

Luxembourg : Health system review

Le système de santé luxembourgeois : vue d'ensemble, principaux résultats et enseignements

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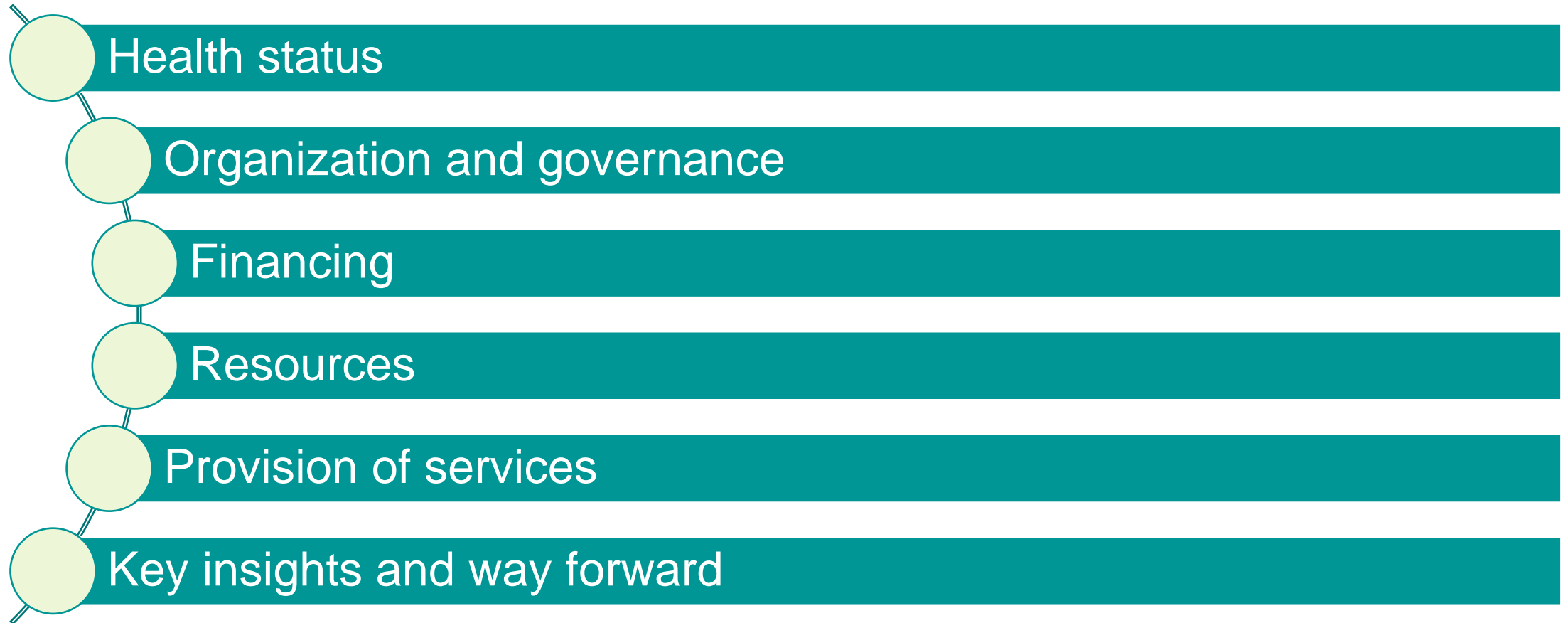


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Survival Guide to Crafting a Health System Review: Template, Revisions, and Teamwork to the Rescue!

