

I.1. Workshop: Processes of privatization in health care

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Privatization is a process taking place universally across many countries across Europe. This process is in principle independent from the stage or phase of development of the health care system, but it shows different facets that are worth exploring. As a frequent political proposal and often presented as the 'magic' tool to solve inefficiency and quality issues, it brings along many challenges and also negative influences. Some of these issues will be explored in the proposed workshop.

Modalities of the privatization process in health care in Europe

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Privatization in health care shows many different modalities, depending on the initiators and promoters. Frequently, the main stimulus comes from the political arena, which finds privatization as the tempting solution for the inefficiencies of the public sector. This aspect is common to most initiatives for privatization across Europe.

The article will discuss the different modalities of privatization and the positive and negative factors arising from these approaches. These factors will be put in context of the process which initiated the privatization. Several practical examples will be presented in order to illustrate the different challenges from the United Kingdom, Sweden and Slovenia.

Possible impact of Public Private Partnerships on public health relevant service aspects in transition countries

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Public Private Partnerships (PPP) are one relevant manifestation of increasing participation of the private sector within public health services. PPP may encompass financing, building, maintenance and service delivery. In particular, for European transition countries aiming to improve healthcare infrastructure with support from EC-Institutions PPP has been sometimes more like a 'hobson's choice' than a real option. Based on (i) the personal analysis of some recent PPP health care projects in Austria and the United Kingdom and (ii) and the personal research contributions to the below-mentioned projects and the 'meta-analysis' of reports concerning recent projects and conferences [like 'Privatization of Public Services and the Impact on Quality, Employment and Productivity' (PIQUE), the 'Transnational Health Care Dialogue' (comprising Poland, Austria, Czech Republic, Germany) and the conference 'An alternative to the market,' organized by the European Trade Union Institute and partner organizations and some relevant studies of Transparency International], relevant outcomes show that involving private partners in every case has a mixed impact on public health service levels and—prerequisites. Partnerships may—under some circumstances—put pressure on wage levels of health professionals and may decrease adaptability and transparency of service-related decision making procedures (including corruption).

On the other hand, these partnerships may enhance the short and mid-term level of improving service infrastructure. But evidence that these partnerships will deliver sustaining 'value for' money is still unclear.

Privatization in health care in the FYR of Macedonia

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Since its independence gained in 1991, Macedonia has undergone major transformation processes in both its political and economic systems, focusing on fully establishing market economy structures, including deregulation and the introduction of the necessary privatization trends in the public sector. Inevitably and necessary at the same time, it has commenced the reforming of the health sector; reform implementation has been faced with frequent political changes and thus changes in discourse more often than needed; since independence the country has seen 5 prime ministers and 13 different compositions of government. During the same period, 10 ministers of health have been appointed, which to a certain extent indicates the stewardship challenges for continuous and consistent health policy.

The priorities set in the agenda for reforming the healthcare system involved improvement of the quality, efficiency and effectiveness of the health services, with the primary health care (PHC) being among the first segments in line for transformation, and the secondary and tertiary care awaiting similar course of action in the coming years.

The Ministry of Health with international technical assistance has successfully transferred the majority of PHC into the private sector, while introducing the capitation payment model as major incentive for PHC physicians to assist in the envisaged shift from a secondary care domination to a primary care led service and reinforcement of their gatekeeper role, thus indirectly improving the efficiency and effectiveness of the secondary healthcare.

The number of private healthcare providers, especially in the primary healthcare and dentistry is in constantly growing trend in the last 10 years; during the privatization period 2004–07, a total number of 3521 medical staff in PHC has transferred from public into private sector, most of which have opened their practices in the urban areas; the smaller number private practices in the rural areas contributes largely to the inequity in the access to the health services, as one of the basic and constitutionally guaranteed right of the citizens.

Nearly 2 years after the completion of the privatization of the PHC, that included general medicine, occupational medicine, gynaecology, paediatrics, school medicine, dental services and pharmacies, it may be too early to assess the privatization impact based on the health indicators; however, at this stage of the reforms, the policy effectiveness can be evaluated in terms of fiscal implications—for both benefits and costs of the privatization, and quality of care by surveying the patient satisfaction levels prior and after the privatization; these analyses give good grounds for assessing the possibilities and challenges for the privatization of the secondary and tertiary segments, to the level of possible comparativeness of the three segments of the healthcare system.

