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FUNDING OF PUBLIC HEALTH CARE IN EU COUNTRIES IN 2010-2018 : PREPARATION FOR THE COVID 19 PANDEMIC?



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Statement of a problem



- For our article, we decided not to monitor the number of infected patients.
- From our point of view, it is therefore better to focus, not so much on the number of infected as on the number of deaths caused by COVID 19 and the COVID 19 mortality rate.
- There are huge differences between EU countries in the number of infected and victims

Methods



Two basic fields :

- the field of pandemic fatal impact (death toll and COVID 19 mortality rate)

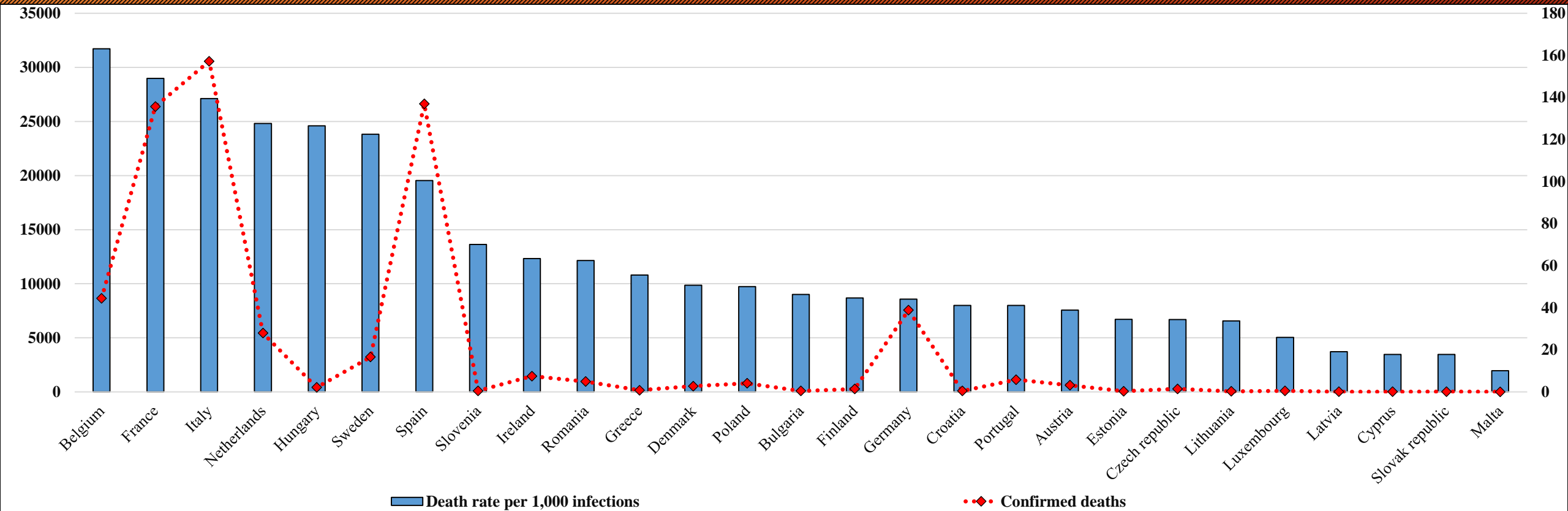
$$\text{Mortality rate} = \frac{\text{number of confirmed deaths}}{\text{number of confirmed infected cases}} \times 1000 \quad (1)$$

- the field of financial coverage of public health (health expenditure to GDP and health expenditure per capita)
- public expenditure on health in relative terms and represent total general government expenditure as a percentage of a country's GDP
- 27 EU member states (Belgium, Bulgaria, Czech Republic, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovak Republic, Finland and Sweden)
- Databases WHO, EU, OECD, WB

Problem solving



• Fig. 1: Number of victims and mortality rate at COVID 19 in EU countries (as of 10 May 2020)

