

The trend towards globalisation, reinforced by the relaxation of regulatory obstacles in Europe, has fuelled a steady growth in international trade in health services in recent years, albeit from relatively low levels. However, despite much attention from health analysts, the medical professions and health policy makers, discussions on the opportunities and challenges related to such trade have so far been conducted with relatively little data to inform them.

The major part of international trade in health services involves the physical movement of patients across borders to receive treatment – otherwise called patient mobility. While for the most part individuals prefer to receive health care in their home country, under certain circumstances it may be more beneficial to receive health care abroad; for example, where the nearest health facility may be across a border, when visiting a country as a tourist or on business, or if the required care can be provided faster, cheaper or of a higher quality. To get a full measure of imports and exports, there is also a need to consider goods and services delivered remotely such as pharmaceuticals ordered from another country or diagnostic services provided from a doctor in one country to a patient in another. The magnitude of such trade remains small, but advances in technology mean that this area also has the potential to grow rapidly.

Data on imports of health services and goods are available for the majority of European countries. They show that total reported imports amounted to more than EUR 3 billion in 2008 (Figure 4.6.1). The vast majority of this trade is between European countries. Germany is by far the greatest importer of health goods and services, partly reflecting a large growth in pharmaceuticals acquired from foreign-based on-line pharmacies in recent years. Other countries with relatively high imports are the Netherlands, France, Luxembourg and Belgium where much patient movement takes place in the border regions. However, in comparison to the size of the health sector as a whole, trade in health goods and services remains marginal for most countries. Even in the case of Germany, reported imports represent only around 0.5% of Germany's current health expenditure. Growth in the value of imports over the last five years has averaged more than 15% year on year, with much higher growth rates among some of the newer members of the European Union (Figure 4.6.2).

A reduced number of countries currently report exports of health services via international trade statistics totalling around EUR 2.5 billion (Figure 4.6.3). For both imports and exports, the figures are likely to

be significant underestimates. The Czech Republic, France and Poland all reported exports in excess of EUR 400 million in 2008. Some central and eastern European countries have become popular destinations for patients from other European countries, particularly for services such as dental surgery. Annual growth has been over 30% in both the Czech Republic and Poland over the past five years (Figure 4.6.4).

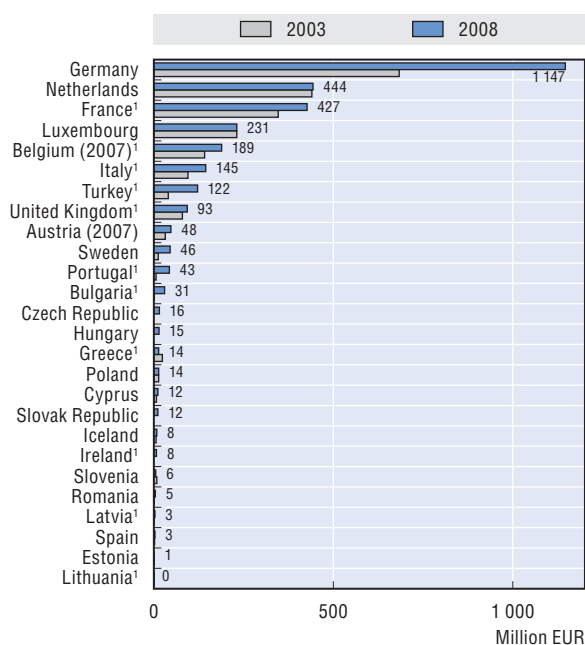
Patient mobility in Europe could receive a further boost as the European Commission has sought to clarify patients' rights for treatment coverage in other member states. Many of the proposed changes in European regulations seek to strike a balance between the rights of patients to seek health care and the responsibilities of states to organise the delivery of health services. A Directive has been proposed, seeking to meet three objectives: to guarantee that all patients have care that is safe and of good quality; to support patients in the exercise of their rights to cross border health care; and to promote co-operation between health systems (Council of the European Union, 2010).

Definition and deviations

The *System of Health Accounts* includes imports within current health expenditure, defined as imports of medical goods and services for final consumption. Of these the purchase of medical services and goods, by resident patients while abroad, is currently the most important in value terms.

In the balance of payments, trade refers to goods and services transactions between residents and non-residents of an economy. According to the *Manual on Statistics of International Trade in Services*, "Health-related travel" is defined as "goods and services acquired by travellers going abroad for medical reasons". This category has some limitations in that it covers only those persons travelling for the specific purpose of receiving medical care, and does not include those who happen to require medical services when abroad. The additional item "Health services" covers those services delivered across borders but can include medical services delivered between providers as well as to patients.

