

## Health Reform Panel Discusses Regional Strategies

Determining the best way to finance, organize and deliver health care services in a newly privatized environment is an ongoing challenge for policymakers in CEE, who must balance economic pressures with the quest for improved health status among national populations. A plenary session panel addressing health care reform in CEE provided an opportunity for experts to share strategies for successful implementation of reform, taking into account social and financial conditions unique to the region.

Josep Figueras, MD, PhD, regional adviser for health systems analysis, World Health Organization(WHO)/Europe, presented a "roadmap" for reform based on a new WHO publication he co-authored, *European Health Care Reforms: Analysis of Current Strategies*. Figueras told conference participants that the phenomenon of European health reform in the 1990's can be explained by several factors: the changing relationship between the state and the marketplace, decentralization, citizen empowerment, and an evolving role for public health.

Reform strategies must be based on four central challenges, he noted. Policy experts must confront resource scarcity, seek equitable funding for health care systems, allocate resources effectively, and deliver health care services efficiently. Specific methods might include expanding the role of primary care, establishing cost-sharing relationships among health care institutions, and developing new settings for care delivery.

"We have to be aware of changes in the political environment, and we have to be aware of the role of actors--the doctors, medical professionals and nurses ... It is important to establish alliances with these actors," Figueras said.

In the Baltic nation of Estonia, health reform has been carried out in response to skyrocketing expenditures and worsening health indicators, such as an increasing infant mortality rate, said Toomas Palu, MD, MPA, a health specialist with the World Bank in Washington, DC. Among the three Baltic countries, strategies to improve delivery of health care services have included consolidation of insurance funds, regional cooperation in "high-tech" medicine, and an emphasis on building management skills. "At this stage of reform, the policy decisions have been made and the issue becomes implementation," Palu said.

Croatia's health care restructuring plan was also addressed by the panel; decentralizing public health services and organizing a state-owned health insurance system are a few of the nation's recent innovations. Andrija Hebrang, MD, PhD, Minister of Health for Croatia noted that primary care has been privatized in Croatia, and more than 3,000 new private practices in this specialty are now open. Despite the war-related economic difficulties that have plagued Croatia, he said, many health indicators have improved this decade; for example, the nation's perinatal mortality rate declined from 12.1 percent to 8.7 percent from 1991 to 1995.

The hospital partnership between Sveti Duh General Hospital in Zagreb, Croatia and Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire has aided reform efforts by promoting better decision-making and leadership skills among Croatian health care professionals, added Miroslav Gluhinic, MD, secretary for the Ministry of Health, and head of orthopedics at Sveti Duh. "This is important for our countries because we are used to thinking in a very systematic way ... we found out that groups are very important for making decisions."

Alena Petrakova, PhD, MD, head of the School of Public Health, Postgraduate Medical School in Prague, Czech Republic, told conference attendees that her nation currently is focusing on reducing the number of hospital beds and the number of physicians per capita, and changing the hospital payment system to one based on diagnosis-related groups.

But different challenges confront health experts in Bosnia and Herzegovina, which is scrambling to repair hospitals damaged by the recent war and recover the loss of physicians and nurses who left the country during the conflict. As of last year, there were 3.1 nurses per 1,000 people in Bosnia, as compared to a European average of 5.5 nurses per 1,000 people. "During the war, brain drain was remarkable," said Bosnian Health Ministry assistant Bakir Nakas.