



Recenti dinamiche della spesa sanitaria a livello internazionale e *fiscal sustainability* dei sistemi sanitari

Ministry of Health, Rome

3 April 2013



Outline

- Health spending trends
- Fiscal consolidation policies:
 - expenditure side: cost-containment
 - revenue side: sustainability



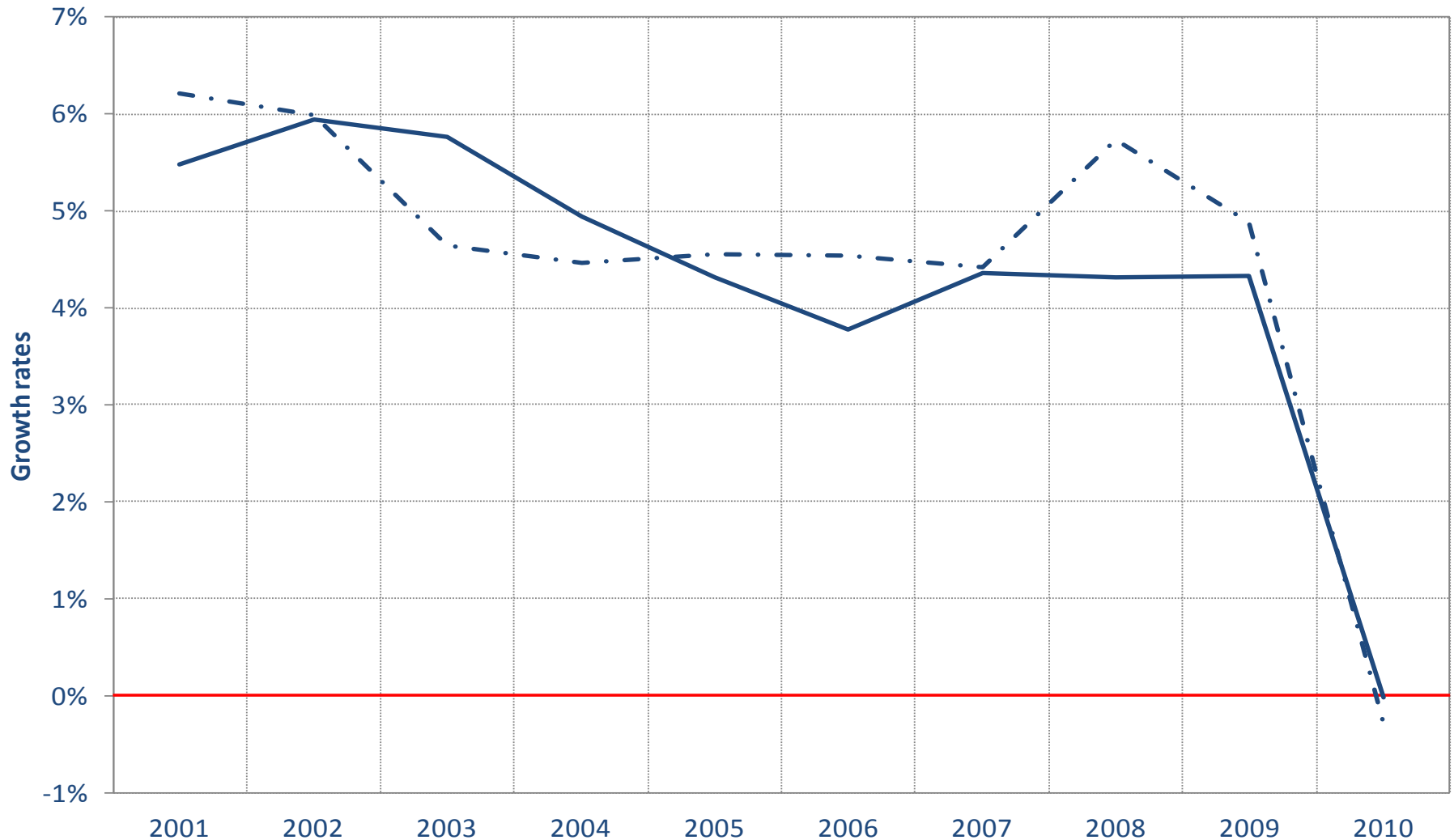
HEALTH SPENDING TRENDS



Zero growth in health spending

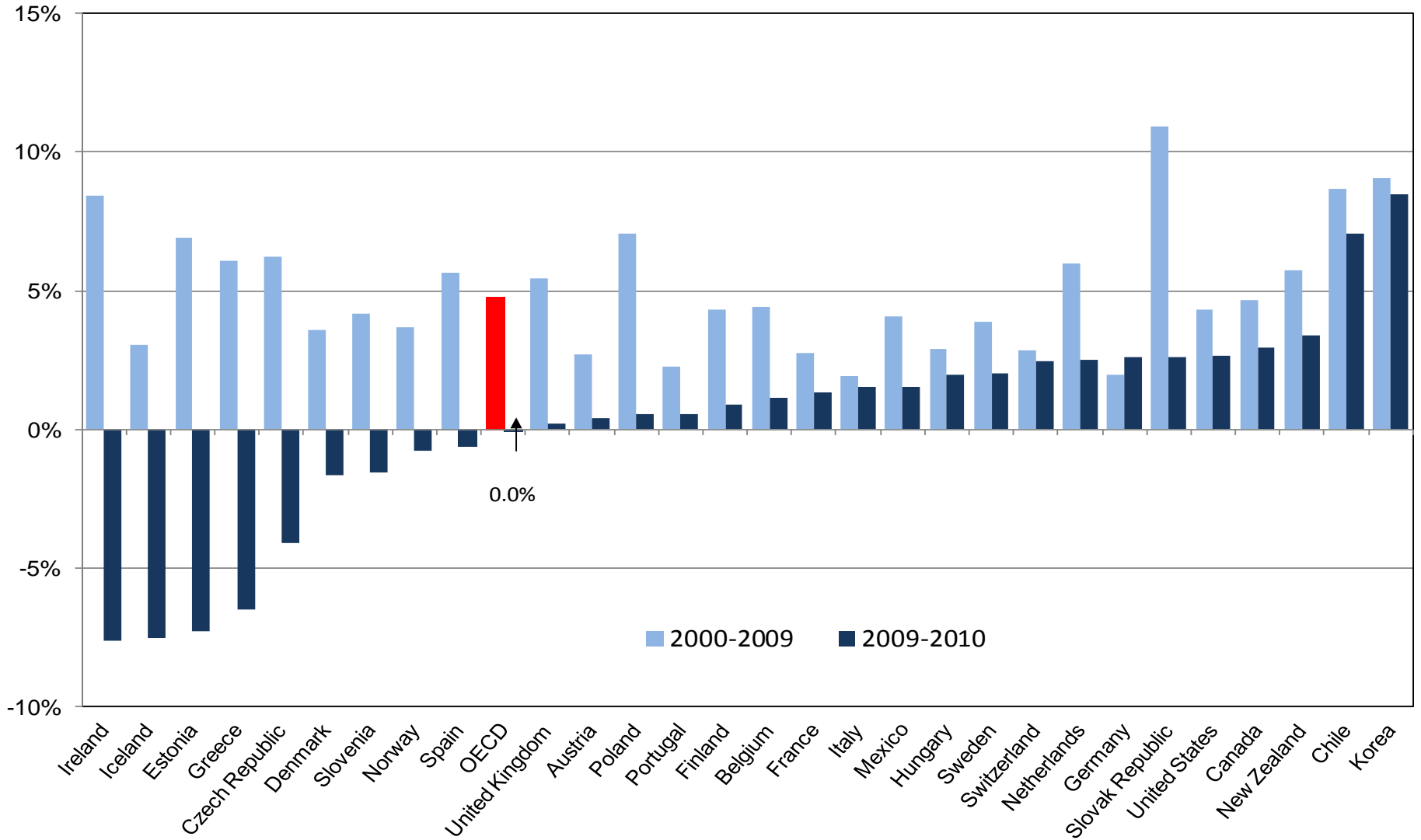
OCDE average in real terms, 2000-2010, public and total

