-4,339,412) and E/P (Beta: -0.16) (p < 0.05 both). Final adjusted R2: E: 0.937; P: 0.918; E/P: 0.906. CONCLUSIONS: trend is the most significant variable in the three models and when an impact is statistically significant, it seems not to present long-term sustainability because these supply measures have a short-term impact.

**THE COST OF ILLNESS: SPAIN 1980–2000**

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OBJECTIVES: The article is transversal comparison expenditure analysis for drugs of 23 economically developed European countries that are members of OECD. The data are related to year 2003, financial indicators are expressed in dollars. METHODS: Drug expenses are analysed in relation with those variables: GDP per 1 inhabitant, health care expenses per 1 inhabitant, number of physicians in praxis per 1000 inhabitants, proportion of inhabitants of the age 65 years or more. Among all the variables medium strong to strong relation was observed, determination index between drug expenditure per 1 inhabitant and actual number of active physicians and proportion of inhabitants of the age 65 years or more reached the value of 51%. RESULTS: Average drug expenditure per 1 inhabitant of the given year were 343 dollars, absolute average year growth in the years period 1995–2003, 19,4 dollars. Propotional expenditure average of health care from GDP reached in the year 2003 value of 8,32%, expenditure proportion on drugs from GDP was 1,37% from health care from GDP reached in the year 2003 value of 8,32%.

**EXPENDITURES ON DRUGS IN DEVELOPED EUROPEAN COUNTRIES**

**SUPPLY SIDE COST-CONTAINMENT IN GERMANY: WIN SOME, LOSE SOME**

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CONCLUSIONS: Lower drug expenditures have countries with lower economical efficiency, but also economically developed European countries where systemic regulations are applied, directed towards main activators affecting the drug’s consumption and price.

**THE ANALYSIS OF TEMPORARY WORK DISABILITY FOR THE PERIOD OF OVER 30 DAYS IN THE REPUBLIC OF SERBIA**

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OBJECTIVES: Analysis of utilization of the right to sick leaves of the beneficiaries of the Republic Health Insurance Institute (RHII) in the period from January to September 2003, lasting more than 30 days, analysis of the reasons for sick leaves and suggested measures for more efficient control over the rights to benefits, upgrading of utilization and guaranteeing the rights, providing equal rights to all beneficiaries, and abuse reduction. METHODS: A policy and evaluation analysis was applied to the literature on health financing reforms in Germany to understand the contexts of the measures and their effects. To understand the impact of the policies, a scale was developed to assess the trajectory of the health care system as a result of the reforms based on the principles of solidarity and subsidiarity on which the German health care system was built. RESULTS: Classification of 12 reimbursement and financing measures indicates a shift away from the status quo from the solidarity-subsidiarity dyad towards either the solidarity-governmental interference or Eigenverantwortung (personal responsibility)-subsidiarity dyad. Unfortunately, despite their collective potential of far-reaching impact and long-term success, deficit in operating mechanism(s) and inconsistencies have hindered the supply-side cost-containment measures of the past 15 years. CONCLUSIONS: Just as a change in the environment requires new tools to address challenges faced by the system, so does the approach to instituting reforms call for rethinking. While in the politics of health policy evolutionary reforms may make more sense than radical reforms, beyond evolutionary reforms which have produced only modest results the sustainability of the financing of the system calls for radical reforms.