
HEALTH CARE 21

CURRENT AND FUTURE HEALTH CARE SYSTEM

Prague, Czech Republic, 23–24 October 2006

Conference Summary

Venue of the conference: The Conference took place in Prague, Czech Republic, and it was organized by the Taiwan International Medical Alliance, Taiwan/Europe Health Cooperation Program, and Taiwan National Health Research Institutes in close cooperation with the National Institute of Public Health in Prague, and with the Institute for Postgraduate Medical Education in Prague.

Only delegations of countries invited took part in it. Altogether 11 countries from the Central and Eastern Europe (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Rep., Estonia, Latvia, Lithuania, Slovenia, Slovak Rep.) and Taiwan participated.

Aim of the conference: Participating countries are undergoing significant social and economical changes including transformation of health care systems. The new systems of health services are oriented more on the self-reliance of an individual while also emphasizing the principles of solidarity. Exchange of knowledge among countries that have tackled similar problems in the past may facilitate process of the transformation of health care systems.

The **conference was opened** by the introducing speeches delivered by Dr. Jou Fang, the president of the Taiwan International Medical Alliance, and by Dr. Jaroslav Volf, M.D., PhD., the director of the National Institute of Public Health in Prague. Dr. Jou Fang described the Taiwan system of health care which developed on the basis of health care systems already existing in other countries and on systems prevailing in other parts of the world and emphasized the need for solving global health challenges. Dr Volf pointed out that long discussions held in the Czech Republic (CR) on the subject of public health has not lead to any major changes in the CR so far.

Prof. Chan in his key note speech mentioned the advantage of the information exchange between west and east and the willingness to profit from both experiences. The speaker concluded that the approach building upon the Asian philosophy principle of individual responsibility has some merit and could become a key component of a sustainable financing mechanism, i.e. presuming some cost sharing on the part of the individual. The real challenge is to devise cost sharing plan that would be acceptable and ensure broad accessibility for the public in general and individual in particular.

The **program of the conference** further constituted of country reports presented by individual countries and it was concluded by round table discussion following the concurrent debating sessions.

All countries participating expressed their desire to reform and to devise a health strategy development for the next decade. It is matter of course that due to their individual history, economical development there were disparities in the present health status of the population concerned as well as in the infrastructure of their respective health system noted. In addition countries such as Albania, Croatia, Bosnia and Herzegovina have suffered from afflictions of their recent civil war which resulted in political instability, deepened financial insolvency with regard to resources for the development of health care services. The rest of countries except for Croatia, Slovenia and Taiwan currently intensively work on replacement of the old Semashko Soviet model of health care by a new system aiming to provide services accessible to all strata of population and to respect the principles of equity.

Salient problems encountered were funding of the health care system development and its inadequacy, lack of motivation of health care personnel due to low wages, brain drain policy of richer countries, aging population, imbalance of curative vs. preventive services, multisource financing of health care and an increase of the share of private resources in health care funding, introduction of family practitioner as key person in provision and management of the health care at the periphery of the health care system infrastructure in order to prevent over-utilization of ambulatory care and last but not least the delay in the development of IT technology infrastructure.

As to the **remedial measures** the participants laid stress on the development of viable strategical plans for the health care development, introduction of voluntary insurance and promotion of individuals' responsibility for their health, strengthening health promotion and disease prevention measures, promotion of inter-sectoral cooperation, monitoring of the quality of services and introduction of quality standards, motivation of health personnel by financial incentives.

Concurrent sessions dealt with three topics as follows: "Manpower: need, supply and distribution", "Towards better equity and access: persistent poverty and solutions" and "Health

care industry: changing paradigm of public – private relationship in privatisation process”.

In the following debate the participants pointed out the need for the introduction of health professionals’ registries and development of long term plans for workforce required, inequalities between rural and urban areas and unwillingness of people to support co-payments policy. Inequalities in the access of health care facilities are reflected by differences in mortality between rural and urban areas. The problem of equity and access cannot be seen as an isolated problem for which the Ministry of Health should be blamed but its solution rests with all sectors.

Adequacy of public funds governed by principles of solidarity was discussed. Mixture of private and public funding may help to solve the problem. Since private resources are profit oriented there is therefore a need for their management and control.

The question of abolition of small hospitals and their eventual conversion into health points was raised as one of the solutions for economisation of services.

The conference was concluded by keynote speech delivered by Ass. Prof V. Kebza (NIPH Prague) who dealt with and pointed out the role of social inequalities on health status of the population in the Czech Republic. Relationship between educational level, income, sick leave and unemployment was demonstrated – the higher income, the lower the rate of sick leave.

This summary was prepared on the basis of the conference report.

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