





# Examining potential future health and healthcare trends - DRAFT, NOT FOR QUOTING -

#### Reinhard Busse, Prof. Dr. med. MPH

Department of Health Care Management

Berlin University of Technology

(WHO Collaborating Centre for Health Systems Research and Management)

&

European Observatory on Health Systems and Policies

#### From my email after first meeting (I)



- 1. We forecast the impact of currently visible or expectable trends for the foreseeable future, say for the next 25 years, i.e. until around 2040 or 2045. This is what I think many other foresight exercises are doing (and it would be good to see what they are doing) and it's very relevant as new hospital buildings should last at least this year and graduating professionals will need to be prepared for. I think the background paper was along these lines, and roughly Nigel's and Rifat's groups.
- 2. We try to forecast longer trends, say 50 years to 2065 or 2070. This is an exercise as if we had tried to predict today's health systems in 1965 or 1970. Clearly, we would not have been talking about digitalization (and today we are probably off if we concentrate on such issues). Rather, we need to focus on really long-term trends.

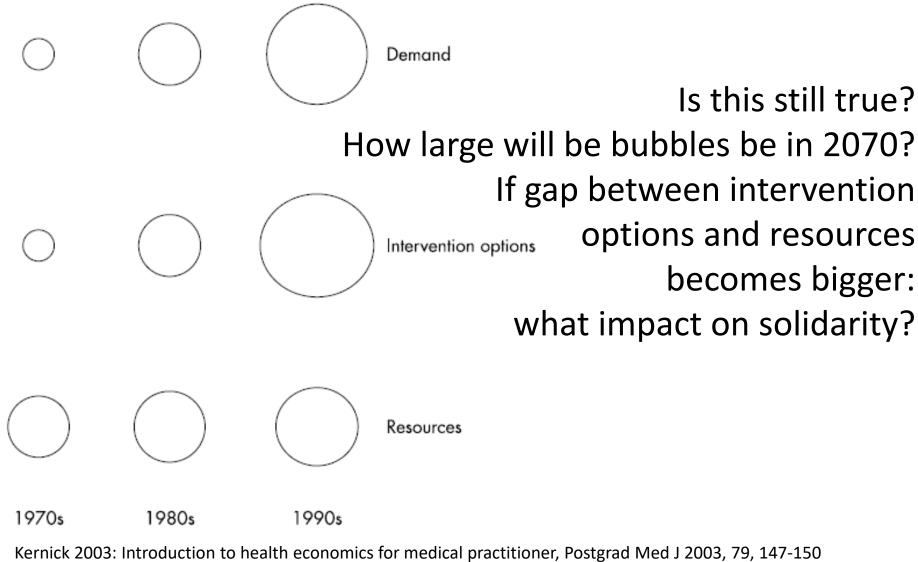
#### From my email after first meeting (II)



... I have attempted a really back-of-envelope analysis of some trends since 1970 (using OECD countries for which continuous data available). As we all know, health expenditure has increased visibly (in fact, more than doubled as % of GDP), and if anything the trend is moving sharper upwards, while the trends towards a larger reliance of public sources has slowed and may stop entirely (and possibly reverts?). Life expectancy has increased continuously; again possibly the increase is even getting steeper. ...

