

Health care systems in CEE and NIS/ fSU countries - The work of the European Observatory

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European **Observatory**



on Health Care Systems

Mission

The European Observatory on Health Care Systems supports and promotes **evidence-based health policy-making** through comprehensive and rigorous analysis of the dynamics of health care systems in Europe.



Core principles

- Bridge the gap between scientific evidence and policy-makers' needs
- Comparative analysis of existing research evidence
- Develop practical lessons and policy options



... founded on partnership

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European **Observatory**



on Health Care Systems

1.



**Health Care Systems
in Transition**

Czech Republic



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The European Observatory on Health Care Systems is a partnership between the World Health Organization Regional Office for Europe, the Government of Denmark, the Government of Norway, the Government of Spain, the European Investment Bank, the Open University in the UK, the World Bank, the London School of Hygiene & Tropical Medicine, and the Boston Schools of Public Health & Tropical Medicine.

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Uzbekistan

Health Care Systems in Transition

vol. 3-no. 5 2001

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Basic philosophy of “HiT” profiles

- HiTs are based on a common set of questions and follow the same structure.
- This enables comparisons between countries and within countries over time.
- The HiTs will be updated every 2-3 years.
- Production is based on co-operation: In-country authors provide inside knowledge, external reviewers add a broad range of views and editors guarantee a similar standard across all countries.



Common structure of HiTs

- Introduction and historical background
- Organizational structure and management
- Health care finance, coverage and benefits
- Health care delivery system: primary care, hospitals, social care, pharmaceuticals, technology assessment
- Financial resource allocation/ payment of providers
- Health care reforms: objectives, laws, implementation
- Conclusions



HiTs – current developments

1. HiT summaries for quick overview
2. HiTs in native languages (e.g. Romanian) as well as in Russian
3. „Living HiT“ concept, i.e. regular updates of HiT in internet. Test countries: Czech Republic, Hungary, Germany, Spain, UK
4. Strengthening of assessment/ evaluation, incl. indicators used for World Health Report (e.g. responsiveness, fairness in financing), results of population surveys ...





The former Yugoslav Republic of Macedonia

Government and recent political history
Seceded from the Yugoslav Federation in 1991, the former Yugoslav Republic of Macedonia has been a multi-party democracy since 1990.
[Link to page 5.](#)

Population
Estimated 2 023 000. 66% of the population is classified as ethnic Macedonians, 23% as Albanians. 24% of the population is under the age of 15 years. Unemployment is the highest in the European Region, reaching 41.7% in 1997.

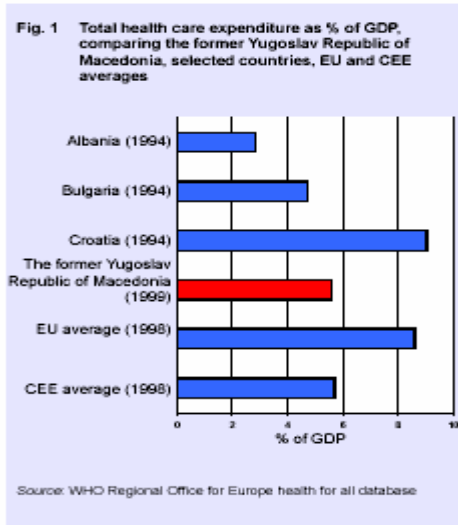
Average life expectancy
70.4 years for men and 74.8 years for women.

Leading causes of death
SDR diseases of the circulatory system. Ischaemic heart disease and cerebrovascular disease mortality has shown an increase since independence, as has cancer, but deaths from infectious diseases are down.

Recent history of the health care system
[Link to page 51](#)
Under the highly decentralized Yugoslavian health care system, 30 local municipalities owned and operated health care. This was replaced in 1991 by a more centralized system. The constitution states clearly the principle of universality of health care access.

Reform trends
Moving from the former disjointed system of municipality-funded health services to a social insurance funded model, the reforms aim to shift from a service dominated by secondary care to one led by primary care.

Health expenditure and GDP
Total expenditure on health accounted for 8.8% of the GDP in 1993, but data is difficult to interpret given hyperinflation.



Overview

The health care system has undergone major changes both planned and unplanned. It has faced enormous challenges arising from the transition to independence, economic blockades, embargoes and a refugee crisis. Under these extreme circumstances it is difficult to evaluate the success of the reform process. Major inequities remain, geographical inequities are manifest with a lack of services in rural settings, and there are also financial inequalities, and an over-reliance on secondary care. Standard setting and performance assessment are difficult to implement. However, the current system offers scope to improve efficiency.

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Living HiT

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Spain

Introduction

Government and recent political history

After a long period of dictatorship Spain approved a new Constitution in 1978, which set up a Parliamentary Monarchy and a new territorial organization of the State.

Update [The centre-right PP attains a majority of the votes, click here for details](#)

Population


Estimated 39 852 000 (1998). Future trends point to an ageing population and significant reduction of birth rates. Fertility rate was the lowest in the EU in 1997 (1.18 children per woman aged 15-49).

Update [Population/Fertility updates, click here for details](#)

Average life expectancy

It is well above the European average (the third highest in 1996). Since the 1970s it

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HIT Country Profiles 

2. In-depth analysis of topics

- What is the appropriate role of hospitals?
- How to fund health care?
- What needs to be taken into account for regulating health care, especially vis-a-vis entrepreneurial behaviour?
- How to purchase successfully? (in progress)
- Putting primary care into the “driver’s seat” (in progress)



INDEPENDENT INTERNATIONAL PUBLISHER
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Regulating entrepreneurial behaviour in European health care systems

- What have been the major trends in entrepreneurial behaviour and regulation in European health care?
- To what degree do approaches to regulation and entrepreneurialism differ amongst subsectors and countries across Europe?
- What does the evidence show about successes and failures, and which successful options are open to policy-makers?

