Public–private partnership in Hungarian dialysis care

Sir,

We read with great interest the article by Rutkowski [1] on the epidemiology of renal replacement therapy in Central and Eastern Europe. Hungary belongs to the countries of Central and Eastern Europe where private dialysis centres entered into the market at an earlier stage, in the middle of 1990s.

From the point of view of the Hungarian National Health Insurance Fund Administration (the one and only healthcare financing agency in Hungary), we emphasize the increase in market share of private dialysis providers from health insurance reimbursement [2]. Figure 1 shows how the market share of privately owned dialysis centres increased from 46.3% in 1995 to 90.1% in 2004.

For the process characterized by the increased number of private dialysis centres in Hungary, we would suggest using the phrase private finance initiative (PFI) or public–private partnership (PPP) [3] instead of privatization. Privatization generally refers to the process whereby the owner (the state) sells its product or property to a private investor, but the Hungarian case preferred the mid-term (15–25 years) rent of existing dialysis centres; the private investors renovated the old centres or built completely new ones. Private investments were facilitated by the relatively sharp increase of reimbursement rates, which suggested a rapid return for investment [4], although since 2004, in addition to the activity-related financing, a global volume contract system was introduced in out- and in-patient care, forming an artificial financial ceiling for healthcare providers [5].

Beside the private investments, the relatively higher public reimbursement rates of the National Health Insurance Fund Administration—with the guarantee to spend it only on expenditures related to dialysis—contributed to the successful transformation and development of the Hungarian dialysis care over the past 15 years.

Conflict of interest statement. None declared.


Fig. 1. Market share of different types of dialysis providers from the health insurance expenditures between 1995–2004 in Hungary. (Source of data: National Health Insurance Fund Administration)
Commentary on the highlights of the epidemiology of renal replacement therapy in Central and Eastern Europe

Sir,

We read with interest an article by Rutkowski [1] published in the January issue of NDT. We found several concerns within this article that we feel warrant some comment.

There is general agreement that during the last 15 years there have been dramatic political changes in the former Communist countries within the part of Europe informally known as ‘Central and Eastern Europe’. In the majority of these countries, political changes were followed by rapid economical changes, including changes in renal health care. In our opinion, it is impossible to attempt a comparison of this large region, since some of the mentioned countries were industrially quite developed, even before the Second World War. Thus, the common political history that joined the countries of this region is very short.

There is another, more important concern about Rutkowski’s article. The data that is shown was obtained from colleagues from the Central and Eastern European Advisory Board for Chronic Renal Failure or members of the National Renal Registries, but the recent list of such experts was not provided. Renal registries already exist in some of these countries, but not in all of them; the provided figures might thus come from individual feelings rather than from objective numbers.

The weakness of the article is particularly illustrated in Figure 2 of [1], where Rutkowski presents renal transplant activity in 2002 according to absolute numbers of kidney transplants. This comparison lacks an objective base, since it was not related to the total population of the country. Thus, readers cannot obtain relevant information on the real transplant activity of the aforementioned countries. Using Rutkowski’s data, we recalculated the renal transplant activity in the aforementioned countries per million of population (Figure 1). Surprisingly, Bosnia was shown to have one of the best transplant programmes in the region, contradictory to Rutkowski’s statement that after the disintegration of former Yugoslavia, renal transplantation ceased completely.

Similarly, the obtained mortality data are incomparable among those countries. That is why the information on its definition is missing. In the Czech Republic, the national registry of dialysis therapy has just been recently introduced; thus, data used in Rutkowski’s article may suffer from a biased view.

Recently, the International Registry of Organ Donation and Transplantation was established [2]. Already published data showed that within the ‘Central and Eastern European’ countries, the renal transplant activity in the Czech Republic has recently reached 39.3, in Latvia 30.9, Hungary 28.4, Poland 27.1, Estonia 24.0, Slovakia 18.3, Lithuania 16.7 and Romania 0.7 deceased donor kidney transplants p.m.p., respectively. Similarly, the living donor kidney transplantation programme has been rather developed in Slovakia (3.9 living donor transplants p.m.p.), the Czech Republic (3.8), Estonia (3.6), Georgia (1.6), Lithuania (1.2), Hungary (1.1), Poland (1.0) and Latvia (0.4), respectively [2].

In order to compare renal health care among European countries, the establishing of reliable databases and registries is obviously necessary. Confusing information might under-estimate the general view on renal health care in the region.

Conflict of interest statement. None declared.

3. None declared.