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Overview



Health status



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Life expectancy

Life expectancy at birth in Luxembourg continues to be well above the EU average

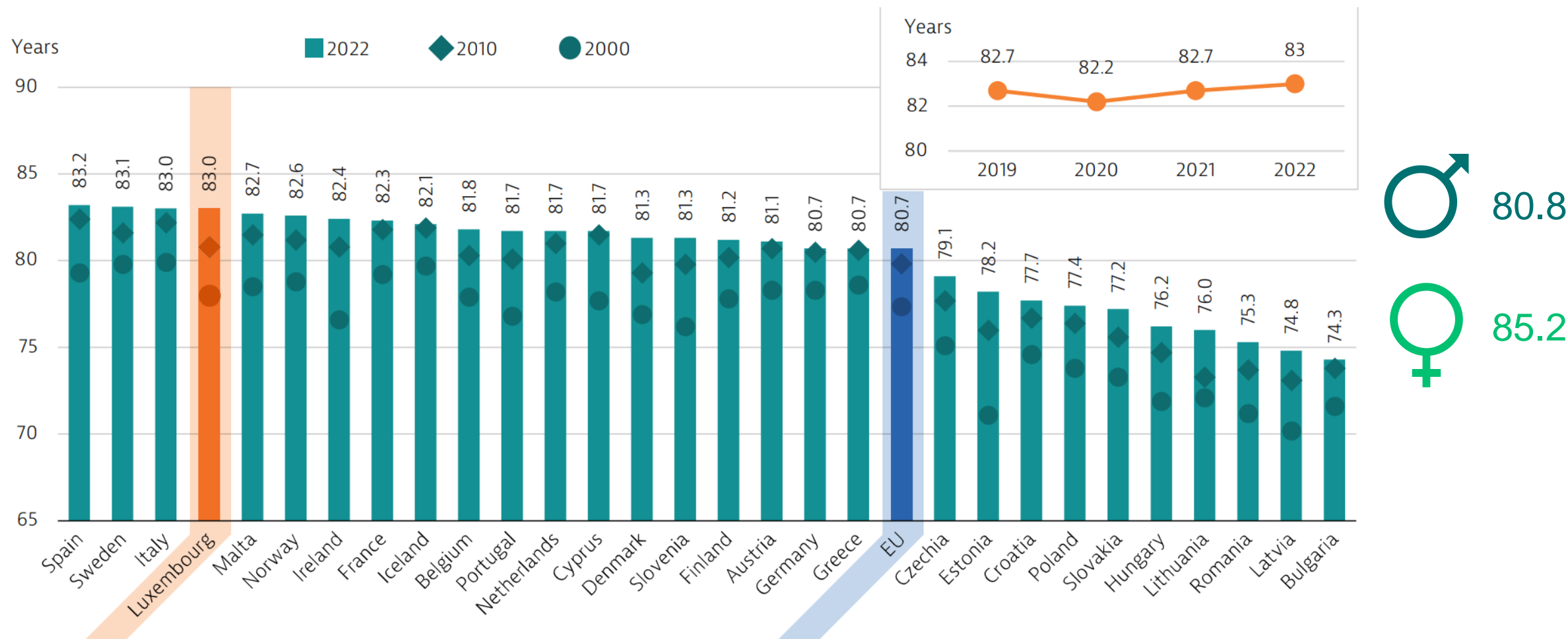


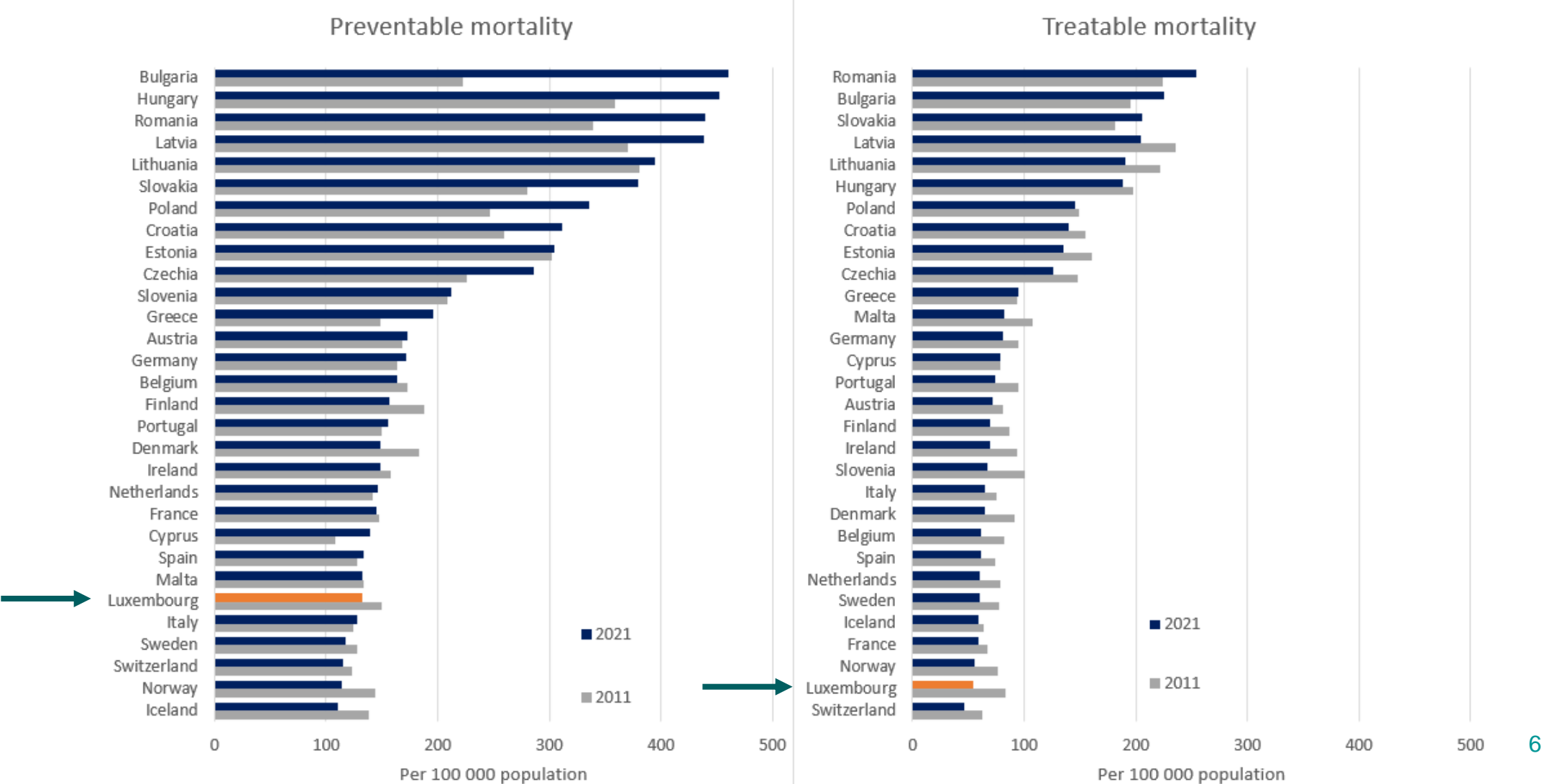
Figure adapted from the Country health profile Luxembourg 2023

Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021.

Source: Eurostat Database

Mortality from preventable and treatable causes

Luxembourg has reduced avoidable mortality from 2011 – 2021



Source: Eurostat, 2011, 2022, or latest year available

Life expectancy and healthy life

Just over half of the remaining time at 65 years is lived without limitations in daily activities or disabilities

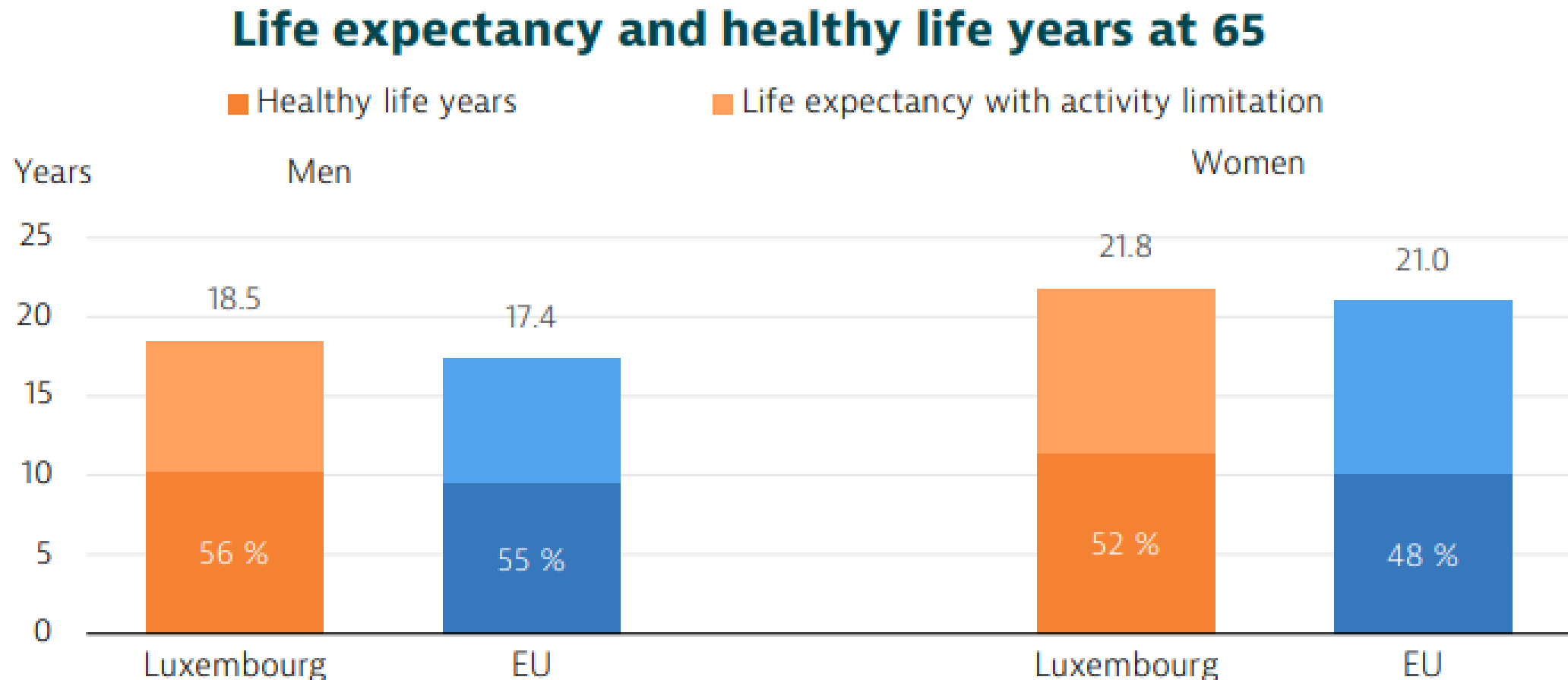


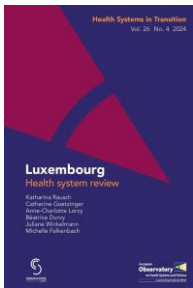
Figure adapted from the Country health profile Luxembourg 2023

Source: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for limitations in daily activities). All the data refer to 2020.

Behavioral risk factors

Behavioural risk factors were responsible for about one-third of all deaths in 2021

- Excessive alcohol consumption = long-standing public health concern → Luxembourg ranking third among EU countries
- 2022 Luxembourg Cancer Foundation Survey on smoking → 1 in 5 adults report daily smoking
- 2019 EHIS → 31% overweight and 16% obesity



Current **public health efforts** need to be **strengthened** to change these problematic health behaviours **and improve the overall health** of the population.

Equity in Health in Luxembourg

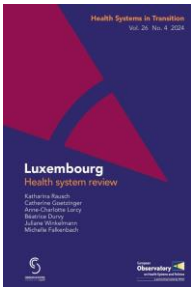
Socioeconomic disparities in health outcomes persist in Luxembourg, affecting self-perceived health and obesity rates

	High education level	Low education level
Good to very good health	81.1%	61.5%
Obesity prevalence	9.9%	24.5%

Addressing Equity in Health Policies

Despite national policies acknowledging equity, concrete action plans and systematic data collection remain insufficient to effectively address these inequalities

- The National Health Observatory includes equity in its mission.
- The National Health Plan 2023 emphasizes equitable health and universal care access.
- Lack of systematic data collection on socioeconomic equity beyond surveys.
- The Ministry of Gender Equality and Diversity (MEGA, 2024) monitors equity indicators in employment, domestic violence, and health.



