

Trade in health services and its most high-profile component, medical tourism, has attracted a great deal of media attention in recent years. The growth in “imports” and “exports” has been fuelled by a number of factors. Technological advances in information systems and communication allow patients or third party purchasers of health care to seek out quality treatment at lower cost and/or more immediately from health care providers in other countries. An increase in the portability of health cover, whether as a result of regional arrangements with regard to public health insurance systems, or developments in the private insurance market, are also poised to further increase patient mobility. All this is coupled with a general increase in the temporary movement of populations for business, leisure or specifically for medical purposes between countries.

While the major part of international trade in health services does involve the physical movement of patients across borders to receive treatment, 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 most European countries and amounted to more than EUR 3 billion in 2010. The vast majority of this trade is between European countries. However, due to data gaps and under-reporting, this is likely to be a significant underestimate. With health-related imports reaching nearly EUR 1 500 million, Germany is by far the greatest importer in absolute terms, followed by the Netherlands and France. Nevertheless, 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 health expenditure. The share rises above 1% of health spending only in Cyprus and Iceland, as these smaller countries see a higher level of cross-border movement of patients. Luxembourg is a particular case because a large part of its insured population is living and consuming health services in neighbouring countries.

A smaller number of countries report total exports of health-related travel expenditure and other health services,

totalling around EUR 2.5 billion in 2010 (Figure 5.7.2). For many countries these figures are, again, likely to be significant underestimates. In absolute values, the Czech Republic and France reported exports in excess of EUR 400 million, while the exports of Turkey, Poland and the United Kingdom exceeded EUR 200 million. In relation to overall health spending, health-related exports remain marginal in most countries, except in the Czech Republic and Croatia where they equate to 4.2% and 2.8% of overall health spending. These countries have become popular destinations for patients from other European countries, particularly for services such as dental surgery. The growth rate in health-related exports has exceeded 20% per year over the past five years in the Czech Republic.

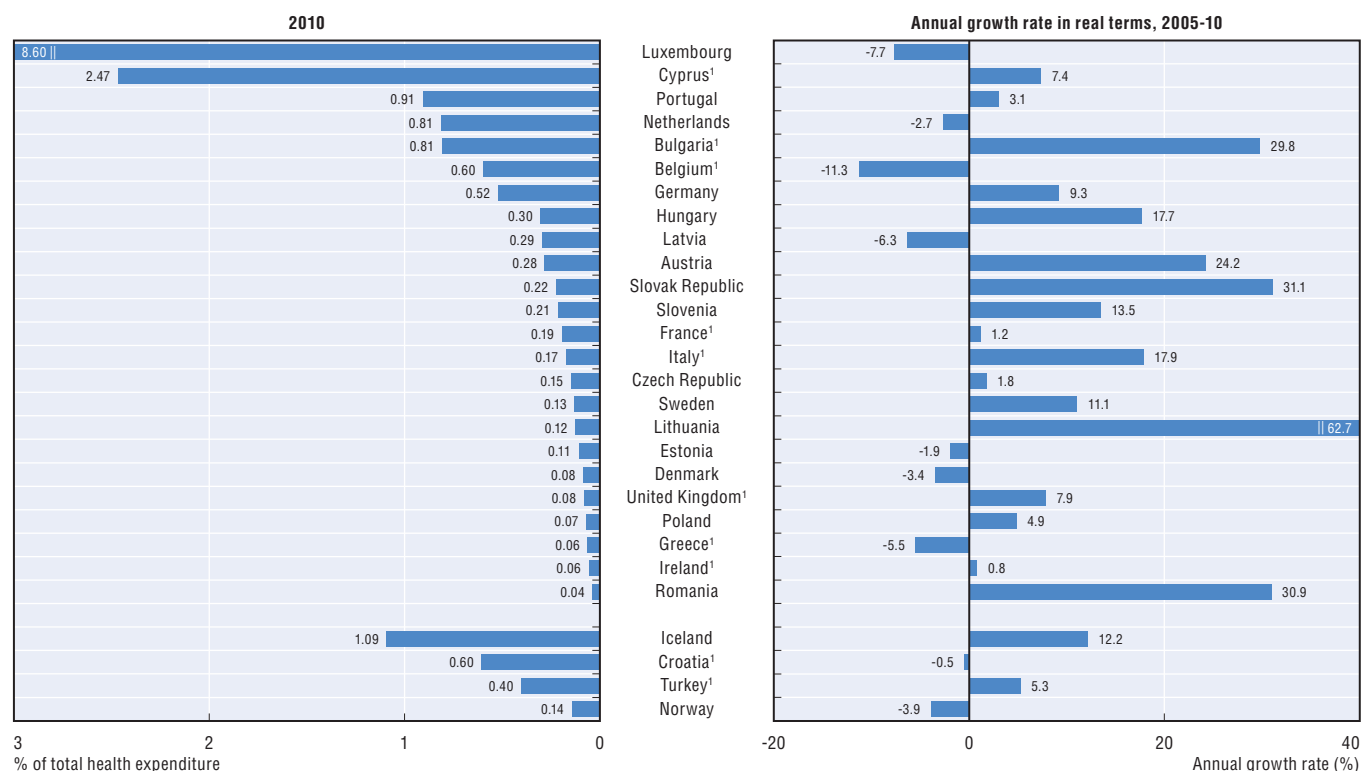
Patient mobility in Europe may see further growth as a result of an EU directive adopted in 2011 which supports patients in exercising their right to cross border health care and promotes co-operation between health systems (Directive 2011/24/EU).

