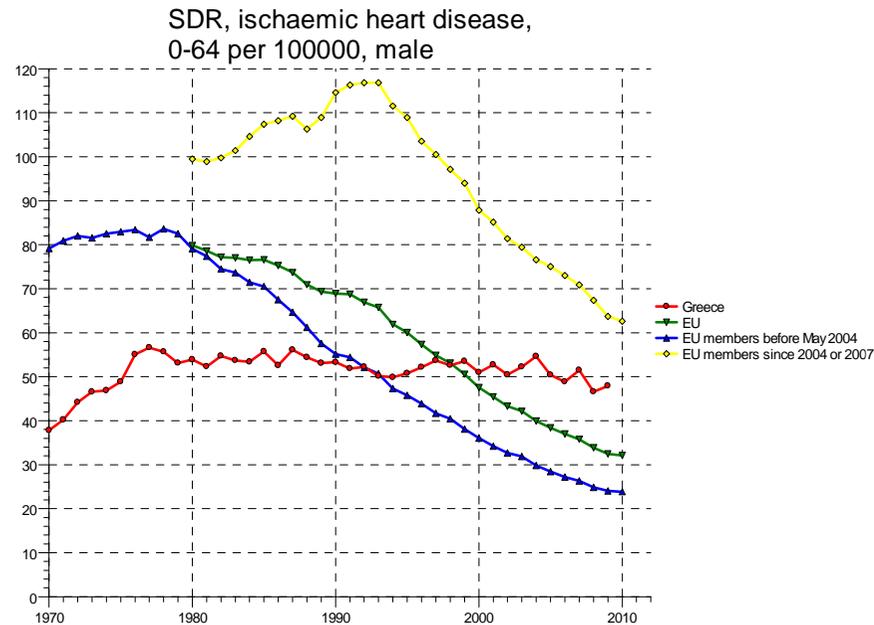
WHO EURO region

Greece within the EU

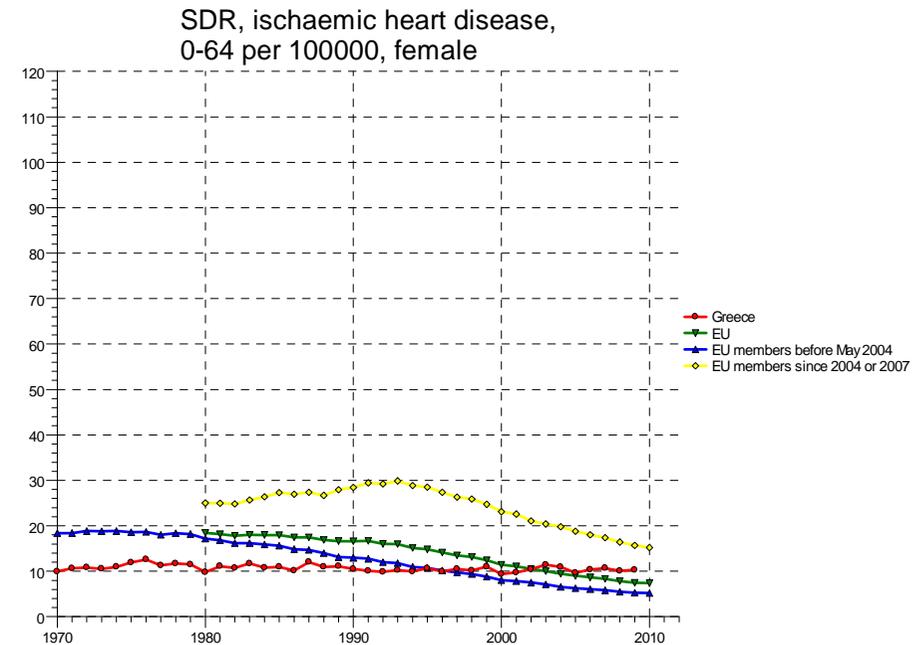


Premature mortality from ischaemic heart disease, by sex, SDR per 100000

Greece within the EU - males



Greece within the EU - females



2. Social Values – adopted by all WHO Member States

Tallinn Charter. 2008

“Today, it is unacceptable that people become poor as a result of ill health”

SOLIDARITY

EQUITY

PARTICIPATION



The new WHO European Health Policy: Health 2020

- **Health as a fundamental human right**



Health 2020 is a value-based action-oriented policy framework, adaptable to different realities in the countries of the WHO European Region.