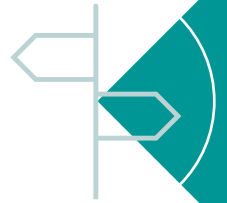
- Equity is not prominently featured in specific action plans
- While Luxembourg **recognizes the importance of health equity**, socioeconomic **disparities remain**, highlighting the need for better policy implementation and **systematic data collection** to reduce inequalities.

Organization and governance

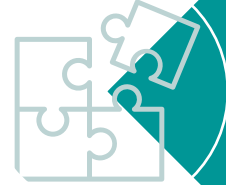


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Key principles



Mandatory SHI
affiliation for
economically active



Financial burden shared
by employers, employees
and the state



Income-based
contributions



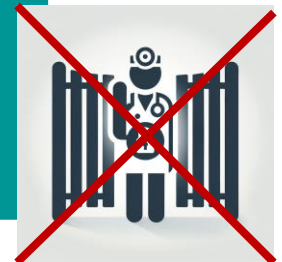
Universal access to care



Solidarity, excluding
risk adjustment



Free choice of provider



Organization of the health system

Centralized yet fragmented system

Centralized

(Almost) no delegation to regional and local levels

Care delivery

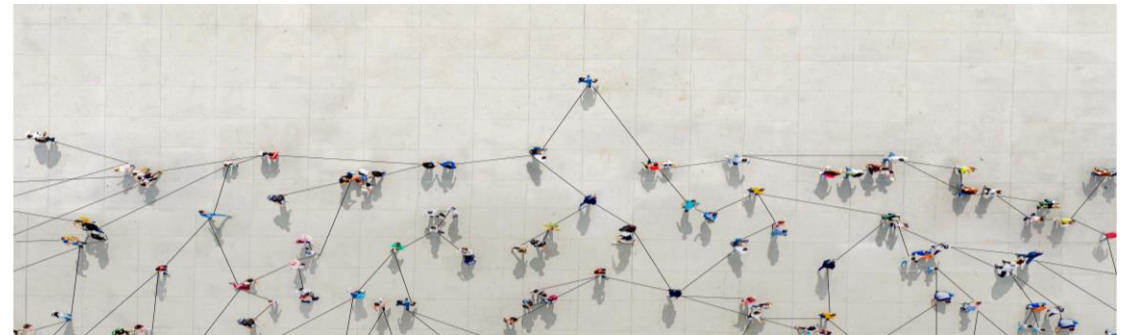
Shared among physicians, other health professionals and hospitals.

Medico-social care sector for public health services and social care.

Fragmented

Various actors with different responsibilities intervene in the health care system.

Siloed activities and financing for public health, prevention, health care delivery, long-term care.



Governance and Planning

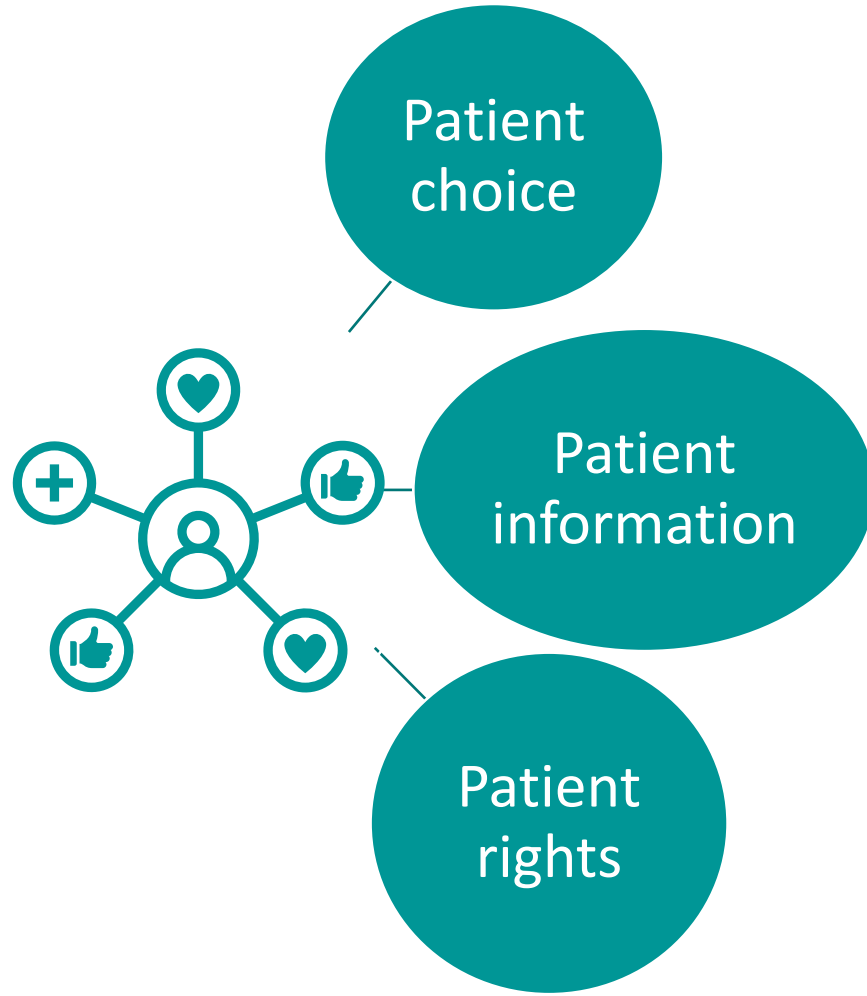


- Health system governed by Social Security Code and Health Code
- Absence of cohesive global approach to health

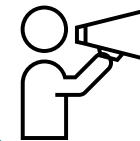


- Planning is focused on hospital sector and pharmacies
- No legal mandate requiring to plan for outpatient sector
 - No geographical restrictions

Person-centred care



- ☐ **Various sources of information**
- ☐ **Language**
- ☐ **Limited information on**
 - ☐ quality indicators
 - ☐ waiting times
 - ☐ medical errors
 - ☐ hospital outcomes
 - ☐ treatment costs



