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Muzur, Amir

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Will Bartlett, Jadranka Božikov and Bernd Rechel

Health Reforms in South-East Europe (Basingstoke, UK: Palgrave Macmillan, 2012)

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Healthcare is among the most vulnerable systems of a society: it reflects general political, economic, and social conditions, and defines everyone's everyday life. Thus, the inexistence of a perfect healthcare system should be no wonder, but a continuous search for such might be taken for a measure of civilisational and national progress. During the last two decades, South-East Europe has been going through a complex series of changes, the so-called "transition". For the healthcare system, transition has sometimes meant just trying to reduce costs, but often it had to deal with more serious problems, like healthcare education, legislation, politisation (Muzur 2011), commercialisation (Gorjanski 2010), and corruption (Gorjanski *et al.* 2010). Finally, one more major problem is represented by the inexistence of long-term conceiving and maintenance of (not exclusively) healthcare material and nonmaterial infrastructure.

The book *Health Reforms in South-East Europe* compares the transition of two different healthcare systems: the Soviet-style Semashko system, present until the 1990s in Romania and Bulgaria, based upon central-budget funding and oriented toward specialist polyclinics, and the system characteristic for the ex-Yugoslav countries, promoting national health insurance and family medicine.

In Croatia, transition and healthcare system reforms (Kovačić & Šošić 1998; Zrinščak 2007) have been analysed from the users' perspective, revealing a high dissatisfaction with health services. This is more than expected, since a system of "free" healthcare services was replaced by a partly privatised and "rationalised" system less focused on social welfare of citizens. The process of healthcare-system decentralisation, on the other hand, is impeded by uninformed decision making, particularly at the level of the counties. In Bulgaria, the results of the reform obviously have not met the expectancies due to hesitations and the lack of a general plan. The authors correctly stress the necessity of securing a "reform environment" including all the stakeholders – administration, medical professionists, media, etc. Outmigration, especially of nurses, seems to be another urging problem. In Serbia, the results seem to be more encouraging, particularly those related to healthcare rationalisation and decentralisation. In Romania, the same optimism has been raised, at least within primary healthcare. Serbia, however, faces the problem of the oversupply of doctors and the consequent unemployment, due to the incongruence of the university student quotas. In Macedonia, the public hospital sector is deplored for its resistance to reforms, revealing the inherited burden of bureaucracy and the lack of entrepreneurial initiative.

The book somehow resembles the series on Health Systems and Policies by European Observatory (Ståhl *et al.* 2006; Mossialos *et al.* 2010; Kutzin, Cashin & Jakab 2010; Figueras & McKee 2012) and would fit very well into it. Primarily, the book is intended for health policy makers and it fulfils that task excellently, providing not only information about the steps and aims, but also on mistakes in the process of healthcare planning and reforming. The three editors as well as the thirty-five authors of single chapters (grouped in six parts, including Primary Health Care Reforms, Governance and Management of Hospitals, and Health Finance Reforms) are all experienced researchers or professors of healthcare management, and many are heads of departments of social medicine, healthcare economics, or public health at medical faculties in South-East Europe, London, and Berlin.

Probably the most useful part of the book is the Introduction. It not only offers a very useful overview of the situation with the healthcare systems in the nine countries of the region, but it thoroughly analyses the impact of the differing heritage of those countries onto the further (current) development of the healthcare systems. Thanks to this approach, the social health insurance systems, the privatisation of primary health care, the introduction of family medicine, and other phenomena, are brought into strong, logical, helpful, and well-argued relations to broader political and economical frameworks.

Political changes are followed by reforms which are not always fully rational, but sometimes just aim at cancelling and reshaping the reality produced by the preceding political option, and political inconsistency results in reformative inconsistency. While the culture of political consistency has slowly but still been developing in the South-East European region, new challenges, like an ageing population, approach the healthcare systems. Although experiences like those exposed in this book are highly valuable, one can not escape the conclusion that, in various countries, reform trends and goals may be common, but the models have to be very specifically targeted.

Amir Muzur

Department of Social Sciences and Medical Humanities, Faculty of Medicine,
University of Rijeka, Rijeka, Croatia
amir.muzur@medri.uniri.hr

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