

Public Health Standards and EU Chapter 28

SUMMARY

Standards within the healthcare system exist to measure the performance and quality of this sector. Certain indicators presented in relation to individual areas of Chapter 28 negotiation are of immediate importance to the assessment of Serbian healthcare standards compared to standards established within EU countries. For this reason, it is interesting that through the analysis of certain segments of Chapter 28, especially in reference to the findings and conclusions of explanatory screening conducted at the end of 2014 and the bilateral meeting held in February 2015, we problematise the issue of existing standards in Serbia's public healthcare system.

Establishing long-term financial sustainability of public healthcare, as one of the preconditions for wide-spread availability, effective and quality healthcare, is one of the key issues of the Serbian public healthcare system. Relatively high public spending on healthcare in relation to the GDP (8.43%) hides the constant high spending i.e., exceptionally high out-of-pocket spending of the citizenry (over 40%) goes toward healthcare, and thus affects the already poorer segments of the population.

Improving management as well as administrative capacities in the public healthcare system is determined by the unfavourable environment characterised by a lack of defined capacities with which to manage human resources within healthcare centres, unfavourable age and qualification structures, lack of financial incentives for employee and institutions on the one hand, and strong policy impact on chosen management structures within healthcare institutions, and the high centralisation of decision-making, financing and planning on the other.

Step by step, Serbia's public healthcare system is inching toward a worrisome deficit in the number of healthcare workers. Despite continual depopulation, the average number of physicians (300/100,000) and nurses and technicians (616/100,000) has already placed Serbia below the EU average. Internal and external migration of the healthcare workforce and unfavourable age and geographic distribution make this issue one of the key challenges facing the healthcare system in the near future.

Under circumstances where we have limited public financial resources, long-term lack of investment in renovation and construction of new infrastructure and equipment, along with inherited oversized and non-functional capacities, the public healthcare system requires a strongly planned and well-directed investment cycle based on optimally determined needs and established standards of developed healthcare systems.

High overall mortality rates (13.2/1,000), shorter life expectancy (75.89 years) compared to most European countries, as well as relatively high specific mortality rates from preventable diseases are clear indicators of adverse outcomes and the inefficiencies plaguing Serbia's public healthcare system and its public health policies. The alarming number of smokers, alcohol consumers, constant increase of obesity in young people will expectedly increase the burden on the population and the healthcare system in terms of chronic non-communicable diseases. Early detection and treatment of diseases that are the leading causes of mortality in the population, require much greater commitment and the prioritisation of screening programmes with a strong incentive to promote health and healthy lifestyles.

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