

Human Security Chronicle 8: Health care in Serbia

- “All gynecologists at the community health care center in Pirot are arrested for taking bribery” - Politika (27.05.2014)¹
- “Niš: Gynecologist requested a mobile phone for helping a pregnant woman give birth!” - Novosti (18.11.2013)²
- “Medical treatment depends on the patient's age” - Politika (08.09.2013)³
- “Discrimination of patients according to the State” - E-novine (30.05.2012.)⁴

Newspaper headlines like the ones represented above concerning health care system can be read in both local and national media. The media is daily reporting about corruption among doctors, Roma who could not get treatment because they were rejected by doctors, deaths of patients due to the negligence, long waiting lists for treatment, and so on. For instance, news about doctors getting caught with money they just receive ‘under the table’ from a patient or preferential treatment of relatives and friends, are highly common in regard to the health care system in Serbia. In this way, a woman was asked for a new mobile phone in order to get her baby delivered by the doctor. Some of these issues have also been covered in research conducted by experts and non-governmental organization. These indicated that there are many problems in health care system in Serbia and that these are threatening people in an existential manner on a daily basis.

Quality of Health Care

When the United Nations (UN) were developing the Human Development Index (HDI) in 1994, one of the three important indicators of development of a country was health.⁵ In turn, this has also become a dimension of the UN approach to human security.⁶ The health of people is thereby a key component for people to feel secure in their daily lives. Specifically, they have recognized

1 Politika: <http://www.politika.rs/rubrike/Hronika/Zbog-primanja-mita-uhapseni-svi-ginekolozi-Doma-zdravlja-u-Pirotu.lt.html> (20.11.2014).

2 Novosti: <http://www.novosti.rs/vesti/naslovna/hronika/aktuelno.291.html:464224-Nis-Ginekolog-trazio-mobilni-telefon-da-porodi-zenu> (20.11.2014).

3 Politika: <http://www.politika.rs/rubrike/Tema-nedelje/Sta-muci-generacije-50/Lecenje-zavisi-od-godina-pacijenta.lt.html> (20.11.2014).

4 E-novine: <http://www.e-novine.com/drustvo/65568-Diskriminacija-pacijenata-receptu-drave.html> (20.11.2014).

the importance of improving the health care system, because it strengthens not only individuals but also the entire community.

Firstly, as in the case in many less developed countries, Serbia has a lack of resources in almost all sectors and health care is no exception. Outdated equipment, lack of devices for diagnosis of different types of diseases, lack of mobile beds and lack of materials used in operating rooms are just some of the problems that are caused by lack of investment in health institutions and the health care system over the years.⁷ In addition to a lack of material resources, which are often covered by patients regardless of their financial situation, Serbia also has a problem due to immigration of medical personnel. According to the World Economic Forum, Serbia's ability to retain talent is very low. Latest data shows that Serbia is in 141st place with a score of 1.8 for "brain drain" (people with specific expertise leaving the country) and doctors are, in addition to engineers and IT experts, one of the main group that are leaving the country.⁸ In addition to the lack of experts and doctors, service delivery in some areas is very limited due to demographic changes.⁹ Especially in rural areas, where the population is usually elderly and with limited economic resources, access to health care is difficult both in regard to the mobility of the patients as well as the funds needed to travel to health facilities. Lack of resources and failure to adapt to newly formed circumstances, especially in rural areas, leads to drastic reduction of the quality of life of people.¹⁰

Secondly, analysis of the accessibility to health care in Serbia shows that there is an unequal treatment of patients, specifically certain vulnerable groups. Residents of rural areas are one of

5 More information on: http://hdr.undp.org/sites/default/files/human_security_guidance_note_r-nhdrs.pdf (20.11.2014).

6 More information on: http://hdr.undp.org/sites/default/files/reports/255/hdr_1994_en_complete_nostats.pdf (25.11.2014).

