

# Context and organization of Primary Health Care in Serbia

15<sup>th</sup> Canadian Conference on International Health  
“Checking In: Health for All or Health for Some? ”  
Ottawa, October 27, 2008

# EUROPE

Published by the Cartographic Division  
NATIONAL GEOGRAPHIC SOCIETY  
2525 North Washington, Washington, D.C. 20037  
© 2004 National Geographic Society. All rights reserved.  
Printed in the United States of America



**Map Symbols**

Country	1 in blue
State	2 in red
County	3 in red
City	4 in red
Population	5 in red
Major City	6 in red
Capital	7 in red
International Airport	8 in red
Seaport	9 in red
Religious Center	10 in red
Historic Site	11 in red
Other	12 in red

**Topographic Symbols**

Contour Interval	100 feet (30 meters)
Spot Elevation	100 feet (30 meters)
Water	Blue
Ice	White
Glacier	Blue and white
Perennial Snow	White
Seasonal Snow	Light blue
Swamp	Green
Marsh	Light green
Wetland	Yellow-green
Barren Land	Yellow
Sandy Land	Orange
Rocky Land	Red
Clayey Land	Brown
Gravelly Land	Dark brown
Stony Land	Black



# Districts and Municipalities in Serbia



## Basic Information

- ✓ Total population 7.498.001 (Census 2002)
- ✓ Gender ratio (female per male 1.01)
- ✓ 17,22% are over 65 years
- ✓ Birth rate (2006): 9.6
- ✓ Crude death rate (2006): 13.9
- ✓ Estimated GDP per capita €3.700
- ✓ Unemployment rate 24.7%
- ✓ 8,8% of people under the national poverty line

## Primary Health Care in Serbia -brief historical background-

- Foundations of Health System established in 30's of the 20<sup>th</sup> Century;
- After the 2<sup>nd</sup> World War accepted the orientation towards social and preventative medicine and PHC (*basic* or *active* health care);
- Method of work through the medical dispensaries;
- Formally, the PHC has had for more that 40 years the priority position in health care system development.
- Health insurance fund is financed through health (social) insurance contributions
- HIF covers recurrent expenses trough input-based provider payment

## Some of PHC Indicators

(Source: Institute of Public Health of Serbia "Dr Milan Jovanovic Batul", 2006)

- Developed primary health-care institutions network (157 primary health care centers with the networks of health stations);
- 36% of all doctors work in PHC;
- General practitioners make up 17% of the total number of doctors;
- Population coverage with PHC doctors reveals a ratio of 1049 people to one doctor;
- Average utilization per capita of general practice services is 5,7 consultations per year

# Leading causes of mortality in Serbia in 2006

Leading Causes of Deaths (ICD – X)	%	Agr.
Diseases of the circulatory system	57,3	57,3
Neoplasms	20,0	77,3
Symptoms, signs and abnormal clinical findings	4,8	82,1
Diseases of the respiratory system	3,7	85,8
Injuries, poisoning and other consequences of external causes	3,8	89,6

Source: Annual Statistical Report of the Republic of Serbia;  
Institute of Public Health of Serbia, Belgrade, 2006.

# The Burden of Diseases in Serbia (2003)

Total burden of selected diseases in Serbia in 2000 based on DALY's

1. Ischaemic hearth disease
2. Cerebral vascular diseases
3. Lung, trachea, bronchial cancer
4. Unipolar depressive disorders
5. Diabetes mellitus
6. Road-traffic injuries
7. Self-inflicted injuries
8. Colon and rectal cancer
9. Breast Cancer
10. Stomach cancer

**Source:** <http://eurpub.oxfordjournals.org/cgi/reprint/17/1/80>

# Health Institutions Delivering PHC in Serbia

Type	Ownership	Founder
PHC Center (“Dom zdravlja”, DZ)	Public/Private	Municipality/City
DZ as part of Medical Center	Public/Private	Government (MoH), Autonom. Province
Pharmacy (separate or part of DZ)	Public/Private	Municipality/City
Institutes (zavod) for special population groups	Public	Only in Cities with Health Related Faculties/Universities
Institutes of Public Health (“Batut” and 23 District IPH)	Public	Government – Ministry of Health

# Health Workforce in Serbia

## general overview of ratios in public sector

Health workforce <i>per 100 000 population</i>	2006
Physicians	263
Dentists	33
Pharmacists	25
Nurses	505
Midwives	33

•Source: Institute of Public Health of Serbia, Annual Statistical Report for 2006

