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# Health care reforms in Serbia and its uncertainties



**After participating in many congresses in my country, I had the chance to participate in the Wonca 2009 Europe conference, held in Basel. Large numbers of family doctors from the whole world exchanged professional and scientific experiences, and showed that work is very similar, even with some departures caused by healthcare systems.**

The moment when the medical work takes place is very specific and represents a combination of the former health system and new inclinations of the health care reforms.

To make things clearer, here is a review of the previous health care system in Serbia, inherited from the so-called socialist phase. All citizens of Serbia were included in the health care system, and the health services were all free of charge. The source of these finances was the centralized fund for health care where all the money from the obligatory health taxes came to, and there was sufficient help from the state budget. The amount of money paid on the behalf of health taxes did not correspond to the level of the health service provided. This system seemed ideal and humane, but was not sustainable for the long term. At the beginning of the 1990's, with the very beginning of the economic crisis which was caused by the falling apart of Yugoslavia and economic sanctions, it was obvious that the system, as it was, could not function and the gap between the proclaimed health care rights and the actual health care became wider. The situation in the health care system became critical when the basic rights of the patients were jeopardized, followed by the lack of basic medication and laboratory material.

In the beginning of this century, after the radical political changes, the start of the health system reforms were promoted. The problem was: which system to choose? A few models of health care were taken into consideration, starting from the Scandinavian and Canadian systems, and all the way to the British and Irish systems. It is obvious that experiences of several countries will be used, bearing in mind that the financial means available represent the most impor-

tant limitation. At this very moment, there is no dispute about the fact that a new system of financing the health care system starts on January 1<sup>st</sup> 2010 when the basic patients' rights will be protected. At the same time, some health care services will become more expensive by means of a bigger financial participation on behalf of patients. Similarly, the prices of medications are bound to go up. Consequently, the means necessary for the work of health institutions will have to be readjusted. The first place is taken by the salaries of the employees which will have to depend on the size and quality of the services provided. Some health care facilities (e.g. institutes for public health, rehabilitation centers etc.) will have to depend more heavily on the market demand. Among the health workers, especially medical doctors, the fear of losing their workplace and decreased income is present. Elements of income correction are being introduced depending on few parameters (number of working hours, saving the health fund and their health centre means, quality of work, educational work, etc.). This is especially evident in the work of general practitioners who are the pillar of health care and always on the strike of patients' pressure and their demands on the one hand, and demands for rationalization and decreased fund means on the other hand.

Although the rational expenditure is generally clear as the social goal, on the level of its immediate realization it is often a source of frustration and psychological pressure for medical workers.

To conclude, the reforms of the health care system are necessary and can not be delayed. There is no doubt in its final result, together with the constant need to 'reform' the reform.

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