Introduction

- Compared with high-income Western European countries, citizens of Central and Eastern European countries have poorer health status.
- Although comparable resources are dedicated to healthcare in recent years, fragmented health and safety systems and many challenges in measuring healthcare and health technology assessments.
- In South-Eastern Europe, data on health outcomes, the economic burden of disease and the impact of healthcare reforms are commonly used, with reimbursement decisions being based on agreed standards.
- Savings to the healthcare system, or at least equivalence to existing therapies, are common more than ever, as the disease is unlikely to be tolerated or deadly.
- Statutory pricing, where the medicine prices are determined by law, is commonly used in South-Eastern Europe and across the European Union generally.
- External price comparisons (i.e., International Reference Pricing) is placed in promoter pricing, usually sets a price at the lowest level of the lowest price in a basket of comparators.

Objectives

- To provide an up-to-date description and comparative analysis of pricing and reimbursement policies in Bulgaria, Romania, Slovenia, Croatia, and four reference countries;
- To identify factors influencing reimbursement decisions.

Methods

- Papers and decision-makers in Sofia, Croatia, Romania and Bulgaria were interviewed by the authors;
- A literature survey was conducted using PubMed to collect papers from 2009 to 2014 on country-specific reimbursement policies and legislation;
- Relevant documents identified from governmental websites, international sources, including national health insurance funds, drug agencies, healthcare, the European Commission’s statistics (Eurostat),
- The authors also conducted conference proceedings, the Organisation for Economic Co-operation and Development (OECD) and Business Monitor International.

Results

- Key socioeconomic indicators for the year 2013 as reported by the World Bank are summarised in Table 1. The populations of the four countries ranged from just over 2 million (Slovenia) to over 21 million (Romania), with GDP per capita from $US6 840 in Bulgaria to $US25 630, $US and, health expenditure as a percentage of GDP from 5.1% in Romania to 8.8% in Bulgaria.
- Of all four countries, Bulgaria had the smallest public sector as proportion of total healthcare expenditure (6.9%), while Croatia had the largest (23.2%).

Table 1: Population, health care expenditure and life expectancy in Bulgaria, Croatia, Romania and Slovenia in 2013.

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Health care expenditure % of GDP</th>
<th>GDP per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>7 304 632</td>
<td>5.1%</td>
<td>$US6 840</td>
</tr>
<tr>
<td>Croatia</td>
<td>4 267 000</td>
<td>7.4%</td>
<td>$US9 550</td>
</tr>
<tr>
<td>Romania</td>
<td>21 326 905</td>
<td>4.2%</td>
<td>$US25 630</td>
</tr>
<tr>
<td>Slovenia</td>
<td>2 058 152</td>
<td>7.4%</td>
<td>$US26 850</td>
</tr>
</tbody>
</table>

- Table 2 summarises pricing and reimbursement systems in Bulgaria, Croatia, Romania and Slovenia. across the four countries:
  - price regulations are complex and a number of different factors are taken into account when setting prices.
  - statutory pricing is used in all four countries, and in particular, in Bulgaria and Croatia, where prices are based on a basket of comparators.

Bulgaria

- Health is financed by a public/private mix comprising health insurance contributions (90% of their monthly income), taxes, out-of-pocket (OOP) payments, voluntary health insurance contributions (6% of their income), and the four categories of reimbursable services (13.4% of their income).
- Health insurance is fragmented; private health insurance schemes exist for supplementary medical coverage.

Croatia

- Health insurance is provided by the National Health Insurance Office (CNAS), which manages the health insurance system and its administrative procedures.
- Out-of-pocket payments are limited to 20% of total health expenditure.
- The populations of the four countries ranged from just over 2 million (Slovenia) to over 21 million (Romania), with GDP per capita from $US6 840 in Bulgaria to $US25 630, $US and, health expenditure as a percentage of GDP from 5.1% in Romania to 8.8% in Bulgaria.

Croatia

- Health systems in Croatia are subject to a number of challenges. For example, GPP and healthcare expenditure as a proportion of GDP are among the lowest in the European Union (EUC). in the four countries:
  - statutory pricing is used in all four countries, and in particular, in Bulgaria and Croatia, where prices are based on a basket of comparators.

Slovenia

- Health is financed by a public/private mix comprising health insurance contributions (90% of their monthly income), taxes, out-of-pocket (OOP) payments, voluntary health insurance contributions (6% of their income), and the four categories of reimbursable services (13.4% of their income).
- Health insurance is fragmented; private health insurance schemes exist for supplementary medical coverage.

Romania

- Health systems in Romania are subject to a number of challenges. For example, GPP and healthcare expenditure as a proportion of GDP are among the lowest in the European Union (EUC). in the four countries:
  - statutory pricing is used in all four countries, and in particular, in Bulgaria and Croatia, where prices are based on a basket of comparators.

References