

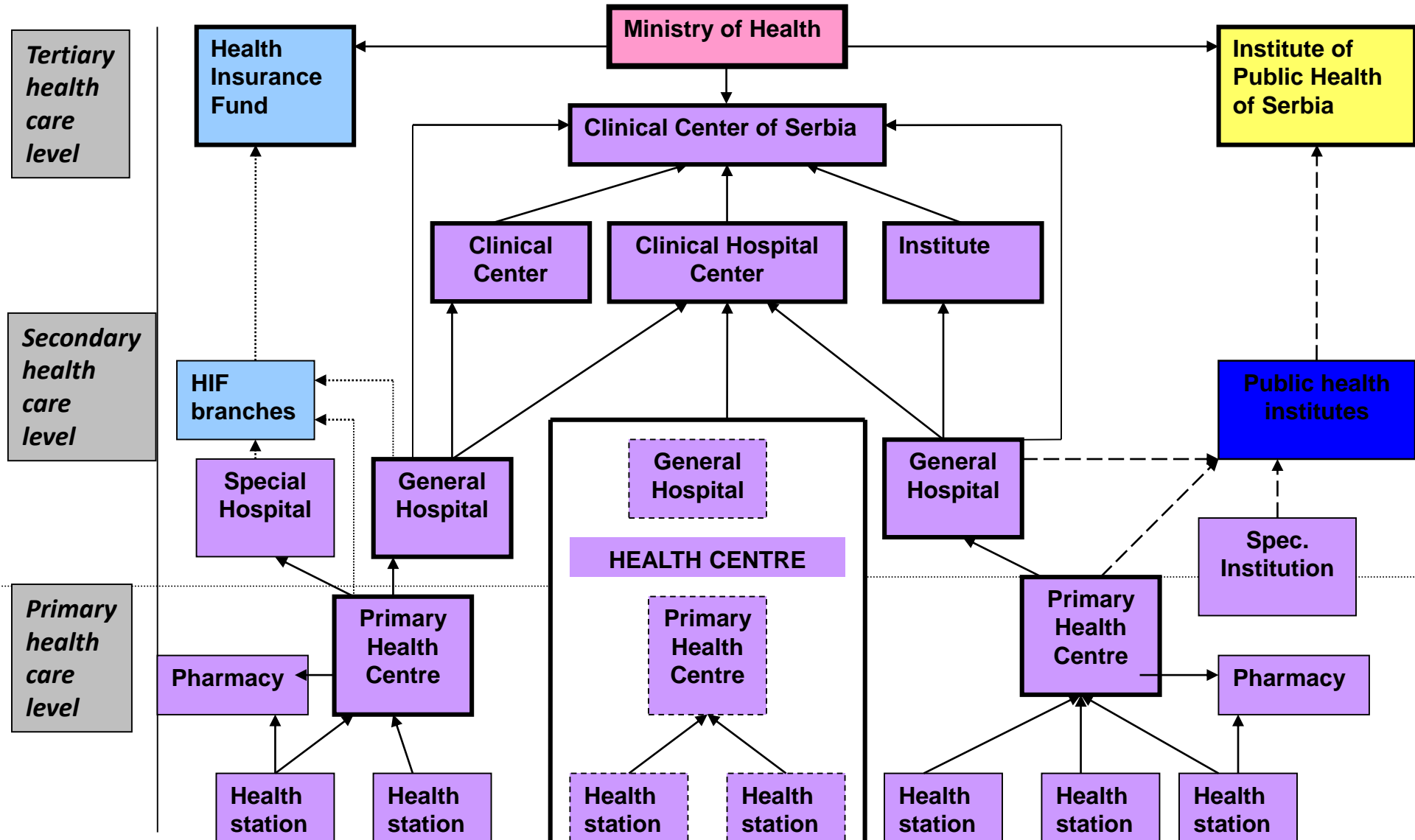
National political developments in health and social care since 2003 in Serbia