# Human Resources in Serbia

from situation analysis in 2003, by WB consultant

- Rigid job roles and responsibilities
- Centrally determined staff planning norms linked to population (PHC) or bed provision (in hospitals)
- Unequal geographical distribution of physicians
- Insufficient MoE and MoH cooperation on planned number of new medical students
- Low status of generalists and narrowly trained specialists
- Low work performance

## Human Resources in PHC

Doctors *	9.256
Dentist	2.452
Nurses	15.160
Staff in diagnostics' services	3.150
Administrative	1.840
Auxiliary	6.600
Total	38.458

•Services: general practice, women's health, child health, school children and youth, occupational health, specialists'

•Source: *Institute of Public Health of Serbia, Annual Statistical Report for 2006*

# Primary Health Care Service Providers

- Chosen Doctors
  - Adults (Age 19+): a doctor of medicine or a doctor of medicine specialist in general practice, or a specialist in occupational medicine
  - Children (Age 15 –): a doctor of medicine specialist in paediatrics
  - Women (Age 15 +): a doctor of medicine specialist in gynaecology
- Chosen Dentists
- Other Specialists (Consultants in PHC Centers)
- Nurses, Midwives, Physiotherapists, Lab technicians, Radiology Technicians, Pharmacy Technicians...
- Pharmacists (Community)

# Contents of Primary Health Services

- Preventive Measures and Curative Services in Primary Health Care
  - Health Education, Preschool Children Services, School Children and Youth Services, Students', Women's Clinics, Dental Care Services, General Practice Service (Ages 19+), Polyvalent Community Health Services (Home Visits), Specialist-Consultative Clinics
- Laboratory Diagnostics
- X-ray and Ultrasound Diagnostics
- Emergency Care Services

# Some Issues in PHC System in Serbia Today

- Overspecialized doctors, weak nurses –polyclinic approach to PHC;
- System is fragmentized – jeopardizing the health care continuity;
- System is “medicalized”, oriented to curative approach and practices
- Health professionals in PHC have poorer status compared to other (hospital) levels of care;
- Inequalities in provision of care, access and quality of services provided
- Absence of motivation to engage in health promotion and disease prevention
- Recently established regulatory institutions (Chambers)
- Recently established accreditation system for service delivery institutions and educational institutions

# Vulnerable Population Groups

(Poverty Reduction Strategy Office, Government of Serbia)

Source: <http://www.prsp.sr.gov.yu/engleski/kosu.jsp>

- People Older than 65 years of age
- Children
- Women
- Roma
- Persons with disabilities
- Refugees and IDPs
- Youth
- Poorest:
  - Citizens with a low level of education; Labor inactive and unemployed population; The elderly; Children; Households with six or more household members; Households whose primary wage earner is a woman