— Total expenditure on health - · - Public expenditure on health





Average annual growth in real terms 2000-2010

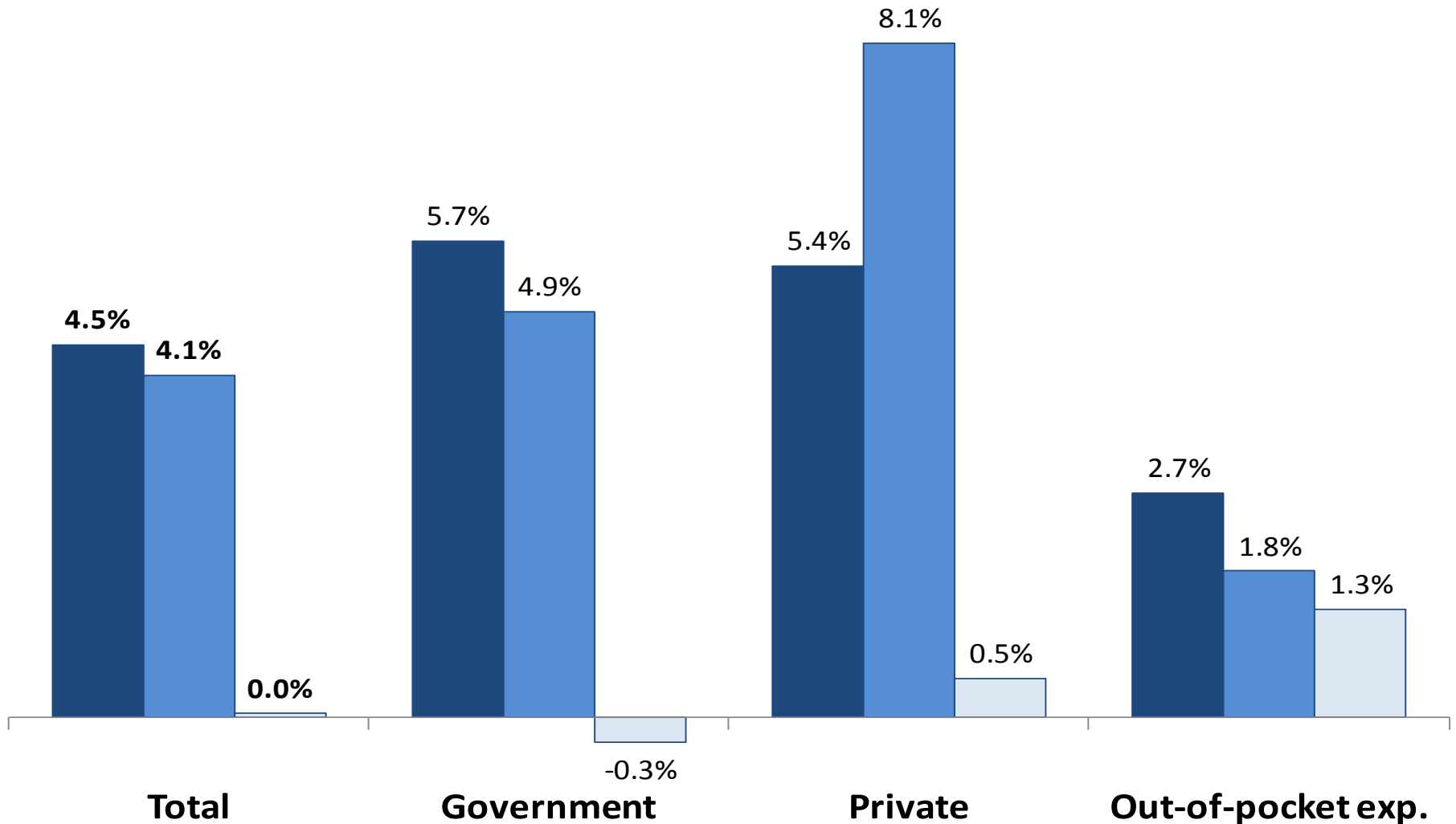




Spending by financing agent

OECD average, annual growth in 2008, 2009 and 2010

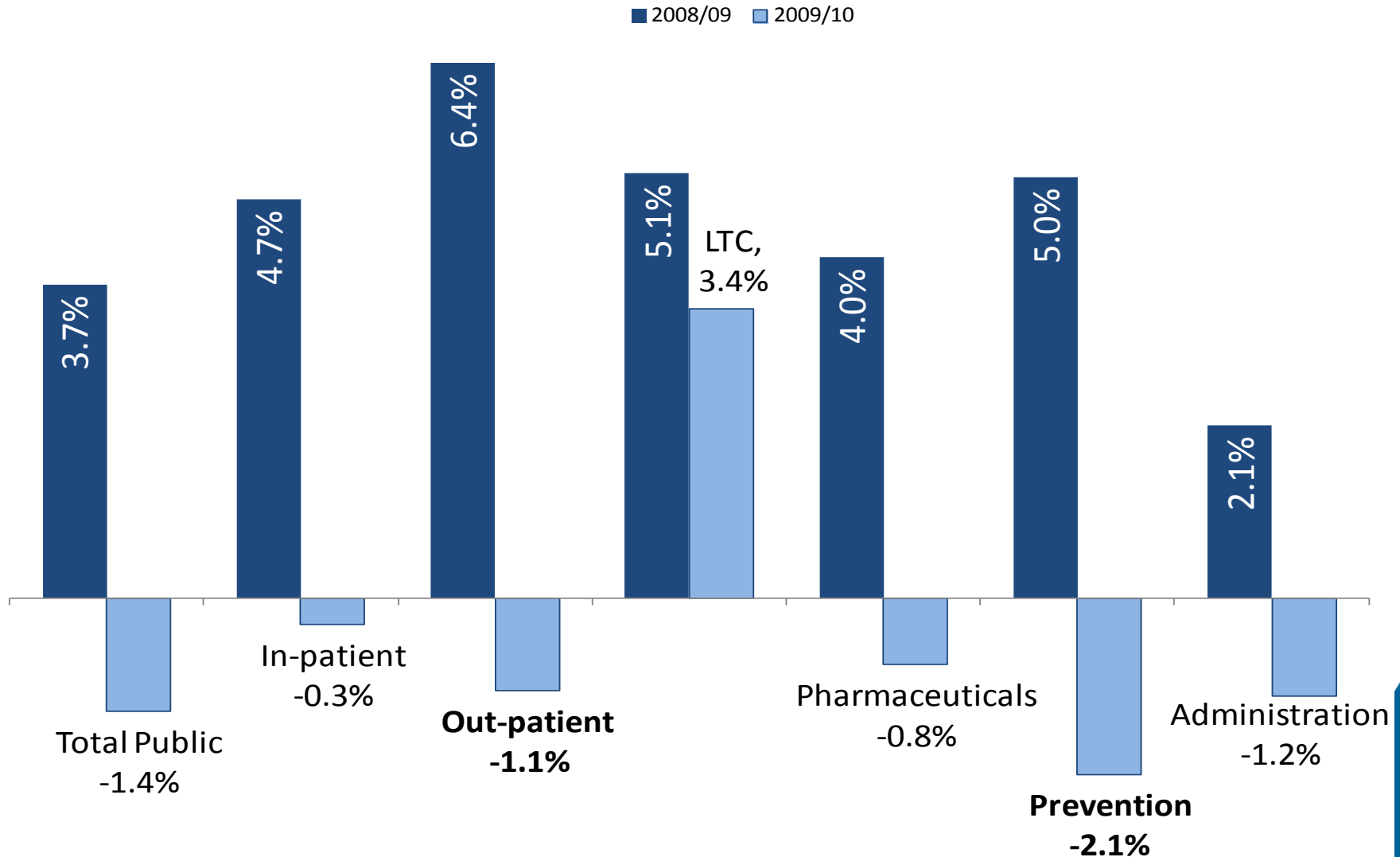
■ 2007/08 ■ 2008/09 ■ 2009/10





All sectors of public spending have been reduced

Apart from long-term care (LTC)





