



European Union Governance of Health Care and the Liberalisation Agenda

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European healthcare systems

- Challenges (demographics, disease patterns, welfare austerity ...)
- Increased financial pressures
- Solidarity and Equality – the European way of healthcare
- “Efficiency”
- Hence, interest in new/alternative governance at national and EU level

EU's role in healthcare governance

- Protect consumers (internal market in goods)
- (partial) Free movement of healthcare services (internal market in services)
- Alternative governance
 - Public health programmes
 - Framework programmes for R&D
 - Open Method of Coordination
 - High Level Group

Open Method of Coordination social/incl (healthcare strand)

Common objective j – Access

Common objective k – Quality

Common objective l – Sustainability

- Reporting
- Mutual learning
- Benchmarking
- Best practice
- Peer pressure

“Europeanisation”



Open Method of Coordination social/incl (healthcare strand)

- No specific targets or timeframes
- National 'preliminary reports' 2005
- Social Protection Committee Review 2005
- Indicators (SPC 2006) 'work in progress'
- National Action Plans 2006-2008
- Joint Report 2006
- Joint Report 2007

Is the OMC-social ...

An exciting example of alternative governance, with the promise to embed the “European social model” in current post-Fordist, globalised world of welfare austerity?

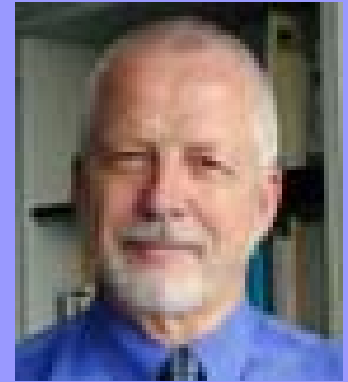
OR

A “smokescreen” behind which a neo-liberal or deregulatory welfare policy paradigm will be rolled out?

Neo-liberalism?

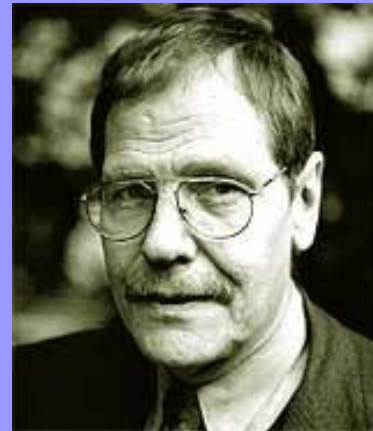
- Scharpf 2002, 2003

Constitutional imbalance



- Offe 2003

Hidden curriculum



- Moreno and Palier 2005

Constrained liberalism



Example: World Bank Health Sector Modernisation Support Sectoral Adjustment Loan for Slovak Republic

Phase 1: Stabilisation Measures

- Introduce co-payments
- Competition among providers
- Hospital restructuring – corporatise public hospitals; budget constraints

Phase 2: System Measures

- Reform health insurance system
- Reduce benefit package covered by mandatory social health insurance

No evidence in the documentary record: NAPs

- “liberalisation” “privatisation” “competition” “choice”
- Around half of NAPs no mention at all
- Others, some “choice”, but *within* solidarity-based social insurance or taxation systems, where (near) universal access valued highly
- 3 (or ?4) “outlier” Member States are more interested

“The political consensus is to keep the existing statutory compulsory insurance. There is no intention of introducing a free choice of health insurance funds.”

(Austria NAP, p 33)

“The patient has a right to choose the primary, secondary or tertiary health care institution and a particular doctor. If patients entitled to free individual health care services choose more expensive services, materials, or forms of treatment on their own initiative, they have to pay the difference between the actual prices of said services, materials and forms of treatment and the basic prices of free services, materials and forms of treatment.”

(Lithuania NAP, p 41)

“Outlier” Member States

“... Stronger competition between the service providers ...”

“The Federal Government’s reform concept ...

Intensifying competition on the insurance provider and service provider side;

Creating fair competition between private health insurance companies and statutory health insurance providers”

Germany NAP, p 35 and 43)

“Outlier” Member States

“... health insurers compete ... health insurers and providers can *negotiate freely* on some tariffs ...

“patients have choice of buying care through their health insurer or choosing their own supplier”

Netherlands NAP, p 39-40

“greater choice for patients ... new system of tariffs which ensures that money follows the patient”

UK NAP, p 54

“Outlier” Member States

“Hungarian health services must respond to ... specific problems ..., that are rooted in the inertia, rigidness and *market-hostility* of the healthcare system evolved over past decades”

(Hungary NAP, p 54 Emphasis added)

No evidence in the documentary record: EU docs

- Most of content of documents no mention at all
- Clear interest in “rational resource use”
- But only 1 mention of “*supervised* competition and privatisation” (SPC Review 2005)
- Mention “outliers”, but no normative conclusions attached

“Sharing information on the extent to which ... supervised competition and privatisation, and contractual relationships between purchasers and providers can contribute to a more rational and cost effective use of care systems may also be useful in helping MS develop their own policies”

2005 SPC Review, p 32

Alternative narratives?

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