Health Situation: Life Style, 1999

Country	Number of cigarettes consumed per person/year in 1999 (a)	Annual pure alcohol consumed per person, litres in 1998	Average amount fruit and vegetables available per person per year (kg) in 1998	Average no of calories per person/day (kcal) in 1998
Austria	1928	9,2	195	3531
Belgium	1212	8,9	258	3606
Denmark	1636	9,5	181	3433
Finland	931	7,0	137	3180
France	1388	10,8	209	3541
Germany	1907	10,6	195	3402
Greece	2837	9,1	397	3630
Ireland	1834	10,8	147	3622
Italy	1613	7,7	303	3608
Luxembourg	2140	13,3	258	3606
Netherlands	1058	8,1	231	3282
Portugal	1669	11,2	301	3691
Spain	2271	10,1	256	3348
Sweden	711	4,9	174	3114
United Kingdom	1353	7,5	176	3257
Bulgaria	2314	6,8	201	2740
Czech Republic	1848	10,0	153	3292
Estonia	1525	2,4	148	3058
Hungary	2374	9,4	184	3408
Latvia	1645	7,1	121	2994
Lithuania	1433	8,6	167	3104
Poland	2401	6,2	185	3351
Romania	1781	9,5	188	3263
Slovakia	2289	8,0	164	2953
Slovenia	1860	9,2	159	2950
Japan	-	-	-	-
USA	-	-	-	-

Notes:
(a) Netherlands (1998), Luxembourg, Slovenia (1994)
- data not available
Source:
WHO Europe, Health for all Database 2000, www.who.dk

Resources: Health Personnel per 100 000 population, 1999

Country	Physicians in 1999 (a)	Physicians working in hospitals in % in 1999 (b)	General practitioners in primary health care in 1999 (c)	Dentists in 1999 (d)	Pharmacists in 1999 (e)	Nurses in 1999 (f)	Nurses working in hospitals in % in 1999 (g)
Austria	301,6	56,1	131,0	47,4	53,7	555,2	-
Belgium	394,9	39,8	153,4	68,3	144,8	1075,1	68,0
Denmark	339,2	57,0	64,3	90,6	45,4	722,0	63,0
Finland	305,8	51,4	163,6	93,4	146,5	2172,0	52,2
France	303,0	22,5	147,3	67,8	100,3	496,8	83,4
Germany	354,3	47,2	102,9	76,1	58,3	950,4	52,9
Greece	392,0	48,0	125,5	102,0	78,0	257,0	97,0
Ireland	226,2	-	44,0	47,9	77,0	1637,8	51,0
Italy	567,0	30,0	94,7	70,0	104,9	296,0	-
Luxembourg	253,1	-	84,3	62,0	68,5	760,6	-
Netherlands	251,0	-	44,8	47,1	17,4	902,0	96,0
Portugal	311,9	72,3	68,6	33,3	75,3	378,7	81,4
Spain	431,4	29,1	-	40,6	117,6	511,9	55,7
Sweden	310,9	71,1	56,2	152,1	67,4	821,0	75,0
U.K.	164,0	65,4	60,1	39,8	58,2	497,0	87,1
Bulgaria	344,0	34,4	80,2	56,7	16,5	683,2	42,6
Czech Rep.	307,8	25,9	68,2	62,5	46,5	892,3	68,0
Estonia	306,9	46,5	54,7	70,2	55,8	616,1	57,7
Hungary	361,4	32,5	67,0	57,8	47,3	385,1	85,0
Latvia	312,7	43,0	32,9	47,9	-	517,7	75,8
Lithuania	394,0	44,0	63,3	62,3	57,4	796,0	60,2
Poland	233,0	-	-	44,8	53,2	527,0	-
Romania	191,4	50,7	81,3	23,4	7,1	404,0	58,3
Slovakia	322,2	60,1	44,4	45,1	38,9	723,3	68,7
Slovenia	215,2	52,8	45,0	60,4	35,0	693,1	53,7
Japan	193,2	-	-	68,6	85,0	744,9	-
USA	279,0	-	-	59,8	70,0	972,0	-

Notes

(a) Austria, Belgium, Portugal, Spain, Poland (1998), France, Sweden (1997), Greece, Japan (1996), USA (1995), UK (1993) Netherlands (1990)

(b) Spain (1995), Austria, Greece (1992), Sweden (1990)

(c) Belgium, France, Germany, Ireland, Italy, Portugal, UK, Lithuania (1998), Netherlands, Sweden, Romania (1997), Bulgaria (1996), Greece (1990)

(d) Belgium, Portugal, Spain, Poland (1998), Sweden (1997), France, Netherlands, Bulgaria, Japan, USA (1996), Greece (1995), UK (1992)

(e) Austria, Belgium, Denmark, Poland, Portugal, Spain (1998), France, Netherlands, Sweden (1997), Japan, USA, Greece (1994), UK (1989)

(f) Austria, Portugal, Spain, Hungary (1998), Sweden (1997), Belgium, France, Japan, USA (1996), Denmark (1994), Greece (1992), Italy (1991), Poland (1990), UK (1989)
(g) Spain (1995), Sweden (1993), UK (1992), Finland, Greece, Netherlands (1989)
- Data are not available
Source:
WHO Europe, Health for all Database 2000, www.who.dk

Resources: Hospitals, 1999

Country	Total number of hospitals in 1999 (a)	Number of hospitals per 100 000 population in 1999 (b)	Number of hospital beds per 100 000 population in 1999 (c)	Private in-patient hospital beds as % of all beds in 1999 (d)
Austria	330	4,08	892,23	30,77
Belgium	247	2,43	727,97	62,86
Denmark	91	1,72	448,87	0,79
Finland	389	7,53	755,50	3,36
France	4186	7,17	1049,69	29,30
Germany	3658	4,46	929,67	22,09
Greece	364	3,47	553,70	26,84
Ireland	103	2,78	363,20	-
Italy	1381	2,40	500,70	23,64
Luxembourg	34	8,42	1100,00	-
Netherlands	222	1,41	510,56	-
Portugal	215	2,16	400,60	21,75
Spain	795	2,00	412,78	30,06
Sweden	97	1,10	522,00	23,55
U.K.	1564	2,71	416,86	4,51
Bulgaria	280	3,41	749,50	0,65
Czech Rep.	364	3,54	847,20	9,76
Estonia	78	5,41	718,11	24,42
Hungary	172	1,71	838,80	-
Latvia	151	6,21	887,98	2,36
Lithuania	186	5,03	938,30	0,00
Poland	746	1,93	595,86	0,22
Romania	425	1,89	731,00	0,01
Slovakia	134	2,48	810,37	1,96
Slovenia	26	1,32	554,50	0,18
Japan	-	-	1320,00	-
USA	6539	2,56	410,00	-

Notes:
Hospi
Private in-patient beds: Number of all hospital beds for in-patient treatment that are privately owned
(a) Austria, Denmark, Germany, Ireland, Italy, Netherlands, Portugal, Spain, Poland (1998), Belgium, Sweden (1997), France, Greece (1996), Luxembourg (1994), USA (1992), UK (1991)