FISCAL CONSOLIDATION EXPENDITURE SIDE: COST- CONTAINMENT



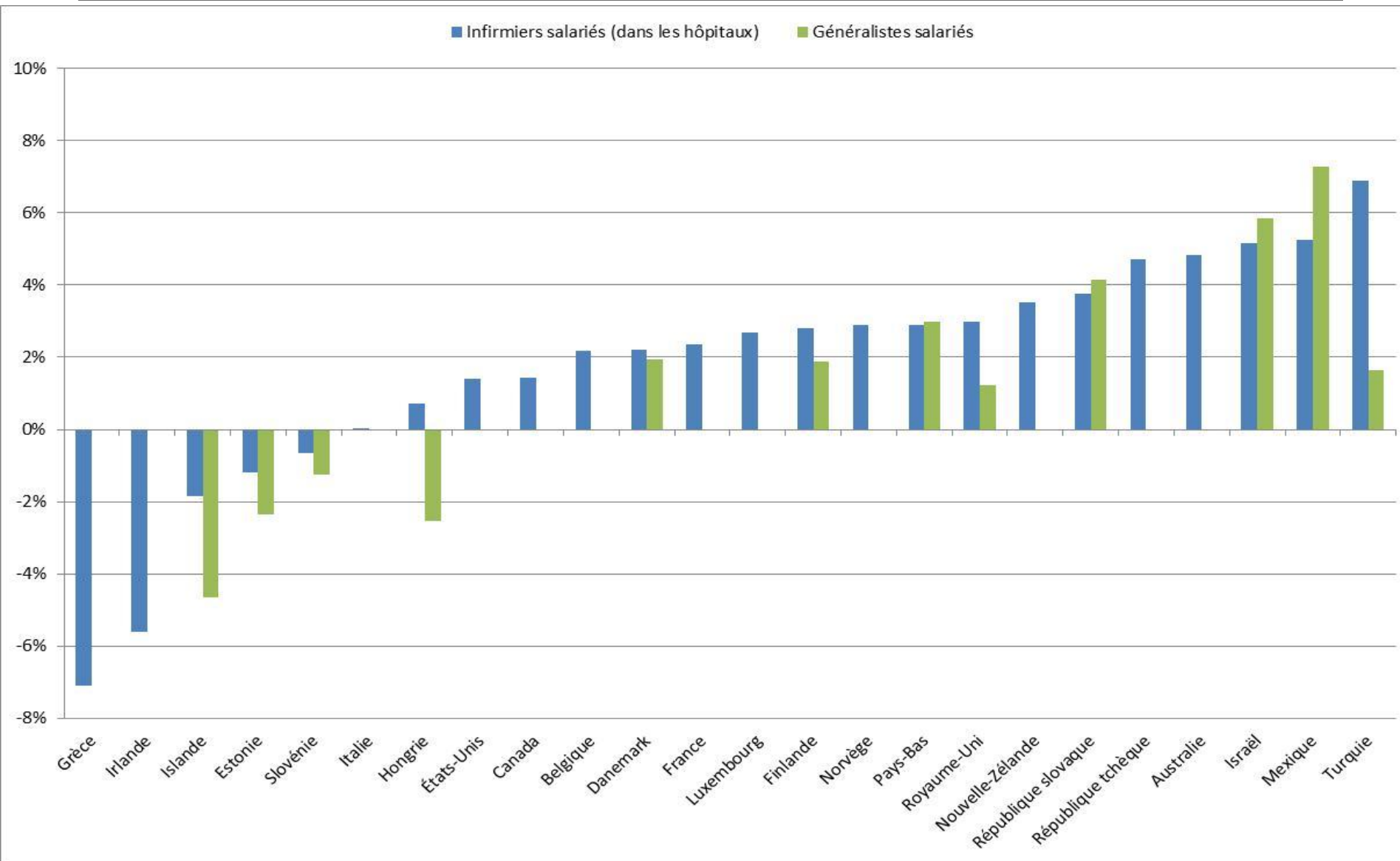
Many public sector cuts came from a combination of budgetary constraints and reduced prices/remuneration

- **Health services:** cuts in wages and fees, or freezing on hiring (Greece, Ireland, Iceland, Czech Republic, Estonia, Slovenia)
- **Pharmaceuticals:** cuts through negotiations over prices and other measures (Greece, Ireland)
- 6-10% cuts in **administration** (Austria, Czech Republic, Finland and Spain)