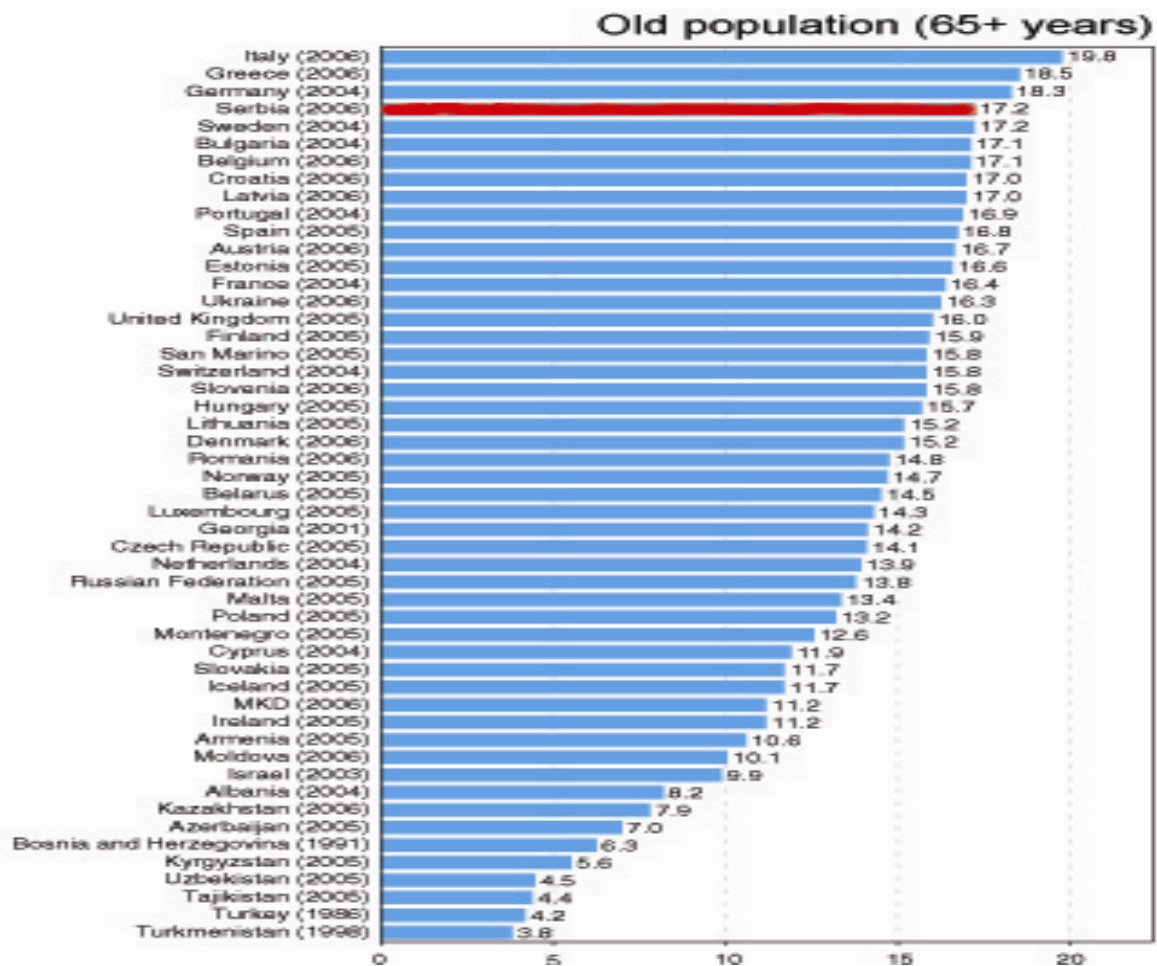
## Aging in Serbia

- 17,22% of population is older than 65 years
- Median Age of Population:
  - Total – 40,43
  - Male – 39,12
  - Female – 41,66
- Life Expectancy at Birth:
  - Female – 76,2
  - Male – 70,7

Source: Republic Statistical Office of Serbia, 2007

# Percentage of Old Population in European Countries

Source: Atlas of Health in Europe, 2<sup>nd</sup> Edition, WHO 2008



# Policy directions

- National Strategy of Serbia for the Accession to the EU
- Poverty Reduction Strategy Paper
- “Better Health for All in Third Millennium”
- The Law on Health Care
  - Decree on Public health institutions’ network
  - By-laws on standards for HHR, medical eqpt. and facilities cond.
  - By-law on internal organisation on health institutions
- The Law on Health Insurance
- The Law on Health Professionals Chambers

# Position of PHC in Strategic Policy Documents

## REPUBLIC OF SERBIA'S HEALTH CARE POLICY :

- Maintain and improve health status of the population
- Equitable and equal access to health care
- The health-care system focused on users/consumers
- Health-care system sustainability – financial, institutional
- Improved functioning, efficiency and quality of care...

## HEALTH CARE SYSTEM VISION – THE LEADING PRINCIPLES

1. The system is clearly organized on three functional levels.
2. Equal access to the basic content and scope of health care;
3. Cost-effective health care services to reduce the burden of disease
4. Prevention and primary health care are high on the priority agenda for the future...

# Development of Continuous Quality Improvement Culture in PHC in Serbia

- Monitoring and evaluation of quality indicators;
- Ranking of PHC and general hospitals based on CQI score;
- Development of accreditation process
- By-law with quality indicators
- Working paper of National Strategy for CQI

# PHC system in complex reforms and changes

- Strengthening self-regulation and regulation
  - Chambers of health professionals
  - Accreditation Agency
  - Developing continuous quality improvement culture
  - Implementing patient rights charters
- Changing provider payment system (capitation based payment in PHC)
  - Chosen doctors, registration of population
- Decentralization to Local Self-governments
- Regulating relations between private and public sectors
- Reform of dental health care in public PHC Centers
- Implementing human resources strategy (reconfiguration of health workforce)

# Stated Goals for Primary Health Care in Serbia

- PHC doctor as “gate keeper” at the entry point to the health care system;
- Comprehensiveness of services delivered to users;
- Continuity of health care;
- Orientation towards family;
- Orientation towards community and development of partnership with other actors in the public services provision to the population;
- Coordination of services delivered in primary care and other levels of care.