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SERBIA-demographics

Population (Census data, 2011)	7,120,666 (excluding Kosovo)
Population 65 and older	16.5%
Median age- total	41.3 years
Median age- males	39.6 years
Median age- females	43.1 years
Birth rate	9.19 births/1,000 population
Crude death rate	13.85 deaths/1,000 population
urban population	56% of total population
Life expectancy at birth- males	71.49 years
Life expectancy at birth- females	77.34 years
Total fertility rate	1.4 children born/woman
Health expenditures	9.9% of GDP (2009)
Physicians density	2.035 physicians/1,000 population (2007)
Hospital bed density	5.4 beds/1,000 population (2007)

Health-care system in Serbia



Health-care system in Serbia

- **Health-care in the Republic of Serbia for each citizen**
- **In order to obtain a health- card every citizen has to register his/her place of residence (the readmission process is ongoing -low number of Roma possess ID cards, high number do not wish to obtain legal status)**
- **In case of emergency health care is provided to all citizens**

Primary health care problems in Serbia at the beginning of the 21st century

- **fragmentary health care system – influencing the health care continuity**
- **low efficiency and uneven quality of services provided**
- **absence of motivation to engage in health promotion and disease prevention**
- **non -systematic approach in including the health consumers in the PHC policy decisions**

The basis for the reform of the health care system in Serbia was set in 2002 in:

Health Care Policy
The Vision of Health Care System Development

PHC achievements (2006 analysis)

- **a developed primary health-care (PHC) institutions network - comprising 158 PHC centers**
- **36% of all doctors work in PHC;**
- **general practitioners make up 17% of the total number of doctors**

Further achievements

- **better defined health-care institutions according to the health care levels**
- **the chosen doctor- concept**
- **separation of the specialist-consultant service**
- **local community ownership of the PHC centers**
- **decentralization of management over PHC institutions**
- **development of preventive centers (EAR Project Improving Preventive Health Services in Serbia)**
- **PHC system development (Balkans Primary Health Care Policy Project – CIDA)**

Health Care Policy
The Vision of Health Care System Development



**The Strategy and Action Plan of the Health Care System
Reform until 2015**

Health-related strategies of the Republic of Serbia

- Poverty reduction strategy paper (2003)**
- Action plan for children (2004)**
- Action plan for health of Roma population (2005)**
- Strategy for elder population (2005)**
- National Strategy for Fight Against HIV/AIDS (2005)**
- Strategy for Youth Development and Health in the Republic of Serbia (2006)**
- Tobacco Control Strategy (2007)**
- Strategy for the Development of Mental Health Care (2007)**
- Strategy on Occupational Safety and Health (2009)**

- Program for Protection of the Population from Communicable Diseases 2002 -2010 (2002)**
- Program for Protection of the Population from Tuberculosis (2005)**

- The Strategy for Continuous Improvement of the Quality of Health Care and Patients' Safety, The Strategy for Prevention and Control of Non-communicable Diseases, The Strategy for Palliative Care, The Strategy for the Fight against Drugs..**

Legal basis for system development and health care reform

System laws:

- **Health Care Law (2005)**
- **Health Insurance Law (2005)**
- **Medical Chambers Law (2005)**
- **Law on Drugs and Medical Devices (2010)**

By-laws and sub-laws (about 40 based on system laws):

- **Law for communicable diseases**
- **Law on sanitary inspection**
- **Regulations based on the Law on Medicines**
- **Red Cross Law**
- **Regulation on Co-payment fees (personal contribution of the insured population in health care expenses)**
- **Network of health institutions**
- **Continuous Quality Improvement**
- **Licensing, accreditation and CME**

Health Care Policy
The Vision of Health Care System Development



**The Strategy and Action Plan of the Health Care System
Reform until 2015**



**A strategic document has been launched -
"Serbia 2020"**

A strategic document: "Serbia 2020"

- defines the framework for the Republic's socio-economic development over the next decade.
- Continuation of reforms in the sphere of health care both in terms of finance and management of the system, with the strategic goal of improving the quality of health of all citizens, especially children and vulnerable groups.