- Cuts in **public investment** (Estonia, Ireland, Iceland and Czech Republic)
- **Prevention:** countries that reduced public spending made bigger cuts in prevention (e.g., Estonia, Hungary, Iceland; not Portugal); cuts also in Belgium and Finland .



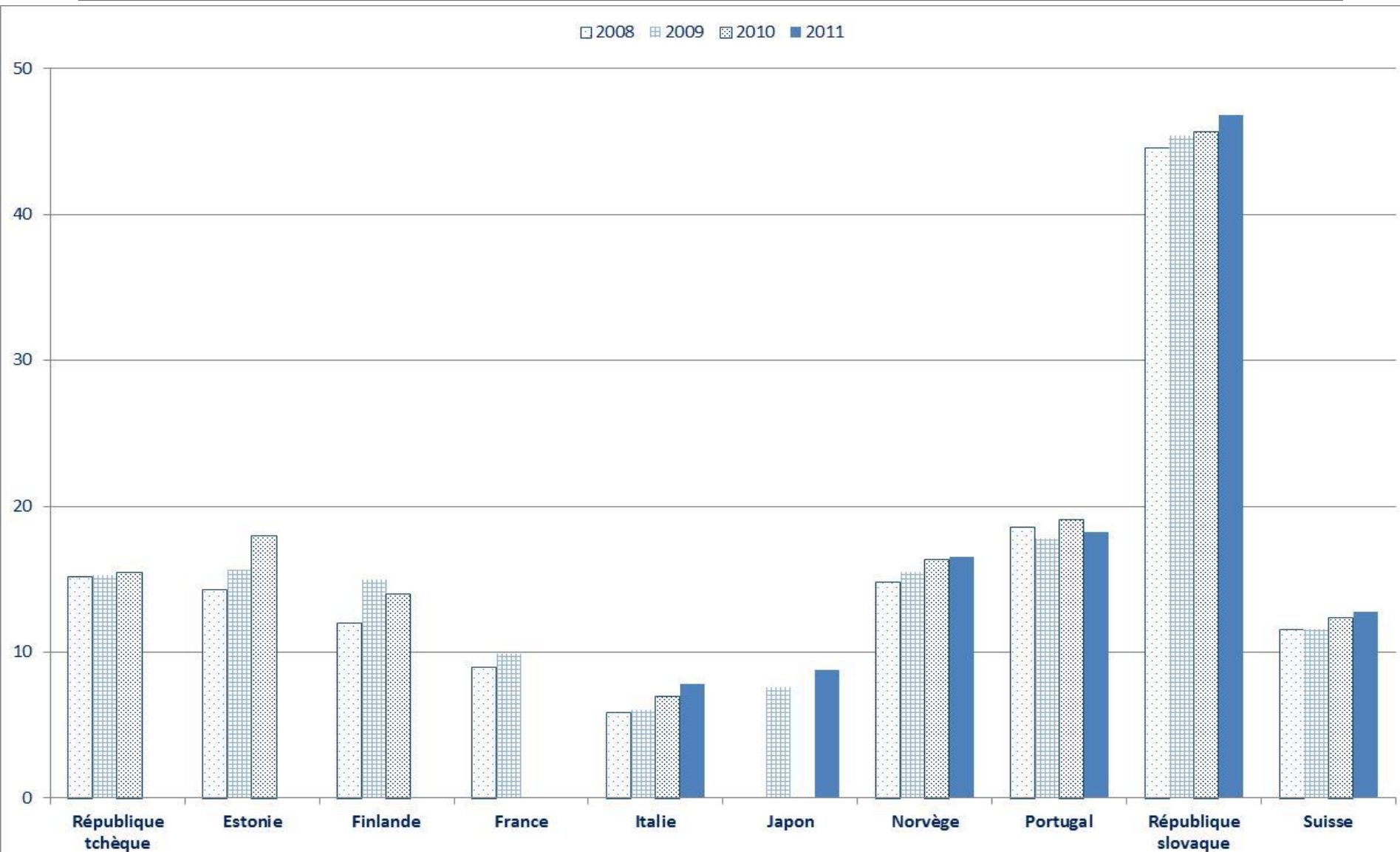
Nominal variation in remunerations

Nurses and GP, 2009-10





Generic (off-patent) pharmaceutical products (in value) as a % of total pharmaceutical products, 2008-2011

