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VIIIth INTERNATIONAL DAYS OF STUDIES JEAN MONNET

CALL FOR PAPERS

Active structure of the intercultural dialogue in the Mediterranean area¹, the Jean Monnet Chair in Comparative Regional Integration (University Montesquieu-Bordeaux IV) organizes with the partnership of the University of Sfax, in Hammamet (Tunisia), on Thursday 23 and Friday September 24, 2010, for its VIIIth International Days of Studies, a multi-field Conference on the following topic:

Health systems in transition: the current and future regulations in the European Union and its Mediterranean Neighborhood

Human capital is a determinant key of economic development. Men qualified and in good health is an asset to develop sustainable production systems and performance, which are now

¹ The Jean Monnet Chair in Comparative Regional Integration has been organized since 2004 three days International Studies Jean Monnet in Morocco (2004, 2008) and Tunisia (2006), affirming that the Euro - Western Mediterranean area is an essential vector of an integrated cooperation between Europe and the Mediterranean.

subject to international competitive pressures. The educational and health policies of developed states in transition reflect this need of performance in terms of human capital. However, many constraints, especially financial, necessitate an organization, a planning of these policies, a stronger international cooperation because choices must be made and the investment in human capital have a deferred returns. The exploitation of economies of scale is relevant in the formation, the organization, the distribution and the use of human capital. So there are opportunities for joint action inside Europe, between Mediterranean countries and between the EU and the Mediterranean area (eg, cooperation already well advanced with the Maghreb could be strengthened by defining together the areas future, particularly in health). Today the economic situation of health systems is difficult because many constraints can impede their efficient development.

The existence of strong constraints on health systems

Health systems are today faced with many challenges whose the result will come largely from the ability of economies to generate sufficient resources to fund such public goods in socially necessary. In the Euro-Mediterranean area, health consolidated systems (countries of the European Union) exist at side health systems under development (including the Maghreb countries). There is specific epidemiological profiles, especially the different profiles of disease:

- Diseases of rich countries in the European countries where chronic diseases have become dominant;
- Diseases of rich countries and poor countries in North Africa, for example, where infectious diseases coexist in decline and increase in chronic diseases.

The public health actions are also significantly different and are using in a different way also, promotion and health education, preventive and curative care. To be efficient, durable and sustainable, health systems can not ignore the use of other tools than curative medicine to confront the public health needs of populations. Why? because one of the most frightening constraints with which the current systems of health in Europe are confronted is the constraint of financing which can lead to budgetary and medical rationing. This constraint can also exert its uneven effects in a direct or indirect way: a central medical budget in slower progression or a decentralization of the financing of health leading to medical services of level and quality different according to the level from the regional income (example of medical decentralization in Canada). The functioning of the health system becomes inequitable.

In fact, the health systems must become more effective to cost less expensive. Today, a new approach is needed: as much as the reduction of the cost of the care, to reduce the incidence

and the prevalence of the situations of morbidity, in particular pathologies chronic, to reduce of them the duration and the negative consequences (the handicap) represent a major stake of public health. The assumption of responsibility needs of the elderly population, in particular that which will have ceased working (pensioners), requires more financial means and new organizations of care. However, the financing of the collective, commercial and non commercial goods, became more difficult in many Western countries developed because of the recasting of the international economy (or globalization of the activities). Such a change involves a severe international competition where the standard of wages and social protection became variables of adjustment of the competitiveness of the products. If one excludes Germany, country with high level of social protection whose industry is powerful as regards goods with high and very high added value, the majority of the developed countries undergo important industrial retreats which erode their taxable economic amount. Less important tax re-entries (receipts of VAT, corporation taxes, etc) then exert a constraint of financing on the non commercial collective goods (except increasing the tax pressure elsewhere in the economy).

In the Mediterranean zone, the Maghrebian health systems undergo also the constraint of the financing in a context even more unfavourable related to the effects of the application of programs of structural adjustment and globalization which increases uncertainty on the economic growth. General difficulties (failure of the growth financing the social systems) cohabit with more specific problems such as the rapid growth of medical manpower, the introduction of technologies into the medical structures, the privatization of the exercise of the medical profession. Confronted with an insufficiency of financial resources, the medical policies in the Maghreb seem today less present in the facts, even if they always exist in the intentions of the public authorities.

However, in spite of the variations of development within the Euro - Mediterranean area, economic and social development appears there continuously. The human capital is the subject thus gradually of a more marked attention and a voluntarism on behalf of the public authorities, which results in specific policies in the field of education and health. The right to health is noted like a basic right to ensure a good access to the care. The treatment of the health questions becomes a priority of the governments insofar as they represent a determining factor of the current and future economic growth and development. Demographic ageing, the rise in the cost of the care because of technological advance and complexity and heaviness of certain curative protocols (for example in the fight against cancer or the HIV), the existence of new pathologies, without the old ones necessarily disappearing, contribute to the increase in the cost of the care.

