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Health reform – a radical change

- New health system based on new principles
 - decentralisation and deconcentration of health system's management
 - market regulation
 - orientation towards demand (population's health needs)
 - greater influence of professionals
 - civil participation
 - autonomy of health care providers and purchasers

The Health Reform Diagnosis

•The main health indicators are still far below EU averages.

 Patients and health professionals are dissatisfied with the current state of the system.

Insufficiently liberalised health system

 The NHIF has monopolistic status for mandatory health insurance.

•The state remains in ownership of many health care providers.

The system is economically unstable

Hospitals suffer from underfunding

Price formation is not based on real costs

A great number of individuals are not covered by SHI

•The market for health services has not yet been comprehensively developed.

The errors in the course of the health reform

- Reform began without a comprehensive plan or perspective.
- •Implementation of the reform was carried out slowly and hesitantly.
- •Communications with the citizens and health professionals were neglected in terms of objectives, content and process of the reform.
- •The reform legislation did not regulate clearly enough the new legal basis of the health system and responsibilities in health care.
- •The control functions and the regulation of the health system were underdeveloped.

General conclusion Polisy failures

Absence of a systematic approach to the health system reform

Inconsistent health policy and absence of a longterm vision and political consensus

Further reform

•The major challenge - improving population health and reducing health and access inequalities

•Health and health care policy widely supported by a large constituent base, including civil organisations, trade unions, municipalities and the scientific community





