



# BALKAN PRIMARY HEALTH CARE POLICY PROJECT



*Dear readers,*

*You are looking at the first issue of the Balkan Primary Health Care Policy Project (BPHCP) Quarterly Newsletter. In this introductory issue you will find basic information on the main objectives and goals of the project, donors, partners, project staff, past and future events. The intention of this newsletter is to keep our partners and beneficiaries informed on latest developments and progress made in the implementation of the BPHCP Project in Bosnia and Herzegovina and Serbia.*

## **Balkans Primary Health Care Policy Project**

The Balkans Primary Health Care Policy Project is the latest contribution of the Canadian Government through the Canadian International Development Agency (CIDA) to the development of health care systems in Bosnia and Herzegovina and Serbia. It contributes to CIDA's overall health programming goal in the Balkans which is to support the achievement of responsive, accountable and gender sensitive national health care systems, thus improving health status. The primary objective of CIDA's health programming in the Balkans is to support health care policy reform by ensuring that the partner countries have the capacity to develop and implement health policies that support efficient and

## **Canadian International Development Agency (CIDA)**

The Canadian International Development Agency (CIDA) is Canada's lead agency for development assistance. It has a mandate to support sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable, and prosperous world. Since the early 1990s the Canadian Government through CIDA and its implementing partners has been delivering technical assistance to the Balkans. It has disbursed over \$540 million to fund some 800 development projects. Along with other donors and Canadian government departments, CIDA successfully funded emergency and humanitarian assistance to the region for support during times of crisis, delivering food aid, providing medical treatment, repairing schools, clinics and houses, and assisting displaced populations.

effective primary health care. CIDA's final phase of health programming relies on a three year (2006 - 2009) integrated approach centered on three pillars: primary health care policy; youth and health; and



civil society advocacy for public health. All three Canadian Projects seek opportunities to collaborate in support of common stakeholders and partners.

The Canadian team which consists of experts from the Canadian Society for International Health and Queen's University brings extensive experience to this project. The Project team works with local governments and other partners to ensure that the project supports the governments' agendas for improved health systems in the recipient countries. The BPHCP Project has two distinct components:

- Primary Health Care Stewardship and Delivery in Serbia
- Health Human Resources (HHR) Planning and Regulation in Bosnia and Herzegovina

In addition, the BPHCP Project aims to support regional activities which promote an exchange of experiences and lessons learned in the process of health care reform among countries in the region.



Canadian International Development Agency

Agence canadienne de développement international

CIDA has also made strong contributions to peace building through civilian police deployments to multilateral organizations, and through demining projects to help with the safe return of refugees. CIDA's assistance in the Balkans is aligned with Canada's overall objectives of maintaining peace and security. In particular, CIDA is helping countries to move closer to their goal of EU accession by ensuring that projects are promoting European standards.

To date CIDA has disbursed over \$45 million for health initiatives in the Balkans, resulting in greater public access to primary health care services through family medicine, broadened awareness of HIV/AIDS, and strengthening of community based rehabilitation centers for the disabled people.

This project is funded by the Canadian Government, through the Canadian International Development Agency



Canadian International Development Agency

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### **Health Workforce Challenges in Bosnia and Herzegovina**

If we ask any Minister of Health in Europe what they would like from their health workforce they are likely to use phrases such as: sufficient numbers of different types, well trained, in the right places, motivated and cooperative. The health workforce is the "central component in the delivery of health services in all countries. The effectiveness of health systems and the quality of services rely on the performance of human resources for health and depend on their knowledge, skills and motivation."<sup>1</sup> Health workforce issues are difficult to address because they involve different ministries and levels of government. Among the stakeholders are: the Ministry of Education, Ministry of Health, Ministry of Labor, the Health Insurance Funds, Local Government, medical chambers and associations, education institutions, employers (hospitals, health centers, businesses etc.) and individual providers in the public and in the private sector. Each of the stakeholders has different interests which are often not aligned and in some instances are conflicting. In addition international partners have been supporting and continue to support different aspects of health workforce development. It is no wonder given that Ministers of Health in Europe acknowledge that they are faced with large challenges. Among the challenges faced by countries in Europe are: skills shortages; inadequate deployment especially in rural areas; increasing mobility and migration; insufficient education – employer linkages; poor working conditions; short comings in regulations; and weak knowledge base on HRH resulting in lack of evidence for policy and decision making.<sup>2</sup>

These challenges, coupled with the fact that the health workforce is approximately 10% of the total workforce in the economy of a country and accounts for more than 60% of recurrent health costs, demand that attention is focused on this vital element of a country's health system. Bosnia and Herzegovina face all the above challenges and more.