(b) Austria, Denmark, Germany, Ireland, Italy, Netherlands, Portugal, Spain, Poland (1998), Belgium, Sweden (1997), France, Greece (1996), Luxembourg (1994), UK (1991)
(c) Austria, Denmark, Germany, Ireland, Italy, Netherlands, Portugal, Spain, Poland (1998), Belgium, Sweden, UK, Japan (1997), France, Greece, USA (1996), Luxembourg (1994)
(d) Austria, Denmark, Germany, Portugal (1998), UK (1997) Belgium, France, Greece, Spain (1996)
- Data are not available
Source:
WHO Europe, Health for all Database 2000, www.who.dk
OECD, Health Data 1998, www.oecd.org

Utilization and Performance: Hospital care and outpatient contacts, 1999

Country	Average length of stay, all hospitals in days in 1999 (a)	Average length of stay, acute care hospitals in days in 1999 (b)	Bed occupancy rate (%) in acute hospitals in 1999 (c)	In-patient care admissions per 100 population in 1999 (d)	Acute care hospital admissions per 100 population in 1999 (e)	Number of outpatient contacts/person/year in 1999 (f)
Austria	8,3	6,8	75,4	27,7	25,8	6,7
Belgium	11,1	8,8	80,9	19,8	18,9	8,0
Denmark	7,3	5,7	78,3	19,0	18,7	7,0
Finland	10,5	4,5	74,0	27,3	19,7	4,2
France	10,8	5,6	75,7	22,8	20,3	6,5
Germany	12,0	11,0	76,6	21,6	19,6	6,5
Greece	8,2	-	-	15,0	-	5,3
Ireland	7,6	6,8	84,3	14,8	14,6	6,6
Italy	8,0	7,1	74,1	17,6	17,2	6,6
Luxembourg	15,3	9,8	79,3	14,4	18,4	-
Netherlands	13,8	8,3	61,3	9,6	9,2	5,7
Portugal	9,0	7,3	75,5	12,0	11,9	3,4
Spain	10,0	8,0	77,3	11,4	11,2	6,2
Sweden	7,5	5,1	77,5	18,0	15,6	2,8
U.K.	9,8	5,0	80,8	15,1	21,4	5,4
Bulgaria	11,9	10,7	64,1	15,8	14,8	5,4
Czech Rep.	11,6	8,7	67,7	19,4	18,2	14,5
Estonia	10,3	8,0	69,3	19,6	18,4	6,3
Hungary	9,2	7,0	73,5	25,4	21,8	14,7
Latvia	11,8	-	-	22,1	20,0	4,9
Lithuania	11,3	9,1	78,8	24,5	20,6	6,6
Poland	10,1	-	-	13,8	-	5,4
Romania	9,9	-	-	20,7	-	6,4
Slovakia	10,4	9,6	69,8	19,4	18,4	16,4
Slovenia	9,0	7,6	73,2	16,6	16,0	7,4
Japan	45,1	-	83,6	10,3	-	16,0
USA	8,2	6,8	68,6	12,7	11,8	6,0

Notes:
Length of stay: The number of days a patient is treated in hospital
Occupancy rate is calculated from the quotient of hospital days and hospital beds of a countrey realted to one year
Acute care is a hospital care for the treatment of short term illnesses and for emergency care
(a) Austria, Denmark, Germany, Ireland, Italy, N
(b) Austria, Denmark, Germany, Ireland, Italy, Netherlands, Portugal, Estonia (1998) Belgium, France (1997), Luxembourg, Spain, Sweden, UK, Bulgaria (1996), USA (1994)

(c) Austria, Denmark, France, Ireland, Italy, Netherlands, Portugal, UK (1998), Germ
(d) Austria, Denmark, Germany, Ireland, Italy, Netherland, Portugal, UK, Poland (1998), Belgium, Spain, Sweden (1996), France, Greece (1995), Luxembourg, Japan, USA (1994)
(e) Austria, Denmark, Germany, Ireland, Italy, Netherland, Portugal, UK (1998), Belgium, Spain, Sweden (1996), France (1995), Luxembourg, USA (1994)
(f) Belgium, Denmark, netherlands, Portugal, UK, Poland (1998), Sweden (1997), Japan, USA (1990-1998), Spain (1989), Ireland, Italy (1988), Greece (1982)
- data not available
Source:
WHO Europe, Health for all Database 2000, www.who.dk
World Bank, World bank Development Indicators 2000

Health expenditures: Relationship between GDP (USD in PPP) and health expenditures (USD in PPP), 1999

Country	GDP, USD per capita in 1999 (a)	GDP, USD in PPP per capita in 1999 (b)	Total health expenditures in USD in PPP per capita in 1999 (c)	Health expenditures (USD in PPP per capita) / GDP (USD in PPP per capita)
Austria	25853	24541	2039	8,31
Belgium	24200	24289	2081	8,57
Denmark	32606	26311	2186	8,31
Finland	24891	22807	1502	6,59
France	24292	22465	2077	9,25
Germany	25810	23616	2476	10,48
Greece	11822	14740	1167	7,92
Ireland	23765	24769	1508	6,09
Italy	20166	21844	1839	8,42
Luxembourg	41475	39636	2215	5,59
Netherlands	25040	25162	2070	8,23
Portugal	11096	16433	1237	7,53
Spain	15126	18162	1218	6,71
Sweden	25753	21930	1746	7,96
U.K.	23908	22459	1583	7,05
Bulgaria	1474	4809	214	4,46
Czech Rep.	5236	13125	993	7,57
Estonia	3536	7682	453	5,90
Hungary	4857	10968	705	6,43
Latvia	2740	5728	223	3,90
Lithuania	2826	6436	341	5,30
Poland	3958	8079	508	6,29
Romania	1503	5648	147	2,60
Slovakia	3578	9699	693	7,15
Slovenia	10450	14293	1101	7,70
Japan	-	23400	1822	7,79
USA	33900	33900	4178	12,32

Notes:
PPP means purchase parity power
(a) Luxembourg (1997)
(b) Bulgaria, Estonia, Latvia, Lithuania, Romania, Slovakia, Slovenia (1998)
(c) Be-Ne-Lux, Finland, France, Greece, Portugal, Spain, Sweden, Estonia, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, Japan, USA (1998), Bulgaria (1994)
Source:

WHO Europe, Health for all Database 2000, www.who.dk
OECD, Health data 2000, www.oecd.org
CIA, The World Factbook 2000, www.cia.gov

