



ALSACE

THE POSITIVE HEALTHCARE SYSTEM

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**Strasbourg, has its name since 590 and is the
Capital of Alsace
also the European Capital since 1949...**

**Its Cathedral started in 1015 and finish in 1439
It was the tallest building in the world
for 2 centuries...**



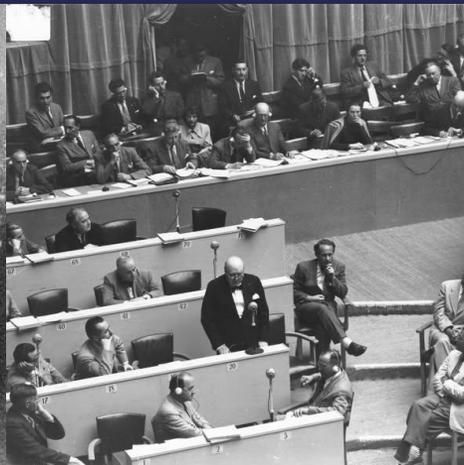


Sir Winston Leonard Spencer Churchill desire to see Strasbourg become a hub of European unity after the Second World War was a key element in Franco-German reconciliation and the creation of the Council of Europe.

His vision directly led to the establishment of European institutions in Strasbourg.

“Beware! I am going to speak in French!”

Winston Churchill addresses a vast crowd at place Kléber in Strasbourg on the occasion of the first session of the Consultative Assembly later to become the “Parliamentary” Assembly – of the Council of Europe.





Belgium

The deficit in the social security system is €7.6 billion in 2025 . If current policies remain unchanged, this figure will even exceed **€14 billion in 2029.**

France

2026 Budget:
the increase in the Social Security deficit, estimated at **€ 23 billion in 2025**

Italy

for 2026 indicates that the social security deficit could be between **€24 - € 28.7billion**

Finland

2025 Social Security / Social Insurance deficit **€1 billion to €1.5 billion**



Alsace -Moselle

has a local health insurance scheme that is different from the rest of France and unique in Europe.

It is:

- Mandatory
- Public
- Region-specific
- Financially autonomous
- And in surplus !



Alsace-Moselle is a unique example in Europe for its positive social security budget.

| | |
|-------------|---|
| 2024 | Revenue from 480 / 538.5 million € |
| | - 26,2 million € |
| 2023 | - 0,2 million € |
| 2022 | + 20 million € |
| 2021 | + 62,2 million € |
| 2020 | + 40 million € |
| 2019 | + 32,5 million € |
| 2018 | + 8,8 million € |
| 2017 | + 3,2 million € |

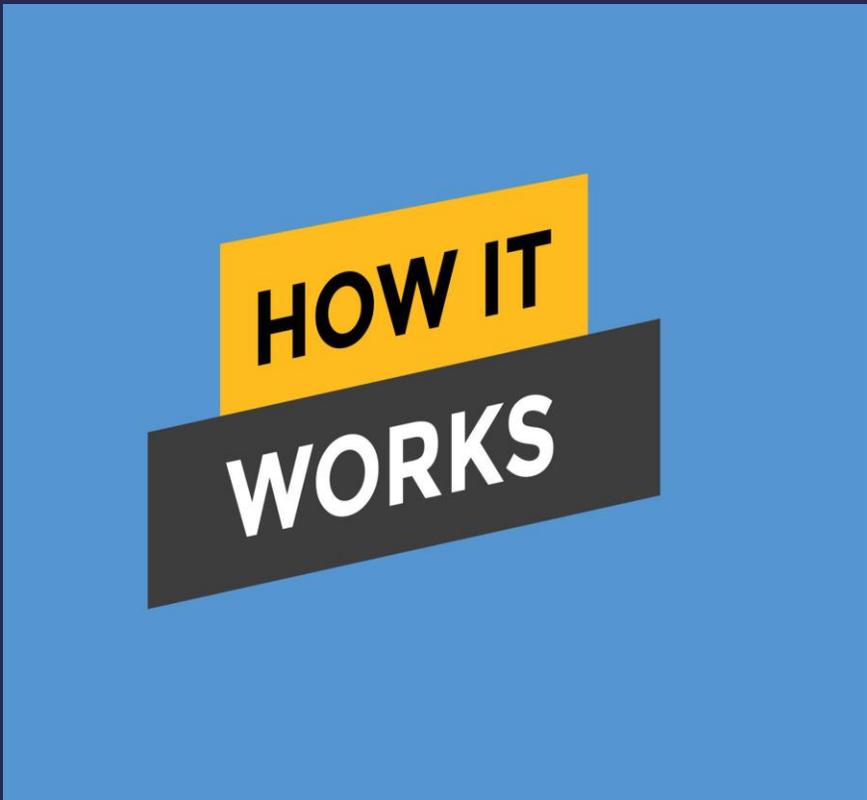
Thanks to the efficient management of structural funds and the transfer of responsibility for managing EU programs,

the region has largely achieved its objectives

This experience is considered a benchmark for other European regions calling for greater decentralization

in the management of structural funds.





| Component | Standard France | Alsace-Moselle |
|---|-----------------|-------------------|
| Employee social contributions on €2 000 | ~€440–€500 | ~€466–€526 |
| Difference (local surcharge) | 0 | €26 extra / month |

What this €26/month gets you

In Alsace-Moselle, that local 1.30 % gives you:

- ✓ Higher reimbursement of medical consultations
- ✓ Better hospitalization coverage
- ✓ Improved transport and medical benefits
- ✓ Lower out-of-pocket costs than the rest of France

This local charge is not a tax, but a social contribution tied to health insurance benefits specific to the region's historic regime
Only applied to employees





At the global level:

The Alsatian model is often cited as a reference for

"Greater Social Security"

or

a high-performing single-payer system,

because it drastically reduces the need for expensive private mutuals,

unlike the US model dominated by private insurance.





