
Summarising the outcome of the 1st seminar and
introduction to the structure according to which
the national reports were drafted

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The work shops

- cascades (1+1+1) and related activities
 - The work shops deal with:
 - **Health care**
 - Pensions
 - Data exchange (at least first phase)
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The work shops

For each following pattern:

- general work shop, setting the scene + stock taking (for health care → last year Podgorica 6 and 7 November)
 - studies in order to deepen the topic
 - Best practices of selected EU countries concerning the provision of health care services to people not covered by social (healthcare) insurance – W. Palm
 - How to model the accessibility to a minimal package of health care that should be available to all people staying on a state's territory? – R. Van Goethem
 - How to model the right to healthcare coverage when migrating from the Balkans into the EU or within the Balkan region? – F. Dewallens
 - Answers by the beneficiary parties to the questionnaire
 - specialist work shop to deepen sub-focuses → now!
 - regional memorandum and restricted deciders work shop, to translate the conclusions into action
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Focuses within the health care discussion

Basis:

EU open method of co-ordination:
modernising the health care systems
in relation with:

- a. equal access to health care
 - b. quality of the health care
 - c. financial sustainability
- + d. EU technical co-ordination of health care / free movement of goods and services
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Focuses within the health care discussion

■ a. Equal access to health care for all

- whatever design of personal scope
- 'equal' but taking into account financial possibilities and choices of patients
- Bottle neck: (illegal) migrants

+ see d.

Focuses within the health care discussion

■ a./ d. Access and health care abroad

- Free movement of goods, services and persons within the European Economic Area and its impact upon health care
 - Health care for:
 - Tourists
 - Other persons temporarily staying
 - Legal immigrants and own emigrants (workers)
 - Illegal immigrants
 - ...
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Focuses within the health care discussion

- **b. quality of the health care**
 - Comparative analysis + identifying best practices
 - Patient rights (bill)
 - The health care packages of the basic and the complementary (social) insurance
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Focuses within the health care discussion

■ **c. financial sustainability**

- Adequate financing of health care and of the various health care actors: how much? for whom?
- Financing sources of health care system (alternatives)
- Privatisation as solution or as part of problem?

...

Focuses within the health care discussion

■ **c. financial sustainability**

- Responsibilising the insured persons (through own contributions, choices, charging fault and own responsibility)
 - Responsibilising the health care insurers (through competition?)
 - Responsibilising the health care providers (through competition? limitations on therapeutic freedom?)
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Focuses within the health care discussion

- **c. / d. Financial sustainability and its relation to health care abroad**
 - Financial arrangements concerning the payment for health care abroad
 - Assessing the real cost of medical care and the prohibition of discrimination
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The outcome of the Podgorica seminar

In Podgorica we identified as the challenge further to explore the one of

the tension between health care as a human right of all persons and the organisation of the coverage via social insurance

In the light of the above, we can identify the following questions to be addressed at the next seminar:

1. Who is not covered by the social insurance?
 2. What minimal package will be granted also to non socially insured people?
 3. Who bears the costs of such health care?
 4. How to make that notwithstanding a human right to health care, social health insurance contributions are paid in as they should?
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Identified questions

1. Who?

Human right versus social insured people

Possible left out persons:

- illegals
 - people with irregular or temporary stay or work
 - people not having paid contributions
 - people with culpable behavior
 - ...
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Identified questions

2. What minimal package to all?

i.e. what health care will be granted also to non socially insured people?

How to define the very basic package?

Identified questions

3. Who bears the costs of such health care?

- How to establish the costs?
 - How to make the cost paid for, i.e. not left with the occasional health care provide?
 - How to claim eventually the costs back from abroad?
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Identified questions

4. How to make that notwithstanding a human right to health care, social health insurance contributions are paid in as they should?

- What pressure can be exercised to force people paying in the social health care insurance premium?
 - How to make otherwise a social health care insurance financially sustainable, without too many 'free riders'?
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Preparation for this seminar

■ **3 reports**

- Best practices of selected EU countries concerning the provision of health care services to people not covered by social (healthcare) insurance – W. Palm
- How to model the accessibility to a minimal package of health care that should be available to all people staying on a state's territory? – R. Van Goethem
- How to model the right to healthcare coverage when migrating from the Balkans into the EU or within the Balkan region? – F. Dewallens
- Answers by the beneficiary parties to the questionnaire

■ **Questionnaire and answers by the beneficiary parties**

- General situation (overview health care system and health care insurance and coverage ratione personae)
 - Who? (which rights do people have to access health care when they are not covered and what kind of access do they have? Which package for covered people when outside the country)
 - Financial sustainability (sanctions for people failing to pay contributions; financial responsibility for health care package guaranteed to non-covered people; sanctions for people who are to be blamed for the health damage))
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Possible outcomes for the 3rd seminar

this seminar could lead, in a 3rd seminar, to tangible outcomes such as:

- a model statute on the realisation of the human right to health care
 - a set of 'best practices' in addressing the four questions enumerated above
 - a draft of international understanding concerning non socially insured persons
 - or other...
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