Total health expenditures, 1997

Country	Total health expenditure as % of GDP in 1997	Public expenditure as % of total health expenditure in 1997	Private expenditure as % of total health expenditure in 1997	Tax funded and other public expenditure as % of public expenditure on health in 1997	Social security expenditure as % of public expenditure on health in 1997	Out-of-pocket expenditure as % of total health expenditure in 1997	Public expenditure on health as % of a public expenditure in 1997
Austria	9,0	67,3	32,7	12,4	87,6	23,6	11,9
Belgium	8,0	83,2	16,8	18,7	81,3	14,7	13,2
Denmark	8,0	84,3	15,7	100,0	0,0	15,7	12,9
Finland	7,6	73,7	26,3	80,4	19,6	19,3	10,7
France	9,8	76,9	23,1	3,3	96,7	20,4	13,8
Germany	10,5	77,5	22,5	23,4	76,6	11,3	14,7
Greece	8,0	65,8	34,2	64,8	35,2	31,7	12,6
Ireland	6,2	77,3	22,7	100,0	0,0	-	17,1
Italy	9,3	57,1	42,9	100,0	0,0	41,8	10,5
Luxembourg	6,6	91,4	8,6	17,1	83,0	7,2	13,0
Netherlands	8,8	70,7	29,3	100,0	0,0	16,8	12,7
Portugal	8,2	57,5	42,5	100,0	0,0	40,9	10,8
Spain	8,0	70,6	29,4	12,8	87,2	20,4	13,3
Sweden	9,2	78,0	22,0	100,0	0,0	22,0	11,5
United Kingdom	5,8	96,9	3,1	100,0	0,0	3,1	14,3
Bulgaria	4,8	81,9	18,1	99,9	0,1	16,9	10,0
Czech Republic	7,6	92,3	7,7	17,6	82,4	7,7	15,9
Estonia	6,4	78,9	21,2	8,4	91,6	21,2	10,5
Hungary	5,3	84,9	15,1	58,9	41,1	15,1	9,2
Latvia	6,1	61,0	39,0	48,3	51,7	39,0	9,0
Lithuania	6,4	75,7	24,3	18,3	81,3	24,3	11,4
Poland	6,2	71,6	28,4	100,0	0,0	28,4	10,1
Romania	3,8	60,3	39,8	100,0	0,0	39,8	6,7
Slovakia	8,6	81,8	18,2	0,3	99,7	18,2	14,1
Slovenia	9,4	80,8	19,2	13,0	87,0	10,2	16,6
Japan	7,1	80,2	19,9	15,3	84,7	19,9	16,2
USA	13,7	44,1	55,9	57,9	42,1	16,6	18,5

Notes:
The sume of public health expenditures and private health expenditures totals 100%
The sume of tax- and other public funded expenditures and social security expenditures totals 100%
Out-of-pocket expenditures are part of private expenditures

Difference between private expenditures and out-of-pocket expenditures are private insurance and other sources (grants, etc.)
- Data not available
Source:
WHO, World health report 2000, www.who.int

Structure of health expenditures as a % part of total health expenditures, 1997

Country	Outpatient expenditures	Dental expenditures	Pharmaceuticals	Remedy and aid mediums	Inpatient and hospital care	Nursing	Others
Austria	16,6	8,4	7,8	2,6	48,0	14,0	2,6
Belgium	14,8	7,7	15,4	6,5	37,3	10,4	7,9
Denmark	8,2	5,0	9,2	3,5	49,7	18,0	6,4
Finland	-	-	-	-	-	-	-
France	15,0	6,0	16,8	6,7	45,1	5,3	5,1
Germany	16,3	10,4	14,6	6,4	35,8	10,4	6,1
Greece	18,1	6,2	21,3	2,9	41,3	3,0	7,2
Ireland	15,0	5,0	13,1	5,1	49,2	10,5	2,1
Italy	18,5	4,8	17,8	4,6	43,5	7,3	3,5
Luxembourg	20,9	7,9	16,8	6,0	40,8	5,7	1,9
Netherlands	9,6	4,6	11,2	5,6	44,2	13,9	10,9
Portugal	21,3	6,2	20,5	4,1	33,1	6,0	8,8
Spain	17,3	8,0	19,7	4,0	42,4	7,1	1,5
Sweden	11,7	9,0	9,7	3,9	39,6	16,5	9,6
U.K.	12,2	4,0	12,7	2,3	41,0	17,2	10,6
Japan	19,4	7,6	18,0	6,0	34,3	12,0	2,7
USA	22,2	5,6	7,7	4,7	39,3	11,5	9,0

Notes:
- Data not available

Source:
Schneider, et al : Gesundheitssysteme im internationalen vergleich, BASYS, 1997

Structure of public and private financial sources on health care financing in %, 1997

Country	State	Social contributions	Self-payments	Private insurance	Other sources
Austria	25,1	53,9	14,0	7,0	0,0
Belgium	34,8	40,6	17,8	5,8	1,0
Denmark	86,6	0,0	11,4	1,9	0,1
Finland	-	-	-	-	-
France	5,9	66,4	17,0	9,1	1,6
Germany	11,8	68,6	11,7	6,9	1,0
Greece	33,9	45,0	18,2	2,9	0,0
Ireland	70,4	5,8	15,3	8,2	0,3
Italy	39,2	33,1	22,3	3,2	2,2
Luxembourg	29,1	49,2	19,2	2,4	0,1
Netherlands	4,8	73,8	7,3	14,1	0,0
Portugal	66,1	13,6	17,3	2,6	0,4
Spain	48,0	33,3	13,6	5,1	0,0
Sweden	73,1	12,1	13,6	1,2	0,0
U.K.	72,5	7,2	15,8	4,5	0,0
Japan	21,7	53,3	17,2	2,4	5,4
USA	35,9	6,3	17,6	36,5	3,7

Notes:
- Data not available

Source:
Schneider, et al : Gesundheitssysteme im internationalen vergleich, BASYS, 1997

Health systems: General description and level of centralization of Health Systems, 2000 or latest available

Country	Type of system	General description	Centralization	National (central) level	Regional (provincial) level	Municipal (commune) level
Austria	Social Insurance (payments in kind principle)	The health care system is based on the compulsory health insurance covering whole population supplemented by private health insurance	Decentralized	Federal government is responsible for legislation, formulating health policy and general directives, technical supervision of health services and training, and the supervision of the health insurance system, which is managed on an autonomuos basis	The provincial authorities (the governors), assisted by the health advisory councils, are responsible for carrying out directives and implementing laws and policies	Health officers at provincial level and dostrict level supervise the carrying out of federal and provincial measures in the districts and communes
Belgium	Social Insurance (compensation for expenses principle)	The health care system is based on the coexistence of compulsory health insurance covering nearly all the population and independent medical practise	Centralized	Financing is a central government matter. The National Institue of Sickness and Handicap Insurance controls the managment of the sickness and handicap funds and with Ministry of Health, organizes cost control and the levels of reimbursement		
Denmark	National Health Service (payments in kind principle)	The care system is based on national health service covering the whole resident population	Decentralized	The Ministry of Health is the principal authority and is responsible for health legislation. As a part of the Ministry the National Board of helath has an administrative, advisory and supervisory role	Counties (16) are responsile for the planning and running of hospital and primary care services	Municipalities (275) are responsible for the plannig and running social health care systems and certain parts of the local health services
Finland	National Health Service (payments in kind principle)	Health care is mainly organized as a public service and administered at three levels	Decentralized	Ministry of Social Affairs and Health is responsible for legislation	Departments of social affairs and health (12)	The communes (461) have the main responsibility for delivering health education and preventive services, treatment of illnesses and medical rehabilitation and services for mentally ill

Health systems: General description and level of centralization of Health Systems, 2000 or latest available