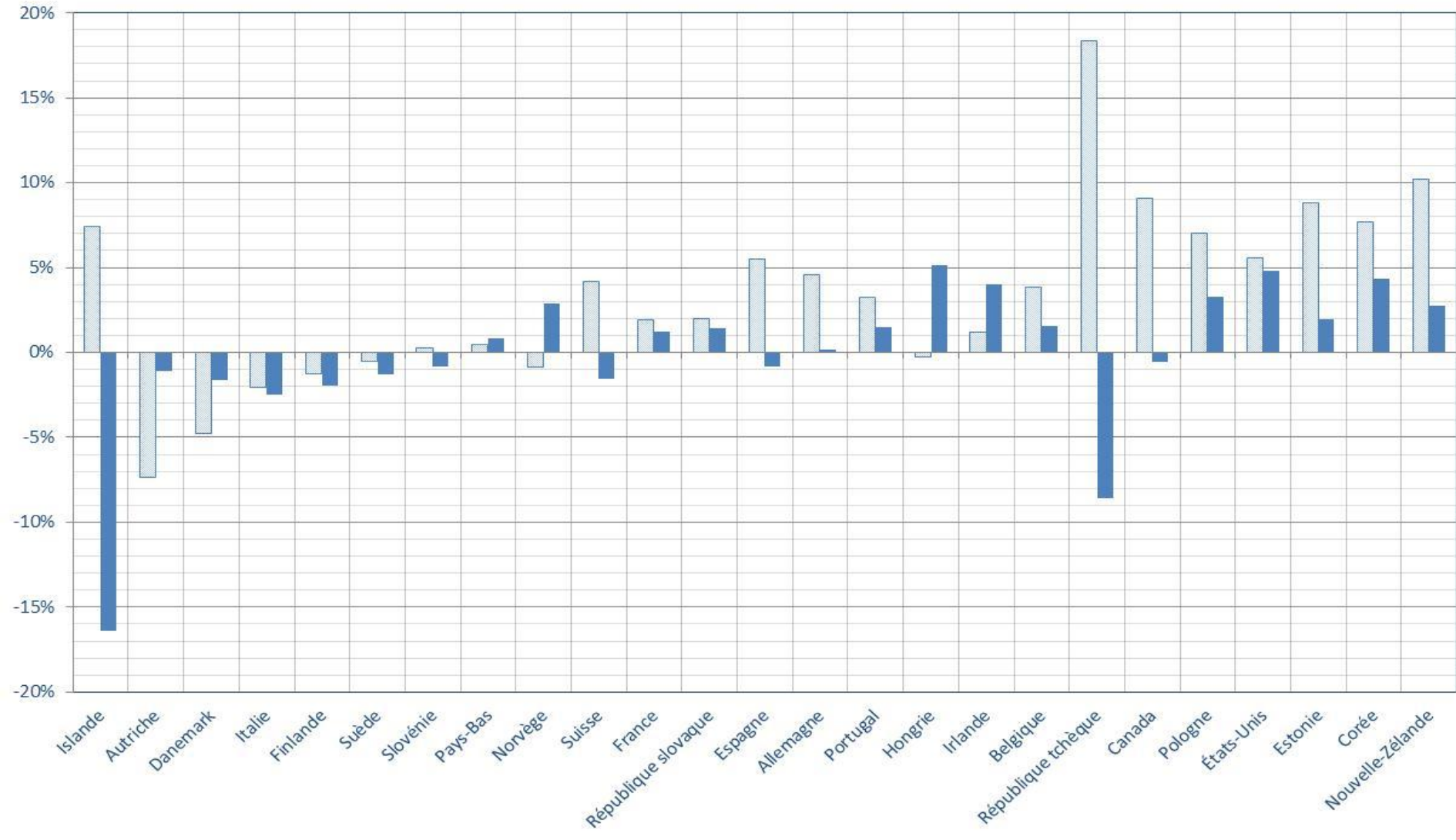




Pharmaceuticals (and other medical non-durable goods)