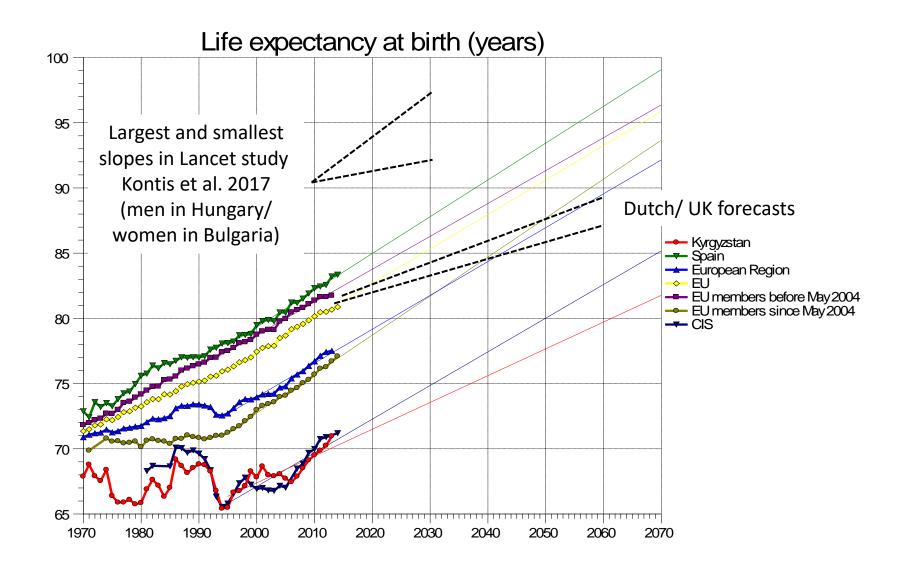
					Short trend (20 years to 2035)
	1970-1995	1995-2005	2005-2014/15	1970-2014/15	1995-2014/15
THE as % GDP	+2.8	+1.3	+1.4	+5.5	+2.7
(% points)	(+0.11/year)	(+0.13/year)	(+0.14/year)	(+0.12/year)	(+0.14/year)
% public	+6.9	+0.9	+0.6	+8.4	+1.5
(% points)	(+0.28/year)	(+0.09/year)	(+0.06/year)	(+0.19/year)	(+0.08/year)
Life exp.	+5.4	+2.7	+2.3	+10.4	+5.0
(years)	(+0.22/year)	(+0.27/year)	(+0.25/year)	(+0.24/year)	(+0.26/year)





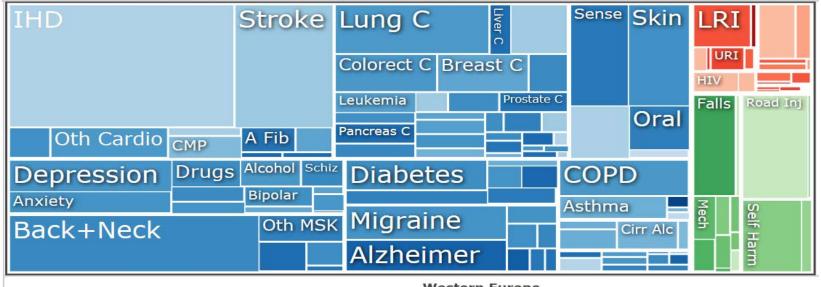
#### **Demand: life expectancy forecast to 2070**