Country	Type of system	General description	Centralization	National (central) level	Regional (provincial) level	Municipal (commune) level
France	Social Insurance (compensation for expenses principle)	The health care system is based on national universal and compulsory health insurance system linked to occupation	Centralized	Legislation, control over the health system, in the field of hospital care, the government has the control of development programmes, the creation of new medical postst and the budget. Hospital director and physicians are appointed by the MOH.	Responsibilities of regions (22) as regards health, are limited to preventive activities	Responsibilities of municipalities as regards health, are limited to preventive activities
Germany	Social Insurance (payments in kind principle)	Social Insurance based model (also known as Bismarck model) financed through decentralised, self-administered non-profit sickness funds, which are financed by equal contributions from employers and employees	Decentralized	The Federal Government provides the regulatory framework for health care, but the Lander are responsible for providing health care. The Advisory Council for Concerted Action regularly sets guidelines for rates of increase of health expenditures.	Lander are resposible for providing heaklth care. In each Lander the regional associations of the sickness funds negotiate with regional associations of docotrs to determine aggregate paymnets to primary health care, physicians, specialists and hospitals	
Greece	Mixed System - National Health Service and contributions (payments in kind principle)	National health service financed by various insurance funds	Partly decentralized	The Ministry of Health and Social Affairs is responsible for framework of health provision, sets the prices of drugs, tarifffs for hospitals, salaries of doctors and controls the insurance funds	Country is divided into 9 health regions, which are responsible for regional planning and controlling the stationary facilities' activities, and also for state health centres	
Ireland	National Health Service (payments in kind principle)	Access to the public National health service is based on a means-tested system of eligibility comprising two categories	Decentralized	The Department of Health has a planning, budgeting and coordinating role, but is not directly involved in the provision of services	Provision of services is the role of the regional health boards (8)	

Health systems: General description and level of centralization of Health Systems, 2000 or latest available

Country	Type of system	General description	Centralization	National (central) level	Regional (provincial) level	Municipal (commune) level
Italy	National Health Service (payments in kind principle)	Health system is based on National health service and structured to allow regional planning and local managerial control. Health budget is determined centrally and finnaced partly by emplyers' and employees' contrbutions and general taxation	Decentralized	The Ministry of Health, advised by the National Health Council, is in charge of political planning and regulation, overseeing, the healt regions and reviewing regional legislation	The regions (21) are the main administrative level of the NHS and are responsibler for implementing decisions taken by Parliamnet and for providing health services	Health Units (650) are responsible for the daily managment of the health services and for coordination between hospitals. They are also in charge of the delivery of primary care, provision of occupational services, education, prevention, etc.
Luxembourg	Social Insurance (compensation for expenses principle)	The health system is on highly privatized hospital sector and doctors in independent practise and is financed throug compulsory and voluntary insurance and form the state.	Centralized	The Ministry of Health is charged with organization and planning, the establishment of new hospitals facilities and the extension of existing ones. Any major investment must be approved by the MOH. Tariffs for medical servies are centrally negotiated.		
Netherlands	Social Insurance with Basic Insurance (payments in kind principle)	The care system is based on a system of public and private insurance schemes	Decentralized	The Government has responsibility for and financial control of most aspects of the health services. The Central Agency for Health Care Tariffs exercises strong control over the fees and charges set by providers and oversees the setting of hospital budgets	The Provincial States (12) are entitled to issue ordinances concerning the welfare to the provinces and to raise taxes	Municipalities (646), decentralized levels of government are responsible for most of the organization of the health care system
Portugal	National Health Service (payments in kind principle)	The National health service is financed from tax revenues and provides free access to health care and universal coverage	Centralized	Responsibility for NHS functioning, organization and management is shared between the Mnistry of health and five regional authorities. The NHS manages all public hospitals and the primary health care centres (350)		

Health systems: General description and level of centralization of Health Systems, 2000 or latest available

Country	Type of system	General description	Centralization	National (central) level	Regional (provincial) level	Municipal (commune) level
Spain	Mixed System - National Health Service and Contributions (payments in kind principle)	National health system is characterized by universal covegare, devolution to the regions, community participation, public funding and organization of health care	Centralized (in 10 of 17 regions), Decentralized (in 7 of 17 regions)	The National Institute of Health is a governmental organization responsible for managing almost all publicly run health care institutions in 10 of 17 regions, covering 42% of population	In the remaining 7 regions, health care has been largely decentralized and the regional governments have created their own bodies to manage health services in their areas	
Sweden	National Health Service (payments in kind principle)	National health service is form 90 % publicly financed form a combination of taxes and social insurance	Decentralized	Ministry of Health and Social Affairs deals with policy matters and legislation. The National Board of health and Welfare is an administrative agency which supervises, monitors and evaluates developments in all areas of social policy	Counties (24) are responsible for the delivery of health care services, with some noteable exceptions where the municiplaties are responsible. About 85% of the counties' activities are devoted to health care	Municipalities (288) are responsible for organizing social welfare services, enviromental hygiene, nursing homes and home health care
United Kingdom	National Health Service (payments in kind principle)	Health care is provided mainly by the National Health Service (also known as Beveridge model), providing universal coverage financed mainly through general taxation and a small contribution form the National Insurance Contribution Scheme	Partly decentralized	Ministry of Helath is responsible for Regional Health Autorities, District Health autorities, family Health Service Authorities and hospitals	NHS regional offices - Regional Health Autorities (8) are part of the NHS executive	District Health Autorities (108) are responsible for purchasing health care form providers
Japan	Social Insurance (payments in kind principle)	The health care system is based on compulsory health insurance covering whole population	Centralized	Ministry of Health and Social Affairs regulates the prices, sets the conditions of insurance and regulates the supply of services. There arre also other central institutions like Medical/Pharmaceutical Office, responsible for hospitals/pharmaceuticals		

Health systems: General description and level of centralization of Health Systems, 2000 or latest available

Country	Type of system	General description	Centralization	National (central) level	Regional (provincial) level	Municipal (commune) level
USA	Private Insurance (Compensation for expenses principle)	Health system is based upon voluntary insurance scheme, which is mostly linked to occupation	Federative state - high decentralization			

Notes:

Social insurance system is characterised by solidarity among

National health service is characterised by solidarity among whole population, public governance and vertical integration of providers and is financed predominantnly through taxes

Payments in kind principle means that patients usually do not pay at the point of delivery for the services provided

Compensation for expenses principle means that patients usually pay firts for the services delivered and are later reimbursed

Source:

German Ministry of Labour and Social Affairs 2001, www.bma.de

Schneider, et al : Gesundheitssysteme in internationalen vergleich, BASYS, 1997

WHO Europe, Country profiles, www.who.dk

Health systems: Type, Coverage and Financing mechanisms, 2000 or latest available

Country	Type of health financing	Scope, Authority	Population coverage	Financing	Employee's contribution	Employer's contribution
Austria	Compulsory health insurance	All employed, self-employed and unemployed people, pensioners, and their family members	99%	According to their social or occupational situations people are insured in one of the: 1. provincial insurance funds 2. large companies' funds or 3. funds for specific categories	3.40 % - 3.95 %	3.40 % - 3.95 %
	Supplementary private health insurance		38%			
Belgium	Compulsory health insurance	All employed, self-employed and unemployed people, pensioners, and their family members	99%	Insurance funds	13,07%	24,87%
	Complementary voluntary health insurance					
	Private insurance					
Denmark	Public health insurance scheme	Whole population	99%	Financed thorugh general and local raxes. The costs are split between 5% received form central government and 95 % form county and municipal authorities	0,00%	0,00%
	Complementary insurance		30%			
Finland	Public service	Whole population	99%	Health care is funded out of national and local taxes (29 - 66%), including a degree of co-payments by patients		
	Sickness insurance	Whole population	99%	Coverage by sickness funds form the National Social Insurance Institution, which is funded by premiums from employers and employees	1.50 % - 1.95%	1.60 % - 2.85 %
	Private insurance			Private insurance accounts only for 2% of health care financing		
France	Compulsory health insurance	All employed, self-employed and unemployed people, pensioners, and their family members	98%	Health insurance is available through different schemes according to occupation, there general schemes for 1. salaried workers and their families, 2. farmers, agricultural workers and their families, 3. independent profesionals	0,75%	12,80%