Financing

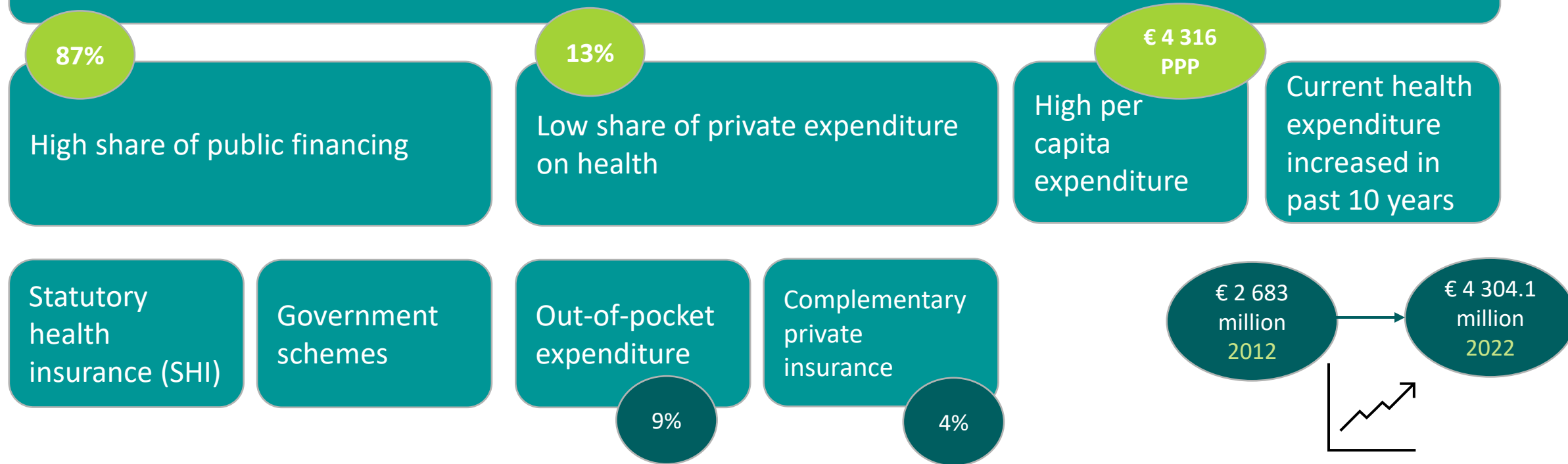


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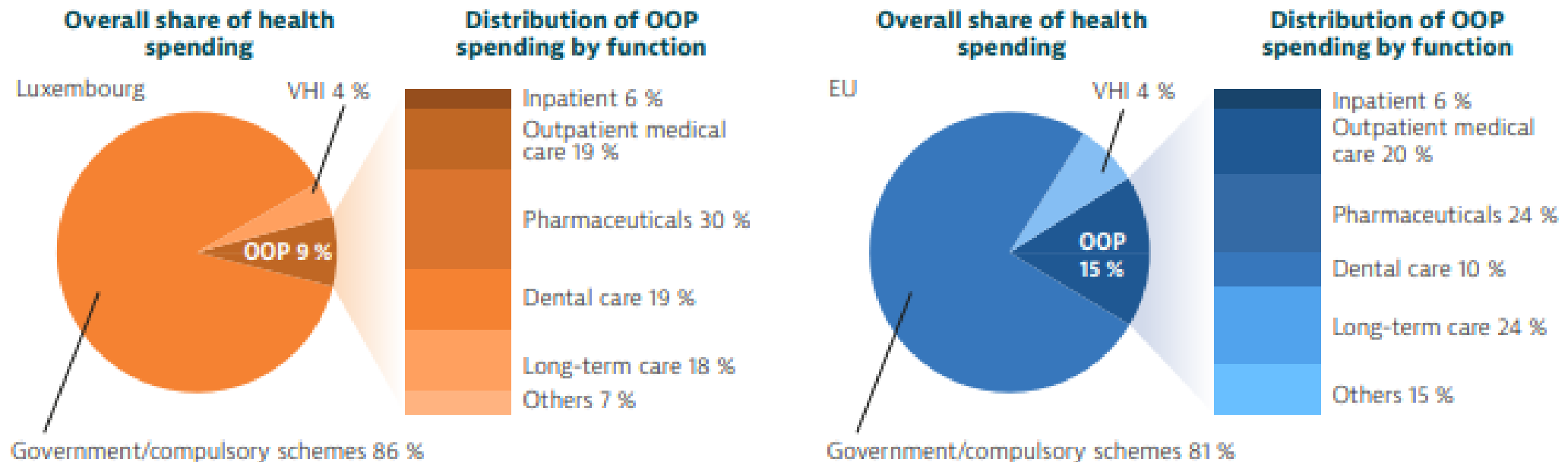
Expenditure on health

One of the highest shares of public financing for health care and relatively low share of household out-of-pocket

Current Health Expenditure



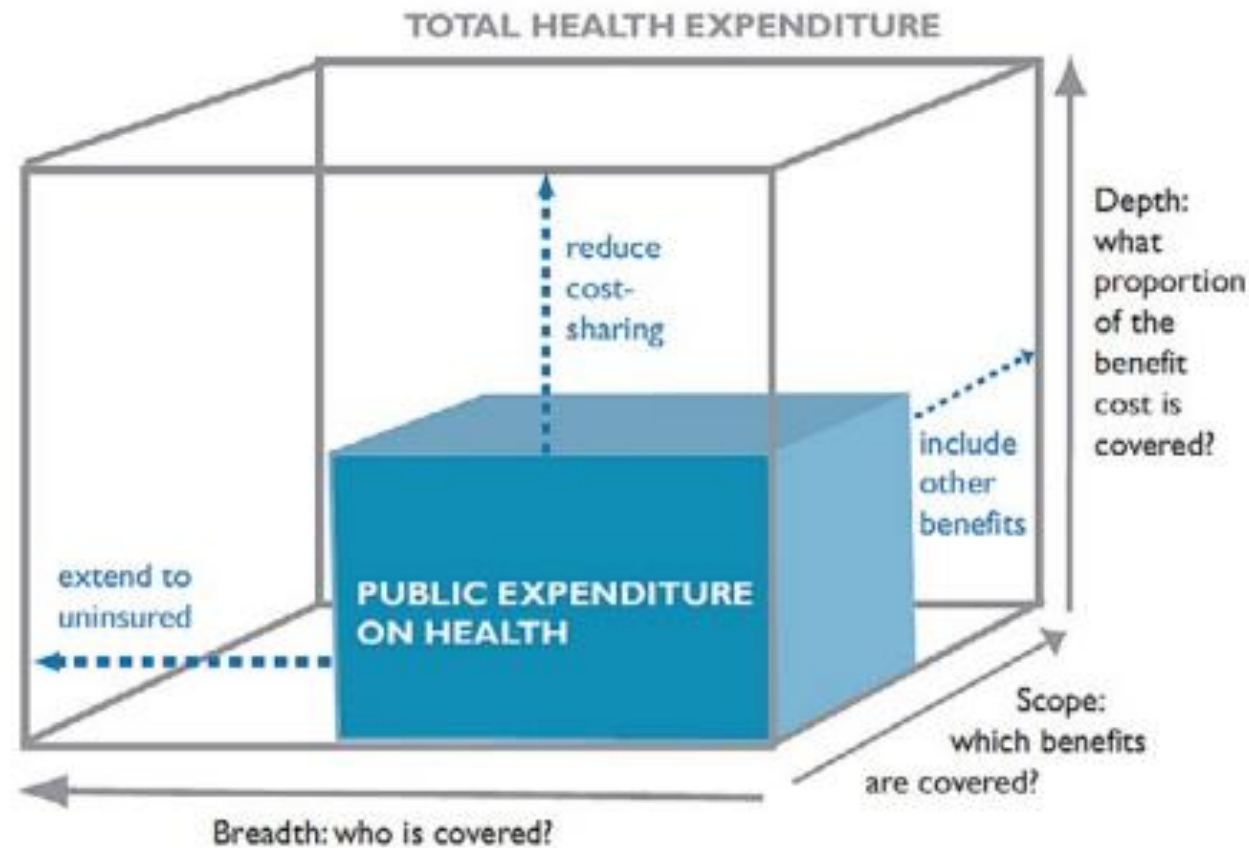
Drivers of out-of-pocket expenditure in Luxembourg, compared with EU



Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.

Source: OECD Health Statistics 2023; Eurostat Database (data refer to 2021); SoHEU Country Profile

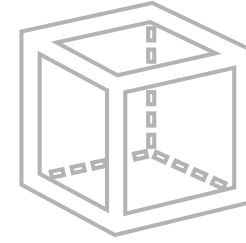
Health care coverage under SHI



Source: Busse R, Schreyögg J, Gericke CA (2007): Analyzing Changes in Health Financing Arrangements in High-Income Countries: A Comprehensive Framework Approach. Health, Nutrition and Population (HNP) Discussion Paper. Washington DC: World Bank

