

CURRENT EFFORTS AND PROPOSALS TO REDUCE HEALTHCARE COSTS IN SERBIA

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SADAŠNJI NAPORI I PREDLOZI ZA OGRANIČENJE TROŠKOVA ZDRAVSTVENE ZASTITE U REPUBLICI SRBIJI

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Received / Primljen: 26.09.2011.

Accepted / Prihvaćen: 02.12.2011.

Keywords: *health economics, legal framework, health care budget, cost containment, Serbia.*

Ključne reči: *zdravstvena ekonomija, pozitivno zakonodavstvo, zdravstveni budžet, troškovi zdravstvene nege, Srbija*



FUNDING AND REIMBURSEMENT OF HEALTH CARE SERVICES IN SERBIA

During the past few decades, health care decision makers have become aware of rapidly increasing health care expenditures in most northern hemisphere economies. National drug agencies worldwide, headed by the developed pharmaceuticals market, have accepted economic health assessments, acquired through clinical trials, as necessary evidence for marketing new drug approvals.

The health system in Serbia is financed by one core fund, which consists primarily of compulsory medical insurance taxes on the employed population. Most inpatient care, which accounts for more than half of the expenditures, is provided by a contract between the Republic Health Insurance Institute and clinical facilities (1). According to purely economic criteria, most of the institutions responsible for providing public sector services in southeastern European middle-income economies show more than modest performance. The limited availability of reimbursement for various treatment options requires pharmacoeconomic evidence for decision making. The national Health Insurance Fund has created two boards for this purpose. The first board is the Central Experts Committee on Medicines, and the second board is the Pharmacoeconomics Committee. These boards decide on the inclusion of specific drugs

in the positive reimbursement list based on evidence from foreign pharmacoeconomic assessments, mostly Cochrane reviews and NICE reports. The conclusions of these systematic reviews and meta-analyses of the comparative cost effectiveness of medicines are developed within the complex hierarchy of the United Kingdom's NHS. Unfortunately, these conclusions are usually not directly transferable to the clinical setting of the western Balkans. ICER's must be recalculated, and many equations must be adjusted. The main argument in favour of these adjustments is the substantially cheaper labour force, which is sufficient to move the assessment significantly in one direction. Another argument is the "willingness to pay" threshold. Its current value is assessed at €14,500 in Serbia and at €39,000 in Britain per life year gained.

The statements of the aforementioned committees can significantly impact the local drug pricing process. Recently, some tertiary care hospitals, particularly the hospital in the city of Kragujevac, have imposed a mandatory internal procedure when introducing new drugs. This formulary on drug acquisition criteria requires drug candidates to provide pharmacoeconomic justification and a budget impact analysis as an appropriate step forward.

UDK : 336.532:614(497.11) / Ser J Exp Clin Res 2011; 12 (4): 161-163