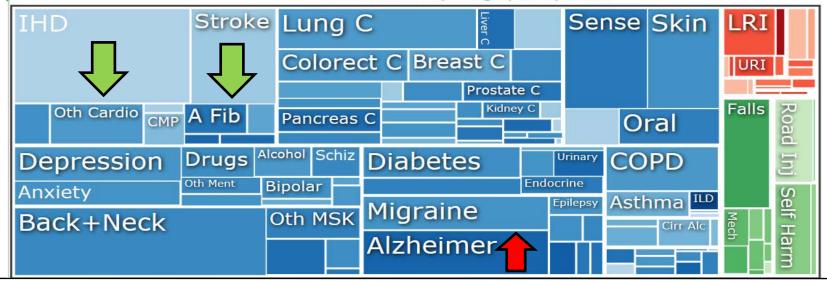


#### DALYs, Western Europe 1990-2016



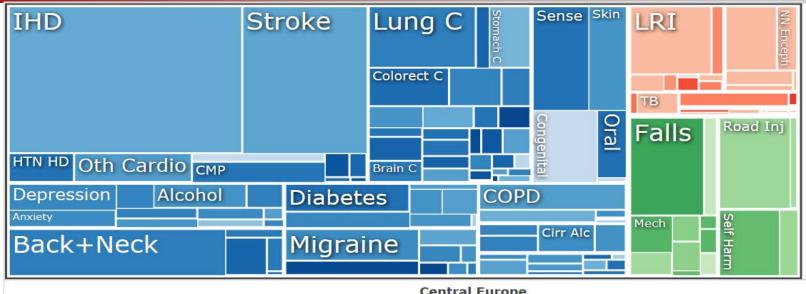


Western Europe Both sexes, All ages, 2016, DALYs

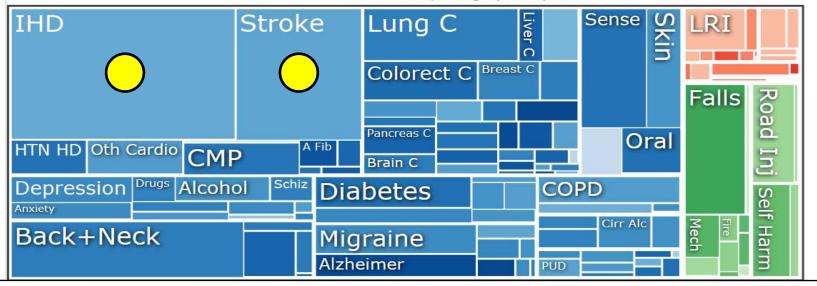


#### DALYs, Central Europe 1990-2016



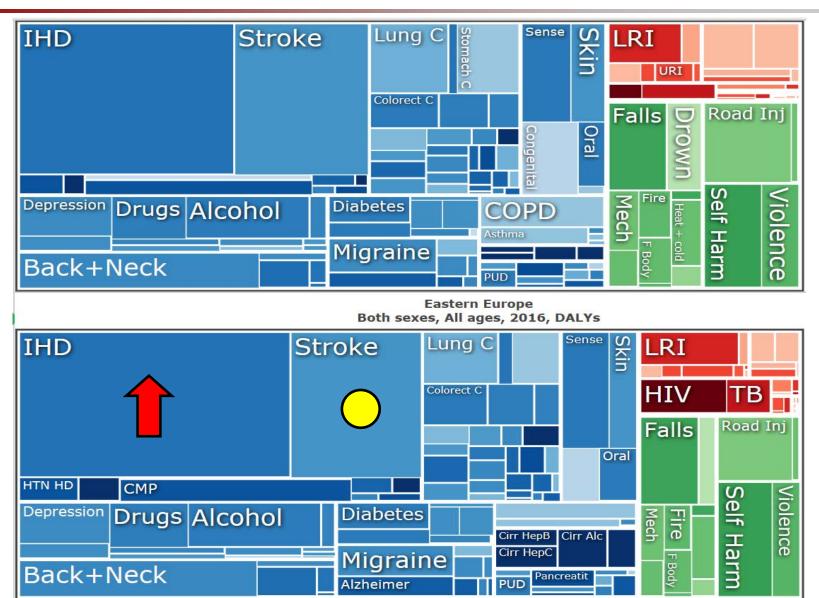