Health care coverage under SHI

Ongoing efforts to increase coverage



Breadth

- Broad population coverage
- Voluntary SHI affiliation
- CUSS project

Scope

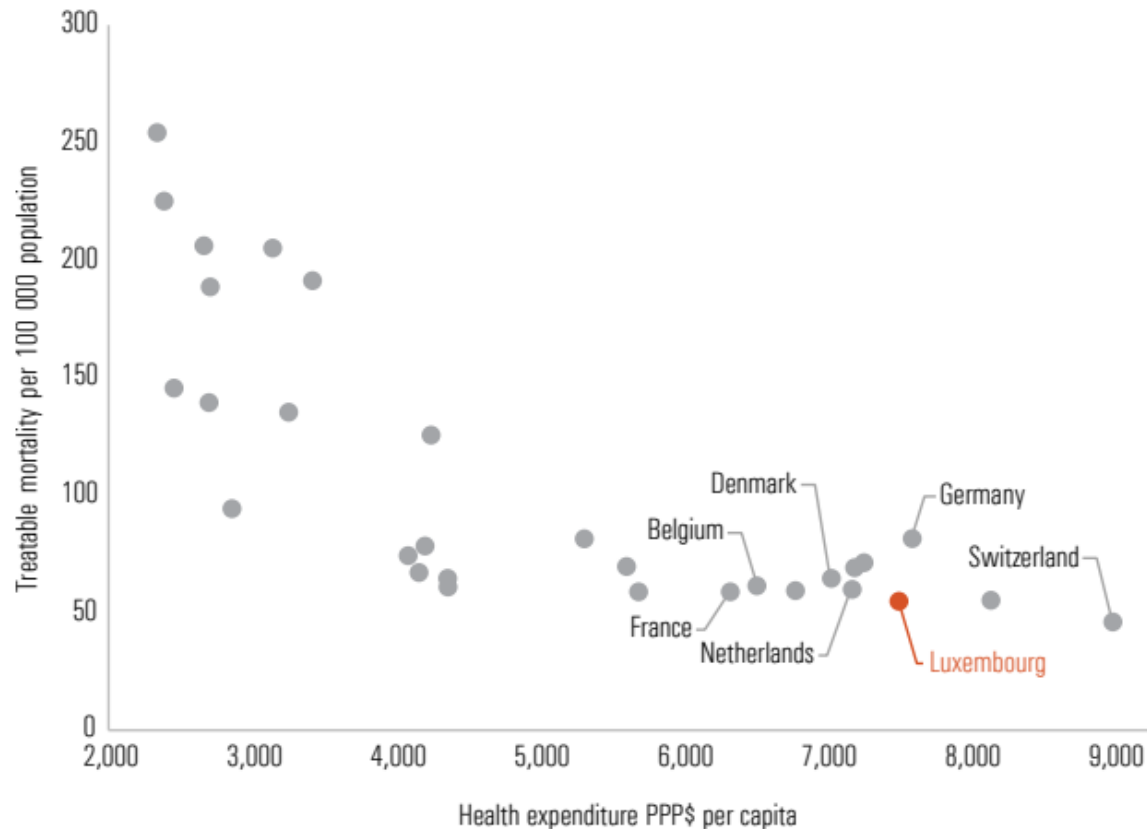
- Broad benefit basket
- Reimbursement of Psychotherapy (2023)

Depth

- Third-party social payment system
- Exemptions for cost-sharing
- Optional third-party payment model (PID)
- Dental care Nomenclature revision (2024)

Health system efficiency

Low levels of treatable mortality, high level of per capita expenditure



Note: US\$ PPP: US dollars adjusted for differences in purchasing power.

Source: Eurostat (2024); WHO (2024)



Efficiency can be improved by

- strengthening prevention and primary care
- advancing digitalisation
- promoting use of generics
- focusing on reimbursing evidence-based and cost-effective services, with increased use of health technology assessments
- pay for performance mechanisms



Resources

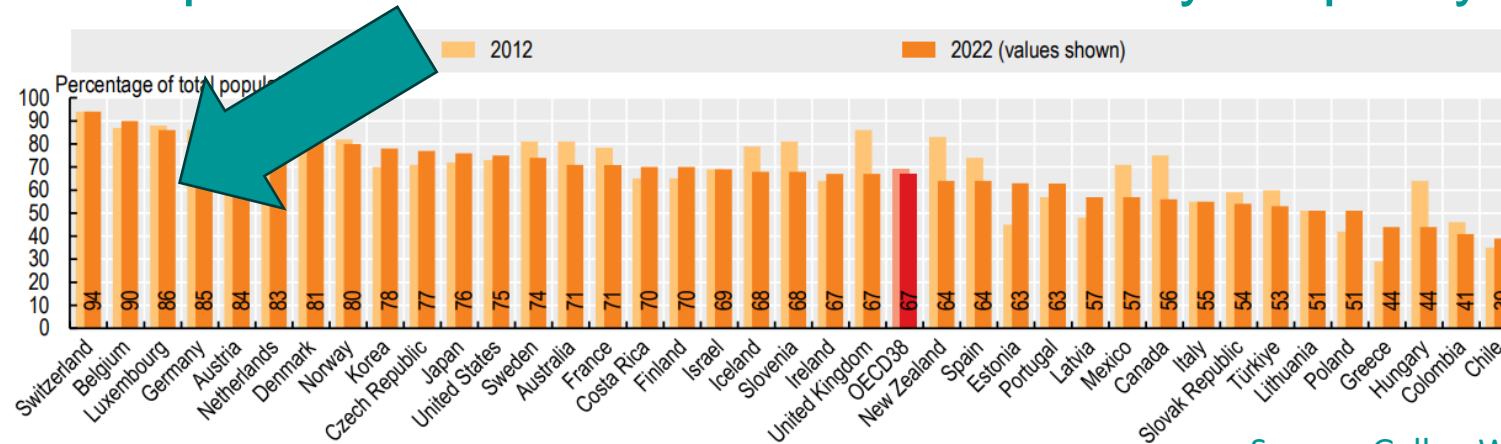


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Access

Luxembourg's health system performs well in accessibility

- Population satisfied with the availability of quality healthcare

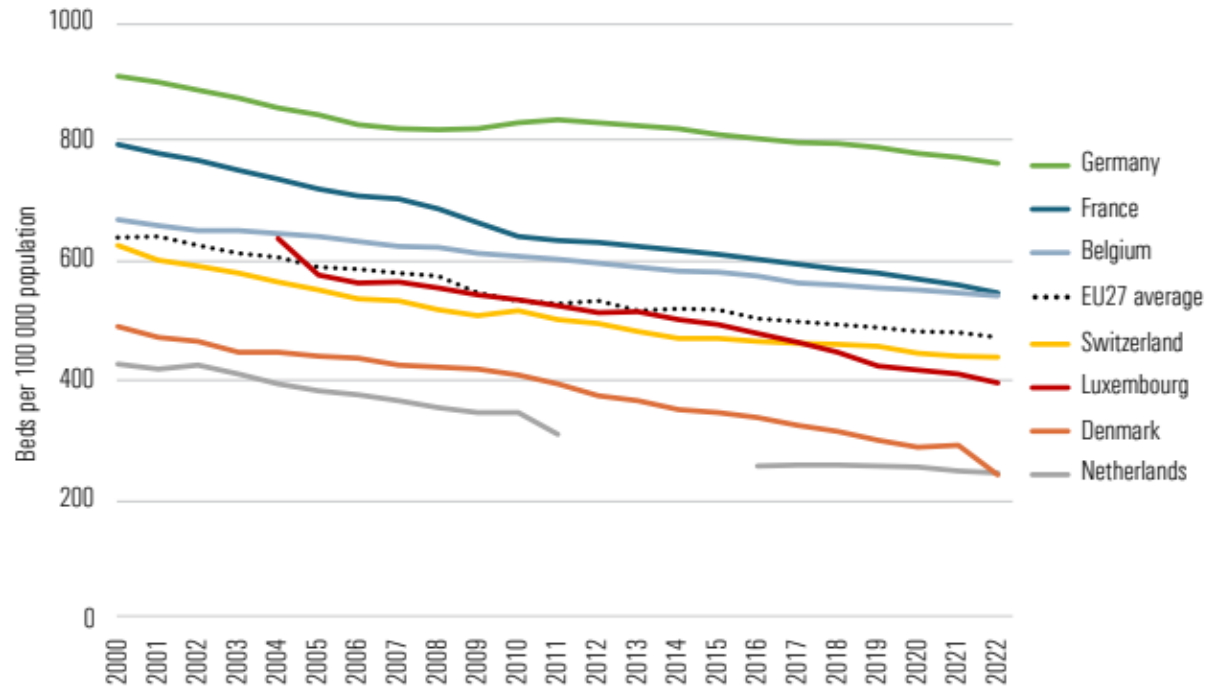


Source: Gallup World Poll 2023 (database); OECD H@G.

- Low unmet care needs
 - higher in lowest income quintile
- Universal access and high population coverage
- Good geographic distribution of services (small country)

Physical resources

Hospital beds and medical equipment



Notes: EU27: EU average unweighted. EU27: 27 Member States of the European Union after 1 February 2020.

Source: Eurostat (2024).

