

20 years of transition: experience and challenges in health financing in Lithuania

L. Murauskiene

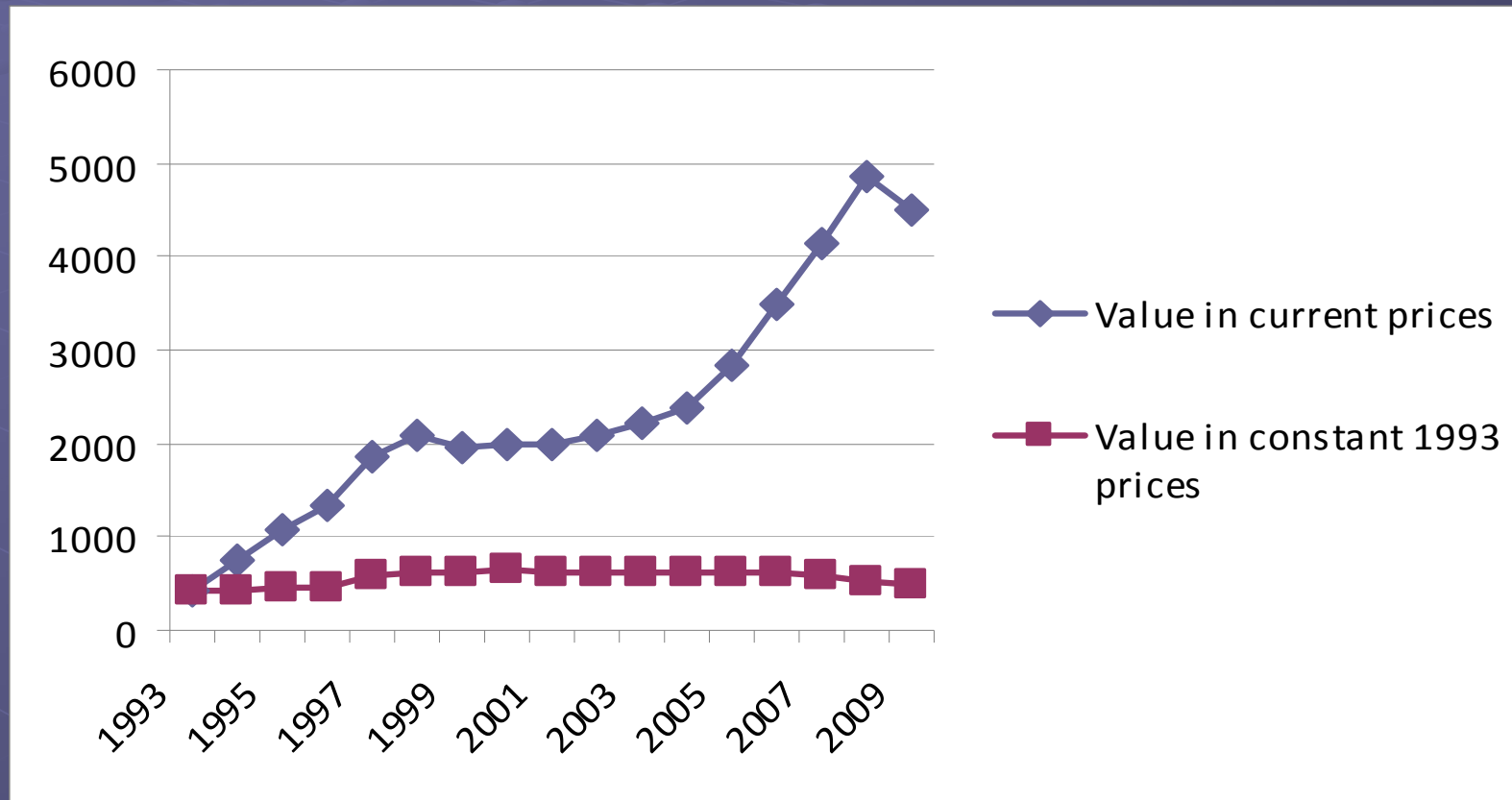
ASSPRO CEE 2007 meeting

Budapest, May 2011

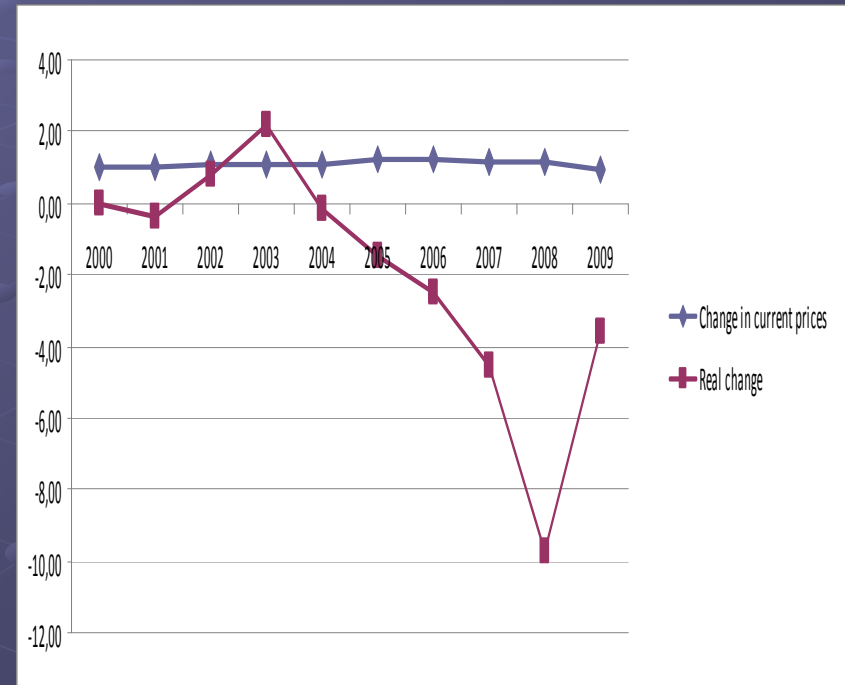
