

Summaries

A Mediterranean paradigm? Health reforms and society in Southern Europe *(Guido Giarelli)*

The idea of a ‘Mediterranean paradigm’ characterizing the health systems of Southern Europe is not new: however, this paper furtherly develops this idea by elaborating the concept of ‘macroregion’ in order to compare the four health macro-areas of Europe: Northern, Central-Western, Central-Eastern and Southern Europe. Using a concessionistic and multidimensional approach, the peculiar features of the Southern European macro-region are described according to a specific set of variables. Finally, some explanatory hypotheses are examined on the historical background of the health systems of this macro-area in order to grasp also the reasons which make the reform processes quite similar among them and at the same time rather different from those applied in the other European macro-regions.

The reforms of the former socialist health care systems in Central and Eastern Europe: a comparative analysis *(Zofia Slonska)*

The term ‘Central and Eastern Europe’ is a name reserved for those European countries which have emerged after the collapse of the socialistic block and are located between the broadly understood Western Europe and the former Soviet Union. By limiting the focus to those countries unified with the EU only, this paper examines the processes of health care reforms in this area as a natural consequence of the general transformation it has undergone after the collapse of the Berlin Wall and the efforts made by various governments in this region to introduce decentralization, democratization and market mechanisms into the public health care systems in order to reorient them towards prevention, health promotion and primary health care.

Comparing health and health care in Europe: assessing the performance of health systems *(Ellen Nolte e Martin McKee)*

Performance assessment has gained particular momentum on national and international agendas with the publication of the World Health Report 2000 and

its ranking of the world's health systems, stimulating a wide-ranging debate about approaches to assessing health system performance both nationally and internationally. While offering valuable insights into different health care systems, current approaches to performance assessment are facing numerous challenges, most crucially related to underlying definitions, selection of indicators, methodological issues and interpretation of data: this paper examines and debates them, arguing in favour of a means of assessing performance of health care systems based on two stages: the first involves a broad assessment of health outcomes that might identify topics deserving further attention; whereas the second stage involves an in-depth assessment of how the systems deal with any issues of potential concern identified in the first stage.

Citizens' issues and physicians' accountability. Towards a new 'social contract' among physicians and welfare in Europe

(Giovanna Vicarelli)

Differently from the United States, where market competition, individual responsibility, technological progress, and consumerism are still the dominant values in a health care system considered as a 'market' just as any other economic market, in Europe the debate on health care reforms involves various stakeholders such as politicians, managers, physicians and citizens. Particularly, the focus here is on physicians' different levels of accountability in the rationing process and priorities selection, in order to redefine the 'social contract' among physicians and the State in new terms within the current welfare systems.