- Fewer hospital beds per capita compared with EU average
- Occupancy rate stable at 70%
- higher average length of hospital stays compared with the EU average
- Comparatively lower density of CT scanner and MRI equipment per population
- Second-highest frequency of CT and MRI examinations per inhabitant among OECD countries

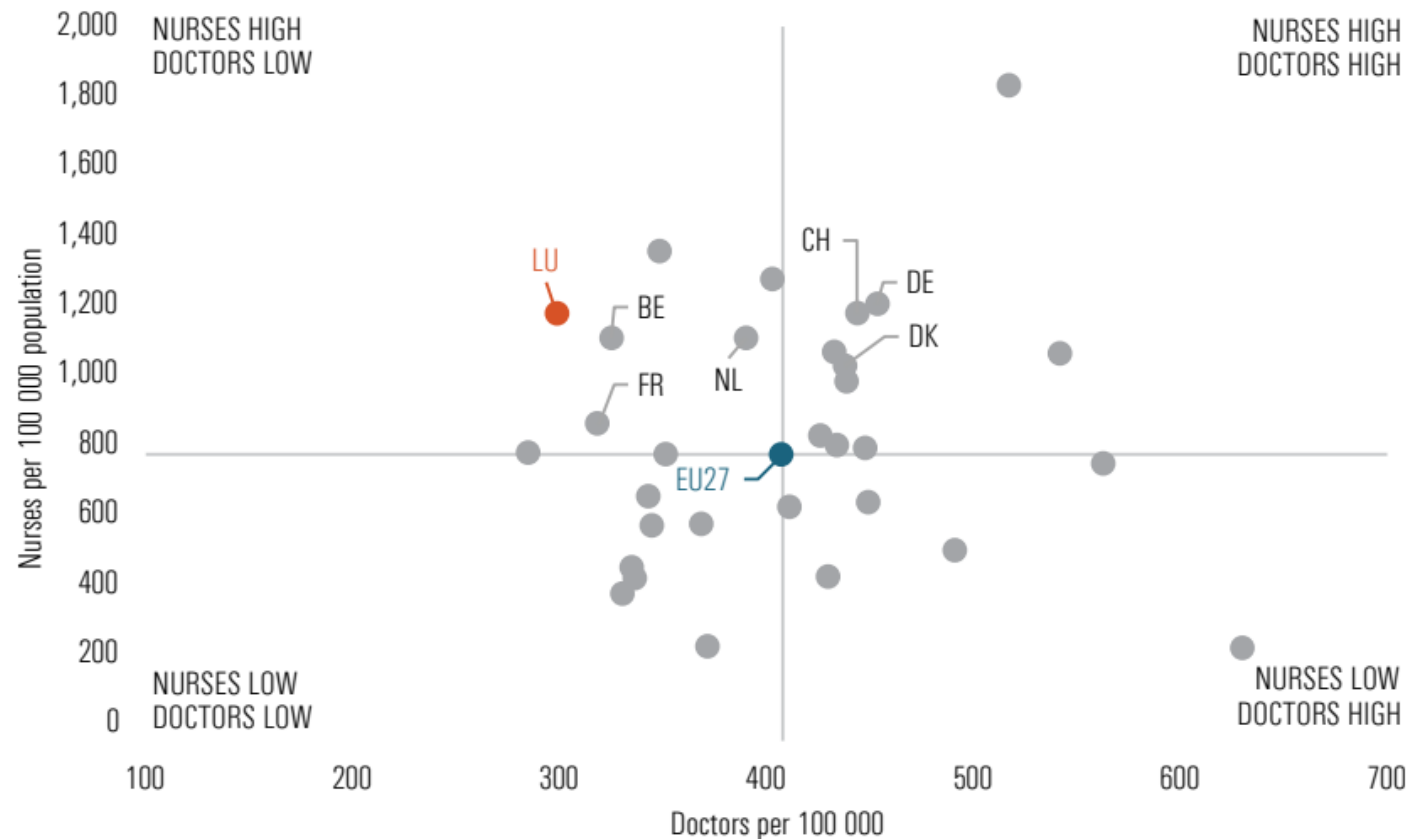
Human resources

Planning and regulation

- No direct planning of human resources
- No internationally comparable data on health care workforce available
- Regulation by four different laws
 - Physicians, dentists and veterinarians
 - Pharmacists
 - Psychotherapists
 - Recognized health and care professionals
- Obligatory contracting by SHI
- High reliance on cross-border workers and foreign training

Human resources

Nurses high- doctors low



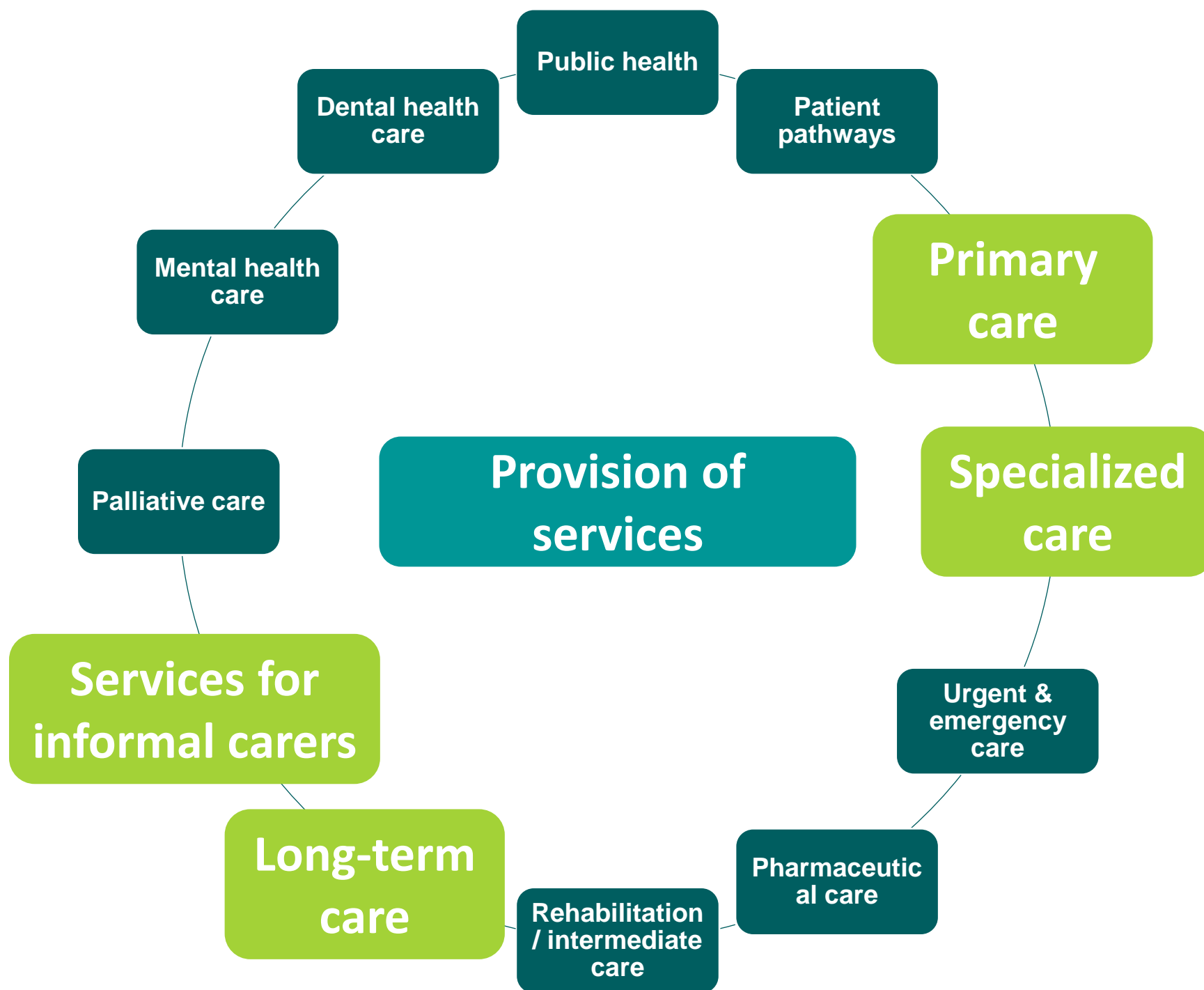
Notes: Data for Luxembourg are from 2017. BE: Belgium; CH: Switzerland; DE: Germany; DK: Denmark; EU27: 27 Member States of the European Union after 1 February 2020; FR: France; LU: Luxembourg; NL: the Netherlands.