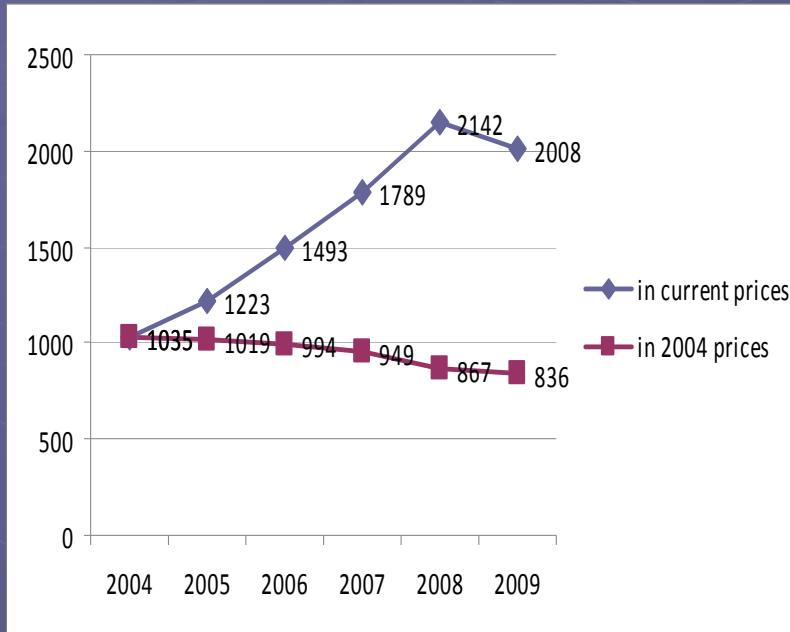


Funded under Socio-economic Sciences & Humanities

Public health expenditure (mln. Lt)



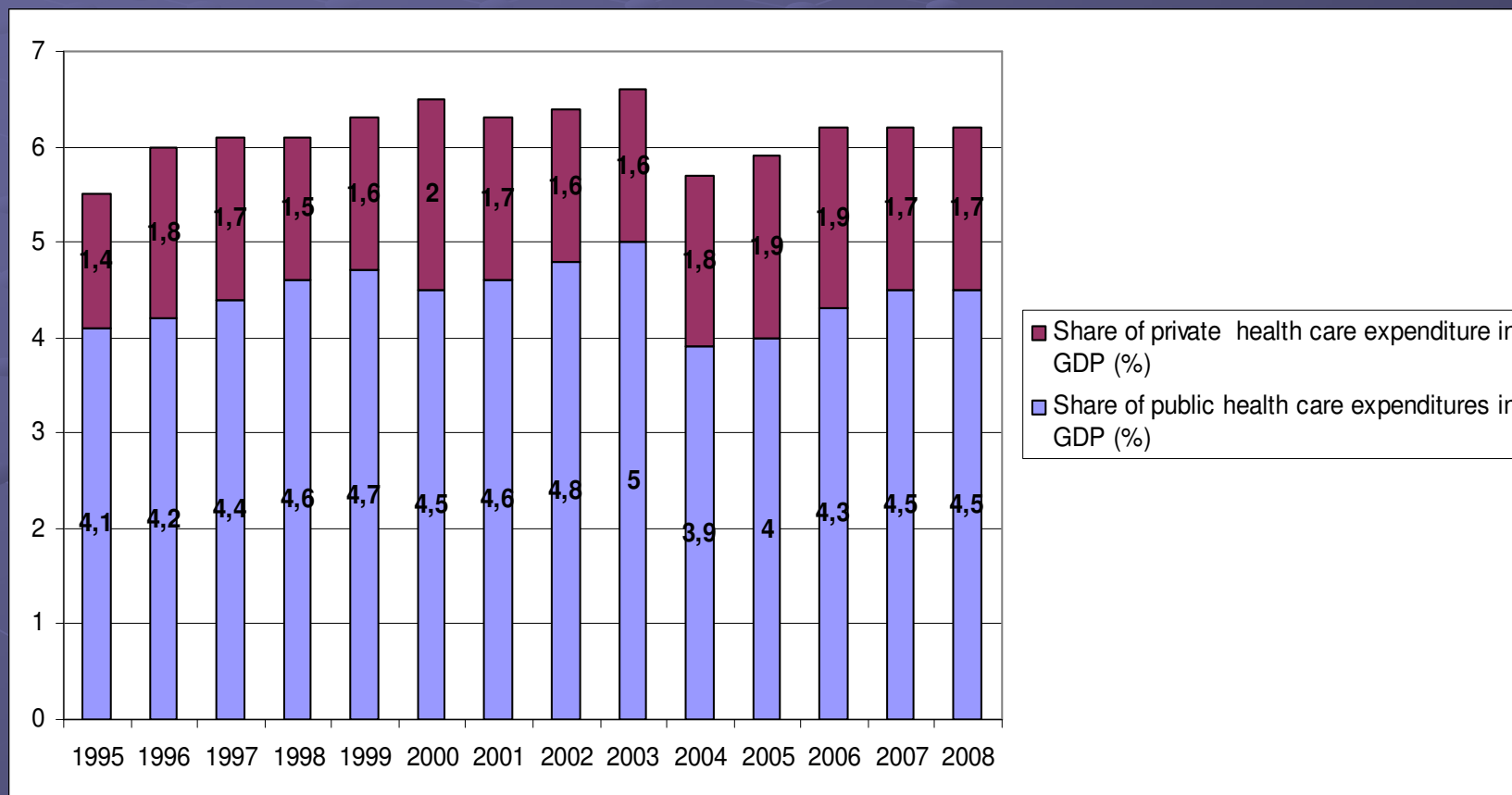
Total health expenditure (2)