4.6.1. Imports of health services and goods, 2003 and 2008



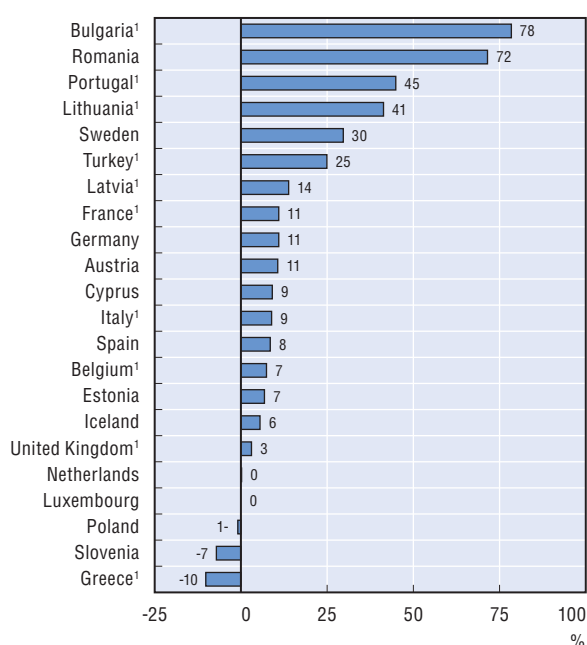
Note: Imports of health services and goods occur when residents receive medical services from foreign providers or when they purchase medical goods abroad.

1. Balance of payments concept of imports.

Source: OECD-Eurostat Trade in Services, OECD System of Health Accounts.

StatLink <http://dx.doi.org/10.1787/888932337585>

4.6.2. Annual average growth rate in imports of health services and goods, 2003-08



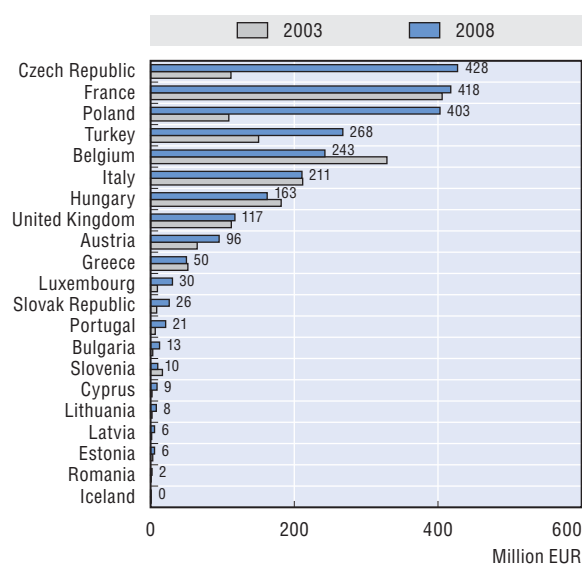
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1. Balance of payments concept of imports.

Source: OECD-Eurostat Trade in Services, OECD System of Health Accounts.

StatLink <http://dx.doi.org/10.1787/888932337604>

4.6.3. Exports of health services and goods, 2003 and 2008

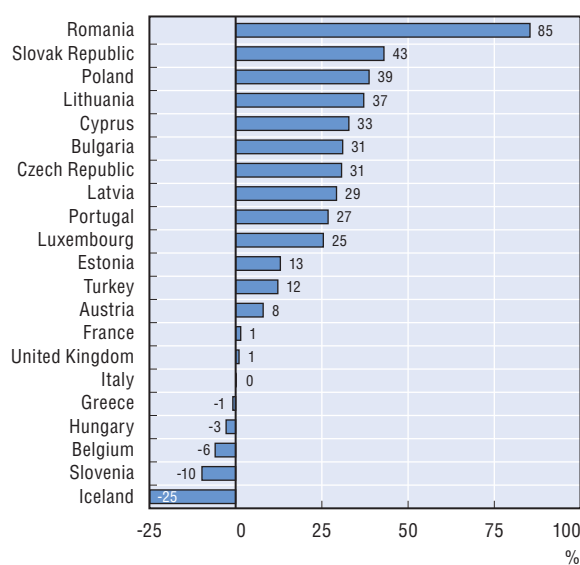


Note: Exports of health services and goods occur when domestic providers supply medical services to non-residents or when they sell medical goods to non-residents.

Source: OECD-Eurostat Trade in Services, OECD System of Health Accounts.

StatLink <http://dx.doi.org/10.1787/888932337623>

4.6.4. Annual average growth rate in exports of health services and goods, 2003-08



Note: Exports of health services and goods occur when domestic providers supply medical services to non-residents or when they sell medical goods to non-residents.

Source: OECD-Eurostat Trade in Services, OECD System of Health Accounts.

StatLink <http://dx.doi.org/10.1787/888932337642>



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