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1. Healthcare is more than a medical problem

Ageing population

T e population aged 65 and over in the WHO European Region is projected to rise to 224 million by 2050. While individual countries are still at di f erent stages in this development, this f gure represents a doubling in the ratio of elderly people to those of current working ages. Sustaining this ageing population requires an increasing focus on prolonging and achieving equity in good health and wellbeing throughout the life course. But elderly people also increasingly require a package of long-term care that is partly delivered by healthcare and partly by social services, presenting a particular challenge for health systems.

DEMOGRAPHIC CHANGE: In the WHO European Region, the population aged 65 and over is projected to rise from 129 million in 2010 to 224 million by 2050; with the number of people 85 years and older expected to rise from 14 million to 40 million. Since the number of people of working age is in decline, this means a significant increase in the old-age dependency ratio.

A multilevel approach

Local-level action, with its proximity to people's lives and experiences, is key to tackle health inequity and the social determinants of health. Yet such action is also frequently constrained by national and global economic in f uences, power relationships and resource distribution, which perpetuate health inequity in society. T erefore, a concerted, multilevel approach is required to develop new policies and to produce su f cient coherence, scale and intensity of actions capable of transforming the social gradient in health. European governments can play an important role in introducing policies and regulation, within their particular social and democratic frameworks, to improve health and promote healthy behaviour. T e EU also adopts measures to promote and improve health, speci f cally by funding cooperative health activities among member states and research programmes.

A holistic approach

Good health underpins economic and social welfare; a comprehensive and cross-sectoral policy approach to health will therefore deliver multiple bene f ts, particularly where common action can be taken across Europe. It is vital that policymakers are motivated to tackle problems in a coordinated way that recognises the importance of political will in solving complex health challenges. For example, action on the social determinants of health can also contribute to other social bene f ts such as wellbeing, improved education, lower crime rates, balanced and sustainable development and improved social cohesion and integration. Investment for health equity can directly contribute to attaining other sectoral and government goals, challenging the notion that health drains public resources.

2. Maintaining the quality of healthcare

Dimensions of quality

Maintaining high-quality healthcare is dependent on a range of dimensions, including access to care; clinical e f ectiveness of individual patient treatment; ensuring appropriate care; and relevance to the need of a whole community. Achieving quality thus often involves trade-o f s: for example, the concentration of healthcare servic whole | whole e,a ! | who y = relevancc le a p exa a

Rationing devices

A high-quality healthcare system must ensure that everyone within it has access to appropriate care and avoid a two-tier system in which some individuals can only access the minimum level of care. T ere are system-wide features, such as waiting times or price mechanisms, that act as rationing devices which impact upon the quality of care. While some rationing may be necessary to maintain quality, given f nancial constraints, it is important that rationing does not become an impediment to the delivery of high-quality healthcare, by unduly restricting access (eg if waiting times are too long) or available treatment.

Professional organisation

Professional accreditation standards, professional review and performance measures are all factors in maintaining high-quality care. T e extent to which clinicians are obliged to follow organisational rules or nationally set clinical or budgetary guidelines will also a f ect their practice and, possibly, patient outcomes. Challenges also emerge where policymakers seek to encourage the the xigh-sout sostors s rcet eost a u z cus ! at li us wl to z egh% z lso dhe s nux l s l e q u onei s z lso s uw it ls. ar ohe

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4. Managing the costs of healthcare

Increasing costs

T e proportion of income spent on health in virtually all developed countries has progressively increased. For example in the UK, 4.1% of GDP was spent on the NHS in 1950/51; in 2008, this f gure was 8%. As spending on healthcare systems has increased, there has been a parallel increase in concerns about value for money in healthcare, leading to new considerations of cost e f ectiveness and de f nitions of value, which are re f ected across Europe.

The relation of healthcare need to spending

T ere is a clear relationship between GDP and spend on healthcare between countries. T e largest rises in healthcare spending are in those countries that are the most wealthy, suggesting that healthcare growth is driven by the costs of newer drugs and medical technologies available in richer countries and the demand for the highest levels of treatment in these countries. It is not driven by an increased perception an wealtkan that