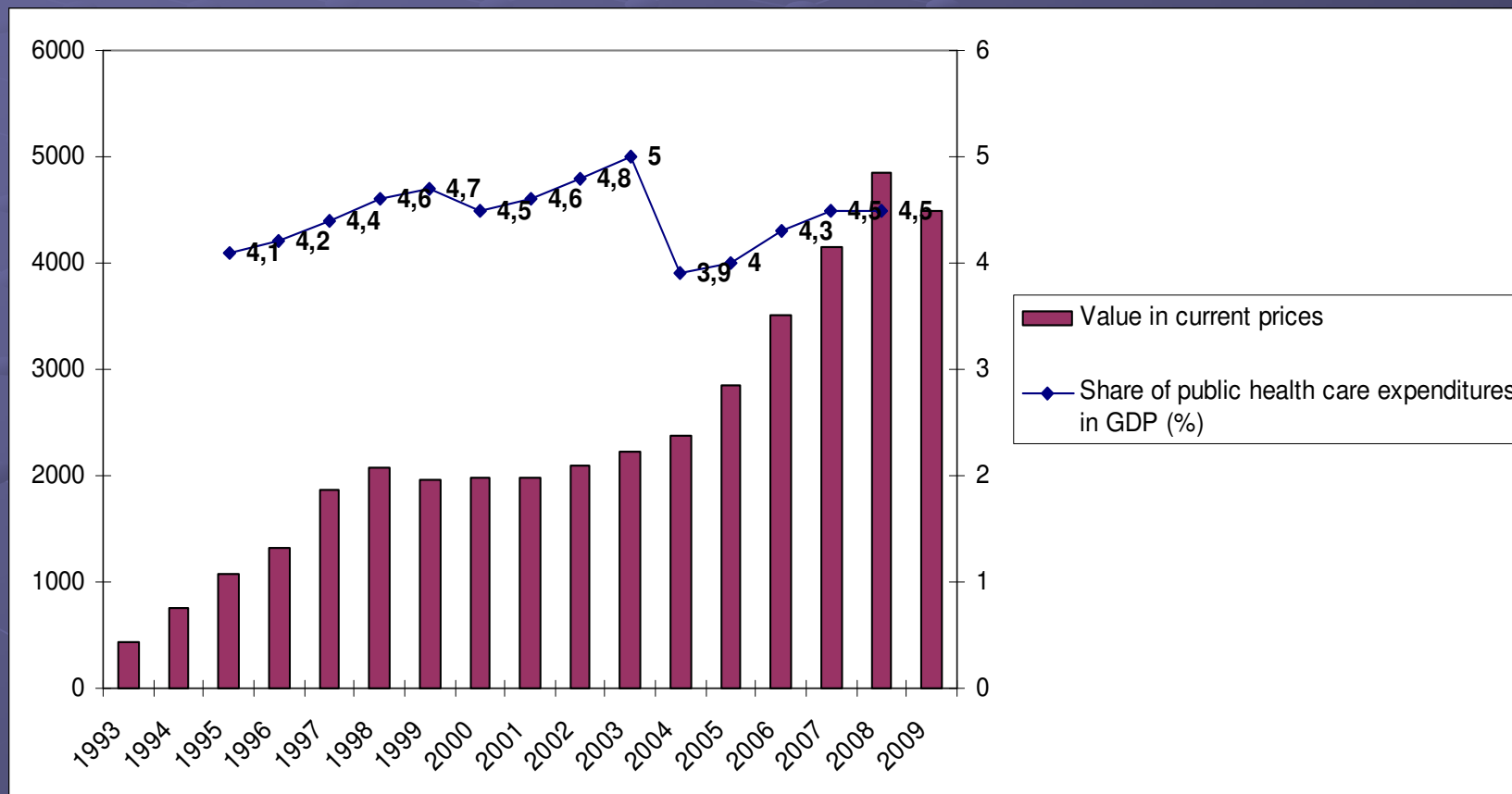
Mln Eur

%