Country	Type of health financing	Scope, Authority	Population coverage	Financing	Employee's contribution	Employer's contribution	
	Complementary insurance			Coverage under National health insurance system can be complemented by 1. non-profit insurers or 2.private insurers			
Germany	Mandatory health insurance	All employed (up to specified income limit), self-employed and unemployed people, pensioners, and their family members	75%	Sickness funds	6,75%	6,75%	
	Private health insurance	High-income earners, who's income is higher than specified income limit	25%	Sickness and insurance funds			
Greece	National health service	Urban wage and salary earners employed in the private sector and the non civil service public sector	41%	IKA, funded by contributions	2,55%	5,10%	
		Rural population	35%	OGA: funded through earmarked taxation and government subsidies			
		Self employed people and employers in small business	11%	TEBE: funded through contributions	2,55%	5,10%	
		Civil cervants health service	9%	Funded by budget resources			
Ireland	National health service	Category I (people whose income fall below a certain treshold)	36%	Taxes			
		Category II (rest of population)	64%				
	Voluntary health insurance		35%	Voluntary health Insurance Board	5,75%		
Italy	National health service	Whole population	99%	Collected contributions and taxes are allocated to the regions according to a formula. Health units are funded by regions on a capitation basis.	1,00%	12.1% - 14.35%	
	Private Insurance		16%				
Luxembourg	Compulsory health insurance	All employed, self-employed and unemployed people, pensioners, and their family members	99%	9 sickness funds for various categories of occupation	5,50%	5,50%	
	Voluntary health insurance		80%				

Country	Type of health financing	Scope, Authority	Population coverage	Financing	Employee's contribution	Employer's contribution
Netherlands	Compulsory national insurance scheme for chronic health care risks and for catastrophic health expenditures	Whole population	99%	National insurance scheme	9,60%	
	Compulsory health insurance	People on an annual income below a yearly adjusted specific level	60%	30 non profit sickness funds	2,20%	6,55%
	Statutory medical insurance	Local and regional civil servants	5%			
	Private health insurance	people with an income over a certain level	35%			
Portugal	National health service	Whole population	99%	Universal coverage exempt civil servants and their dependents. Funded through taxes		
				Civil servants and their dependants (13.6% of population). Funded through Contribution and co-paymnets of government	2,50%	
	Private insurance		10%	State contribution: payment of premium asccording to the age, sex, income		
Spain	Compulsory healtn insurance	Whole population	97%	Through social contributions and taxes	4,70%	23,60%
	Private insurance					
Sweden	State Health Service	Whole population	99%	National, county and municipal taxes (two latter account for 70% of public spending)	3,95%	7,93%
United Kingdom	National health service	Universal coverage	99%	General taxation	0,00%	0,00%
	Private Insurance		10%	National Insurance Contribution scheme		
Japan	Compulsory insurance	Employees of private companies. Public Service Employees. Self-employed people, agricultural workers, unemployed, etc	99%	Health Insurance under the supervision of the government. Mutual Aid Associations. National Health Insurance	3.66% - 4.25%	4.25 - 4.74 %
	Complementary insurance		60%			

Country	Type of health financing	Scope, Authority	Population coverage	Financing	Employee's contribution	Employer's contribution
USA	Voluntary health insurance	Predominantly middle-class and higher classes	85%	Private insurance schemes financed through employers' and eployees' premiums (average split 80:20), but cca 40% of all employers pays the full premium for their employees		
	Medicare	People 65 years of age and older, people with disabilities, people with End-Stage Renal Disease, also middle - class population		Medicare is a federal health insurance program, financed through taxes (75%) and contributions (25%) piad into Social Security		7,65 %
	Medigap	Medigap is a Medicare supplemental health insurance policy sold by private insurance				
	Medicaid	People with low income	11%	Medicaid is a join federal and state program		
		People with no insurance (grayzone patients)	15%			

Notes:

Contributions rate for Spain are for whole social system

Sources:

German Ministry of Labour and Social Affairs 2001, www.bma.de

Schneider, et al : Gesundheitssysteme in internationalen vergleich, BASYS, 1997

WHO Europe, Country profiles, www.who.dk

Primary health care: Basic characteristics, 2000 or latest available

Country	Organization of PHC	Choice	Gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Austria	PHC is provided by private GPs and specialists	Patients can choose their GPs from among those who have contracts with their health insurance fund	GPs refer patients to specialists and hospitals	Ambulatory care is free at the point of delivery for all patients with general insurance	Farmers and self-emoployed people have to pay 20 % of the physician's bill	Doctors are paid a standard fee per quarter irrespective of the number of consultations per patient, and additional fees for particular services
Belgium	Tasks of primary and secondary care are not well defined - no referral is needed to gain access to specialists services or hospital, so many specialists provide primary care	Patients' total freedom of choice (condiderable competition between physicians)	Blurred boudaries between GP and specialist - GP has no gatekeeping role	Advanced payment due insured againts compensation for expenses	10% - 30%	Physicians are paid on a fee-for-service basis
Denmark	PHC (for residents) is based on choosing between two health plans	Free choice and patients may change their GP once in six months (Group 1 patients: 98% of population) Absolute free choice (Group 2 patients: 2% of population)	GP has a strong gatekeeping role to the rest of the system No referral needed for a specialist care	Free physician and hospital care Co-payments for all medical services except medical care	No	
Finland	Municipal health centres are providing a full range of primary care service staffed with physicians, nurses, dentists, ...	Limited free choice (in public healthcare service), Free choice (in insurance companies)	GPs have an important role, since they are involved in all the services rendered by the centres	Communes decide whether or not to charge for services and to set the level of charges (up to a maximum set by government)	DEM 16 for three consultations or 32 DEM annual fee. By insurance companies: 40% of basic payment	Physicians working in the health centrtes are paid by a combination of basic salary, capitation fee, fees for services provided and 5% local allowance
France	Private GPs provide ambulatory care and house calls.	Total freedom for people to choose and use private or public health services	GP have no gatekeeping role and there is no referral system	Patients pay first and are later reimbursed by their insurance	Patients must pay 25% of the bill unless they are covered by a voluntary complemnetary insurance or have a severe ilness	GPs are paid on a fee-for-service basis

Primary health care: Basic characteristics, 2000 or latest available

Country	Organization of PHC	Choice	Gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
	Over 2000 health centres with salaried doctors provide services mainly for the poorer segment of the population			Free periodic health checks		Salaried doctors
Germany	Independent GPs and specialists (who are allowed to gain acces to certain number of hospital beds, and high-cost technical equipment)	Insured people can choose their physicians, but they have tu use the services of one GP at least 3 months	GP do not have a strict role as a gatekeeper, since patients can also go directly to specialists	Free at the point of delivery (only small number of services based on fee-for-service)	None	Primary care physicians are paid on a fee-for-service basis, where the fees are adjusted to prenegotiated regional budgets using a complex calculation accoridng to a 'uniform value scale' on region by region basis
Greece	Nearly all primary care providers are specialists. PHC is provided in health centres (rural areas) or hospital outpatient departments (urban areas)	No choice (care delivered by local panel physician)	There are very few GPs and no referral system - patients go direct to specialists or to the outpatient departmnets of their preferred hospital	Free at the point of delivery (high ratio of under-the-table payments)	None	Physicians are on full-time salaries (rural health centres) or fee-for-service basis (urban centres).
Ireland		People in category I register with a doctor of their choice from a list of physicians Category II people, who pay in full, are free to choose any GP or specialist	No	GP services, prescribed drugs, medicines and appliances are then free of charge Patients pay first and are later reimbursed	None	GPs are paid on a capitation basis according to the patient's age, sex and palce of residence
Italy	Primary care is dominated by GPs, but patients often go to hospital emergency departmnets to avoid witing lists and prescription charges	Free choice - patients are registered with a GP	GP acts as a gatekeeper to specialist services	GP services are free at the point of use		GP make contracts with the appropriate healt unit (total 650) and are paid on a capitation basis.
Luxembourg	Primary health care is provided almost exclusively by general practitioners	Total freedom of choice to consult any GP or specialist (high competition)	GPs have no gatekeeping role and patients can go directly to a specialist, even for primary care	Patients pay first and are later reimbursed by their sickness fund		GPs are paid on a fee-for-service basis

