

Health Reforms in South-East Europe

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

Discussion

Dr Christopher J Gerry
Senior Lecturer in Health Economics

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.