Annual growth in public spending, 2008-2010

2008/09 2009/10

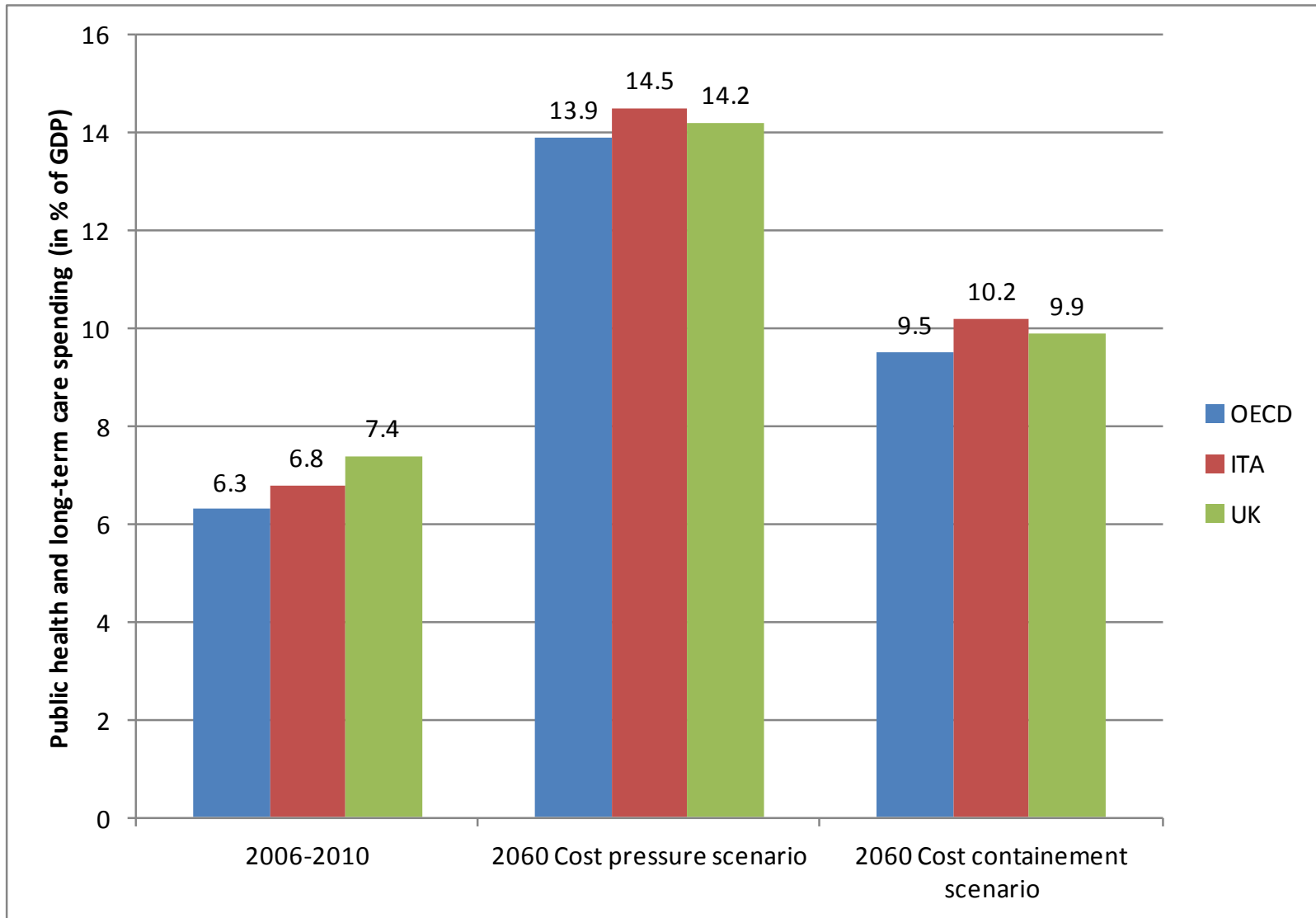




FISCAL CONSOLIDATION REVENUE SIDE: SUSTAINABILITY



Long term: public health spending in the future



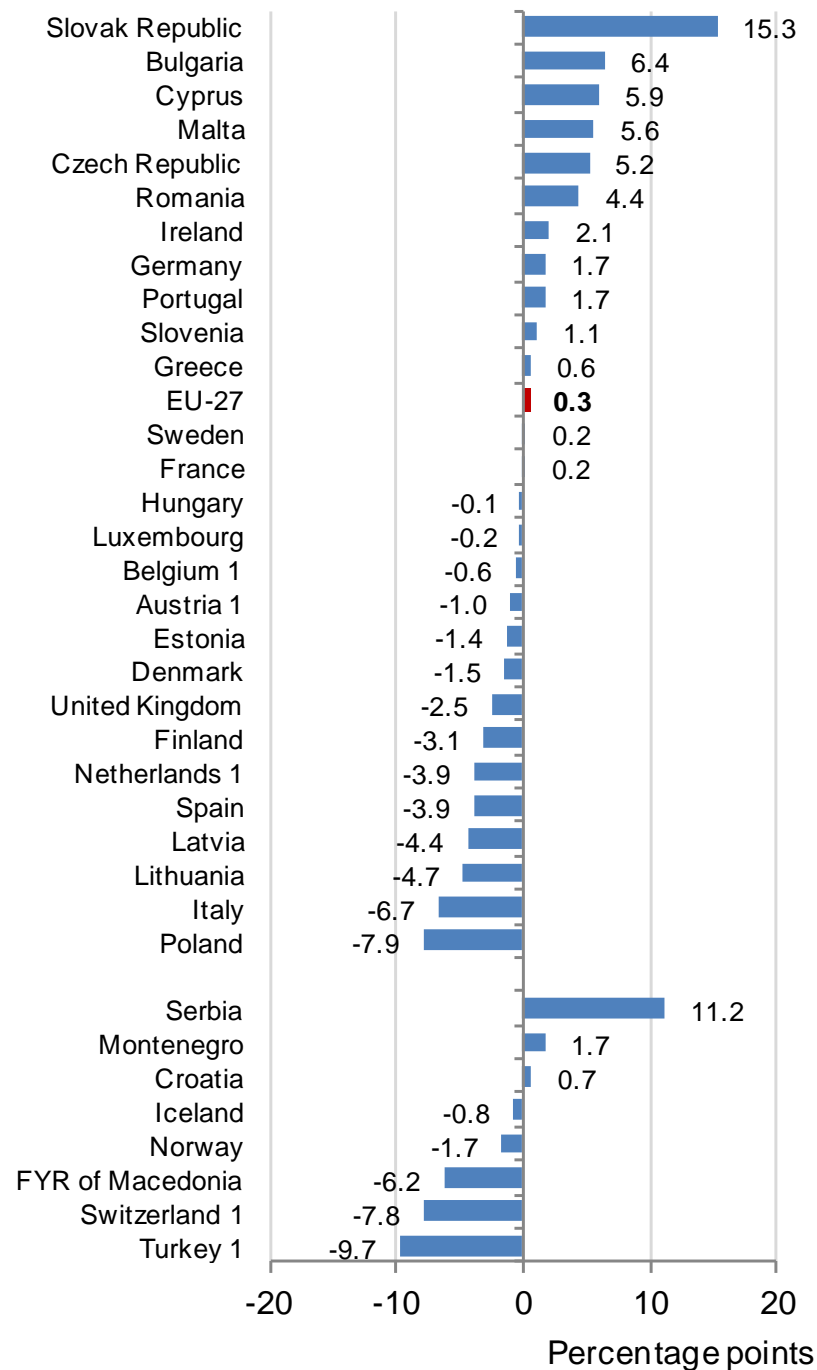


Changes in cost-sharing

- Many EU member states introduced co-payment measures (e.g., Czech Republic, Ireland, France)
- There has been no “apparent” change in overall benefit packages
 - Ireland make eligibility to public coverage for primary care services for patients aged above 70 means-tested
 - The Czech Republic tightened entitlement for foreigners and removed coverage for non-prescribed drugs
 - However public health care facilities may be cutting back on certain services
- All these reforms resulted in a significant shift from public to private spending but only in some EU member states (e.g., Ireland, Bulgaria and the Slovak Republic)



Change in share of out-of-pocket spending in total health spending, 2000 to 2010 (or nearest year)

