

New Priorities for Health Sector Reform in Central and Eastern Europe

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After the breakdown of the state socialism, a number of changes have occurred in the legal framework, as well as governmental policy, ownership, production, financing, and reimbursement of health care in Central and Eastern Europe (CEE). However, the policy context in CEE makes priority setting a necessary step to ensure the efficient use of public funds for health. The problems with prioritizing of health services in the Central and Eastern Europe are, in essence, related to the general position of health care within broad national priorities. The percentage of gross domestic product spent on health is insufficient and many cost-effective interventions are currently neglected, underfunded or provided with low quality standards. If the health status is to be improved, such interventions should be granted a greater priority. The experience from the established market economies indicate that: (a) overall future system of priorities setting in health care in the CEE should be driven by new democratic values; (b) new systems must be people-centered, more oriented to the needs of individual patient and specific groups, and sensitive to inequalities, unemployment, and social poverty; (c) they should be health-focused; and (d) they should be evidence-based and oriented towards primary health care.

Key words: access to health care; health and welfare planning; health care rationing; health care reform; health priorities; insurance, health; medical care costs; policy making