

EDITORIAL

THE CHALLENGE OF CHANGE

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Health is influenced by many factors. The performance of health sector is an important determinant of the health status of population and individuals. Many factors outside the direct aim of the health sector have also an important impact on health, as poverty, lack of safe water and sanitation, poor education. (1)

In order to improve the performance of health system, to adjust to changing conditions, countries worldwide have started health care reforms. (1). Since 1980 several European Countries started to reassess their health care systems, mainly investigating whether or not health care reforms are consistent with “The Health for All” principles, one of the greatest challenges facing health system reform being how to develop an overall “health system perspective” (1, 2).

In comparison with other health systems, the following criteria representing the main characteristics of any health system, are used: equity and equal access to health services, the use of health status data in monitoring and evaluating health care policy, the promotion of appropriateness and efficiency, the strengthening of health promotion and disease prevention and the role of government.

These reforms have aimed different components on health systems (3). The structure of institutions has been the object of modifications. There were involved community leaders, local authorities and intersectoral support. Funding of health care was continually of debate and changes were introduced in the distribution of responsibilities. Decentralization of financing, planning and implementation were introduced in order to enhance the efficiency and equity of health services, less bureaucracy, improved local management, and a better understanding of local needs.

Financing, as refers to collection and pooling of financial resources and the allocation of these resources to the providers – purchasing of services, remain a key theme of the health system (2).

The health systems in most countries are now under stress as a consequence of the ageing of the population, the progress of medical technology and the growing expectations of the population. As a consequence of ageing population, the last years had shown a shift to non-communicable diseases, particularly cancers and cardiovascular diseases. This health transition has raised the concept of

“active surveillance” as a continuous process needing to focus at least on the following areas: infectious diseases, health status and trend (including birth and death rates), implementation of international norms and standards, reducing health inequalities, performance of essential public health functions, the impact of lifestyle on health status, intersectoral impacts on health (1).

An important issue which dominates discussions in many developed as well as developing countries on health systems is the expenditure for health care.

Privatization and free and open markets have been introduced in the health sector in many countries with possibilities to obtain better outcomes in terms of health. The private sector with a variety of entities as NGO's, pharmaceutical companies, private general practitioners, traditional healers, unconventional pharmaceuticals, could bring a significant contribution to the health care. However, negative consequences were noticed, related to the for-profit issue. While public sector is mainly oriented to cost-effectiveness and equity of access, money making is the leading force in the for profit sector. In that way, need and health status does not determine who gets health care, but mainly who is willing and has capacity to pay.

While in West European countries, health care reforms are focusing on how to lower the costs of health care, how to make the system/institutions more responsive to patients' needs, how to assure the quality of services, how to give incentives to promote health instead of providing curative

treatment, the most countries from Eastern European have as main aim to identify more funds for health care (1).

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