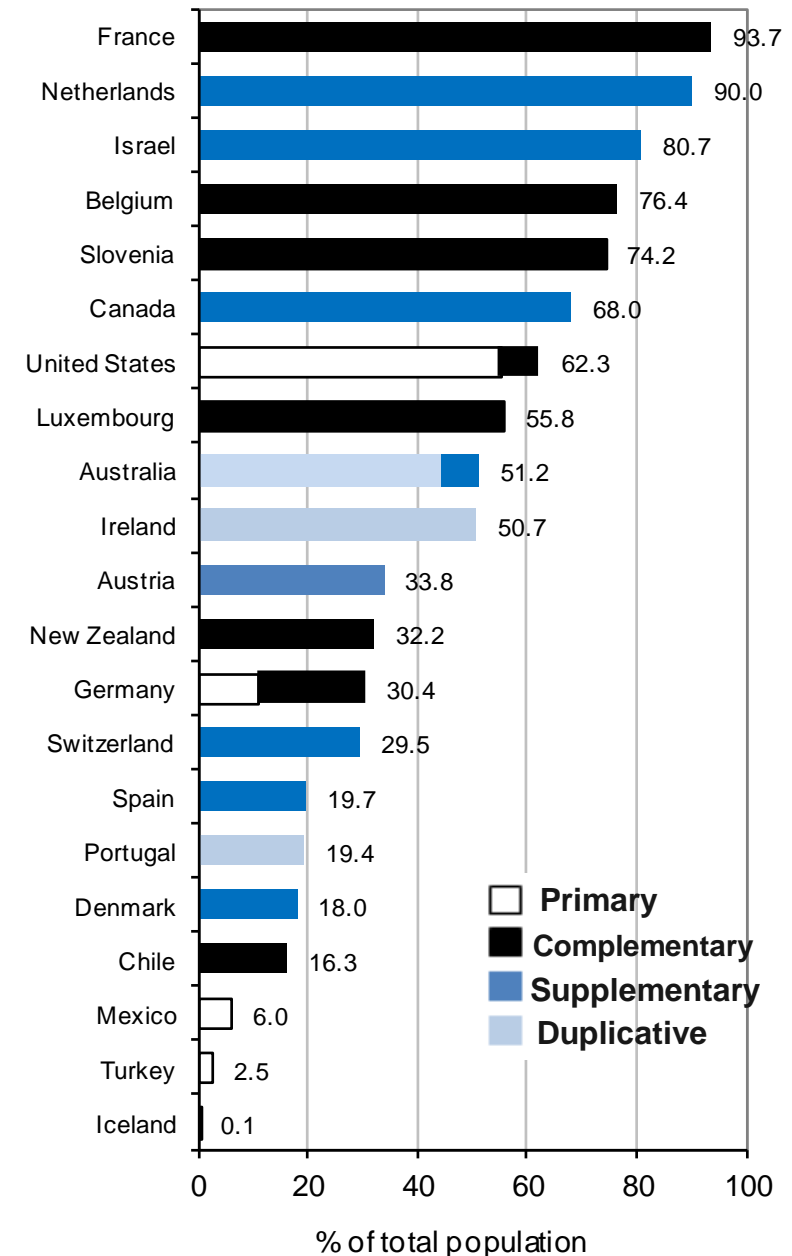


Source: OECD Health at a Glance Europe, 2012



In most OECD countries,
private insurance is
complementary and/or
supplementary

Population covered by private health insurance by type of insurance, 2009

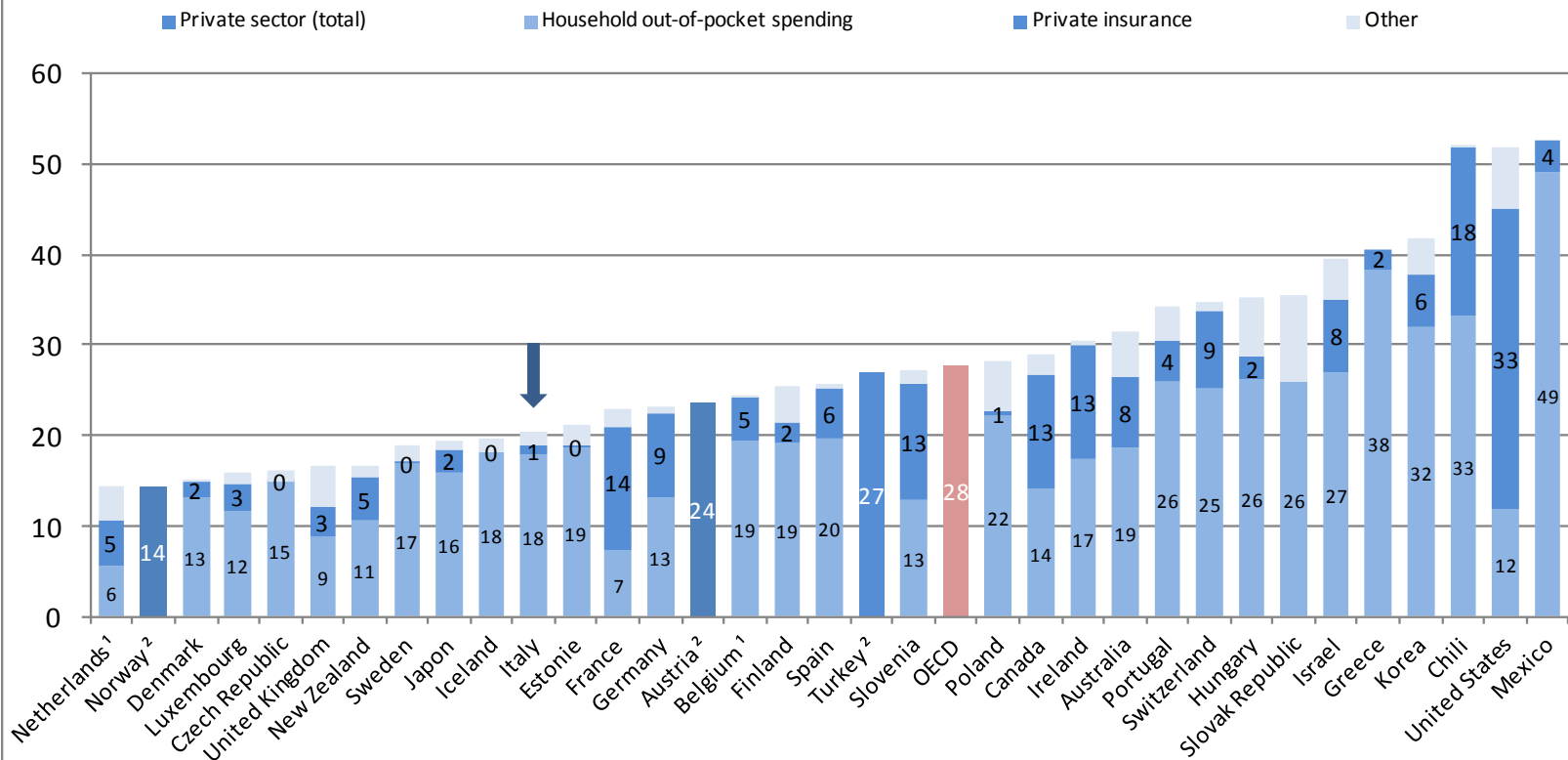


Source: OECD Health Data, 2011



Private insurance financed up to 33% of total health spending in 2010

Private sector health spending over total health spending 2010 (or nearest year)



