

## Political evaluation of the VEMH

*Health System : « organizations, institutions and resources  
dedicated to the production of medical interventions »*

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## I. Healthcare systems' Functions and Objectives

From the World Health report 2000, an Healthcare system must insure three main objectives :

- Health improvment
- Answer to populations' waitings
- Equity of the distribution of financial contribution

To realise these objectives, states have to exercise four functions :



- Provision of services
- Production of ressources
- Financing
- Public administration

To summarize, two « healthcare systems » are traditionally adopted :

➤ « **Bismarck System** »

Based on social security contributions and managed by the two sides of Industry.

➤ « **Beveridge System** »

Universal systems, financed by tax and controlled by the State

## II. Virtual Medicine and the Evolutions of Health

### ➤ Globalisation of issues

- - International crisis
  - International institutions : WTO

### ➤ Europeanisation :

- New legislation and « European policy of Health »
- European institutions : ECEH, EPHA
- « e-Health european Area » within 2010

Supporting Virtual medicine to face

- « Globalised diseases »
- The lack of health care...
- The need for more equity and quality in developping countries
- To modernize the « health care systems »
  - Dissemination of know how (economy of scale)
  - Geographical dissemination of common investment
  - Lower cost for the patients
  - Global control of disease ( alerts, new viruses, etc.)

## Obstacles for the Virtual Medicine :

- High level of cost: ambitious system
- Temptation of Political power to apply risk management to the healthcare insurance system
- How encouraging « telemedicine health system » in Euro-Mediterranean countries

## III. Health in Euro-Mediterranean Region

### Country analysis :

- Healthcare budget as a percentage of the GDP in 2004 (The World Health Report, 2004)
  - Algeria : 4,1 %
  - Morocco : 5,1 %
  - Tunisia : 6,4 %
  - Egypt : 3.9 %
  - Turkey : 5 %

- Total Health expenditure per capita (Intl \$, 2001) : (source: The World Health Organisation's website)
  - Algeria : 169
  - Morocco : 199
  - Tunisia : 463
  - Egypt : 153
  - Turkey : 294
  
- In comparison with European Union for example, 6 to 8 % of the GDP are dedicated to Health and the health expenditure per capita is around 2.000 \$.

## Transversal Analysis :

- Coexistence of « primitive and contagious diseases » and « « modern diseases » »
- Preponderance of Public Sector
- Unbalanced care access between cities and rural areas
- High participation of people in the general contribution to finance health care
- Two medicine/healthcare systems
- Maghrebian health market is massively dependant on imports
- Trend to export some health services or authorize « medical tourism » (Tunisia)

## Health Reforms in Euromediterranean Region :

- **Morocco** : Five years Plan (2003-2007) ; € 2.3 million ; creation of « AMO » (Mandatory Health Insurance)
- **Algeria** : Emergency decisions for a renewal of Hospital infrastructures
- **Egypt** : Six years' Program to reform the egyptian Healthcare system financed by the E.U (€ 110 Million)
- **Tunisia** : Development Plan (2000-2006) to promote healthcare exports

## IV. Scenarios for the sustainability of VEMH

3 political scenarios for the VEMH in the Euro-mediterranean Region:

- **Scenario A** : adopt one of both « Traditional » healthcare systems (« Bismarck » or « Beveridge »)
- **Scenario B** : build an hybrid system with a mix of both «traditional » systems
- **Scenario C** : new system including new technologies like Telemedicine.

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