Primary health care: Basic characteristics, 2000 or latest available

Country	Organization of PHC	Choice	Gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Netherlands	General practitioners play a key role since they provide most of the primary medical care. GPs are accesible 24 hours a day and they arrange out-of-hours services among themselves	Sickness fund patients must register with a GP contracted to fund, and cannot change or register with another GP inside a year	GPs act as gatekeepers to specialist services	GP provides free care to the patient (exception are adults with high risks)	20%, maximum 180 DEM annualy	The sickness fund pays the GP on a capitation basis
Portugal	Primary care is provided by integrated primary health centres (some 74% of all physicians in the health centres are GPs), extensions or health posts. GPs have a dominant role.	People are free to choose their doctor and GPs have lists of at least 1500 patients	Formally, GPs have gatekeeping function to secondary care, but people often use hospital emergency departments to gain access to their preferred option of hospital care	Free at the point of delivery	Various	GPs are state-employed a salaried
Spain	All doctors working in a given geographical area use the same primary health care centres or polyclinics. Private sector doctors have their own practices.	People may choose a GP among those working in the area where they, as users, are registered.	GPs act as gatekeepers to the rest of the public health care system	Care is free at the point of delivery	None	GPs are mainly salaried. Doctors have their own practises and are paid on a fee-for-service basis not covered by National Helath System
Sweden	Primary care is organized around district health centres (around 950)staffed with GPs, nurses, ...	Patients have freedom to choose their GP and to change their GP at any time		Partially	DEM 13 up to 19 (Specialist: DEM 33 to 60, Emegency: 22 - 67). Persons younger than 20 none	
United Kingdom	General practitioners are the cornerstone of the UK primary health care system and act as providers of general medical services.	People are free to choose GP and all GPs have to produce a leaflet advertising the service they provide in order to help patients choose a practise	GPs act as gatekeepers to secondary care. Over 50% of GPs are also fund-holders (receive a budget set by NHS offices) and are free to buy secondary care	Free care at the point of delivery	None	GPs are primarily remunerated by capitation according to the number of patients on their lists

Primary health care: Basic characteristics, 2000 or latest available

Country	Organization of PHC	Choice	Gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Japan	Primary health care is mostly provided by physicians (clinics). Only few physician are GPs. Most of them are specialist or physician working in hospitals	People are free to choice a physician	There is no gatekeeping role	Free at the point of delivery	30%, max. Y 63.600 (Y35.400 low-income), under 6 years of age - exempt	Physician are paid on fee-for service base
USA	Primary health care has a very high level of specialization. Only 16% of all physicians are GPs.	Basicaly free - any doctors, specialist that accepts Medicare or Insurance Plan		Patients pay for services and are later reimbursed by insurance company	20% or 50%, for some determined kinds of service - none	Physicians are paid on a fee-for-service or capitation basis, or their combination

Source:

German Ministry of Labour and Social Affairs 2001, www.bma.de

Schneider, et al : Gesundheitssysteme in internationalen vergleich, BASYS, 1997

WHO Europe, Country profiles, www.who.dk

Country	Organization of dental care	Payment at the point of delivery	Self-participation
Austria	Dental treatment is provided by private dentists and special dental outpatient centres run by the health insurance agencies (10% of all dentists)	Basic dental treatment and surgery are free	Patients pay a contribution for high quality and technical items such as bridges and crowns
Belgium	Dental treatment is provided by private dentists	Patients pay first and are later reimbursed, special groups (VIPO) and their family members are entitled to free treatment	Special Groups (VIPO) - free, but employees and Special groups (VIPO) without large medical tretament - 25%
Denmark	Most dental care is provided by private dentists	Dental care is free for children aged below 18 years. Adults have to pay a fee, although the national health insurance scheme subsidizes dental treatment and covers 26% of the dentist's fee	74%
Finland	Primary dental care is organized within the framework of the municipal health care centre. Most adult dental treatment is provided by dentists in private practises	Primary dental care is free up to the age of 19.	People aged 19-38 years must pay 40% of the cost of normal dental treatment but only 25% of the cost of preventive measures
France	Primary dental care is mainly provided by private dentists	Free for patients with complementary insurance	Patients without complementary insurance have to pay 70% of the bill
Germany	Primary dental care is mainly provided by private dentists and the delivery responsiblity lies on 'kassenarztlichen vereinugungen'	Free at the point of delivery. For some extras must patients pay	40 - 50 %
Greece	Most people use private dentists, butr dental services are available in a health centre	Patients pay first and are later reimbursed	25%
Ireland	Dental services are provided by dentists employed by the health boards and by private dental practitioners under contract to health boards	Dental services are free for category I patients (36% of population). Category II patients (64%) pay first, and those who are voluntarily insured (35% of population) are later reimbursed by the Voluntary Health Insurance Board	Category I: Zero, category II: Fixed sume
Italy	Dental care is provided by private dentists	Free, but some dental treatment are not included in the NHS	For services excluded from benefit package provided by NHS
Luxembourg	Dental care is provided by private dentists	All dental treatments are reimbursed at 100% of the agreed tariff and even dental prostheses are reimbursed if the patient has an annual check-up	Zero

Country	Organization of dental care	Payment at the point of delivery	Self-participation
Netherlands	Almost all dental care is provided form a general dental practise setting. All dentists are private practitioners who have, in most cases, a contract with the public health care system	Free dental care for children and preventive dental care for adults, provided they go for a check-up at least once a year	Children over 13 years who have no dental card have to pay 50% of the costs of tretament up to a certain maximum. Adults have to pay all services exceeding preventive dental care
Portugal	There is a serious shortage of dentists, so that a only a limited dental service can be provided at the dental clinics and integrated health centres	Free at the point of delivery. Dentists are remunerated on tarrif basis set by MOH or by salary	20 - 25%
Spain	Dental care is provided in polyclinics, but most dental services are provided in private practices	Patients pay first and are later reimbursed	Dental services provided in private practices are not reimbursed by National Health Service
Sweden	Approximately 40% of dentists practise privately	National dental Service offers free dental care to all children and young people up to the age of 19. For adults, health insurance only partially covers dental care	Patient's contribution vary according to the bills, which must follow an established scale of fees. The balance is paid to the dentist by the helath insurance authority.
United Kingdom	Primary dental services are delivered through general dental practitioners, who work as independent practitioners in the general Dental Service (GDS), and through the Community Dental Service	Free treatment for all children uder 18 years. About 25% of adult courses of treatment are provided free, mainly to those on low income receiving social security allowances	Charge-paying adults pay 80% of the costs of each course of treatment up to a set maximum
Japan	Primyra dental care is provided through dental physician working at their own practises or in dental clinics	Dental care is free up to specified services	10 % - 30%
USA	Dental care is mostly provided through dental physicians in their own practises	Only 52.5% of american population has a dental insurance	Average around 64%, in Medicaid around 26%