EUROPEAN COMMISSION

Brussels, 9 November 2010
SEC(2010) 1330

COMMISSION STAFF WORKING DOCUMENT

SERBIA 2010 PROGRESS REPORT

***"There has been progress in the area of public health...
Further efforts are needed to implement adopted strategies".***

Partnerships in health system development and reform

International:

- **WHO and UNICEF, UNDP**
- **EU – EAR**
- **World Bank**
- **ICRC**
- **CIDA**
- **Council of Europe**
- **Bilateral partners – Japan, Norway, France, Italy, China and others.**

NGOs:

About 50 professional organizations and NGOs dealing with programs or project in health sector

About 30 Roma NGOs as a partners of health institutions in implementation of Action plan for health of Roma population

Last decade social care system reform

- Strategy for social care development
- New social welfare law and sublaws
- Social protection chamber
- Deinstitutionalization of children with disabilities
- Cross-sectoral cooperation – intersectoral committees for additional support to children with disabilities (social care, health and education)

- **A strategy for social care development**

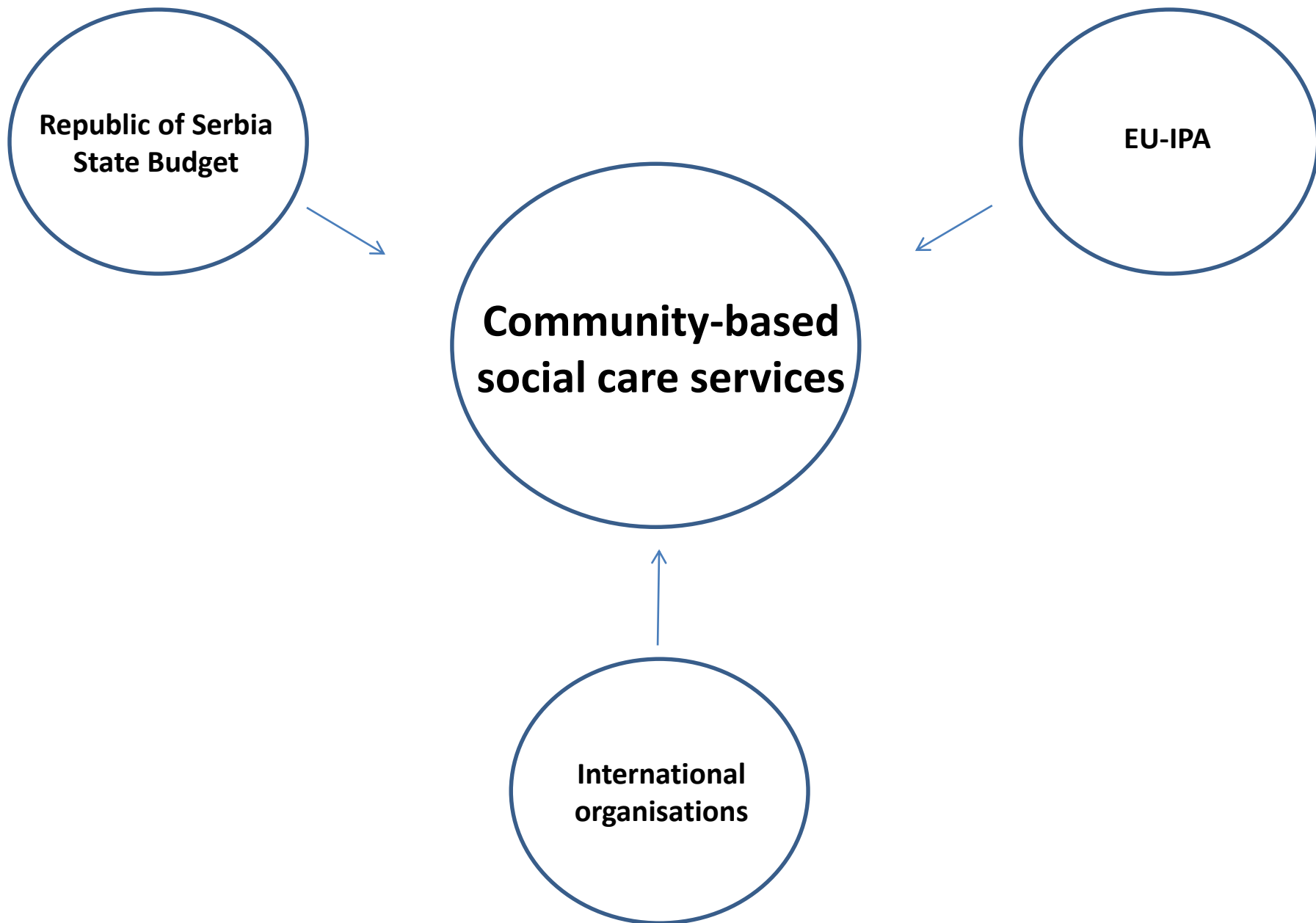
2005 strategy plan focused on:

