



## Research Workshop

Inter-University Centre, Dubrovnik, Croatia, 24-25 May 2010

Organized by LSEE (LSE Research on South East Europe), the European Observatory on Health Systems and Policies, and the Andrija Štampar School of Public Health

## Health Reforms in South East Europe

### Background

Most transition countries in South East Europe (SEE) have attempted to reform their health systems by moving away from rigid systems of centralized planning, and towards an increase in the use of competitive market mechanisms to allocate health care resources. The introduction of competition into state managed health care systems is often expected to lead to increased efficiency and more responsiveness to patient needs. However, there is a lack of evidence that these goals have been achieved, with concerns about increased costs through the contracting for health care services and a negative impact on equity. Reformers have tended to neglect the opinions of health professionals, adversely affecting staff morale. There has also been a lack of capacity to implement and evaluate reforms at different levels of the health system.

Many reform initiatives in the transition countries of SEE have been based on ideology rather than on evidence. Reforms have aimed at reducing hospital expenditure and strengthening primary care. This has involved reforming the system of polyclinics and promoting individual general practitioner models, on the basis of policy transfer from Western experience. Meanwhile, western health systems are rediscovering the benefits of the polyclinic approach. Such policy transfer from abroad may be inefficient and inequitable. Where capitation systems have been introduced, their effect on incentives and quality is contested.

The efficiency of health systems in SEE is also damaged by the continued misallocation of resources towards hospital and curative care, and an over-emphasis on inpatient stays. The financing of health systems in SEE relies to a large degree on health insurance, but this is sometimes subject to corruption and inefficiencies.

Decentralisation of health systems has been intended to bring services closer to people's needs, but a lack of accompanying financial decentralisation has reduced the potential of this approach. In addition, local authorities often lack the capacity for efficient management of health institutions.

Public health is adversely affected by many aspects of transition in SEE, as the stresses of rapid social change and lifestyle choices has negatively affected overall levels of health. Smoking and other risky lifestyle choices are significant causes of morbidity in the region. The response of public health institutions and programmes to these challenges has been patchy and ineffective in many countries and is further challenged by the effects of the global economic crisis on health systems.

These issues raise many questions concerning the effects of health reforms on efficiency, effectiveness, and equity which will be debated and discussed at the workshop. Researchers from all fields of social science, including economics, politics, sociology, and health studies are invited to submit proposals for presentation.

### **Workshop themes**

- Primary health care reforms in South East Europe
- Polyclinics or family doctors as a model for primary health care
- Resource allocation and planning in health systems
- Impact of the global economic crisis on health systems in SEE
- Financing of health systems and long-term sustainability
- Efficiency and management of hospitals in South East Europe
- Decentralisation of health systems
- Public health and lifestyles

### **Conference format**

The conference will take place in plenary format from 24 to 25 May. It is envisaged that eighteen papers will be selected for presentation. The organisers will approach a publisher after the notification of paper acceptance, and intend to publish an edited book of selected papers within 12 months of the date of the conference.

### **Important dates**

- 31 March 2010: Deadline for submission of abstracts
- 14 April 2010: Notification of acceptance
- 14 May 2010: Delivery of full conference paper; circulation to discussants
- 24-25 May 2010: Conference IUC Dubrovnik
- May 2011: Publication of conference volume with selected papers

## **Abstracts**

Abstracts, which should be no more than 400 words in length, should be sent by 31 March to the following address:

Ivan Kovanovic  
Administrator, LSEE  
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## **Scientific Committee**

Dr William Bartlett, LSEE, European Institute, London School of Economics and Political Science

Dr Bernd Rechel, European Observatory on Health Systems and Policies

Professor Jadranka Božikov, Andrija Štampar School of Public Health, Zagreb

## **Keynote speaker**

Dr Darko Milinović (Minister of Health and Social Welfare, Croatia)

## **Travel, accommodation and catering**

Most participants are expected to pay their own travel and accommodation costs. A fee of €30 euro per participant is also payable to the Inter-University Centre. A limited number of bursaries may be available to support participants from SEE who do not have funding from their own institutions.

## **Organisers**

The conference is organised by the newly established LSE Research Unit on South East Europe (LSEE) in collaboration with the European Observatory on Health Systems and Policies and the Andrija Štampar School of Public Health.

## **About LSEE**

LSEE (LSE Research on South East Europe) is a research unit established within LSE's European Institute. It was officially launched at the start of the 2009-10 academic year. Drawing on the strength of existing and new academic expertise at the LSE, and complementing the work of the Hellenic Observatory and the Contemporary Turkish Studies Programme, LSEE aims to provide a significant platform on which to build high quality, independent research and facilitate public dialogue and dissemination of information on the region. LSEE will provide a forum for research collaboration not only within the LSE and the UK, but also with external partners in South East Europe and beyond. Under this aegis, LSEE will organise a series of public events related to its research - lectures, seminars, workshops and conferences – both at the LSE and in the region.

## **About the European Observatory on Health Systems and Policies**

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe. The Observatory is a partnership between the World Health Organization Regional

Office for Europe, the Governments of Belgium, Finland, Ireland, the Netherlands, Norway, Slovenia, Spain and Sweden, the Veneto Region of Italy, the European Commission, the European Investment Bank, the World Bank, UNCAM (French National Union of Health Insurance Funds), the London School of Economics and Political Science (LSE), and the London School of Hygiene & Tropical Medicine (LSHTM). The Observatory is composed of a Steering Committee, core management team, research policy group and staff. The Observatory's Secretariat is based in Brussels and has offices in London and Berlin.

### **About the Andrija Štampar School of Public Health**

The Andrija Štampar School of Public Health has one of the longest and prolific traditions in public health research, education and international health collaboration in South Eastern Europe. It comprises five departments of the Medical School committed to teaching and research of public health and common methodological subjects. Research activities and international cooperation are both highly prioritized and considered as important source for teaching and training.