Source:
German Ministry of Labour and Social Affairs 2001, www.bma.de
Schneider, et al : Gesundheitssysteme in internationalen vergleich, BASYS, 1997
WHO Europe, Country profiles, www.who.dk

Pharmaceuticals and pharmacies: General description, 2000 or latest available

Country	Distribution of pharmaceuticals	Reimbursement scheme	Self-participation	Price regulation
Austria	Pharmaceuticals may be sold principially only in pharmacies, but in addition to licensed public pharmacies, also practising physicians are authorized to dispense drugs to their patients	Medications appering on a positive list (50 % of all pharmaceuticals) are automatically paid by the insurance fund	Patients must pay the pharmacy a prescription charge per drug prescribed. The prescription charge is index-linked and adjusted every year. Drugs for the treatment of notifable communicable diseases and STDs are exempt, as are people on low incomes	
Belgium	Pharmacies are nearly all private and they have a monopoly on the distribution of drugs. There is a numerus clausus for pharmacies	Patients pay first, then are reimbursed as follows: Drugs for the most serious conditions are 100% reimbursed, others are reimbursed at 75%, 50%, 40% or not at all	Lump sum payments are applied to drugs which are made up by pharmacists	Government fixes the prices of drugs
Denmark	Pharmacies are independent and have a monopoly on the sale of drugs. There is no numerus clausus, but pharmacists must receive a certificate from the government	There are 4 categories of medicine for financial purposes: not reimbursed by the national health insurance scheme, reimbursed at 50%, 75%, and 100%.	Category I: 25%, category II: 50%	The retail price is fixed by the MOH abd is uniform all over the country
Finland	Pharmacies are privately owned, but their number and location are regulated by the National Agency of Medicines. Pharmaceuticals can only be sold with the permission of the NAM	National health insurance subsidizes or reimburses the cost of medicines prescribed by physicians		Retail prices of medicines are regulated
France	Most pharmacies are privately owned although a few are operated by non-profit organizations	Patients pay for drugs prescribed and claim for reimbursement. A percentage of the standard cost of prescripitions is excluded from the cost-sharing arrangements with the insurance companies: 35% or 65%	Complementary insurance schemes usually compensate fully for the excluded charge while 10% of the people insured are exempt form making any payment because ot the type of their illness	MOH regulates the prices of pharmaceuticals

Pharmaceuticals and pharmacies: General description, 2000 or latest available

Country	Distribution of pharmaceuticals	Reimbursement scheme	Self-participation	Price regulation
Germany	There are no limitations on the total number of pharmacies	There is a list of drugs, which are not entitled to reimbursement	None for special groups. Lump-sum (3, 5, or 7 DEM) per medicament according to the volume of package	
Greece	Pharmacies are independent and private		Patients pay 25% of the costs of all prescriptions, except for people with chronic illness and poor people, who can be exempted or asked for a 10% co-payment	The government sets the price of grugs on the basis of the cost of the active substance plus a mark-up for distribution, promotion, etc.
Ireland	Prescribed meidicines are supplied by retail pharmacists	The Refund of Cost Scheme provides for the refund of drugs purchased by category I patients. Category II patients are entitled to a refund from a health board of similar expenditure exceeding certain limit per quarter	Category I : 0%, category II: to certain limit per quarter	Prices of drugs are a subject of negotiations. The prices of new drugs are set according to wholesale prices in DK, F, G and NED.
Italy	Pharmacies (under health centres, or private) have the monopoly of drug sales but they are subject to a numerus clausus		Most drugs prescribed have a prescription charge per medicament + 50% up to certain limit. Exemptions are accorded on the basis of income, medical conditions or particular status	
Luxembourg	Two thirds of the pharmacies were owned by the state but run privately and one third were privately owned.	Prescribed medications form the official list are reimbursed at different rates (100%, 80%, 40%, 0%), the normal rate beeing 80%.		The prices of medications are fixed by the Ministry of Economy
Netherlands	Pharmacies do not have a monopoly of drugs. Most drugstores can sell general products and have 85% share of this market	Drugs dispensed by prescribing GPs or by pharmacies are free to all sickfunds fund patients. Privately insured patients have to pay and claim reimbursement		Drug prices are not controlled when the drugs first go on sale but subsequent prices are regulated. Pharmacists' profit margins are controlled
Portugal	Community pharmacies are subject to numerus clausus	In general, drugs are subject to a state contribution of 30 - 60 %, but for the treatment of ceratin diseases the state's contribution may rise to 100%	Co-payments for retired patients vary between 15% and 45% but may be as much as 100%	Drug prices are decided centrally by comparison with neighbouring countries. Pharmacists are allowed a profit margin of 20% on the product sold

Pharmaceuticals and pharmacies: General description, 2000 or latest available

Country	Distribution of pharmaceuticals	Reimbursement scheme	Self-participation	Price regulation
Spain	Pharmaceuticals are provided by independent pharmacies (only few are public)	INSALUD pays 60% of costs to the pharmacies, the rest is paid by patients	Patients pay 40% of the prescription, apart from pensioners, who are exempt and chronically ill, who pay only 10%	
Sweden	All pharmacies are owned by Apotheksbogalet, a state owned company, organized in four regions and 37 pharmacy groups	Patients accumulate their recesipts up to the maximum payable. They then give them to the pharmacists and receive a card entitling them to free health care and supplies of reimburasable drugs for the remainder of the year	The prescrition charge for the first item on any one prescription is (170 KR), with 70 kr for each additional item. Annual maximum per person is 1800-2200 Kr	Price regulation trrough Apoteksbogalet
United Kingdom	Community pharmacists (chemists) are privately owned and serve as the main outlets for the sale and supply of medicines to the public, although to dispense medicines under the NHS a chemist must have a contract with the local authority	Some 80% of all prescriptionss are ditributed free of charge	A charge is payable per prescription, although many patients are exempt from the charge	Drug prices are controlled under the pharmaceutical price regulation scheme by which the Department of Health controls the maximum profit that companies are allowed to make on their sales of medicine to the NHS
Japan	Japan is one ot the few countries, where physician dispense pharmaceuticals. Distribution by physicians has a bigger volume than through pharmacies.	There is positive list of pharmaceuticals which are paid by the insurance scheme and distributed free at the point of delivery wiht some self-participation	10% or 20% direct to physician or pharmacy	Drug prices, retail margins and market-entrance are regulated by the Ministry of Health
USA	Distribution of pharmaceuticals is provided through private pharmacies, hospital pharmacies or health centres	Patients pays for the pharmaceticals an are lares reimbursement by their insurance company	More than 75%, by Medicaid 50% (from Orange book)	There is no price regulation. The average margin by retail sale is 33%, by wholesale around 22%

Source:
German Ministry of Labour and Social Affairs 2001, www.bma.de
Schneider, et al : Gesundheitssysteme in internationalen vergleich, BASYS, 1997
WHO Europe, Country profiles, www.who.dk