Source: Eurostat (2024)

Provision of services



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Primary care

No umbrella regulation for primary care



Primary care = the 1st point of contact with the health system



Both general and specialist professionals can be involved



Out-of-office services are provided by the *Maisons Médicales de gardes* or emergency care

Primary care

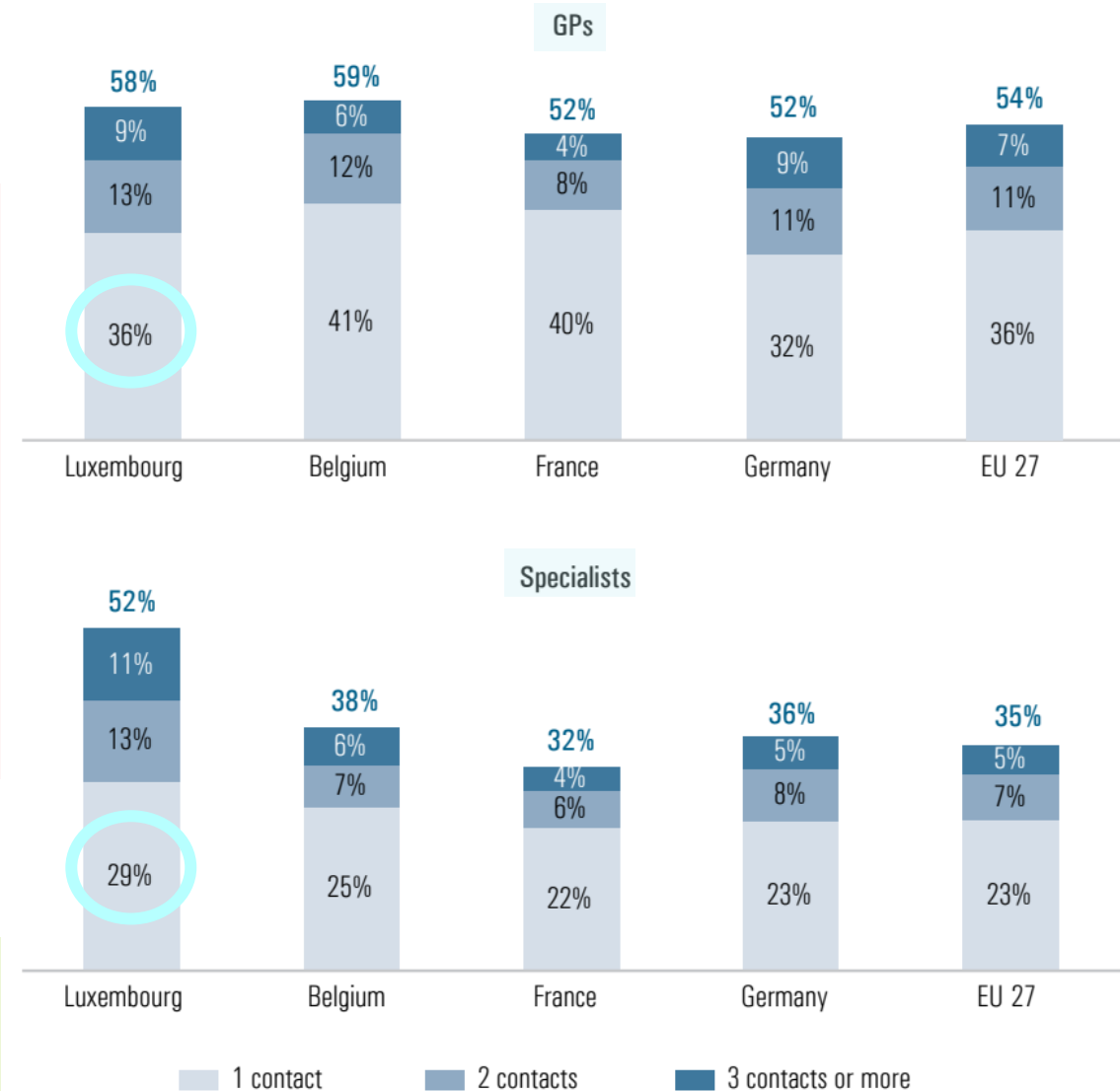


- The principle of **free choice**
 - impacts the **coordination and planning** of primary care
 - raises questions regarding the capacity of the **available physicians** (general practitioners (GPs) and specialists) to cover an unregulated demand for care and the need
- Perimeter **GP-specialists** is blurred



- Initiatives to strengthen primary care services in Luxembourg:
 - referring physician
 - electronic health records (the DSP)

Self-reported consultations of GPs and specialists, respectively



Note: EU27: 27 Member States of the European Union after 1 February 2020; GP: general practitioner.

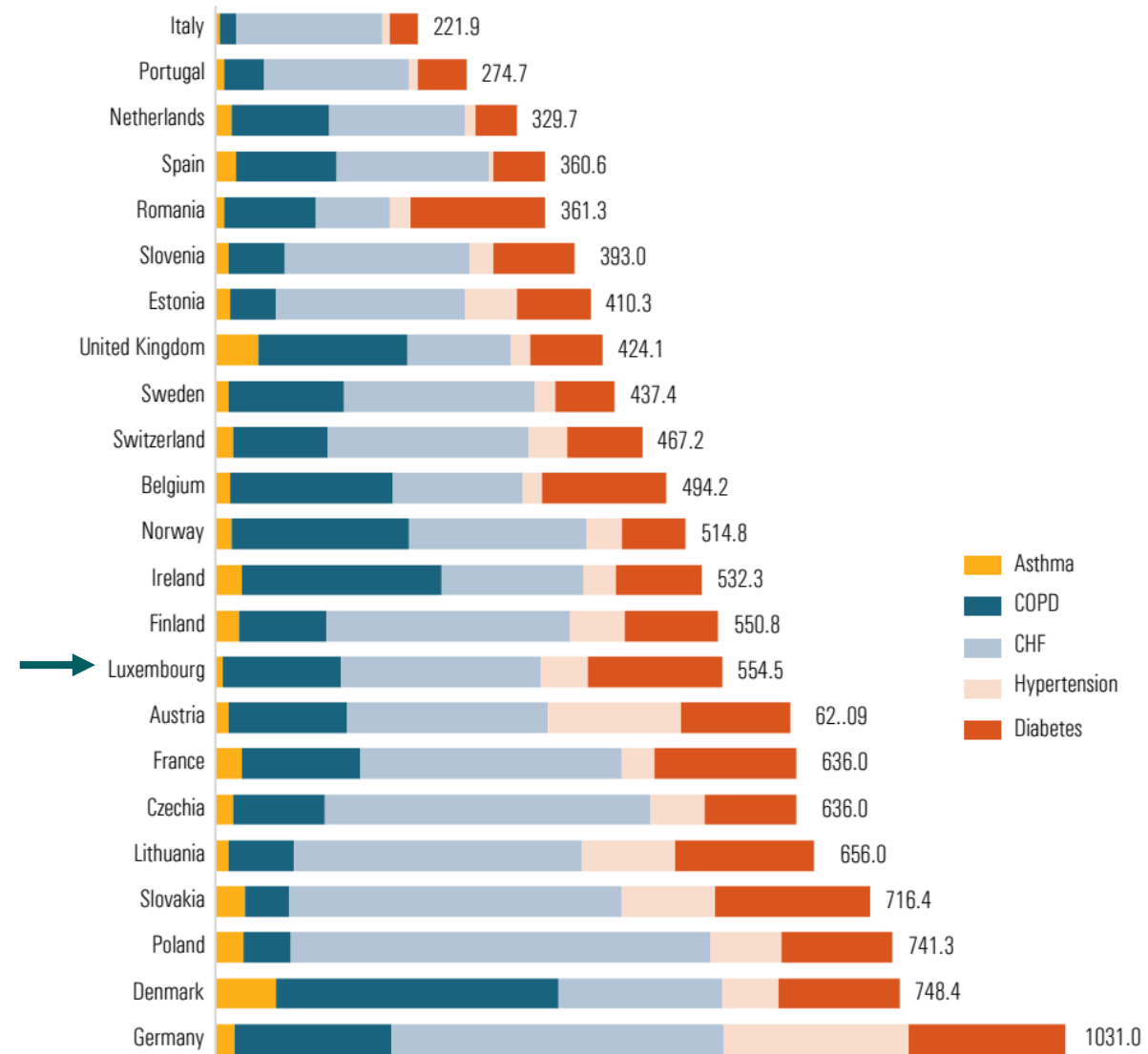
Source: Eurostat Database

Primary care quality

Relatively high number of avoidable hospital admissions in Luxembourg

- disease prevalence & risk behaviors
- insufficient coordination, continuity and collaboration between the primary care & inpatient sectors

Avoidable hospital admission rates, Luxembourg and selected other countries, 2021 (per 100 000 population)



Notes: CHF: congestive heart failure; COPD: chronic obstructive pulmonary disease.