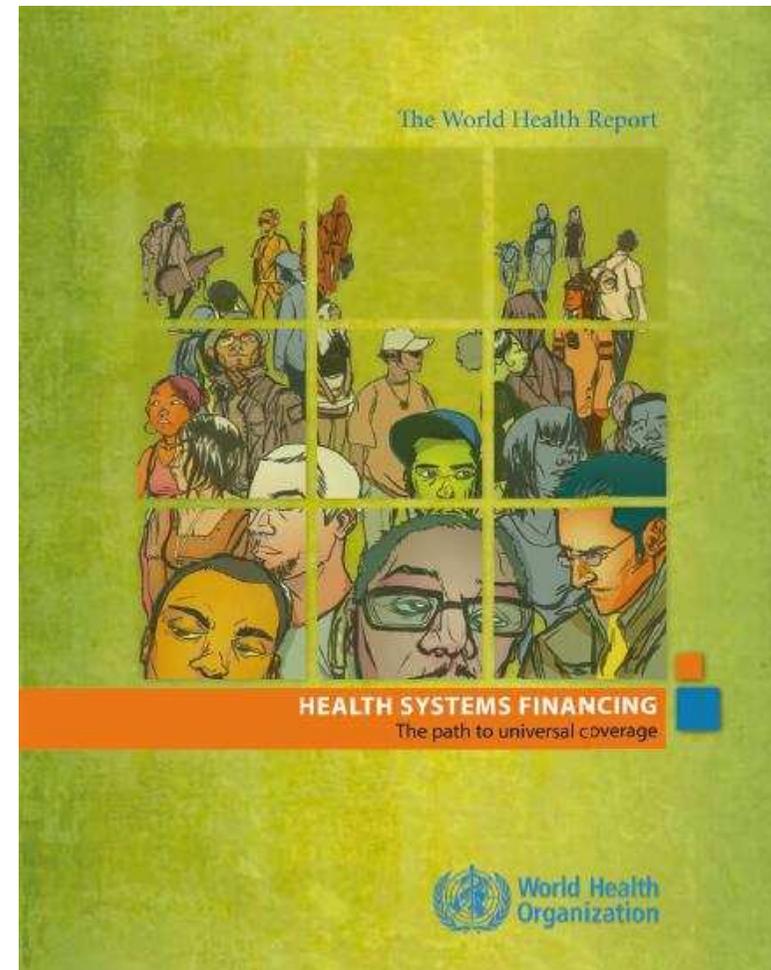
Health 2020 is addressed to ministries of health but also aims to engage ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being.



