

Funding our health service

IN THIS issue of *WIN* you will find the INMO's submission to the government in response to its White Paper on the introduction of universal health insurance (UHI) to Ireland.

As you will see, the issue of funding our health service – or indeed any health service – is a very complex matter. It is quite clear however, that the Dutch model, so preferred by our government, has not delivered the universal, comprehensive, accessible and quality-assured health system as promised. Indeed, it is far from clear from the government's White Paper, what level of services will be available on a universal basis, and what will be required to be purchased, with supplementary insurance, by citizens of this State.

The INMO, for our part, has for years, sought a health service that is world-class, equitable, with the provision of care from birth to death and accessible to all regardless of ability to pay. However, and this is pivotal, for this to be achieved the government, and indeed the people of Ireland, must consider not just how a health service is to be funded but also how much funding we are prepared as a society to devote to it.

We hear much about the level of expenditure in health, all of which suggests for various reasons that we overspend and that the health system is grossly inefficient. The reality is that this argument, articulated by those who should know better, ignores the fact that

Ireland's level of expenditure on health-care, at 8.9% of GDP, is less than the European average of 9.5% and considerably less than countries like Germany and the Netherlands that both spend in excess of 11% of their GDP.

This comparison also fails to take into account the fact that the health service in Ireland funds areas of expenditure that in other countries would be classed as social services. This veils the actual underfunding of frontline care in this country.

This underfunding has been brought into even sharper focus in recent weeks following the announcement by the HSE, that it is seeking a further €80 million in savings. This is, notwithstanding the current shortcomings of the system, and the ever-growing demand for services. No consideration is given whatsoever to what the health service would require in terms of funding to meet demand, instead all of the attention is on it being over budget. One is always going to be over budget if the budget, in the first place, was never adequate to meet the demand. Our public health service has endured unprecedented cutbacks over the past six years, not just because the country is in recession but also because there is no political support, from any parties, to properly fund the health service.

So, when the government, and indeed wider society, comments on our health service, and what funding it should receive,



attention must be paid not only to the source of the funding but also how much is being allocated. The INMO is quite clear: we believe Ireland must move, immediately, to a situation where we spend a minimum of 1% above the OECD average, for a period of 10 years in order to provide the services that reflect the demand from our unique demography.

The source of funding is important and we must avoid the introduction of profit chasing through the involvement of competing private insurers. However, we must also have an honest debate about the level of funding and this should take place immediately. This requires political courage, it requires honesty and it needs to be done with real transparency. Our health service is underfunded, overworked and under intolerable strain. This cannot continue.

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