Central Europe Both sexes, All ages, 2016, DALYs



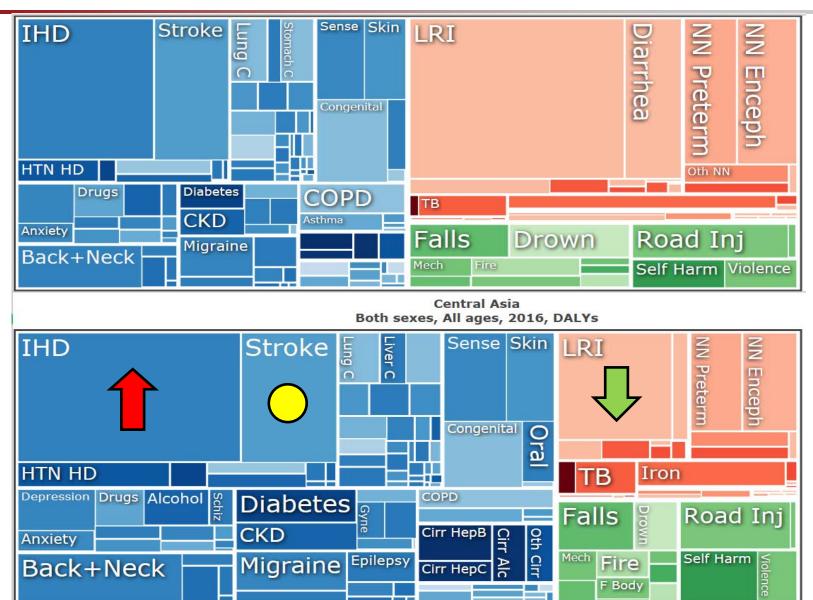
#### DALYs, Eastern Europe 1990-2016





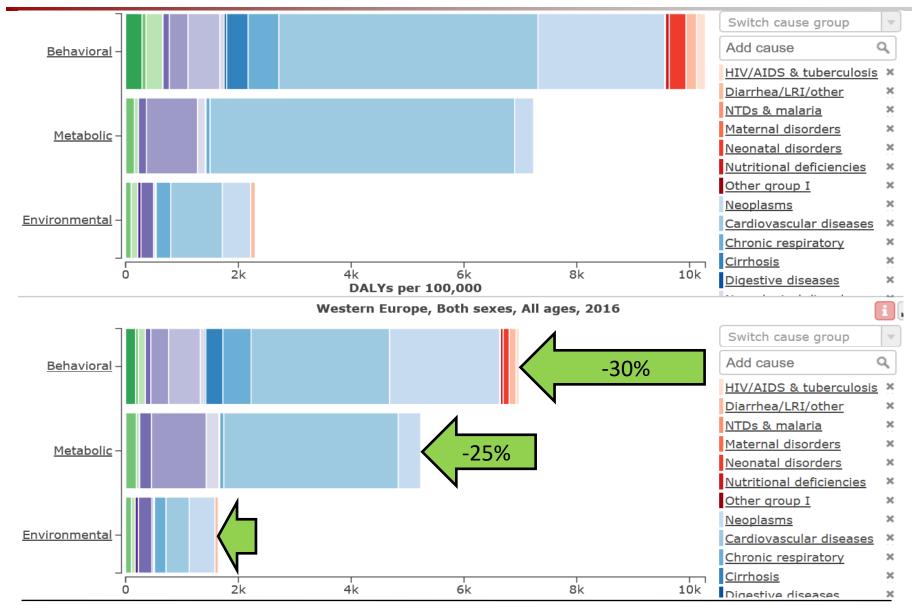
#### DALYs, Central Asia 1990-2016





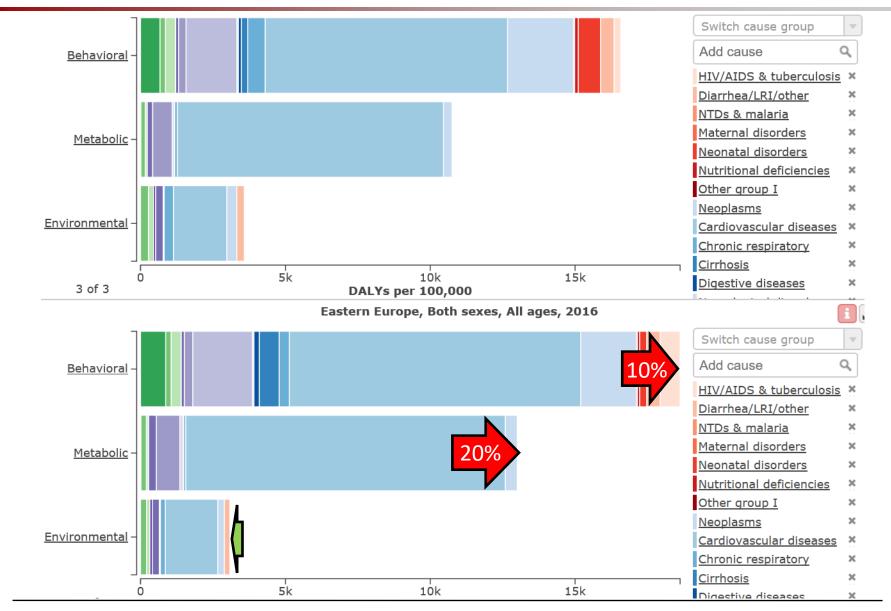
#### Western Europe: risk factors 1990-2016