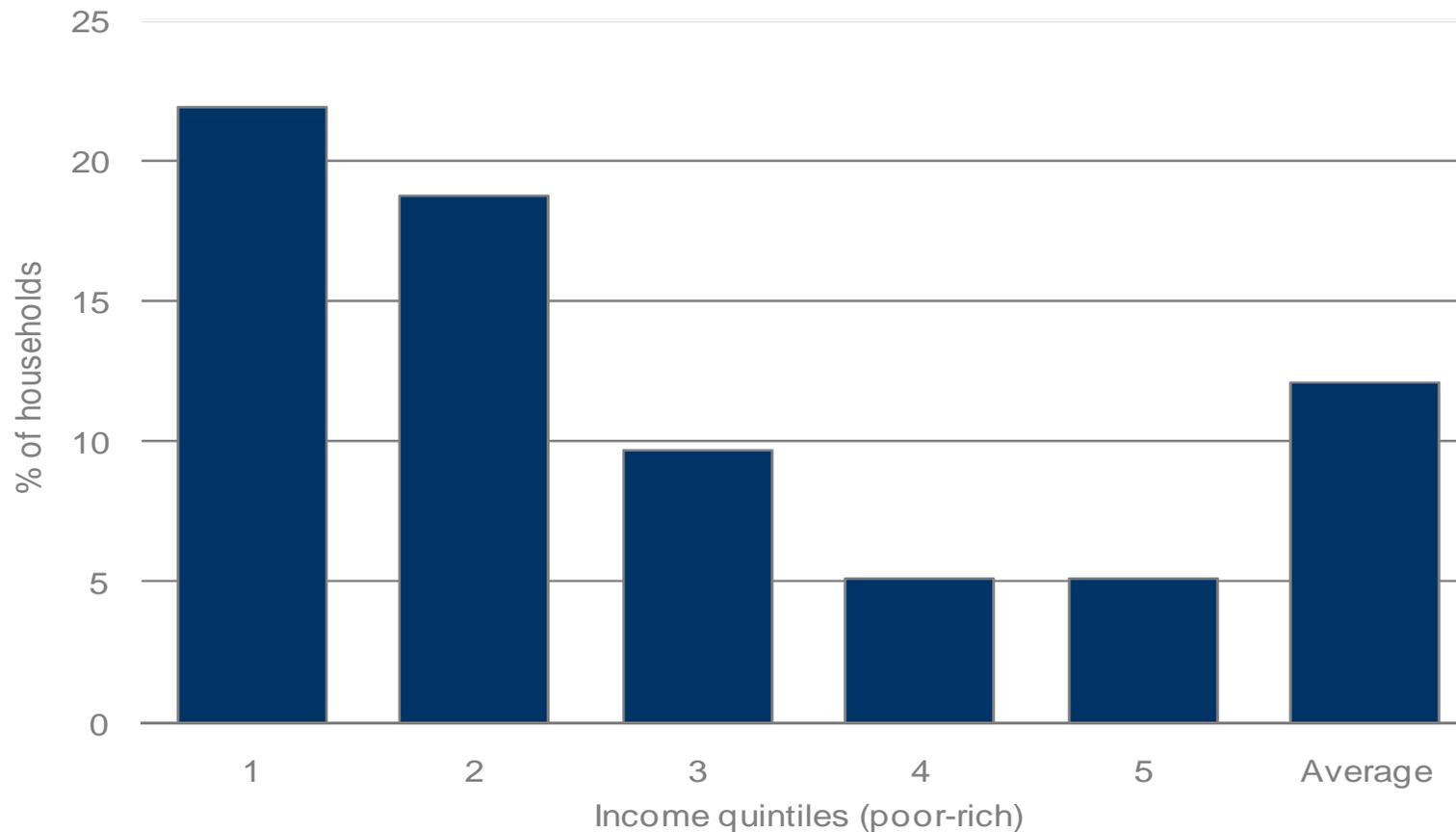
3. Effects of the Crisis

Commitment to solidarity

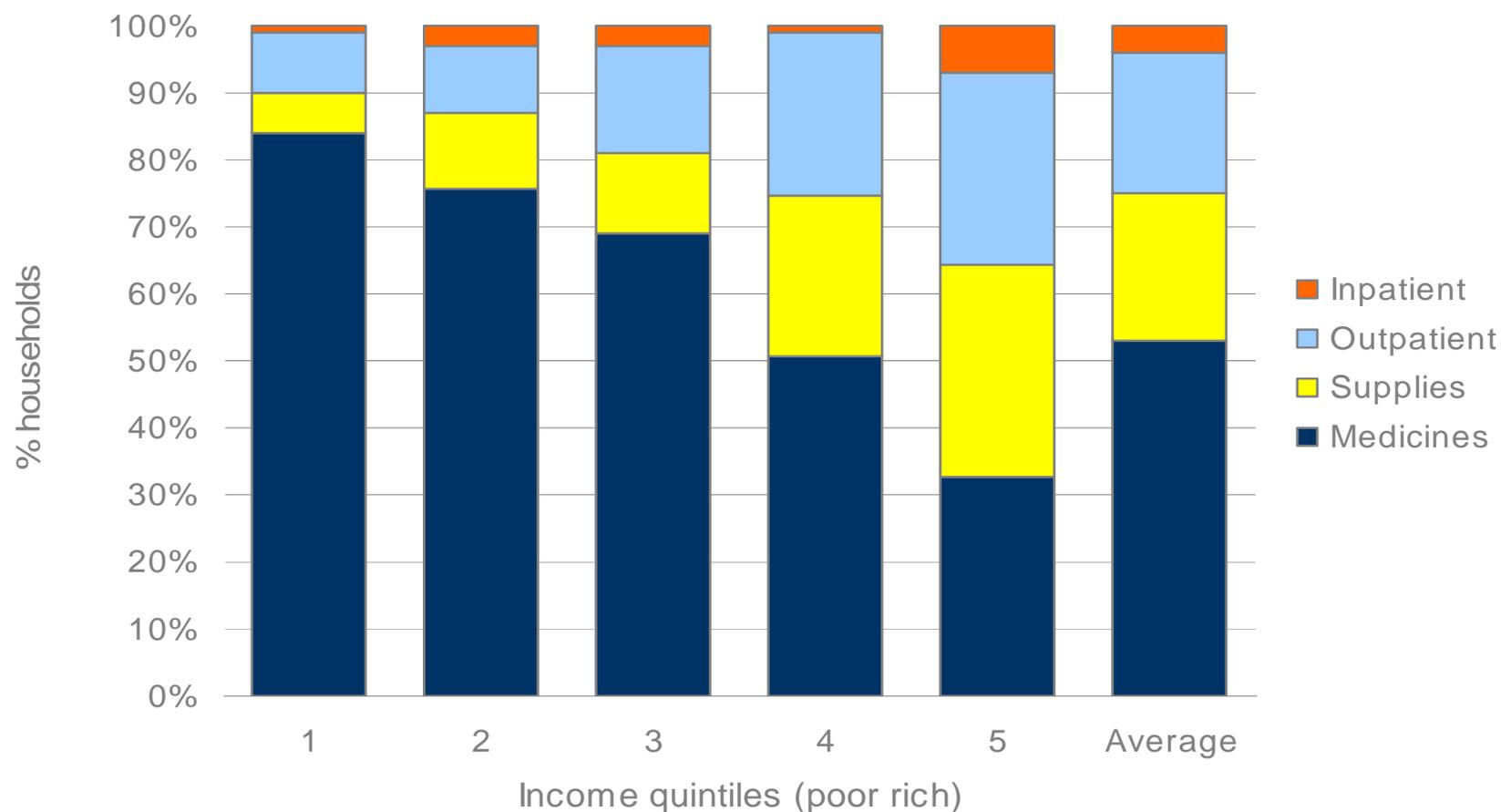
- Economic and social distress tests attitudes to solidarity
- Equity in finance and utilization
 - The larger the **share of public financing** for health, the greater the scope for solidarity
 - **Targeting the poor and vulnerable** requires political commitment: in many systems the rich benefit more than the poor!



Catastrophic spending is highest among poorer people (Estonia, 2007)



Medicines are the main cause of spending for poorer people (Estonia, 2007)



Source: Vörk et al 2009

Where the cost of seeking care is lower, the reduction of utilization is also lower

| Country | Changes in Utilization of Routine Health Care Since the Crisis | | | | N |
|---------------|--|------|----------|-----------------------------------|------|
| | Reduce | Same | Increase | Net Change (Reduce - Increase) | |
| United States | 26.5 | 66.5 | 7.0 | 19.5 | 1901 |
| France | 12.0 | 82.7 | 5.4 | 6.6 | 868 |
| Germany | 10.3 | 83.0 | 6.7 | 3.6 | 879 |
| Canada | 5.3 | 89.3 | 5.4 | 0.0 | 1032 |
| Great Britain | 7.6 | 84.4 | 7.9 | -0.3 | 757 |
| 5 Country Avg | 15.2 | 78.3 | 6.6 | 5.9 | 5437 |

“Reductions in routine care today might lead to undetected illness tomorrow and reduced individual health and well-being in the more distant future.”

Source: Lusardi et al. The economic crisis and medical care usage 2010. Harvard Business School

4. Increasing Efficiency

Value for Money

But also:

Money for Values !

