

The globalisation of health care has given rise to new patterns of consumption and production of health care services over recent decades. A significant new element of the trade in health care has involved the movement of patients across borders in the pursuit of medical treatment: a phenomenon commonly termed medical tourism. This growth has been fuelled by a number of factors. Technological advances in information systems and communication allow patients or purchasers of health care to seek out quality treatment at lower cost and/or more immediately from health care providers in other countries. The portability of health coverage, as a result of EU-wide measures to facilitate patient flows with regard to public health insurance systems, may also fuel further increases. All this is coupled with a general increase in the temporary movement of populations for business or leisure.

While the major part of international trade in health services involves the physical movement of patients across borders to receive treatment, to get a full measure of imports and exports, there are also other aspects such as 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 spending for health services and goods by residents abroad (imports) are available for most European countries. They amounted to more than EUR 3 billion in 2012. However, due to data gaps and under-reporting, this is also likely to be a significant underestimate. The vast majority of this trade is among European countries. With health-related imports reaching over EUR 1 700 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 (Figure 6.6.1). Even in the case of Germany, reported imports represent only around 0.6% of Germany's health expenditure. The share rises above 1% of health spending in Iceland, Portugal and the Netherlands, and up to 3.5% in Cyprus as there is a higher level of cross-border movement of patients to Greece. Luxembourg (5%) 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 figures on health care goods and services purchased by non-residents

(exports), totalling around EUR 2.5 billion in 2012 (Figure 6.6.2). For many countries, these figures are still likely to be significant underestimates. Of the countries for which data are available, France reports the highest value of health care to foreigners at around EUR 560 million with the Czech Republic second at close to EUR 500 million. Hungary and Poland are also relatively high exporters in absolute terms. Compared to overall health spending, health-related exports remain marginal in most countries, except Croatia, Czech Republic and Hungary where they account for 4% to 5% 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 Slovenia.

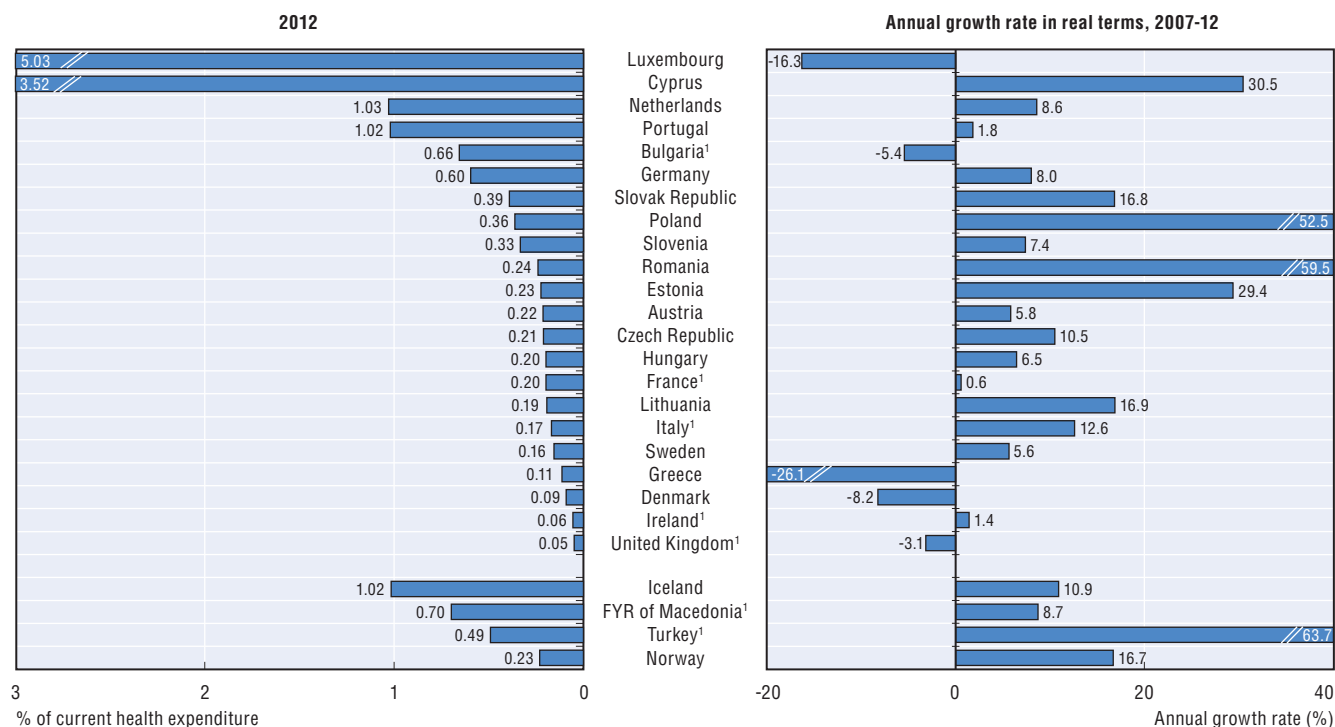
Patient mobility in Europe may see further growth as a result of an EU directive, adopted in 2011 and implemented in 2013, which supports patients in exercising their right to cross-border health care and promotes co-operation among health systems (Directive 2011/24/EU).