The Entities and the District of Brcko are actively engaged in instituting reforms in all parts of their health care system. They have embarked on a process of renewal of their Strategic Plan for Health System Reform and have now adopted a Primary Health Care Strategy. This is a good basis on which to pursue improved management of the health workforce. Without clear strategies on the way services are to be organized and delivered health workforce strategies will not be consistent or supportive. The governments in BiH are showing their leadership by actively tackling different aspects of the improvement of the health workforce such as education and training of family medicine practitioners and the strengthening of accountability mechanisms through strengthening of the chambers. The BPHCP Project is working with the respective Ministries and their international partners to assist in systematically tackling the workforce issues so that the health systems can be more responsive to the needs of their populations. Subsequent contributions to the Newsletter will describe specific activities that are being undertaken in the improvement of the health workforce in Bosnia i Herzegovina.

*By Orvill Adams*

<sup>1</sup> WHO European Region, Human Resources for Health in the WHO European Region, 2006, page 5

<sup>2</sup> Taken from presentation made by Dr. Nata Menabde, Deputy Regional Director, WHO European Regional Office, to the European Forum of Medical Associations in 2006

### **Strategies for the improvement of Primary Health Care (PHC) in Serbia**

The Serbian health care system is in a process of rapid reform, with such measures as registration of citizens with primary care providers, increased privatization in primary dental care, and decentralization of some aspects of the stewardship of PHC. The reform is broad based and builds on a long history of primary health care services which are provided through a network of Dom Zdravlja responsible for local public health, primary care and the administration of smaller ambulantas. The secondary and tertiary levels of care are also being rationalized. With respect to PHC there is general agreement that change is necessary.

The following are some of the key determining factors: poor status of the PHC practitioner within the system, overspecialization – a polyclinic approach, low efficiency and uneven quality of service provision, absence of motivation to engage in health promotion and disease

prevention.<sup>1</sup> For the patient these factors jeopardize access and quality of care. There remains a relatively high level of informal payments and patients often have to pay twice for the same laboratory tests as they move between levels of care. The PHC system continues to be well used, six consultations per capita to general practice service, which is similar to the European average. The appropriateness of some of these visits, however, is being reviewed especially as they relate to the treatment of chronic conditions. The reforms are guided by a legal framework which includes four central laws: The Law on Medicaments (2004), The Law on Health Care (2005), The Law on Health Insurance (2005), The Law on Chambers (2005). Getting commitment from the multiple stakeholders involved in the PHC system in order to effect change where it is needed is the real challenge of this and many ... *(to be continued on page 3)*

<sup>1</sup> WHO European Region, Human Resources for Health in the WHO European Region, 2006, page 5

(continuation from page 3)... other reforms. The need for PHC reform, the pace of reform and the changing roles and responsibilities are not universally supported or understood. Capacity strengthening is required throughout the system. Decentralization of planning and capital funding responsibility to the Municipalities requires capacity development for both Municipal and Dom Zdravlja personnel to manage the new functions. The Ministry of Health is leading a concerted drive to improve quality through initiatives to introduce accreditation at primary and secondary levels, to increase the use of clinical guidelines and to strengthen systems for licensing of health providers. The Serbian Republic's Institute for Health Insurance is pursuing a strategy aimed at better alignment between the funding of health services and the needs of the populations. The implementation of reforms is always difficult, requiring commitment, education, capacity development and leadership. The BPHCP Project is working with the Ministry of Health to develop a policy for PHC and a strategy that will support its implementation.

By Orvill Adams

### **NURSING**



Written by  
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Consultant

Around the world, nurses and midwives are increasingly recognized as a key resource in health system reform strategies. As the largest group of regulated health professionals, it is well known that nurses and midwives can make a major contribution to the achievement of a country's health goals. In order to do this, however, they need a comprehensive education and strong nursing associations and professional regulatory systems to develop standards of nursing practice and education that ensure nurses are able to deal with increasingly complex health problems and meet the challenges posed by a growing emphasis on health promotion and disease prevention, community development and multidisciplinary teams. In Bosnia and Herzegovina, nurses want to be part of this world-wide movement. The *National Action Plan for Nursing and Midwifery* in Bosnia and Herzegovina was developed in 2005 with the support of the World Health Organization. It was approved as policy by the State Government and is now being studied by the Ministries of Health in both the Federation of Bosnia and Herzegovina (FBiH) and the Republic of Srpska (RS). On May 16<sup>th</sup> 2007 nursing leaders from the Republic of Srpska, the Federation of Bosnia and Herzegovina and the District of Brcko took another step forward in the reform process at a workshop in Sarejevo, initiated by the Chief Nurse for FBiH and supported by the BPHCP Project. The focus of the workshop was on collaboration between representatives from all Bosnia and Herzegovina on matters of professional interest, which include professional regulation and international representation and support. Three working groups are now in place to continue working on priorities. Nursing chambers in FBiH are working together to improve coverage and compliance with registration requirements in the Federation, the working group in RS is preparing the draft law on nursing chamber, and representatives from RS, FBiH and the District of Brcko have formed a working group to study the feasibility of establishing a state-level nursing association to represent all nurses in Bosnia and Herzegovina at state and international levels.