#### Eastern Europe: risk factors 1990-2016





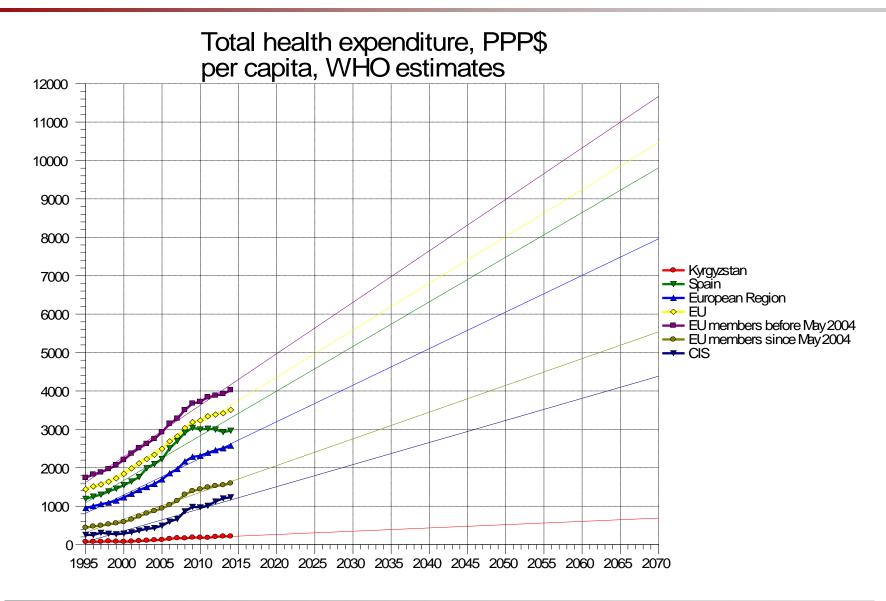
### Intervention options



Work in progress – difficult to empirically substantiate

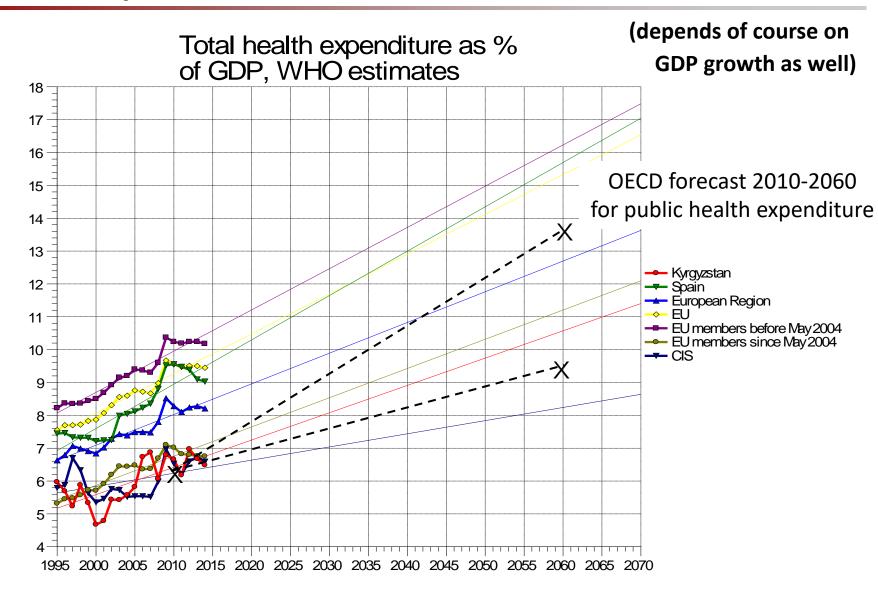
#### Total health expenditure (\$PPP) forecast to 2070





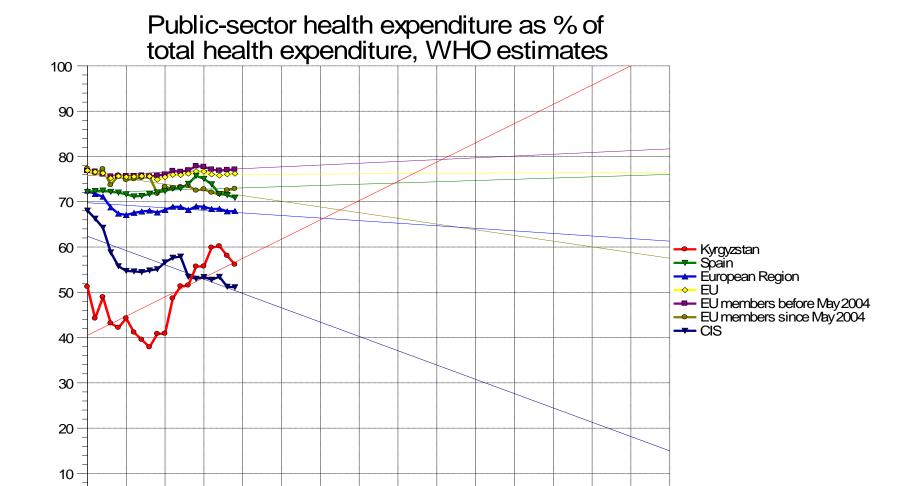
#### Health expenditure as % of GDP forecast to 2070