The economic case for **health care reform**



- eliminate ineffective and inappropriate services
- improve rational drug use (including volume control)
- allocate more to primary care and outpatient specialist care at the expense of hospitals
- invest in infrastructure that is less costly to run
- cut the volume of least cost-effective services

Greece: Pharmaceuticals: Progressive measures



Source: PPRI Conference, Vienna, 2011

- several price reductions were implemented.
- the frequency of price reviews for medicines increased from 1 to 3 times a year.
- generic prices were set at 50% of the original medicines prices
- positive lists are reintroduced
- Infrastructure for e-prescribing is under preparation

Way forward pharmaceuticals

- Further reduction/controlling of pharmaceutical expenditures

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

<http://whocc.goeg.at/>

News | Glossary | C

Networks

We closely cooperate with authorities and players from many European countries and beyond.

[more ↗](#)

Database

Our database provides at a glance comparative data about pharmaceutical systems and policies in the European countries.

[more ↗](#)

News

Moldova joined PPRI [more ↗](#)

Global Symposium on Health Systems Research (HSR) [more ↗](#)

Pharma Profile about the Spanish pharmaceutical system published [more ↗](#)

Article about pharmaceutical policy measures in European countries in response to the crisis. [more ↗](#)

Final conclusions of the PPRI Conference published [Download ↗](#)

PPRI Conference 2011 Presentations are online! [↗](#)
Conclusions [↗](#)
Gallery is online! [↗](#)

Publications

We offer a broad range of reports, studies, posters, etc. about pharmaceutical systems of many countries and pharmaceutical policy analyses.

[more ↗](#)

Glossary

To promote a common understanding we develop a glossary of pharmaceutical terms in English and German.

[more ↗](#)

- Regulation of promotion and e-prescribing

- Maintain equitable access for vulnerable

- Exchange of experiences (Portugal, Poland, Ireland etc.)

- Monitoring of Implementation !

WHO CC on Pricing and Reimbursement

The economic case for **Public Health**: health promotion and disease prevention

Parenting and social/emotional learning to prevent childhood behavioural problems have 9:1 return on investment.

Childhood obesity: Combined food labelling, self-regulation, school actions, media + counselling highly cost effective (<€10,000 per DALY gained).

Healthy diets: Taxes and regulatory measures, e.g. restricting level of fat in products, shown as cost effective measures in different contexts.

Harmful use of alcohol: Combination of taxation, advertising restrictions, brief intervention and increased roadside testing interventions; highly cost effective in Europe.

Patient and Community empowerment



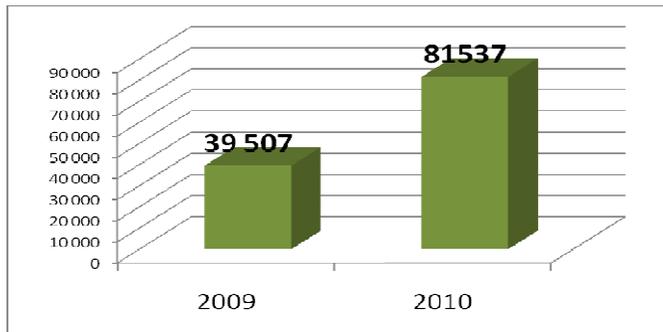
- Information is power - Everybody can help to remove barriers!
- Information and education about healthy living and risk factors (schools)
- Strengthen prevention and disease self-management at workplaces
- Anti-stigma programmes

There is a limit to how far and how fast efficiency gains can take us?

