

Health Reform Takes Shape Across CEE

Universal coverage. Accessibility. Patient choice. These are the buzzwords that Americans have heard time and again over the last few years as health care reform claimed center stage in a national policy debate. But that debate is not unique to the US, and many of the same issues are being taken up by CEE nations now in the midst of privatizing their health care delivery systems.

Five of these nations were represented at a workshop on health care reform. Though each had slightly different priorities, family medicine, public health, disease prevention and financing were common areas of focus.

Vladimir Gusmari, MD, World Health Organization (WHO) liaison officer in Tirana, Albania, presented the tenets of Albania's reform process, which is based on WHO's Health for All 2000 plan. He said health priorities include emergency aid, health education, surveillance and public health, along with drug reimbursement and health insurance reform in the health services realm. Keeping life expectancy at 72, where it has been since 1994, reducing infectious diseases and providing better surveillance of chronic diseases are goals for Albania's health officials, as is controlling car accidents, tobacco and alcohol consumption, and AIDS and sexually transmitted diseases.

Albania also is making progress in providing freedom of choice for patients and separating the regulatory, financial and delivery functions of its health care system. " We have learned that quick results are possible in the intervention of public health services," Gusmari said. But he warned that taking lessons from other CEE countries could only go so far: " History, culture and ideological factors are unique to each country ... so our reforms are not likely to apply to others."

In Romania, " reform is real and necessary for our country, but it is not a simple process," Cristian-Adrian Havriliuc, MD, PhD, deputy director of the Institute of Hygiene, Public Health, Services and Management in Bucharest, remarked.

With the aid of a World Bank loan, Romania's Ministry of Health has begun to implement some "experimental" changes at the primary care level: improving access to health care, introducing individual choice of health care providers, increasing the autonomy of practitioners at the local level, and changing the status of general practitioners through new wage and accreditation systems. As a result, patient-doctor relationships have improved and the quality of care has risen as general practitioners compete to keep patients. But the reform plan, currently operational only in " pilot" districts, has not curbed hospital admissions and has yielded high rates of self-referrals from physicians, according to Havriliuc and his colleagues.

Neven Henigsberg, MD, adviser to the deputy prime minister of Croatia, said that health reform in his nation is driven by financing problems left behind by a socialist system of government. Croatia now has a debt of \$210 million in its health sector, there is no system for cost control, and public health services are very limited, he said.

Henigsberg said the passage of a health care act and health insurance act in 1993 have provided a framework in which to reduce Croatia's heavy deficit and improve delivery of care. The legislation has made primary care the basis of Croatia's system, authorized private practice and defined a national network of health care institutions." Privatization is at this moment the biggest activity in the scope of reform," he said.

In neighboring Bosnia-Herzegovina, the reform process officially began two years ago while that country was embroiled in war. Boris Hraba, MD, PhD, adviser to the Minister of Health in Bosnia, said two draft laws on health care and health insurance currently are being debated,

under which health care would be financed by "compulsory contributions paid by employers and employees or by taxation."

Hraba said Bosnia's reform plan emphasizes five components: system design, human resources development and education, infrastructure development, public health programs and rehabilitation of war victims. Meanwhile, a World Bank loan has begun to funnel \$30 million to war victim rehabilitation and, \$95 million for the reconstruction of Bosnian hospitals will follow later this year.

"It is important not to copy other countries but to take into account our domestic circumstances, whatever they are," Hraba said.

Finally, Estonia's Jaan Rtmann, MD, chancellor in the Ministry of Social Affairs, presented a brief outline of his state's reform efforts. Since 1992, laws on health care organization, health insurance and pharmaceuticals have been enacted, and laws on patient rights, the medical profession and contagious diseases currently are being drafted. Between 1990 and 1995, the doctor-patient ratio became more balanced, he noted, while the number of hospitals dropped from 120 to 85, and the number of hospital beds declined from 18,000 to 11,700.