### **Project Team**

The team of the Balkans Primary Health Care Policy Project combines Canadian and local expertise in primary health care policy and health human resources management which is supported by a dedicated administrative staff with extensive experience in implementation of the international development programs. Our offices are in Banja Luka, Belgrade, Kingston, Ottawa and Sarajevo.

The project team members are:

- Orvill Adams - Project Director (Belgrade)
- David Allison – Consultant
- Anne Barton - Project Accountant (Ottawa)
- Nick Busing – Consultant
- Jasminka Ceric Filipovic - Office Manager (Sarajevo)
- Karen Gibbons – Consultant
- Marshall Godwin – Consultant
- Djenana Jalovcic - Project Manager (Sarajevo)
- Zdenka Jelic - Administrative Support (Banja Luka)
- Darko Krznaric - Administrative and Financial Coordination (Kingston)
- Sally MacLean – Consultant
- Julie Obonsawin - Administrative Support (Ottawa)
- Larry Nestman – Consultant
- Brankica Novosel - Administrative Support (Belgrade)
- Malcolm Peat – Consultant
- Susan Phillips – Consultant
- Beth Richan - Administrative and Financial Coordination (Kingston)
- Dinko Sijercic - Administrative Support (Sarajevo)
- Eva Slawecki - Project Manager (Ottawa)
- Ivan Tasic - Administrative Support (Belgrade)
- Natasa Tomic - Project Coordinator (Banja Luka)
- Ruth Wilson – Consultant
- Predrag Zivotic - Project Coordinator (Belgrade)

Depending on activities the core team is expanded to include local experts hired on a short term basis.

## PAST EVENTS

### Voice of Consumers Project Working Group - Serbia

A set of Project activities has been designed with the objective to create opportunities and mechanisms for public participation in PHC policy development for improved services and in particular the participation of vulnerable groups. The Voice of Consumers Working Group (WG) should provide guidance to the PHC Policy Committee on strategies and methods to improve consumer/public participation in PHC development in Serbia. Series of consultations with consumers groups and vulnerable groups' representatives were held to ensure the credible representation of consumers in the policy development process. The WG has identified as a priority the need for the development of a common communications strategy for their interaction with the MoH, providers and other stakeholders in PHC. The Local Communication specialist and Project Consultants started the training for the Working Group by performing a SWOT analysis of the environment and defining the goals of the communication strategy.



### Interface workshop - Banja Luka, May 30, 2007



The joint workshop organized by the HR component in SITAP WB Project and BPHCP Project in RS gathered over 50 participants, who represented all levels of health care providers as well the main policy decision-makers. The engaging discussion that followed excellent international and local presentations, confirmed that planning across the levels as well as the management of the roles and functions of providers were a necessity in ensuring the continuity of health care and preventing patients falling into "gaps" between levels.

### Consensus Workshop - Jahorina, June 18-19, 2007

The main goal of this workshop was to analyze different approaches to the planning of HHR and to identify on an approach which was the most suitable and acceptable for BiH. Since there is no absolute norm for the „right“ ratio of doctors or nurses in relation to the population the approach must incorporate the variety of factors that were discussed during this workshop. Over 25 participants from District Brcko, Federation of Bosnia and Herzegovina and Republic of Srpska took part in the workshop. Participants were representatives of institutions responsible for the planning of health human resources such as Ministry of Civil Affairs, Ministries of Health, Public Health Institutes, health insurance funds, representatives from the supply-side/educational institutions, and representatives of health care providers.



## UPCOMING EVENTS

### Regional Conference - Banja Luka, Bosnia and Herzegovina October 8 - 9, 2007

The purpose of this Regional Conference is to share experiences and examine the relationships between the planning, management and use of the health workforce and the delivery of PHC services. Countries in the region have taken different routes to the organization and delivery of primary health care services. The models chosen have an impact on the type of providers in the system. Similarly, the type of providers and the scopes of practice can define the nature of the services provided. The Conference will provide an opportunity to critically examine some of the key PHC issues in the region.

#### BALKAN PRIMARY HEALTH CARE PROJECT

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