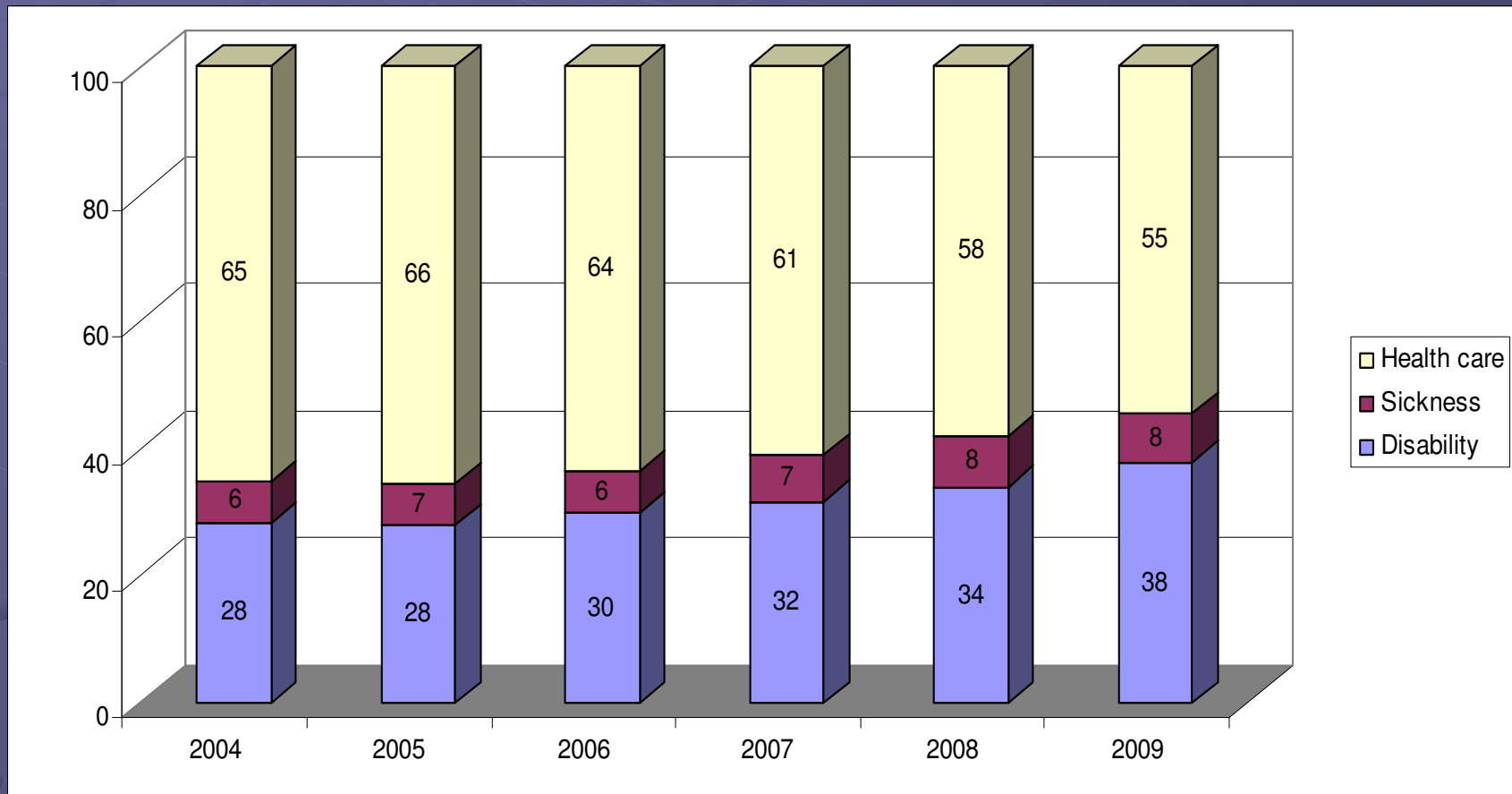
THE - private & public Shares of GDP (%)