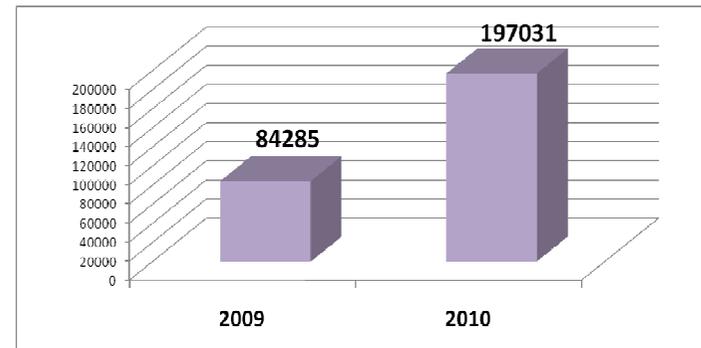
- Savings may not be immediate: hospital restructuring
- The short-term balancing acts are not sustainable on the long run
 - Delaying investments and maintenance
 - Lowering salaries carries the risk of losing qualified staff who will be more costly to replace
 - Across the board cuts may result in service dilution (reduced quality)

Major restructuring in Latvia: reduction of hospital in-patient care while increasing lower cost day care and home care

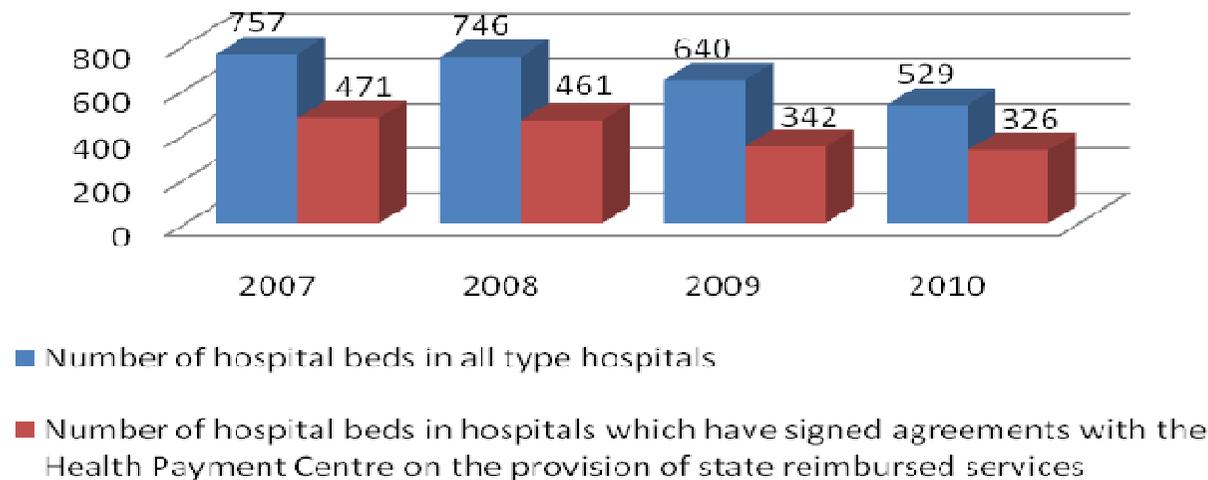
Number of patients in Day Care



Number of Home Care visits



Number of hospital beds per 100 000 inhabitants in Latvia



Data source: The Centre of Health Economics data review, Latvia



An example: a tool for reviewing the nursing skill mix

Successfully used in 8 Hospital Trusts in the UK, and delivering savings of £1.5 million for one UK academic hospital

Nursing Skill mix Workstream

- Nursing typically comprises 30-40% of all hospital staff
- Small changes across this large group can result in significant savings
- Identify and exploit savings related to nursing staffing and productivity to right-size the number and grade of nursing staff to support the clinical needs of the ward

Opportunities include:

| Area of opportunity | Impact |
|--|-----------------|
| Reduction in the cost of staffing the unit | Med |
| Reduction in length of stay (and therefore closure of beds) | High |
| Improvement of bed utilisation | High (but rare) |
| Reduction in non-pay costs – (procurement and materials management workstream) | Low |
| Space reconfiguration and cost – (real estate workstream) | Med (but rare) |

Available on the Portal

- Methodological overview
- Roles and responsibilities
- Suggested workplan
- Templates and guidance
- Sample output

Nursing skill mix template:

The full spreadsheet template can be accessed at <https://portal.ema.kworld.kpmg.com/Advisory/services/tps/europe/Healthcare%20P1%20Library/Forms/AllItems.aspx>.

