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Health impact of financial and economic crisis in Europe

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Objectivos (Objectives): During periods of financial and economic crisis healthcare systems are under increasing pressure, due to loss of financial resources to operate and potential increases of healthcare needs of the population. The crisis period that prevailed during the first decade of 2000 was a global phenomenon. However, its impact on health and healthcare expenditures may be different accordingly the severity of the crisis. This research intends to evaluate the effect of such crisis on the health systems. Their resiliency guarantees the health outcomes despite the financial and economic crisis effects.

Metodologia (Methodology): The economic and financial data were obtained from EUROSTAT database, and the healthcare data from OECD database. The data were collected monthly from January 2000 until December 2009, for the EMS with an exception regarding Malta (N=1040). We perform a multivariate linear regression analysis by ordinary least squares in order to research the impact of the crisis at life expectancy at birth and healthy life years. As explanatory variables we consider the severity of the crisis, the real GDP growth rate, the unemployment rate, the pharmaceutical and health care expenditures and the number of medical consultations.

Resultados (Results): We found evidence that the financial crisis affects health outputs and outcomes accordingly different pathways. The severity of the crisis has no effect on life expectancy at birth, but 1% increase in the GDP growth rate is associated with a decrease of 13% in healthy life years. During crisis there is no association between unemployment rate and life expectancy at birth. We found a statistical significant association between the pharmaceutical expenditure as % total health expenditure and the life expectancy at birth. Each 1% increase in pharmaceutical expenditure as % total health expenditure is associated with an increase of 2,7% in life expectancy at birth. During recession this effect is higher for severe than for mild crisis. Concerning the impact of the number of medical consultations we found a similar profile. The increase in one medical consultation per capita is associated with an increase of 0,2 years in life expectancy at birth. The recession decreases the favorable impact of pharmaceutical expenditure and the number of consultations regarding life expectancy at birth. When the recession is severe the impact is lower than for mild recession. We found a positive statistical significant association between total health expenditure as % real GDP growth rate and healthy life years, which decreases during recession.

Conclusões (Conclusions): The present research suggests that crisis has no impact regarding life expectancy at birth and increases healthy life years, but it changes the impact of health care resources utilization, when considering those variables.