

# Health Reforms in South-East Europe

(Edited by Will Bartlett, Jadranka Božikov & Bernd Rechel)

## Discussion

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## Health Care Reform in Europe

- Health care reform relatively new.
- Only as populations aged, as new costly technologies emerged, and as disease patterns and consumer knowledge/demand changed did Western European countries start looking at ‘health system effectiveness’.
- So, in 1990s, when Central, Eastern and South-Eastern European countries started to initiate reforms, they did so against a wider background of ongoing ‘experimentation’ in HS delivery.

## Reform Challenges

- Break with the past
- Reshaping incentives
- Improving quality and efficacy
- Developing preventative and primary care
- Training and education
- Controlling costs
- Improving planning and management
- Reorganising finance and payment modalities

## Health Reforms in South-East Europe

- This book provides a wide-ranging and interesting account, rich in detail, of how SE European countries faced the challenge of reforming their delivery of health care.
- There are over 30 contributors, covering 4 main sections with varied case studies:
  - Current Issues
  - Primary Health Care Reforms
  - Governance and Management of Hospitals
  - Health Finance Reforms

## Health Reforms in South-East Europe

- Through these sections it describes a variety of specific reform approaches
  - Capitation, co-payments, compulsory insurance, voluntary insurance, new training specialisations, national tender, purchaser-provider splits etc
- But oriented around general trends:
  - Social Health Insurance systems
  - Family based medicine in Primary Care
  - Increased out-of-pocket payments
  - Market/non-market mix

## Health Reforms in South-East Europe

- The book doesn't seek to recommend a particular path / model
- But working through the chapters, a few important messages can be traced

## Health Reforms in South-East Europe

- Raison d'être:
  - From curative to patient centred; from institution to service provider; population health.
- Finance:
  - How to finance the system sustainably?
- Incentives
  - Mobility of professionals; provision of PHC
- Coordination and Integration
  - Within and between primary, secondary and tertiary care

## Health Reforms in South-East Europe

- Equity:
  - Access; quality; rural vs urban; rich vs poor.
- Monitoring and Evaluation
  - What works, what doesn't?
  - Cost vs quality
- Politics and policy
  - Stakeholders: insurers, patients, doctors, hospitals, government, employers, pharma, donors, reformers.
- Policy context
  - Tradition, history, beliefs condition reform
  - Politically driven or evidence based?

## Health Reforms in South-East Europe

- The chapters detail various methods tried and the problems they have run into.
- Some take-aways:
  - negative impacts on equity
  - failure to resolve financial sustainability
  - tendency to be politically driven
  - and not resolving stakeholder conflict
  - inconsistencies in implementation
  - lack of time for evaluation
  - how and where to mix public and private

## Final reflections

- It would have been good to read more about the population health of the countries in the region
- More on the trends in morbidity and mortality patterns (disease/illness specific)
- Because, for sure, (un)healthy behaviours matter and to that extent **health promotion** has an important role that is less covered in this book.

## Final reflections

- Health promotion is fundamental – not only for its underlining the role of government – but also because it has budgetary implications
  - both short-term (cost of promotion) and long-term (reduction in curative care costs)
- Also perhaps more on the nature of **choice** in health care
  - e.g. the **ethical dimension** is overlooked (e.g. which services?; for whom? etc)

## *However....*

- A book cannot cover everything.
- This one sets out to “*contribute to the analysis of health reforms in SEE and to inform health policy making in the region*”.
- It does exactly this and should be read by researchers, students, policy-makers and medical practitioners.
- A welcome addition to comparative analysis of health systems.