#### % public sectore expenditure forecast to 2070?



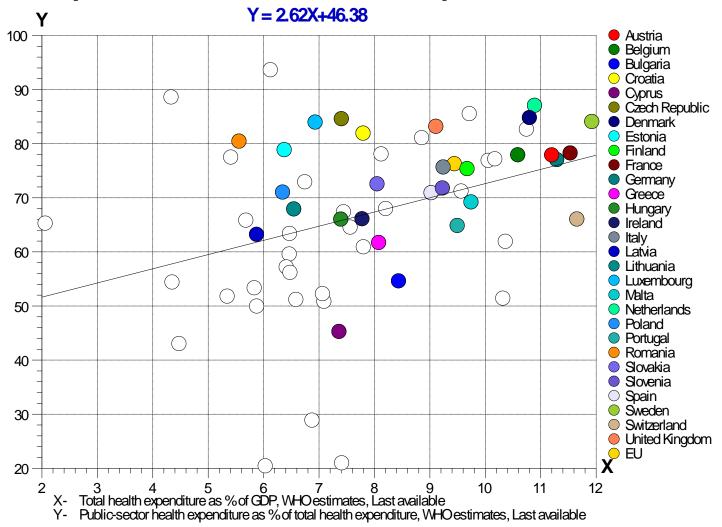


1995 2000 2005 2010 2015 2020 2025 2030 2035 2040 2045 2050 2055 2060 2065 2070

#### **Currently weak positive correlation**



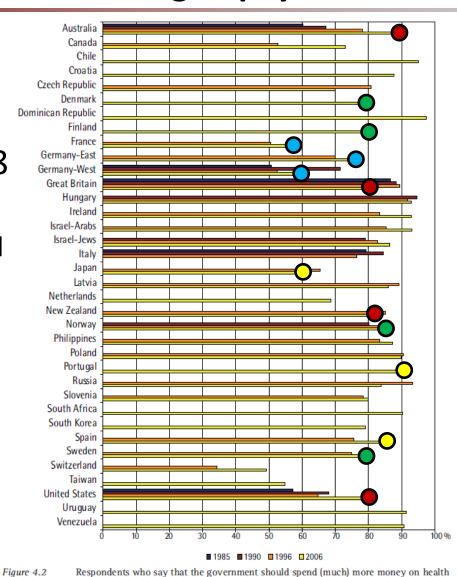
#### total expenditure on health vs. public share ...



#### ... but is population willing to pay more?



Unfortunately very few data, from ISSP 2008 and ESS 2006 (and both dropped the item in further waves)



Esping-Andersen's welfare state regimes (in health apparently only semi-useful)

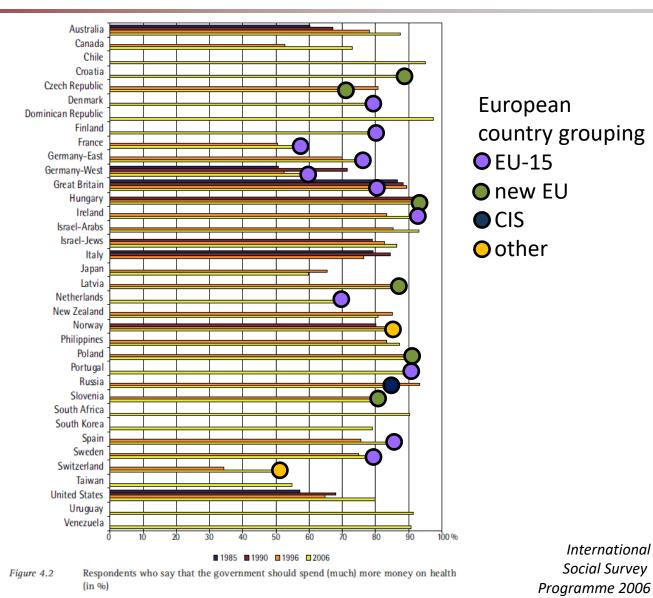
- Liberal
- Conservative
- Social democratic
- OMediterranean/ East Asian

