Cyprus and Malta: Common health system challenges?

EUPHA, Glasgow
21 November 2014
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Why compare Cyprus and Malta?
Review key elements of both countries

- Health status and risk factors
- History, organization, and regulation
- Financing
- Health care personnel
- Service delivery
- The future...
Obesity, ageing, and (for now) high life expectancy

Life expectancy at birth (years)

- Lithuania
- Romania
- Latvia
- Bulgaria
- Hungary
- Slovakia
- Estonia
- Poland
- Turkey
- Croatia
- Czech Republic
- Slovenia
- Denmark
- Belgium
- Portugal
- Finland
- United Kingdom
- Ireland
- Greece
- Malta
- Germany
- Austria
- Netherlands
- Luxembourg
- Norway
- Sweden
- Iceland
- France
- Cyprus
- Israel
- Spain
- Italy
- Switzerland

Life expectancy at birth:
- Lithuania: 68 years
- Romania: 70 years
- Latvia: 72 years
- Bulgaria: 74 years
- Hungary: 74 years
- Slovakia: 76 years
- Estonia: 78 years
- Poland: 80 years
- Turkey: 80 years
- Croatia: 80 years
- Czech Republic: 81 years
- Slovenia: 81 years
- Denmark: 81 years
- Belgium: 81 years
- Portugal: 81 years
- Finland: 82 years
- United Kingdom: 82 years
- Ireland: 82 years
- Greece: 82 years
- Malta: 82 years
- Germany: 82 years
- Austria: 82 years
- Netherlands: 82 years
- Luxembourg: 82 years
- Norway: 82 years
- Sweden: 82 years
- Iceland: 82 years
- France: 82 years
- Cyprus: 82 years
- Israel: 82 years
- Spain: 82 years
- Italy: 82 years
- Switzerland: 82 years

Life expectancy at birth (years):
- Lithuania: 68
- Romania: 70
- Latvia: 72
- Bulgaria: 74
- Hungary: 74
- Slovakia: 76
- Estonia: 78
- Poland: 80
- Turkey: 80
- Croatia: 80
- Czech Republic: 81
- Slovenia: 81
- Denmark: 81
- Belgium: 81
- Portugal: 81
- Finland: 82
- United Kingdom: 82
- Ireland: 82
- Greece: 82
- Malta: 82
- Germany: 82
- Austria: 82
- Netherlands: 82
- Luxembourg: 82
- Norway: 82
- Sweden: 82
- Iceland: 82
- France: 82
- Cyprus: 82
- Israel: 82
- Spain: 82
- Italy: 82
- Switzerland: 82
Declining life expectancy?

Life expectancy at birth (years)

- Malta
- Cyprus
- EU

European Observatory on Health Systems and Policies
Health system origins linked to the British

Cyprus

• First introduced state-funded health care as a British colony (1957)
• Tax-based system but has undergone many reforms
• But...became public system eligibility based on income (1980)

Malta

• Labour government attempts to introduce free NHS (1950s)
• Pilot scheme in Gozo failed due to doctor’s unions (1955)
  – Strong unions and private sectors
Organization and governance today

• Centralized governance/regulation
  – Recent efforts in Cyprus to decentralize to hospitals

• Coverage differences
  – Malta
    • Coverage for all to comprehensive basket
    • Entitlement to a few services (including elective dental care, optical services and some formulary medicines) is means-tested.
  – Cyprus
    • Free public coverage is means-tested
Real gross domestic product, PPP$ per capita, 2012

European Observatory on Health Systems and Policies
Low public spending

- THE/GDP overall is low in both
  - 7.3% in Cyprus; 9.1% in Malta; 9.6% in EU
- Government priority for health is twice as high in Malta as Cyprus:
- VHI plays only a minor role
  - 20% covered in each country
  - but <5% spending
But both rely on households to finance health care out of pocket.

Private households' out-of-pocket payments on health as % of total health expenditure

- Netherlands
- France
- United Kingdom
- Luxembourg
- Slovenia
- Germany
- Denmark
- Norway
- Croatia
- Cyprus
- Bulgaria
- Latvia
- Portugal
- Greece
- Lithuania
- Malta
- Iceland
- Turkey
- Iceland
- Estonia
- Finland
- Belgium
- Italy
- Spain
- Romania
- Poland
- Slovakia
- Israel
- Hungary
- Switzerland
- Lithuania
- Greece
- Portugal
- Malta
- Latvia
- Bulgaria
- Cyprus

Private household out-of-pocket payments on health range from 0% to 50.49%, with Cyprus having the highest at 49.48%.
• Public sector providers are salaried in both countries
  – ~half of MoH recurrent spending is for salaries in Malta
  – Public sector providers earn more in Cyprus than private sector
  – No purchaser/provider split

• Private providers play an important role
Service delivery

• Common interest in strengthening primary care
  – No strict gate-keeping in either
  – No registering with a GP in either
  – Health reforms in Cyprus have been anticipated to strengthen primary care
    • E.g. After-hours care is currently responsibility of A&E departments

• Common need to make better use of private sector capacity
  – Malta LTC beds
  – Cyprus in process of developing purchasing from private sector
Both Joined the EU (2004)

Malta
- EU accession has driven new legislation on health (NCDs, prevention, etc.)
- Country specific recommendations

Cyprus
- Memorandum of Understanding
  - Increased some user fees (including A&E)
  - Eliminated some means-tested groups
  - Pushes forward new health insurance scheme
  - Pushes for hospital autonomy
Common themes?

- Unhealthy behaviors could derail long life expectancy
  - Malta seems to have been more active in National health strategies to combat this
- Shared British roots did not lead to NHS styled systems
- Preferences for private sector but need to make better use of private sector capacity
- Both have keen interest in primary care reform
- (Questionable) Sustainability concerns
  - High OOP, Low public spending
Thank you!