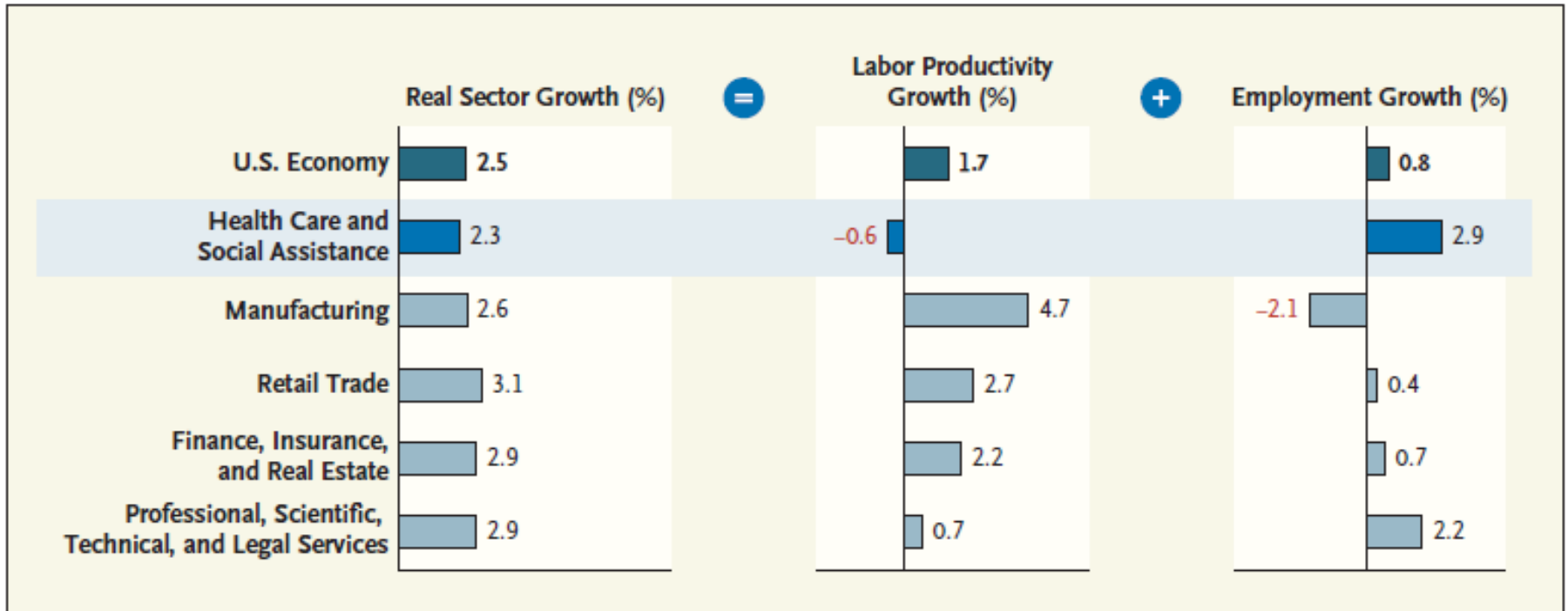
1. Current spending ; 2. breakdown not available

Year 2009 for Luxembourg, Japon, Ireland and Slovak Republic. 2008 for Turkey

Source: OECD health data, 2012



Improving the labour structure in health care



Real Sector Growth (Compound Annual Growth Rate), Broken into Labor Productivity Growth and Employment Growth in Various Sectors of the U.S. Economy, 1990–2010.