A wide range of entrepreneurial initiatives have been introduced within European health care systems during the last decade. While these initiatives promised more efficient management, they also triggered concerns about reduced equity and quality in service provision.

This book explores emerging regulatory strategies that seek to capture the benefits of entrepreneurial innovation without sacrificing the core policy objectives of a socially responsible health care system. It opens with an extended essay on current trends and evidence across health care subsectors and across countries, presenting a wide range of alternatives for policy-makers, and assessing their relative advantages and disadvantages. It then reviews entrepreneurialism and regulation in specific contexts (such as hospitals, primary health care, social services) and considers related issues including the impact of corruption and the potential lessons from deregulation of public utilities.

Regulating Entrepreneurial Behaviour in European Health Care Systems brings together the perspectives of politics, economics, management, medicine, public health and law and will be a valuable resource for students, academics, practitioners and policy-makers concerned with health policy and health reform.

The editors

Richard B. Saltman is Research Director of the European Observatory on Health Care Systems and Professor of Health Policy and Management at the Rollins School of Public Health, Emory University in Atlanta, Georgia.

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Regulating entrepreneurial behaviour in European health care systems

Edited by
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Elias Mossialos.



Regulating

eurohealth

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IMPLEMENTING HOSPITAL REFORM IN CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA

Guest Editors: Judith Healy & Martin McKee



In this issue:

Managing change

The hospital sector in central and eastern Europe

Reforming hospitals in countries of the Former Soviet Union

A joint publication between LSE Health & Social Care and the European Observatory on Health Care Systems

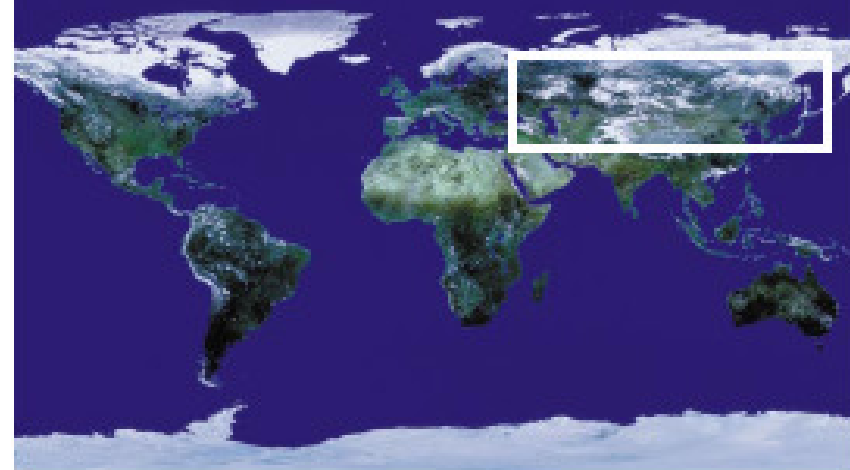


THE LONDON SCHOOL
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POLITICAL SCIENCE



*A joint publication between LSE Health & Social Care
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IMPLEMENTING HOSPITAL REFORM IN CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA



3. In-depth analysis of sub-regions

- Two foci: 1. What can similar countries learn from each other's differences? 2. What can outsiders learn from their similarities?
- Health Care in Central Asia
- Accession countries to the EU (in progress)
- Social Health Insurance countries in western Europe (in progress)



INDEPENDENT INTERNATIONAL PUBLISHER
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Health Care in central Asia

Central Asia remains one of the least known parts of the former Soviet Union. The five central Asian republics gained their unexpected independence in 1991. They have faced enormous challenges over the last decade in reforming their health care systems, including adverse macro-economic conditions and political instability. To varying extents, each country is diverging from a hierarchical and unsustainable Soviet model health care system. Common strategies have involved devolving the ownership of health services, seeking sources of revenue additional to shrinking state taxes, 'down-sizing' their excessive hospital systems, introducing general practitioners into primary care services, and enhancing the training of health professionals. This book draws on a decade of experience of what has worked and what has not. It is an invaluable source for those working in the region and for others interested in the experiences of countries in political and economic transition.

The Editors

Martin McKee is Research Director of the European Observatory on Health Care Systems and Professor of European Public Health at the London School of Hygiene & Tropical Medicine.

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European **Observatory** on Health Care Systems Series

Health care in central Asia

Health care in central Asia

Edited by
McKee / Healy / Falkingham

Edited by
Martin McKee
Judith Healy
Jane Falkingham

Health care in central Asia

Process of studies

- Steering Committee decides on topic
- Editors design study outline
- Study outline is reviewed and revised
- Experts are contracted for topics/ chapters
- Authors and policy makers meet for workshop to discuss drafts
- Authors revise their drafts into chapters
- Editors write overview/ analysis chapters
- Publication as book by Open University Press



Chapters of Central Asia study

- History and politics in central Asia
- Macroeconomic pressures
- Poverty, affordability and access to health care
- Patterns of health
- The Soviet legacy: the past as prologue
- Health system reform process
- Health system funding
- Allocating resources and paying providers
- The health care workforce
- Restructuring public health services
- Modernizing primary health care
- Rationalizing hospital services



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