### Definition and comparability

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.

### 5.7.1. Imports of health care services as share of total health expenditure, 2010 and annual growth rate in real terms, 2005-10 (or nearest year)

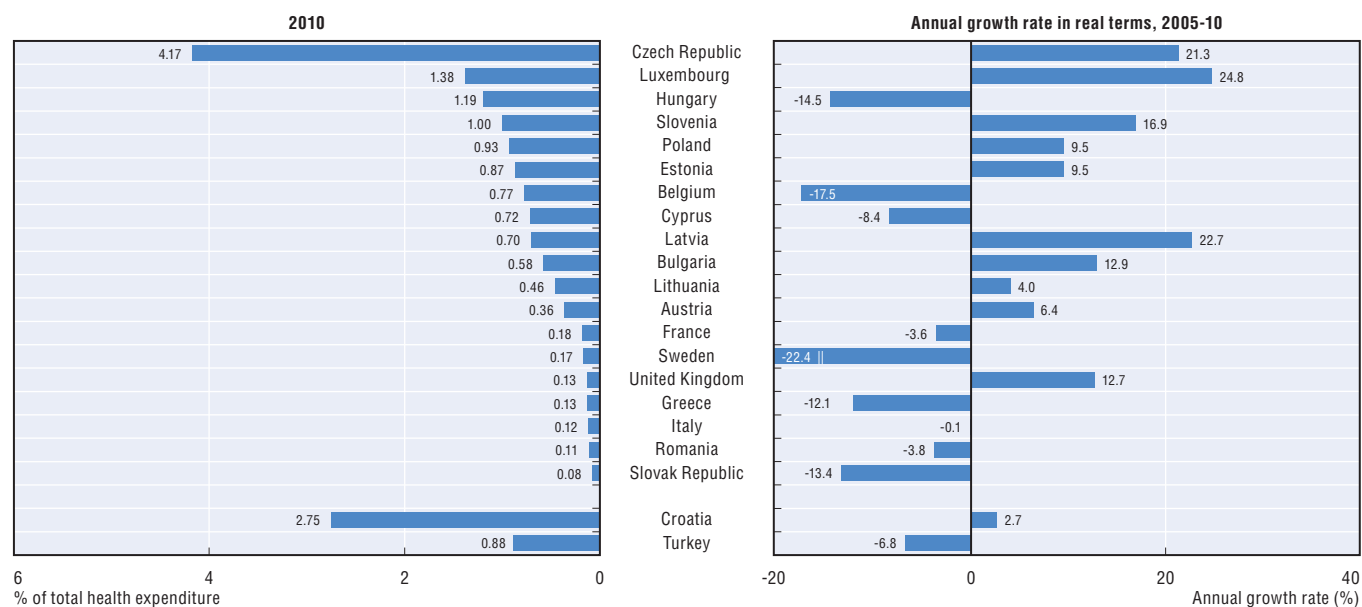


1. Refers to balance of payments concept of health-related travel and health services of personal, recreational and cultural services.

Source: OECD Health Data 2012 and OECD-Eurostat Trade in Services Database.

StatLink <http://dx.doi.org/10.1787/888932705672>

### 5.7.2. Exports of health-related travel or other services as share of total health expenditure, 2010 and annual growth rate in real terms, 2005-10 (or nearest year)



Note: Health-related exports occur when domestic providers supply medical services to non-residents.

Source: OECD-Eurostat Trade in Services Database.

StatLink <http://dx.doi.org/10.1787/888932705691>