The screenshot displays a complex spreadsheet interface with several key sections:

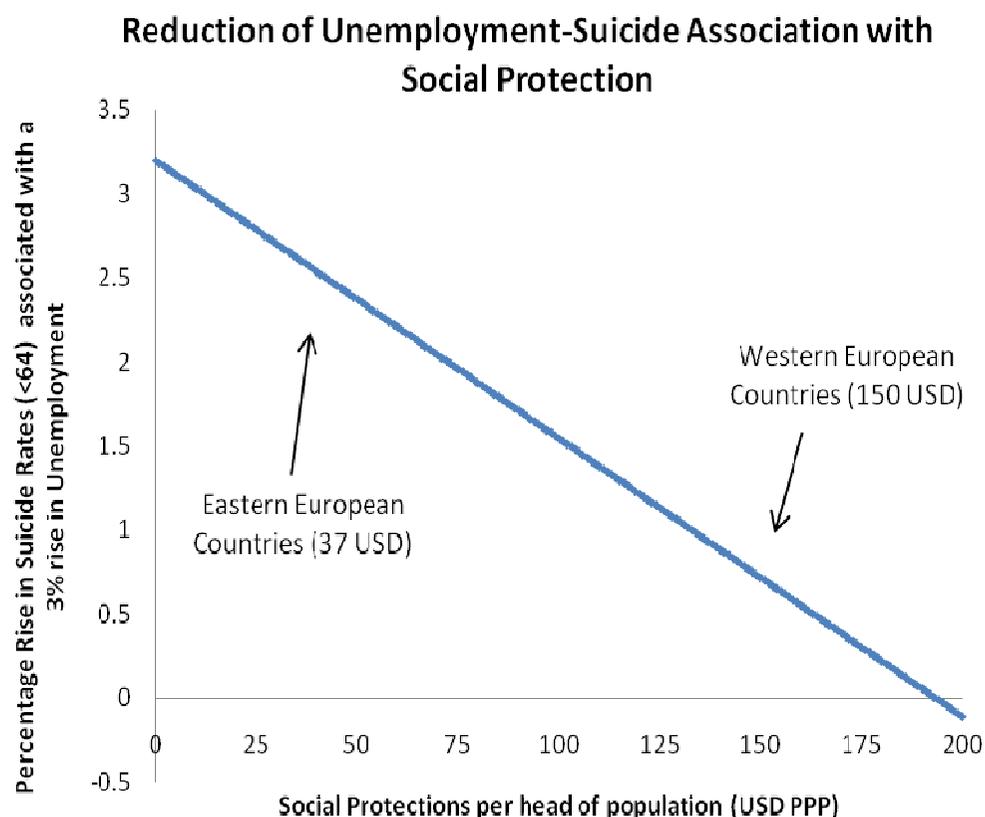
- Ward Details:** A table for 'Ward 1' listing staff bands (Band 5 to Band 2) and their counts. An annotation states: 'staffing NOT involved with direct patient care here e.g. ward clerk or ward manager'.
- Staffing Patterns:** A grid for recording staffing patterns for direct patient care, with an annotation: 'Record and change the staffing patterns for those involved with direct patient care here'.
- Summary Metrics:** A table showing metrics like '% cover for sickness, training and holiday' and 'Hours per shift'.
- Budget and Variations:** A table comparing 'Actual Budget', 'Current Budget', and 'Variations' for different staff bands.
- Assumptions and Comments:** A section for 'Assumptions and Comments - important to keep these accurate and up to date'.

Shaping the Future of Healthcare in Greece, Tuesday 20 March 2012

Efficiency of suicide prevention

Each \$100 additional social spending reduced suicide by:

- **0.38%: active labour market programmes**
- **0.23%: family support**
- **0.07%: healthcare**
- **0.09%: unemployment benefits**



Source: Stuckler et al 2009 *Lancet*

5. Conclusions

1. Health is a **fundamental right** for everyone – **solidarity**
2. Need to protect the **vulnerable**
 - Better targeting health and social welfare spending
3. Grasp the crisis : to pursue **long due reforms**
 - Protect what works well because re-building capacity may be more costly in the long run.
4. **Greece** is in the lead !



“αἰὲν ἀριστεύειν” Homer's Iliad (6.208)



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