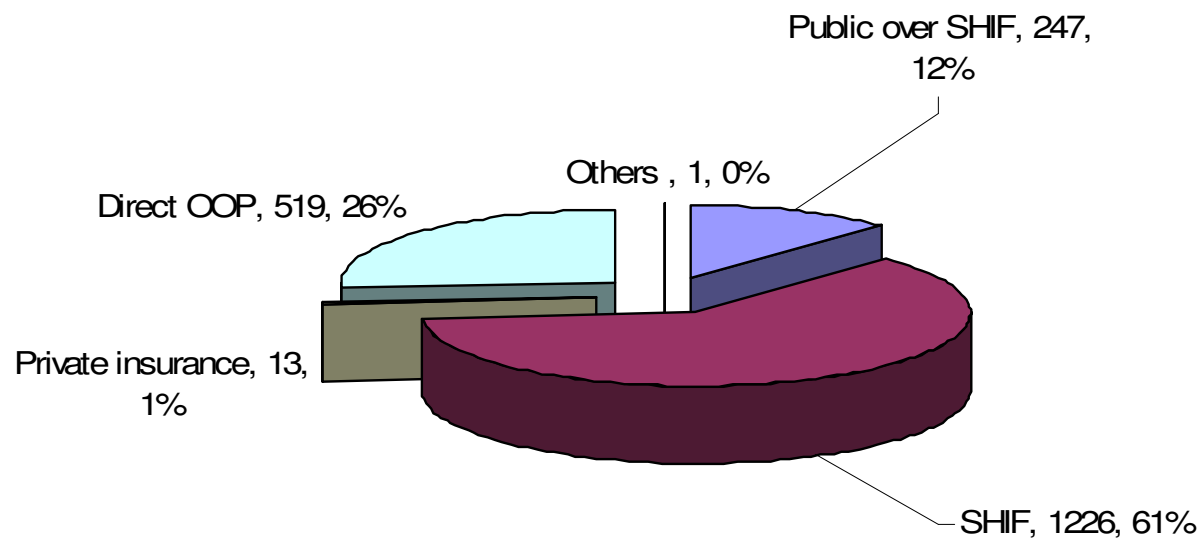
Public health expenditure (3) mln. Lt



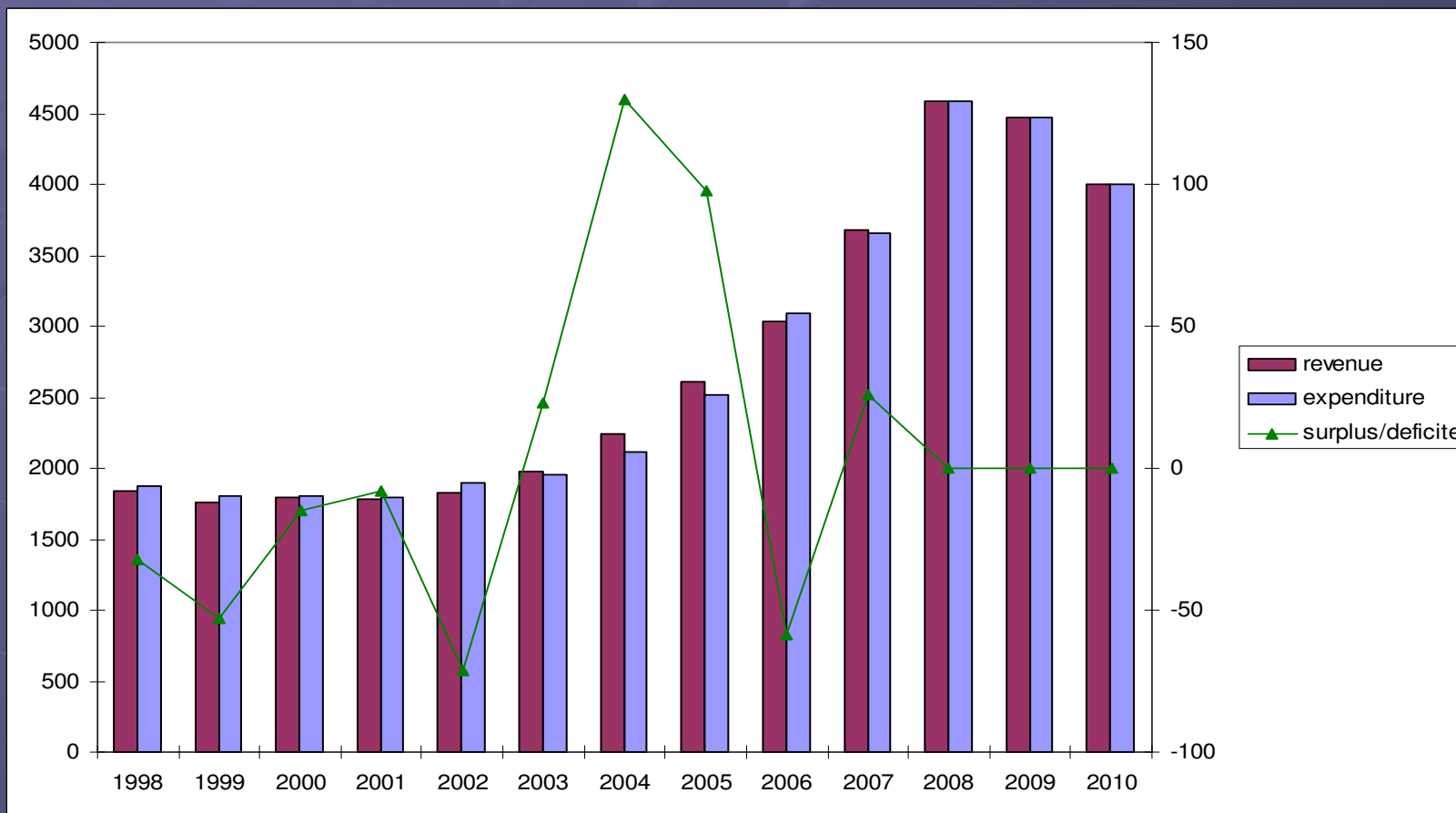
Health related public expenditure (%)