International Social Survey Programme 2006

(in %)

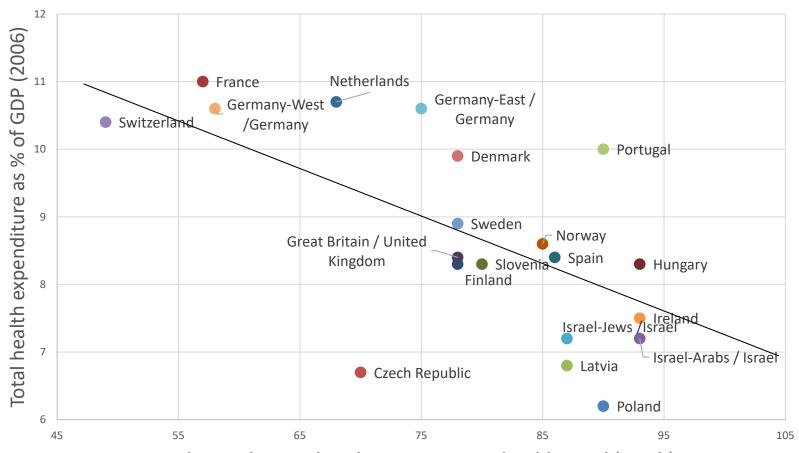
#### "More public health spending" by country groups





#### "More public health spending" by THE (2006)



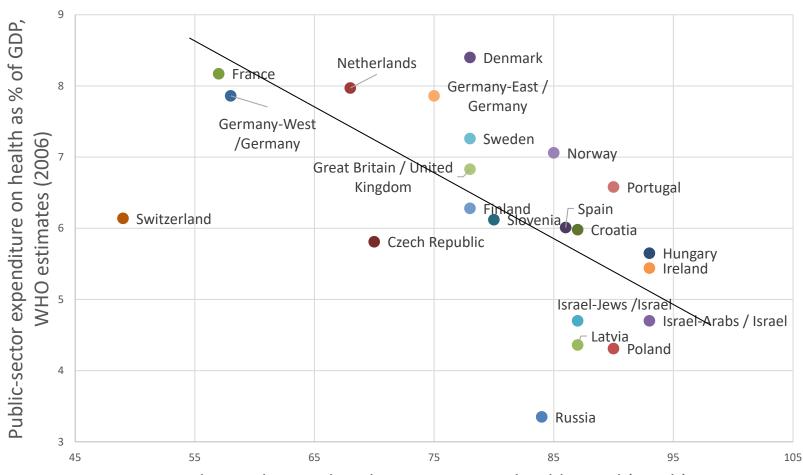


Respondents who say that the government should spend (much) more money on health (in %)

International Social Survey Programme 2006

#### "More public health spending" by % public (2006)





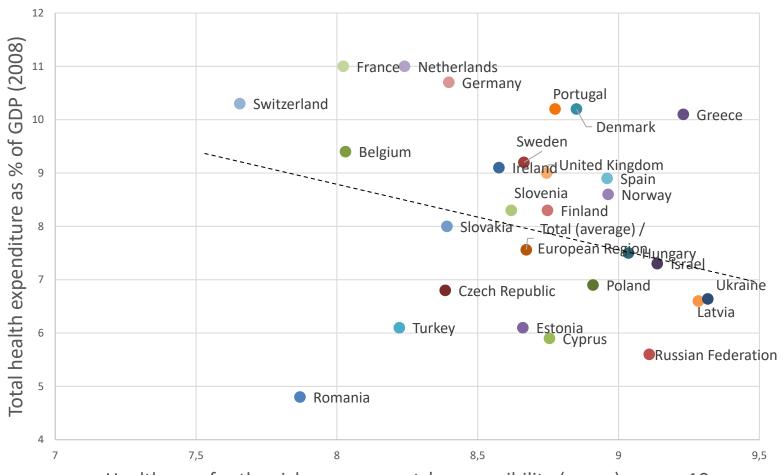
Respondents who say that the government should spend (much) more money on health (in %) International Social Survey

*Programme 2006* 

#### "Health care = gov't responsibility" by THE (2008):

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#### relatively weak but negative correlation



Health care for the sick, governments' responsibility (mean) max. = 10

# "Health care = gov't responsibility" by % public (2008)

clearer negative correlation