Source: OECD (2024b).

Specialized care




Luxembourg's health care system remains hospital-centric



Day care:

- ↑ day hospitalizations: 31% (2010) vs 48.1% (2021)
- Cataract surgery 98.2% day care
- 13% of tonsillectomies in 2021 compared with 40% OECD average 😞

Inpatient care:

- Average length of stay 7.3 days 
 6.3 days
 5.6 days

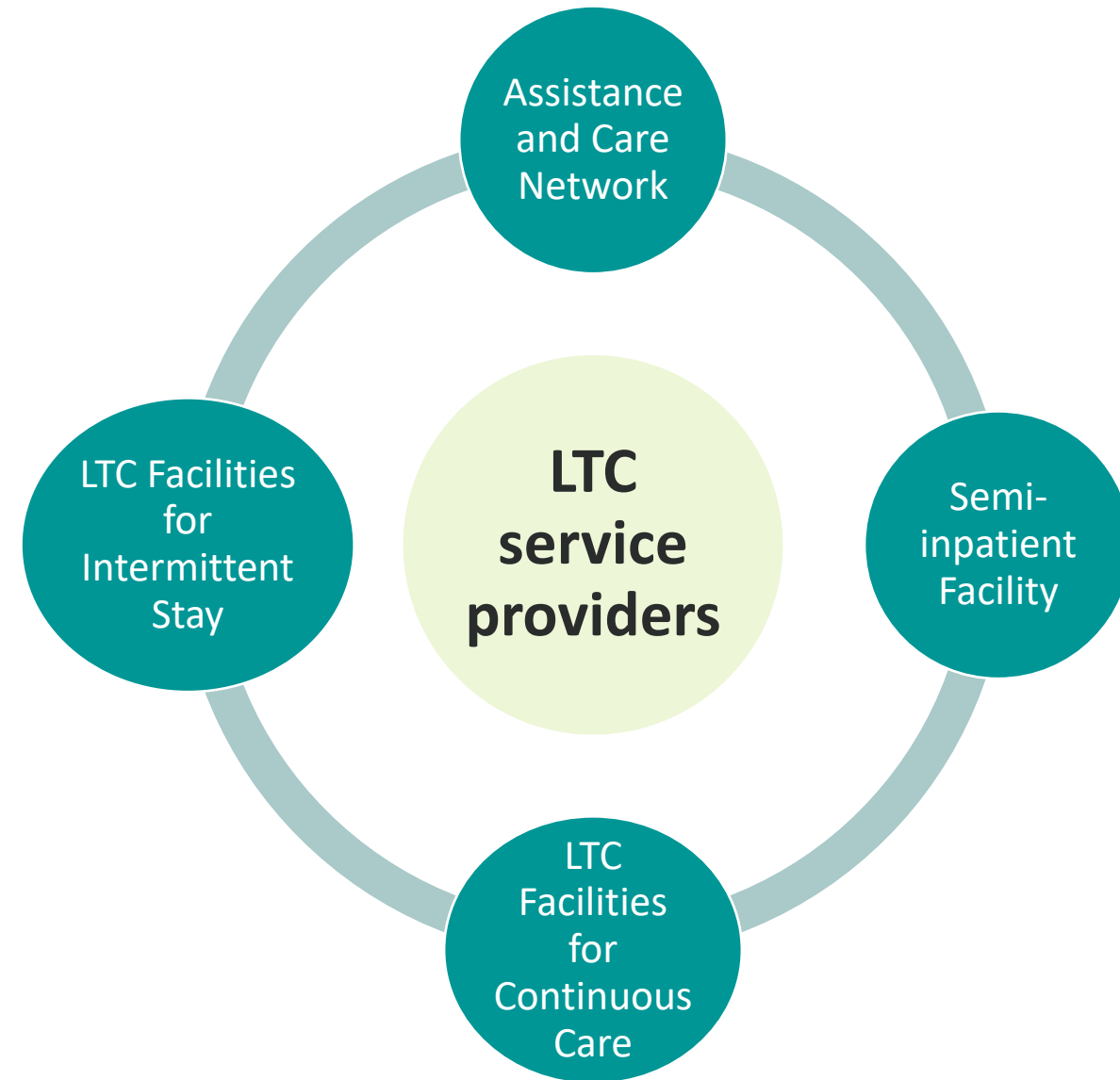
- 2023: bill entered into force - *virage ambulatoire*
 - Introduction of hospital branches (*antennes*) to offer off-site services

Long-term care (LTC)

- Governance and financing of LTC is very fragmented
- Comprehensive service basket of LTC
- LTC insurance covers
 - in-kind benefits at home or in facilities
 - cash benefits for recognized caregivers

Services for informal carers:

- 2022 → 68% of the dependent individuals benefited from a caregiver
- LTC insurance covers:
 - contributions to the pension fund
 - provides cash benefits for the services delivered and
 - offers training sessions to support caregivers in their roles



Patient centeredness

- Integrated care networks:
 - Based on partnerships between hospitals and outpatient health professionals
 - 3 integrated care networks have been authorized since January 2023
 1. Chronic pain
 2. Neurodegenerative Diseases, named 'ParkinsonNet'
 3. Adult and Paediatric Immuno-Rheumatology
- 2019 EHIS → self-reported experiences regarding the care received
 - 90% physician spent enough time
 - 94% physician provided sufficient information
 - 90% physician gave the patient the opportunity to ask questions or raise concerns about the recommended treatment
- Patient-Reported Indicator Surveys (PaRIS study) → PREMS & PROMS



- No formal patient pathway
- No national healthcare quality assurance programme → responsibility for monitoring and ensuring the quality of services remains with the service providers.

Key insights & way forward



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Governance

Fragmented policy-making process → lack of transparency in decision-making and accountability

Merger of the Ministry of health and the Ministry of social security
→ consolidation of actors and combination of budgets.

Ideas of improvements:

- Overarching Public health law or health plan with clear objectives and evaluations can help overcome fragmentation.
- Institutionalize 'health in all policies' approach for better coordination.
- Increase policy capacity to implement and evaluate policies.

Efficiency

Good health outcomes come at high price

Ideas for improvement:

- Strengthening prevention and primary care
- Advancing digitalisation
- Promoting use of generics
- Focusing on reimbursement of evidence-based and cost-effective services, increased use of health technology assessments
- Priority setting in budget allocation
- Incentives for behavior change (for patients and providers)

User perspective

High level of user rights and choices, while transparency can be enhanced

High levels of user satisfaction and low unmet needs

Ideas for improvement:

- Patient information,
 - language,
 - Provider information
 - Treatment costs
- Pathways guidance through system (e.g. primary care)
- Improved medical record access

Resources

Access to health services reported satisfactory, need for assessment of human resource availability

- Dependency on cross-border health workforce
- Dependency foreign training

Ideas for improvement:

- continuing efforts to use available data
- Enhance the appeal of healthcare career → Preparation of legal regulations reviewing professional remits for health care professions to give them greater autonomy.
- Establishment of a legal framework for medical practices (sociétés de médecins) → multidisciplinary collaboration

MERCI !



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