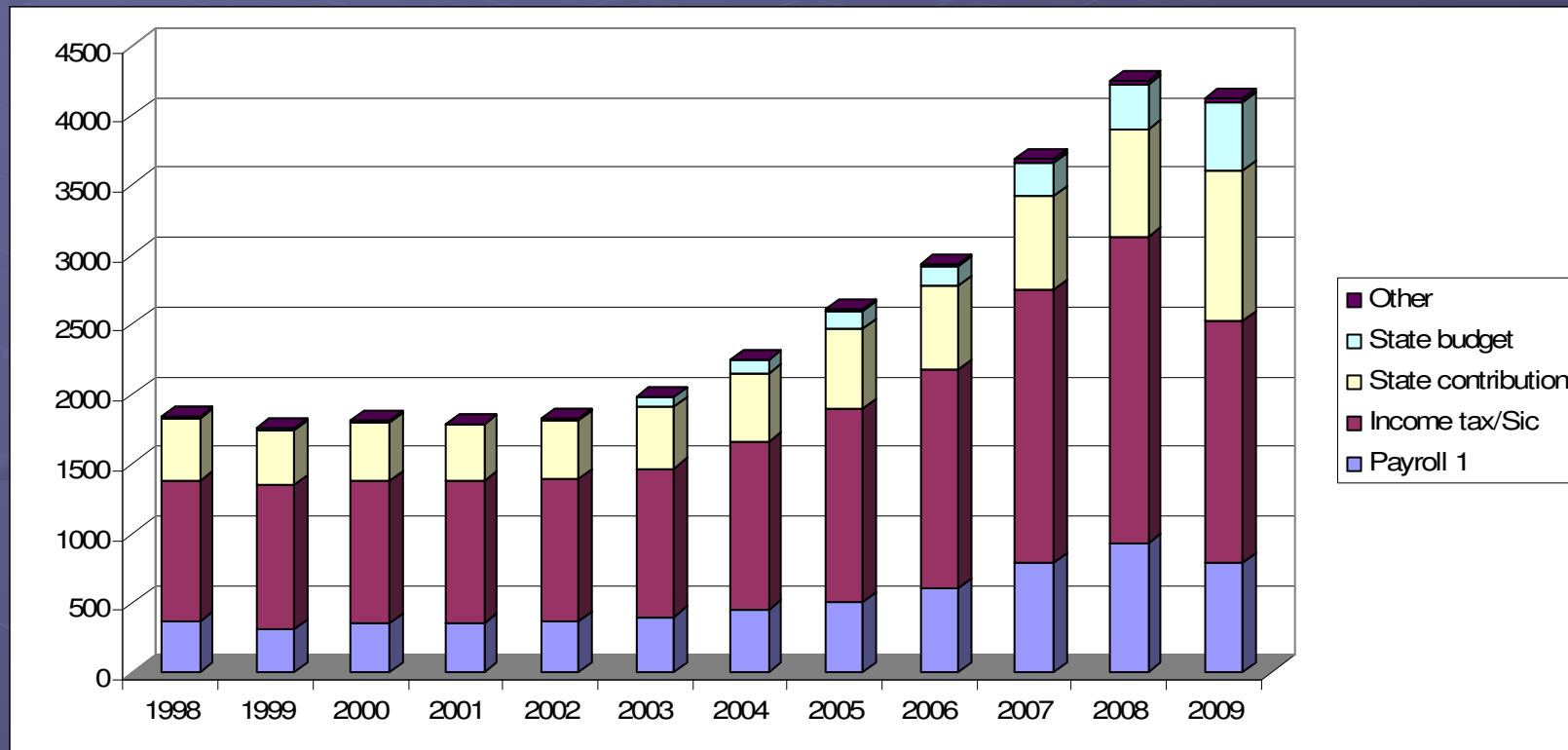
THE 2009 (NHA, mln. EUR, %)



The SHIF



SHIF sources



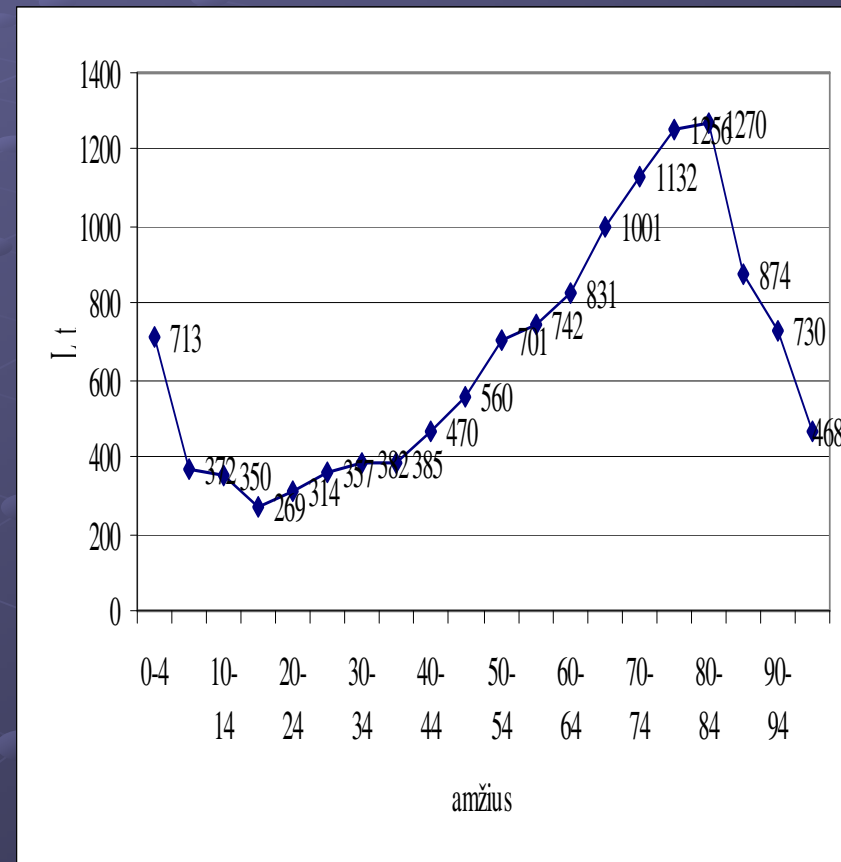
Who is in charge?

