Background

The health systems of EU member states are different regarding their organisation, collection and pooling of resources for financing, purchasing of services, etc.

The health care systems in EU

Health care systems in EU

Graph 1. Average life expectancy at birth by gender, Hungary, 1950-2006

Graph 2. Excess mortality of Hungarian men and women as a percentage of EU-15 average, 2005

Example 1

Cost sharing is widespread in Europe.

As in most Eastern European countries, informal payments pose a special problem. To this end, health care systems in EU member states have

In the EU countries the households' out-of-pocket payment on health as a percentage of total health expenditure shows little correlation with the application of co-payment in primary and secondary care.

Example 2

Health insurance systems

In the compulsory health insurance systems of the EU, insurance companies compete with each other for enrolments, while in countries that joined the EU after 2004 a multi-insurance system is found only in the Czech Republic and Slovakia.

The factors that called for the current health care reform in Hungary besides fiscal considerations include low life expectancy at birth, poor health status of the population and the high rate of health care utilisation. The reforms have made changes in the structure of health insurance allocation, in regulations concerning health care delivery systems. There are many common features in the health reforms of EU member states, especially in the Central and Eastern European countries that joined the EU after 2004. Characteristically, these countries sometimes fail to build their reforms on national consensus due to the fact, realisation and the abolition of reform measures are occurring (examples of Hungary and Slovakia).

The Hungarian health care system is basically financed from health insurance contributions. National Health Insurance Fund (NISHR) is a national pool, separated from the central budget.

The problem of the Hungarian health care system lies similar to those of other European countries: disproportion between growing health care expenditures (as a consequence of the ageing of the population, increasing patient expectations) and scarce resources, and the economic pressure to reduce public expenditures.

As in most Eastern European countries, informal payments pose a special problem. To this end, the Hungarian characteristics such as:

- Poor health status of the population
- The life expectancy of birth for Hungarian males (66.75 years in 2005) is 9 years shorter than for their counterparts in the EU-15, for females (77.23 years in 2005) the gap is 5.3 years. (Graph 1.)
- Health does not have a special value for either the individual or the community (tobacco use, alcoholism, etc.), while health status

In the EU countries, household expenditures on health as a percentage of total disposable income shows almost no correlation with the application of co-payment in primary and secondary care.

The main objectives in the field of health insurance are the increase of the cost-efficiency, cost-effectiveness of the system and the ensuring of quality health care.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.

Result 1

Gr. 3. Private household

Graph 3. Private household out-of-pocket payment on health as a percentage of total health expenditure, 2004

The reform of healthcare started in 2006 with the purpose of improving sustainability, reducing the number of acute hospitalisations, cutting waiting lines for physician patients and controling medical consumption. The most important reform measures included:

- The checking of citizens' eligibility for insurance coverage (eligibility is conditioned on legal status),
- The elimination of insurance-related benefits packages (radio-, insulin-) and supplementary packages,
- The introduction of co-payment ("tax" law for primary care, outpatient specialist care and in infantile institutes for each day of care, which was later cancelled as a result of the referendum in March 2008),
- Act on the sold-like cas and efficient supply of medicines,
- The establishment of the Health Insurance Supervisory Authority,
- The regulation of publicly accessible waiting times,
- Structural changes in infantile care: system of high priority and territorial hospitals, reduction of the number of acute hospital beds (from 69.923 to 52.084) and increase of the number of beds in chronic inpatient care (from 2005: 5,017 to 2006: 5,257).
- The reorganisation of the health insurance system by the future of public and the single health insurance.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.

The new care system in the Netherlands

Infectious diseases

Digestive diseases

Tumours

Conclusion

There are several common elements in the health care reforms of EU member states. Necessary are some reflections on certain questions especially in Eastern Europe is rare, the different governments represent life continuity in the decisions about the development of health care, the common aims are increasing cost-efficiency, cost-effectiveness of the system, strengthening competition among providers, widening patients freedom of choice, high quality health services, improving public health, reducing inequalities, fight against informal payments, (Europe).

Which reform measures are most effective?

Common instruments in the health care reforms of EU countries

Bibliography


Forms of payment:

Sorces: European Ministry of Health websites;

Infectious diseases

Digestive diseases

Tumours

The economics (fiscal) stability of health care systems cannot be bound to the number of insurance companies.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.

The two most debated, eventually repealed elements of the Hungarian reform were the introduction of co-payment in primary and secondary care, as well as the competing compulsory insurance companies that are open also to private investors.