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Austria	No hospital, whether public or private, may be set up or run without a licence from the provincial government. Private hospitals can be awarded publicm status if they are non-profit institutions and meet requiremnets of Hospital Act	Hospital care is dependant upon a referral by a GP or a specialist	Almost free at the point of delivery	There is a patient's contribution of about 60S per day up to 28 days and some categories of insured popeple have to pay 10% or 20% of hat e daily rate for care. People on very modest income pay nothing	50% of all costs are paid by insurance funds on bed-days system and rest is financed by subsidies from regional authorites
Belgium	Most hospital beds are in private or semi-private hospitals run by bodies suxh as societes for mutual aid and religious communities. technical and financial control is exercised by the Ministry. Hospitals have to meet certain requirements	Patients have complete freedom of choice as regards both hospital and consultants, and there are no reports of significant hospital waiting lists	Direct by insurance underwriter	DM 22 per day (DM 7 for children, pensioners, ...) Extra charge DEM 53 per stay	Global budgets: each hospital was granted a budget and a quota of days. Days in excess of this quota were paid at a rate which reflected variable costs while shortfalls in the actual days were paid at a rate reflecting fixed costs only
Denmark	The Hospital Act requires each county to provide hospital services that meet the public's needs. most hospitals are owned by the counties, and the county councils are responsible for organizing services	People are free to choose their hospital regardless of where they live	None (in public hospitals and approved private clinics)	In not approved private clinics: full	Expenditure on the hospital services is financed directly from taxes. Partly trough government grants and partly through taxes levied by the county authorities. Direct expenditure is divided 8:92 (government:local auth). Hospitals are given gloval budget.

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Finland	For inpatient medical treatment the country has been subdivided into 21 hospital regions, run by intercommunal associations. More specialized care is provided in five university hospitals. Only 5% of hospital beds are in private institutions	Access to hospital services depends on referral by a GP in a health centra (except iin emergencies). Free choice of private clinics	In public hospitals: None Insurance companies repay costs partly	Charge for inpatient care is a maximum if FIM 125 per day (patients under 18 pay only the first seven days in hospital). In public hospitals DEM 40 per day. After three Months salary-dependent maximum 80% of netto salary	Commune is free to use the money as it wishes
France	Inpatient care is provided by both public and private hospitals (64% of total hospital beds were in public hospitals in 1992), that are subject to government control	Free choice of public and private contractual hospital	None	Patients pay a lump sum that is not reimbursed	20% in first 30 days (None in worst cases). Fix minimum: DEM 22 per day
Germany	Most hospitals are publicly owned and 15% of hospitals, but less than 7% of all hospitals beds are in private for profit sector	Hospital care is dependent upon a refferal by a general practitioner or a specialist	The care is free for children a nd pensioners. Other patients have to make a minor contribution	DEM 17 (old), DEM 14 (formerly ost regions) per day in first 14 days	Hospitals receive remuneration, which consists of three parts: 1. general per diem 2. ward specicif compensation 3. lump sum remuneration for standardized treatment
Greece	Some 75% of all hospitals are public	There is no referral system and patients go where they want to	None	None	Public hospitals are paid on per diem basis by the funds at a rate which is determined by the Ministry of Health, by the state and throug revenues actually earned by the hospital (+are paid on their previous year#s performnace)

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Ireland	Hospital care is provided in general public hospital (receive funds form the health boards) and voluntary hospitals (directly paid by Departmnet of Health), so both types are funded by the state. There are also private hospitals not funded by the state.	Free choice from poblic hospitals	Hospital care is totally free for category I patients	Category II patients must pay a contribution (LIR20) for the first 10 days of hospitalization in any gicven year. None (For persons with hihger income DEM 63 per day in more-bed room, maximum DEM 640 in 12 months)	DRG (diagnosis related groups) based system.
Italy	Hospitals may be public or private. The latter choose whether to make contracts with the NHS. Public hospitals are directly managed by the USLs. Around 16% of all hospital beds are private	GP has a reffering role and patient choice is respected	Depending on referral by a GP, hospital care is free in institutions contracted by USLs	None	Public hospitals are financed by global budget. Financing comes from the stae and is asigned to the region, which in turn allocate resources to the USLs. Hospitals in the private secotr are funded on a bed-day basis.
Luxembourg	All hospitals (public and private) are run according to the rules of private law, except for the psychiatric hospital, which is run by the state.	Patients are free to choose their hospital	None	Patients are required to pay a fixed daily rate. DM 10 per day for nursing	Hospitals are paid by prospective global budgets. This is provided directly by the sickness funds

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Netherlands	Hospitals are maintained by associations or organizations, municipalities or provinces. local and regional authorities are responsible for ensuring tahat health services they provide comply with national standards. Most hospitals are private institutions	Free choice from near-by hospitals	None (in the lowest income class)	None	All hospitals are non-profit organizations with budget fixed by the Governemtn through negotiations with loval insurers and approved by the Central Agency for Health Care Tariffs.
Portugal	Some 83% of all hospital beds are in the public sector. Hospitals are run by managment boards and ahve administrative and financial autonomy. technically they have to follow guidelines laid down by the General Directorate of Health	Secondary care should only be availbale upon referral by a GP	None in special cases and in from physiscian prescribed room	Full in one-bed room and in private clinics	Budgets, which are set by Ministry of Health
Spain	Public sector hospitals are managed either by INSALUD (in 10 regions), regional governments (in 7 regions) or provincial or municipal authorities. The private sector comprises both for-profit and non-profit hospitals	Access to hospital is dependent on a refferal by a GP although many people go to casualty departments to avoid the long waiting lists. There is no competition between the hospitals sinve patients are not free to choose their hospital	None in approved cases	None	Within INSALUD directly, out of INSALUD through contratcs

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method
Sweden	General hospitals are divided into 3 categories: 1. regional and teaching hospitals (9) administered by their local county concils, 2. central county hospitals (28), 3. district hospitals (56)	Access to hospital services is normally assured by a referral form a GP, but this is not obligatory and many patients go to hospital directly	None	DEM 15 per day	Annual budgets based on historical costs
United Kingdom	Most hospitals are now separated self-managed NHS trusts. Hospitals are required to produce a list of prices for services provided to enable purchasers to make an informed choice, and routinely collected data are available to district health authorities	Patients must be referred to a hospital by a GP, a general dental practitioner or a communty dentists	Free at the point of delivery	Up to 100% according to extra provisions desired ny patient	Hospitals (providers) are competing for contrasts awarded by health authorities or GP fund-holders (purchasers). District health authorities buy services on behalf those people who are not on a GP fund-holding list
Japan	Most of clinics and hospitals are owned by enterpises or insurance companies. Only 17% of all hopsitals are public hospitals	Free	Free at the point of delivery	10% - 30%, max. Y 63.600 (Y35.400 low-income), under 6 years of age - exempt	Hospitals are paid by a combination of beddays and fee-for service system
USA	The hospital market is deregulated, but some states have hospital plans and certificate of needs for hospital investments.	There is a free choice of any doctors, specialist that accepts Medicare or Insurance Plan	Yes	Generally franchise payments but for determined kinds of service and timeframe none	Medicare pay for 467 diagnosis related goups, medicaid remunartes the hospitals according to prospective beddays with cost control. Commercial and communal Insurance companies pay hospitals on lump-sum basis

Hospital care: General characteristic, 2000 or latest available

Country	Organization of hospital care	Choice, gatekeeping and referring	Payment at the point of delivery	Self-participation	Payment method

Sources:

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