- State contribution
(2008 - 27%, 2011 -
34% AMW before tax)

2010

745 Lt vs 2125 Lt

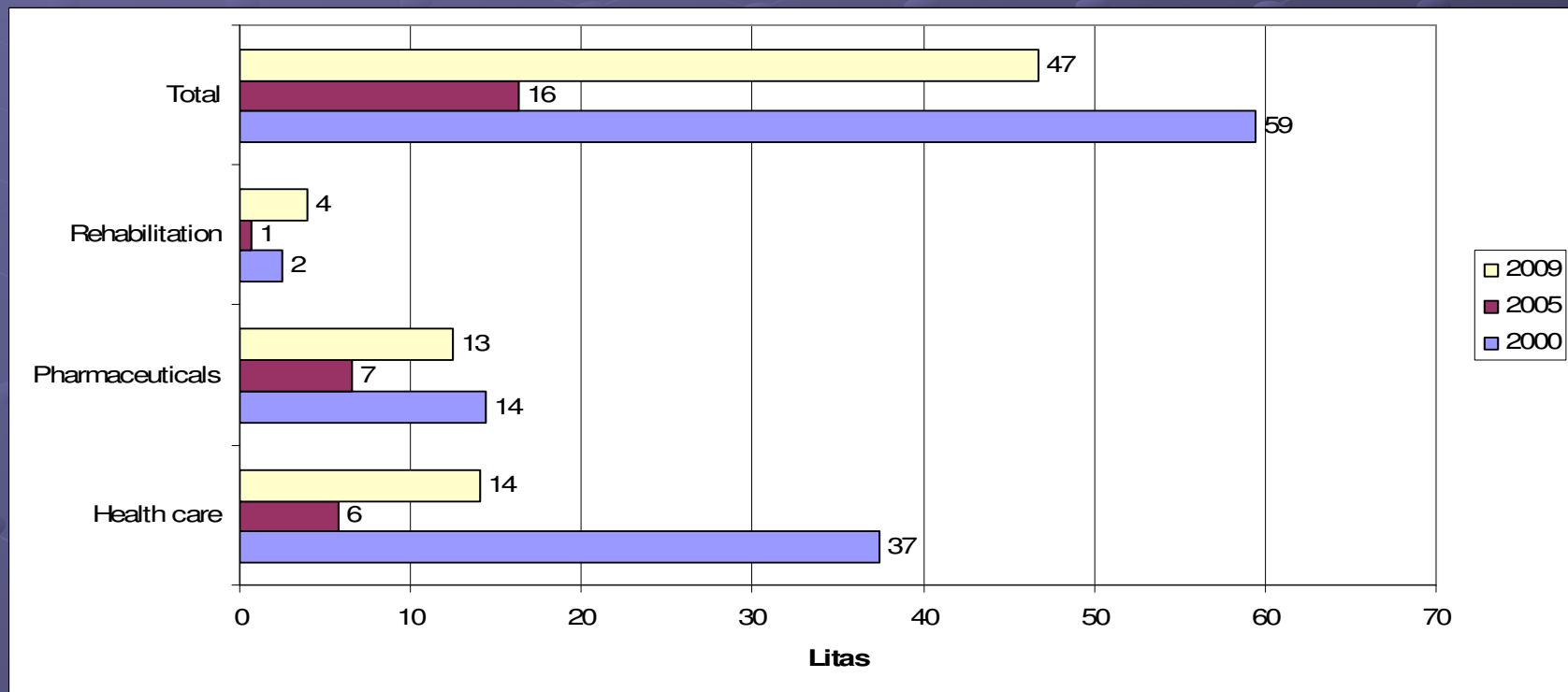
2 109 423 (1 880 442 in
2009)



Health Insurance

- Social insurance contribution or tax based
- Obligatory inclusion
- Autonomy - not consolidated
- Tripartite management – under the MOH, Supervisory Board (role & presentation)
- Single fund (central & 5 territorial branches)
- Responsibilities in financing

Territorial allocation (deviation per capita in Litas)



Contracting/Payments

- ↑ No of services
- ↑ targeted programmes
- ↑ contracts
- Reference prices
- Points and volumes
- “Game” stories:

PHC

Hospitals

Medicines, etc.