The results of the recently published patient satisfaction survey undertaken by the RIHP under the World Bank HSMP Project in Macedonia, of 1225 persons surveyed in public healthcare settings only a minor percentage (between 3–7%) show complete dissatisfaction of the services offered; other indicators, including the services and conditions in the ambulatory and hospital care, organizational and infrastructural requirements are scored between 79% and 90%, and overall

conclusion of the survey of 'high level of satisfaction of the patients'. Bearing in mind the goals of the reforming the healthcare sector, this opens a new view on the

privatization of PHC in the first instance, and potentials and challenges for the privatization of the secondary and tertiary health care.

K.1. Session: Innovations in educational programmes

The Active and Self-directed Learning approach of the Maastricht European Public Health program

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The Faculty of Health implemented problem-based learning in the early 80s. Teaching and learning processes were developed in a learning environment supported by collaborative, contextual and constructive instructional principles. The aim of the PBL-learning environment was to develop students who would be active, independent and life-long learners.

Since the last decennium of the 20th century, several phenomena could be observed, which gradually influenced these intentions in a less positive way.

Several incentives were undertaken to restructure the student-centred approach in the Faculty of Health. The most important was to set up a new instructional design in the new bachelor program European Public Health. An instructional program, called Active and Self-directed Learning (ASDL), was developed focusing at two perspectives. First, in the curriculum students should encounter various learning environments which challenge them more and more to become independent and life-long learners. In the subsequent years, students had to learn in groups which were facilitated less by the teaching staff. Second, every module, semester, study year as well as the whole bachelor program is characterized by four teaching principles: at the start of each part of the curriculum the focus is sensitizing students for the subjects to be offered. Activation of prior knowledge as well as developing intrinsic motivation are important objectives of this phase. The second phase is exploring. Students have to understand subject matter at a deep level. In the third phase, students have to integrate, with the help of the staff, the various subjects offered. In the last phase, students have to show that they are able to apply the knowledge. Progress tests as well as papers and presentations are part of the program to give students formative and summative feedback.

During the last 2 years, students were asked regularly about their experiences in this program. An overview of the important characteristics of the ASDL approach as well as the outcomes will be presented.

A comparative study of Master of Public Health students at the University of Liverpool experience in postgraduate 'on campus' and 'online' learning environments—October 2007 to August 2008

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Background

This study explores the learning experiences of postgraduate Master of Public Health (MPH) students at the University of Liverpool in the two distinctly different learning environments provided by the MPH online programme and the MPH on

campus programme. The University of Liverpool is in the unique position of having a successful on-going partnership with Laureate Online Education and now has the online MPH based on the established and highly respected MPH on campus programme.

Aims of the study

The study will demonstrate the impact of the method of delivery on the student learning experience from the student perspective. The primary aim of this proposed research is, through a qualitative study, to explore the individual stories of the students in two different learning environments.

Data will be analysed using thematic analysis and further development of a framework of ideas to inform future online learning; and finally to make recommendations for future development based directly on the experiences of students.

Preliminary results

- Flexibility and accessibility of the learning allows students around the world to study for qualification at a level not previously available.
- Relevance, interest and applicability of the content to the work place is vital.
- Option of a mix of online and on campus would be welcomed.

Conclusion

- The study indicates the following challenges for HE institutions:
 - Module content having worldwide relevance.
 - The need to match student requirements and institutional/examining body demands.
 - Sustaining and managing speed of change influenced by technology.

Scaling-up an internship to build capacity in community health research

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Background

In 2001, a 3-month research internship was initiated as part of a Chair award funded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research. The internship was intended to complement graduate training and designed to strengthen grantsmanship skills, knowledge translation strategies and interdisciplinary collaborative community health research. Over 100 Canadian trainees have completed the internship. It will be offered internationally for partners in three African and two Caribbean countries commencing in June, 2008.

Objectives

This presentation will focus on factors that have supported scaling-up the internship from a local innovation to one that became national and is now international in scope.

Results

Interns have come from universities, health service delivery organizations, government and non-governmental organizations. Early efforts to reach stakeholders across the country and explain the intent of the internship both in academic and