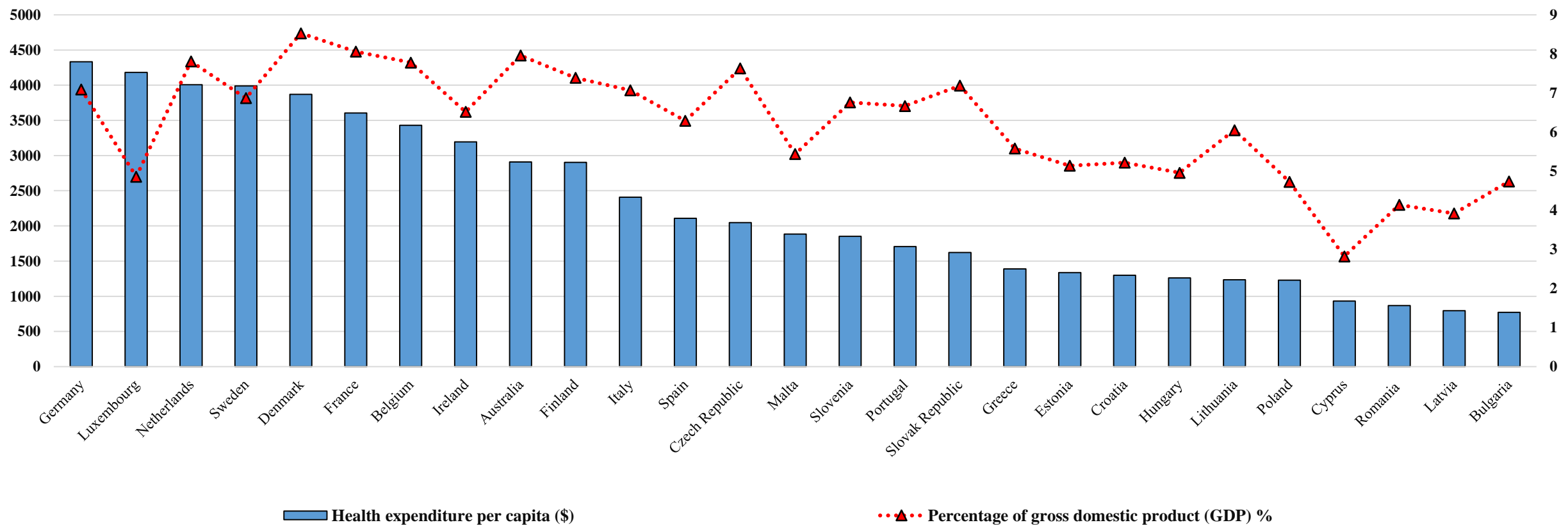


Source: Own processing based on WHO data

Problem solving



• Fig. 2: Health expenditure in EU countries (average 2010-2018)

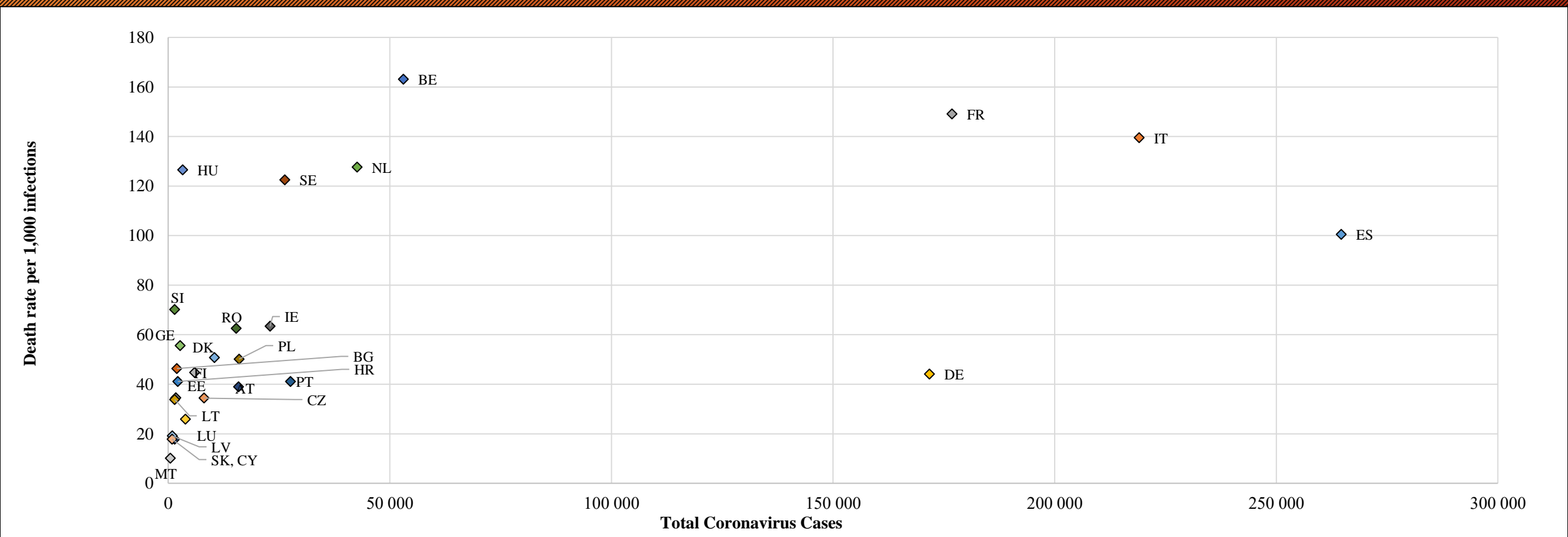


Source: Own processing based on WHO data

Discussion



• Fig. 3: Number of infected and mortality per 1,000 infected at COVID 19



Source: Own processing based on WHO data

Discussion



EU countries can be divided into three relatively homogeneous groups:

1. countries with a low number of positive cases and at the same time these countries also have a low COVID 19 mortality rate (19 countries)
2. countries that have recorded a relatively higher number of infected patients, but especially these countries are characterized by a high COVID 19 mortality rate of them (Hungary, Sweden, Netherlands and Belgium)
3. countries with a large number of infected patients and a relatively high COVID 19 mortality rate for infected patients (France, Italy and Spain)

Conclusion



- Significant differences between EU countries
- The below-average expenditure of EU countries on health per capita rather indicates better management of the pandemic (number of deaths and mortality per 1000 infected)
- On the other hand, we found that high financial amounts allocated to health care do not automatically mean managing the pandemic more successfully and minimizing the number of deaths or reducing mortality.

Thank you for your attention



THANK YOU
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ANY QUESTIONS?