



Recommendation 1626 (2003)¹

The reform of health care systems in Europe: reconciling equity, quality and efficiency

Parliamentary Assembly

1. The Parliamentary Assembly recalls the pledge made in 1996 by the health ministers of the European member states of the World Health Organisation (WHO), all of whom are member states of the Council of Europe, to promote the principles outlined in the Ljubljana Charter on Reforming Health Care in Europe. According to these principles the reform of European health care systems should be driven by the values of human dignity, equity, solidarity and professional ethics; be aimed at the improvement of health; respond to the needs and expectations of citizens sharing responsibility for their own health; be focused on the improvement of quality and cost-effectiveness, based on sound financing in order to allow universal coverage and equitable access; and be oriented towards primary health care.

2. Seven years on, the Parliamentary Assembly notes that the reform of health care systems in the member states of the Council of Europe has been a virtually continuous process which seeks to reconcile the often contradictory aims of maximising quality, efficiency and equality of access whilst guaranteeing the viability of the system, against a background of limited government resources and rapid demographic and technological change. This process has led to a certain convergence between the “Bismarck” systems, which are contribution-based and managed by the social partners, and the “Beveridge” systems, which are universal, revenue-financed and state-controlled.

3. The countries of central and eastern Europe have faced the particularly difficult challenge of achieving equitable, balanced and sustainable systems in the context of transition to a mixed economy.

4. The Assembly considers that, in line with the objective of greater social cohesion and solidarity set by the 2nd Summit of Heads of State and Government of the Council of Europe in 1997, the main criterion for judging the success of health system reforms should be effective access to health care for all without discrimination, which is a basic human right. This also has the consequence of improving the general standard of health and welfare of the entire population.

5. In order to counter the financial pressure involved in providing universal health coverage and the increasing costs associated with secondary care, greater emphasis must be placed on prevention and primary care. Moreover, measures to raise additional revenue and contain costs must be sought without affecting equality of access. The effects of co-payments and private insurance should be studied in this regard and best practice identified.

6. The Parliamentary Assembly welcomes the considerable recent achievements of the Committee of Ministers in the health field, and notably Recommendation No. R (97) 17 on the development and implementation of quality improvement systems (QIS) in health care; Recommendation No. R (98) 7 concerning ethical and organisational aspects of health care in prison; Recommendation No. R (99) 21 on criteria for managing waiting lists and waiting times in health care; Recommendation No. R (2000) 5 on the development of structures for citizen and patient participation in the decision-making process affecting health

1. Assembly debate on 1 October 2003 (30th Sitting) (see [Doc. 9903](#), report of the Social, Health and Family Affairs Committee, rapporteur: Mr Brînzan). Text adopted by the Assembly on 1 October 2003 (30th Sitting).



care; Recommendation Rec(2001)12 on the adaptation of health care services to the demand for health care and health care services of people in marginal situations; and Recommendation Rec(2001)13 on developing a methodology for drawing up guidelines on best medical practices.

7. The Parliamentary Assembly emphasises the need to systematically promote the implementation by the member states of these and other recommendations of the Committee of Ministers in the health field, as well as those of the conferences of European health ministers, the latest of which was held in Oslo on 12 and 13 June 2003 and was entitled Health, Dignity and Human Rights.

8. The Parliamentary Assembly welcomes the work done in the health field by the Organisation for Economic Co-operation and Development (OECD) and looks forward in particular to the results of its current health project (2001-2004) designed to measure and analyse the performance of health care systems in its member countries and factors affecting performance, such as waiting times for elective surgery.

9. Given the increasingly international nature of threats to health, for example through epidemics, and demands on health care systems, such as “health tourism”, recruitment of medical staff or bio-terrorism, the Parliamentary Assembly considers that health policies should be made part of European Union/European Community competence in the draft treaty of the European Union establishing a constitution for Europe.

10. The Parliamentary Assembly therefore recommends that the Committee of Ministers:

10.1. reaffirm the role of the state in regulating health care systems;

10.2. step up its assistance programmes in the health field with a view to strengthening the implementation of its recommendations to the governments of member states;

10.3. instruct the appropriate committee to pursue its work on the revision of Articles 11 and 13 of the European Social Charter with a view to widening their scope;

10.4. study the trends in member states’ health policies that may have the effect of reducing equality of access to health care, for example increasing patients’ contributions (“co-payments”), promoting the expansion of private insurance or concentrating resources excessively on flagship hospitals;

10.5. call on the member states to take as their main criterion for judging the success of health system reforms the effective access to health care for all, without discrimination, as a basic human right and, as a consequence, the improvement of the general standard of health and welfare of the entire population;

10.6. call on the member states to consider prevention as an independent “fourth pillar” in addition to acute care, long-term care and rehabilitation;

10.7. call on the member states to give greater priority to primary care and the role of general practitioners in order to reduce costs and improve the general health and welfare of the population;

10.8. call on the member states to strengthen respect for patients’ rights; and

10.9. call on the member states to support the role of citizens and patients in health care systems, to preserve and consolidate the patient’s right to free choice of physician, health facility and health insurance, encourage greater access to information for patients and reinforce the patient’s capacity to make decisions and take responsibility for them.