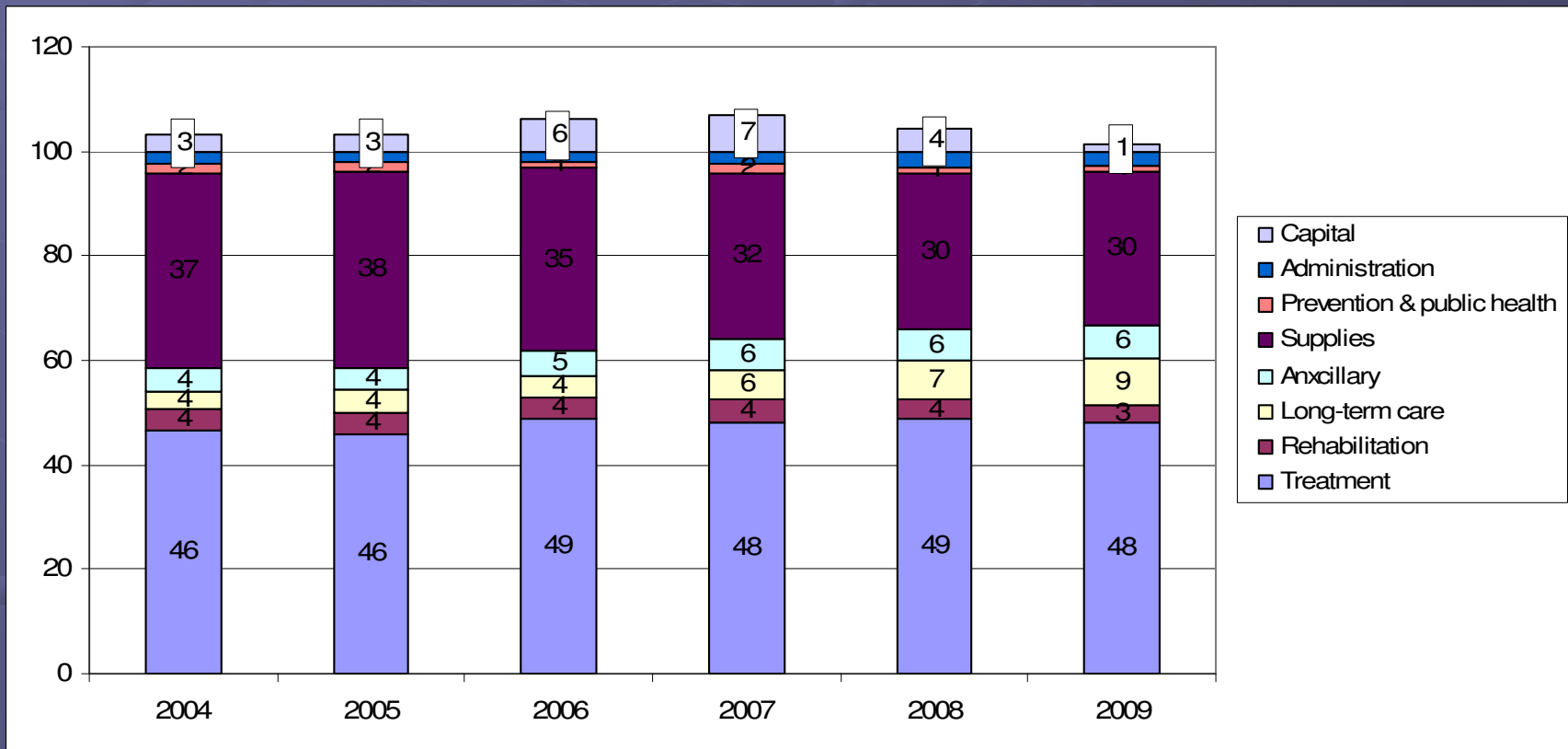
Reforms agenda

Wages

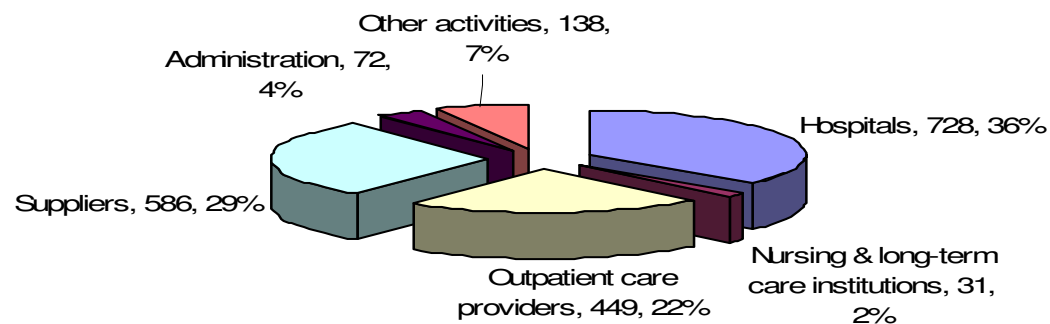
Restructuring of the services (III stage)

- Requirements & standards
- Prioritization in purchasing
- Re-allocation of the funds (reserve)
- Investments

Public expenditure (%)



Public health expenditure in 2009 (mln. EUR, %)



Main tools

● Regulations

Legislation “boom”

By laws

● Funding

Contracting

Payments

Pricing

- Professional/expert
- Ownership/Governance

LOST IN OPERATIONAL
ISSUES?

Implications

- Power-driven
- Bureaucracy
- Reality? (e.g. statistics)

3700 – 800
epidemiology

- Experience

- Norms
- Experience

Experience + Theory = Knowledge