- network of community-based social care services/instead of social care institutions**
- transformations of residential social institutions**
- decentralisation of social care services and institutions**

a new strategic plan is to be prepared

130 local social care strategies-basis for further development

Centers for social protection: re-organisation, new standards and regulations in 2008



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The Social Welfare Law adopted in Parliament on 31st March 2011, applied since April 12, 2011. This Law represents:

- the largest shift and most pro-poor and pro-inclusion legislative change the welfare system has introduced over the last decade
- the legitimization of the strategies developed since 2000 (Poverty Reduction Strategy and Strategy for Development of Social Protection)
- the mainstreaming of many donor and pilot reform initiatives that were implemented over the last ten year period.

The Social Welfare Law

- The changes this law introduces are substantial in nearly every segment of the social welfare system.
- Some of the most important are the following: the building of a beneficiary-centered system, which takes account of the opinions of the beneficiary and involves him/her in decision making – including when it is a child, and the focus on enabling social inclusion.
- Additionally, the law strengthens accountability mechanisms, both institutional and professional and provides a framework for quality control and advancement.
- Residential care can only be used as a last resort and the system must follow a beneficiary-centered approach in residential settings. This law also introduces a ban on the institutionalization of children under-three years of age.

Social Welfare Sub-laws

EU support

Several sub-laws



Sub-law on community service **standards** has been developed and consultations with social protection stakeholders have been carried out (to be adopted by the end of 2012)

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Social protection chamber

- ethical regulations
- licencing for social care professionals

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Health and social care priorities

- *Reduce poverty and social exclusion in Serbia by addressing the needs of disadvantaged groups in a multidimensional way based on a stronger coordination of existing policies and services and the development of community-based solutions*
- *Improve the quality and accessibility of health care to promote the health and well-being of all citizens, emphasising preventive care while strengthening the operational capacity of the health care system in line with EU standards*
 - *Decreasing the rate of chronic non-communicable, preventable diseases and improving the control of these conditions by encouraging timely screenings and promoting healthy lifestyles*
 - *Promoting greater patient safety and improving the quality of health care delivery by building the human resources capacity of service providers at various levels*
 - *Modifying health care financing in order to ensure the long-term sustainability of the health care system and to enable continuous access to needed health care services for all citizens*
 - *Strengthening occupational safety and health in line with EU standards*
 - *Improving access to quality health care for vulnerable and disadvantaged population groups*

- vulnerable groups: may include, while not being limited to: children and youth, women (particularly in reproductive years), elderly over the age of 65, the disabled, the Roma and other minority populations with cultural and linguistic differences, persons with mental disability or mental illness, substance addicts, victims of violence, the unemployed, persons excluded due to social or health reasons, refugees and internally displaced persons, convicts and ex-offenders, victims of human trafficking, people living with AIDS, people in remote rural areas, single-parent families, large families and homeless people.

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- **poor:** although it is still below 2007 and 2006 levels, the absolute poverty rate increased to 6.9% in 2009-*Household Budget Survey, Republic Statistical Office, 2009*
- **disabled:** discrimination, unemployment (3-4% employed), a limited access to education and cash assistance from the government.

MS population in Serbia

- \approx 6000 MS patients in Serbia
- **main problem:** a limited number of MS patients treated with DMD (*medication reimbursement by Health Insurance Fund*)
- (RRMS, since 2005): IFN beta1b (263 pts) & IFN beta1a (260 pts)
- (since 2005): Mitoxantrone
- (since 2012): GA (23 pts)



***thank you for
your attention!***