Could the Alsace model work in the Republic of Cyprus?

Conceptually: YES

The core principles of the Alsace model are compatible with Cyprus:

Mandatory public health coverage

Dedicated, earmarked contributions

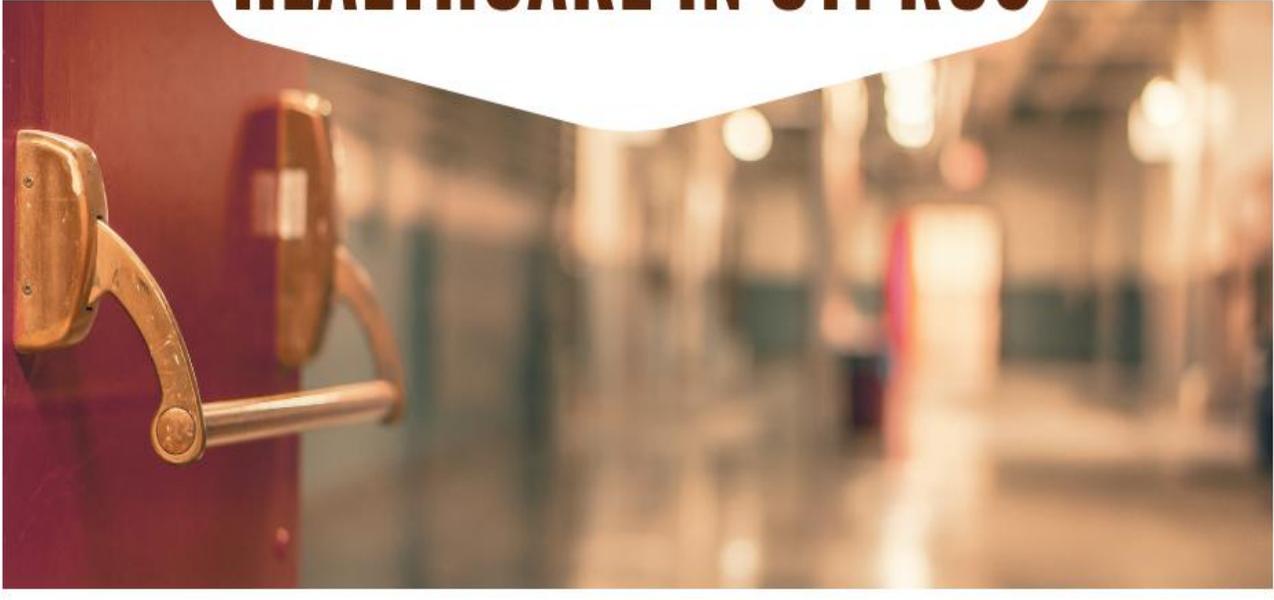
Autonomous (but accountable) management

Strong cost control Clear link between benefits and financing

Cyprus already has something important in common with Alsace: **a small population and centralized administration,** which actually makes reform easier than in large countries.



HEALTHCARE IN CYPRUS



How the Alsace model could be applied in Cyprus

Add a mandatory “top-up public layer”
Like Alsace

Cyprus could create:
A second public health layer, mandatory

Financed by a small additional employee contribution
(1–1.5%)

Covering: Co-payments

Expanded dental care

Better outpatient coverage

Long-term care elements

This would reduce: Out-of-pocket payments

Dependence on private insurance





How the local health insurance works in ALSACE ?

Higher coverage

Compared to the French national system:

Doctor visits: ~90% reimbursed (vs ~70%)

Hospital care: 100% covered, including the daily hospital charge

Much lower out-of-pocket costs for patients

As a result, many people do not even need private health insurance.

Why the budget is often positive or balanced? *This is the key point.*

Dedicated financing

**Employees pay a specific additional contribution
(around 1.3% of gross salary).**

There is no employer contribution for this part.

The contribution is not capped, which makes revenues stable.

Autonomous governance?

The system is managed by a local board, mainly representing employees.

This board can:

Adjust contribution rates

Adjust benefit levels (within legal limits)

This creates direct financial responsibility: if costs rise, adjustments are possible.





Key lesson from Alsace

Create autonomous governance

A separate fund from
the central state budget

Managed by a tripartite board:

Insured persons

Employers

State representatives

Legal obligation to keep the budget
balanced

This is crucial:

→ No automatic bailout from the state
→ Strong financial discipline.





ALSACE HEALTHCARE

HAS

Very low administrative costs

Less than 1% of spending goes to administration.

efficiency is achieved through simplicity

No marketing, no competition, no profit motive.





Decisions on contributions and benefits are taken locally.

Ability to adapt quickly when costs increase.



ALSACE IS

EU compatibility: fully YES

There is no EU legal obstacle:

Health systems are national competence

Mandatory public schemes are allowed

Regional or sectoral differentiation is legal

In fact, the EU generally encourages financially sustainable social models.

What Cyprus would gain?

More financial stability than pure tax-financed systems

Lower private insurance dependence

Stronger social solidarity

Predictable health financing

A model that can remain balanced long-term