In the Maghreb, the total expenditure of health is weak and is in a context of dearness medical care and goods compared to the average purchasing power of the population. That is finally the solvable private request which in the immediate future can profit from the most modern care, in particular in Morocco and in Tunisia. The weakness of the health insurance does not allow a sufficient action for the medical needs in the population. In Morocco, by example, the health system is confronted with several problems involved in the double demographic and medical transition, the insufficiency of its budget and iniquity in the financing of the care. The collective financing of health covers only 41% of the expenditure total of health. Only 5 million people profits from a medical cover, the remainder of the population resorting to the certificate of need. The basic medical cover took birth on a legislative level in November 2002. It will widen an access of the populations disadvantaged with the basic health care and to reinforce social protection by the installation of medical help to lower-income group (RAMED) and of a mode of obligatory health insurance (AMO) which came into effect in 2005. The objective of this architecture is to hoist the level of the medical cover of the population from 17 to 34% in particular respecting equity and the equality in the access to the care, the financial balance of the system, the safeguarding of the acquired rights and the national solidarity with the profit of the most stripped, etc. One must add that the health sector is confronted, here like elsewhere, with a financial context durably unfavourable. We can also note the insufficient implication of the health system in education, promotion, prevention in health, as many fundamental fields of health appearing apart from morbidity and which can make it possible to decrease the incidence and prevalence of the majority of pathologies. At every moment, the costs in health would be then more low, which could make bearable the public expenditure of health.

The definition of ways of national and international regulations relevant, preserving the quality of the care

For all the current health systems, the risk is that a disintegration induced by rationing budget. This would lead to a universal public sector in decline (lower public spending, restructuring of health care facilities, etc.), lower quality of care and developing a private sector with high quality for a solvable private demand for care. In European countries, we observe the development of a whole series of provisions aimed at reducing the cost of care while trying to ensure the quality thereof. Nevertheless, expenditures continue to rise at rates that are not always sustainable (especially France). It should then consider the public health priorities and new regulations put in place to make these sustainable health systems. In the southern Mediterranean countries (including the Maghreb countries), health systems must be structured, first, taking into

account the epidemiological trends and, secondly, by enabling better and broader population access to health care. This requires closer cooperation between public and private health and the establishment of a modern financial system of health and risk coverage. However, these countries have they a production base sufficiently durable to ensure adequate funding of the healthcare system? This is the major issue in the contemporary period where countries (developed and developing) are facing a ruthless economic competition in a context dominated by the economic dynamism of the Asian region. States now face the triangle of incompatibility of public health policy that indicates that we cannot maintain health systems with government debt sustainable in a context of openness to globalization. Only two of these objectives can be achieved simultaneously. Clearly, effective systems of health operating in a national public debt sustainability requires a regulated and controlled of the opening to globalization. This reality is equally valid for European countries and the countries of the Maghreb.

The works that will begin and be completed in plenary session will take place in two multidisciplinary workshops around the themes below on the one hand, the current conditions of functioning health systems and their efficiency and on the other hand, the necessary reforms in progress and future, including those based on new international regulations:

Workshop 1 - Activity and efficiency of the current health systems in the Union European and its Neighborhood: Demographic Euro - Mediterranean trends; population aging and its consequences: constraints on labor markets, on economic growth and on social protection; the economic and social governance in the euro area and in the Mediterranean regions, the criterion for setting priorities in public health; globalization and human development; economic crisis today and financing of social public goods; the comparative effectiveness of health systems: the liberal, Beveridge, Bismarckian, mixed model; economic evaluation of public health activities, the economic impact of prevention policies (loss of autonomy, traffic accident, etc.); the economic role of the pharmaceutical industry, the role of private insurance; the problems of diseases orphans in public health; the health care of the poor people; the effects of crowding of increased collective funding in health expenditure; health as a productive investment, etc...

Workshop 2 - Reforms of health systems and new international cooperation: the pricing of health care: towards new algorithms for pricing?; Benchmarking and improvement of health governance; disease management and better management of chronic diseases; the impact of innovations in health care systems; management from the loss of autonomy; taking into account the relationship of migration - development; privatization of sanitarities activities and their

economic and social impact; promotion of FDI in health; environmental issues in the Mediterranean area (pollution, depletion of energy resources, desertification, water shortages, etc.) and the effects on the health; regional organization in public health policies: promoting primary prevention, secondary prevention, tertiary prevention; organizing local of networks of care; the organization of cross-border care and the role of international and European institutions; international health monitoring and management of pandemic risk; what an health partnership in the Euro-Mediterranean area?; the creation of an health Euro-Mediterranean area: trade and exploitation of comparative health benefits, etc..

The proposed contribution of about two hundred words are addressed to:

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before December 15, 2009

Authors will be notified January 15, 2010 at the latest of the outcome of their proposal after the review by the Scientific Committee of the VIIIth International Days of Studies Jean Monnet. The final texts of the contributions (15 - 20 pages) should reach the Secretariat of Jean Monnet Chair in Comparative Regional Integration, by July 30, 2010. The program of the Days of Studies will be sent in the month of April 2010 to the various stakeholders and participants.

Scientific Committee

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