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. This category covers the purchase of medical services and goods by resident patients while abroad.

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.

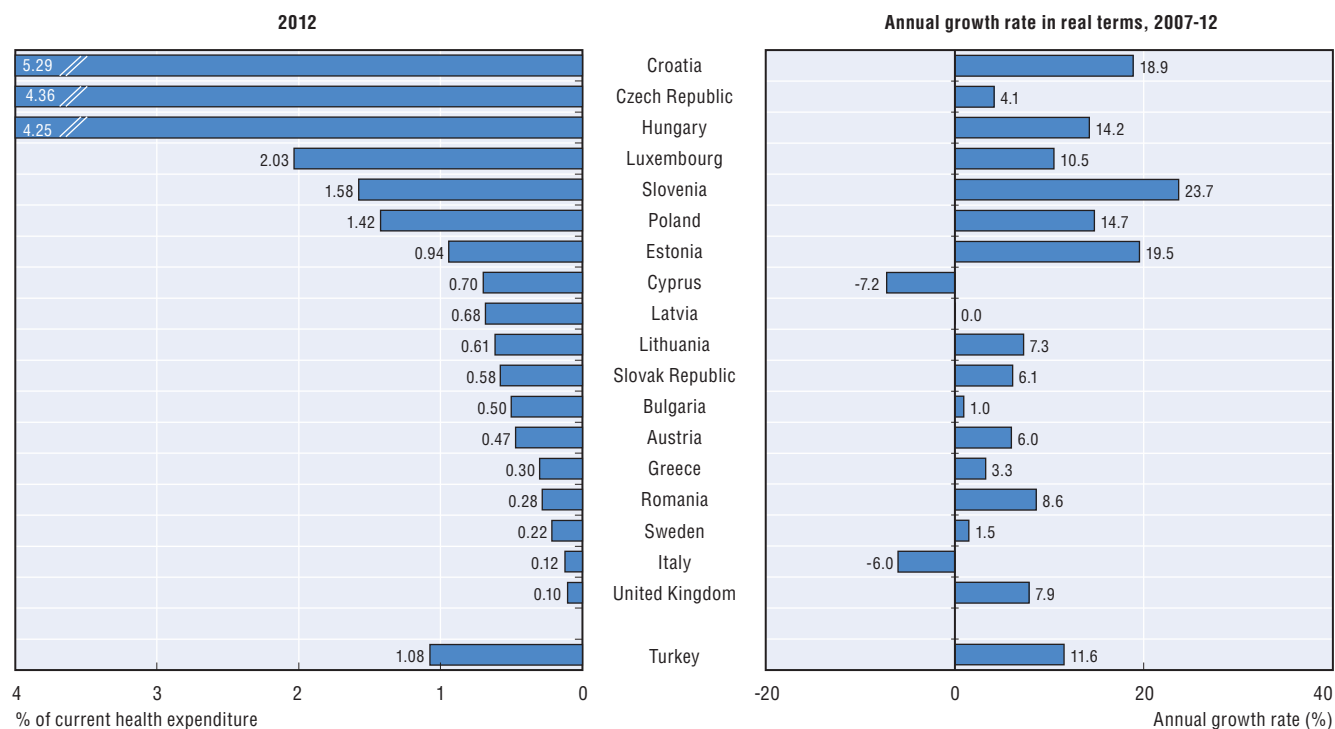
6.6.1. Imports of health care services as share of health expenditure, 2012 and annual growth rate in real terms, 2007-12 (or nearest year)



1. Refers to Balance of Payments concept of health-related travel plus health services within personal, recreational and cultural services.

Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Balance of Payments-International Trade in Service Statistics.

6.6.2. Exports of health-related travel or other services as share of health expenditure, 2012 and annual growth rate in real terms, 2007-12 (or nearest year)



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

Source: Eurostat Balance of Payments-International Trade in Service Statistics.

StatLink <http://dx.doi.org/10.1787/888933155860>



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