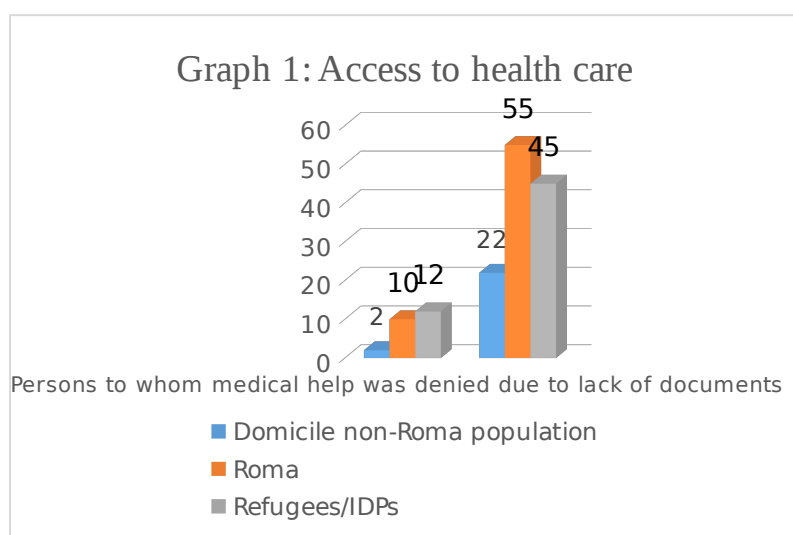
7 Radovanović, D. Radovanović, G. Antić, Lj. (2010), Promocija zdravlja - sveobuhvatni pristupka unapređenju zdravlja pojedinca i populacije [Health promotion - a comprehensive approach on improving the health of individuals and population], *Medicinski časopis Pons* 7(4): pp 161-165. More information on: <http://ponsjournal.info/wp-content/uploads/pons-24.pdf> (25.11.2014)

8 More information on: <http://reports.weforum.org/global-competitiveness-report-2014-2015/economies/#indexId=GCI&economy=SRB> (21.11.2014).

9 Bilten No.2 NET-age project. More information on: <http://www.pzsz.gov.rs/multimedia/dodaci/Newsletter%2020SER.pdf> (21.11.2014)

10 Lutovac, M. D. (2009). *Rashodi za obrazovanje i zdravstvo u državama Evropske unije i Republici Srbiji* [Expenditure on education and health care in the countries of the European Union and in the Republic of Serbia]. *Međunarodna politika*, 60(1133), pp 84-90.

these vulnerable groups. In addition to difficult access to health care services due to place of residence, there is also high percentage of people without any health care at all. Results on Survey for the standards of living for 2007 shows that the groups with larger percentage of people without health care than the average Serbian resident, are residents of rural areas (10%), persons living below the poverty line (14%), Roma (17%) and unemployed persons (11%).¹¹ While lack of funds in the health care system puts especially older residents in a difficult situation, other barriers are also evident in relation to other groups. Specifically, Roma and internally displaced persons (IDP) often do not have access to health care due to lack of residential documents (Graph 1) and thus the inability to obtain a health insurance card.¹² In addition to the previously mentioned groups, in-



depth research that has been conducted with specific, multiple discriminated groups such as partners of injecting drug users (IDUs), are also showing difficulties in access to health care services. In fact, research shows that 27% of women in this vulnerable group, never sought any hospital services, either due to lack of health care insurance, lack of documents or refusal of health personnel to admit them in an institution and to provide them with medical services.¹³ Baring this in mind we can see that not

¹¹ Babović, M. i Vuković, O. (2008), *Žene na selu kao pomažući članovi poljoprivrednog domaćinstva: položaj, uloge i socijalna prava* [Rural Women in the Status of Family Helpers in Farming Households: position, roles and welfare rights], SeConS, UNDP, Belgrade.

¹² Graph was taken from study: UNDP Serbia (2006), *Pod rizikom: Socijalna ugroženost Roma, izbeglica i interno raseljenih lica u Srbiji* [At Risk: The Social Vulnerability of Roma, Refugees and Internally Displaced Persons in Serbia], Belgrade

¹³ Babović, M. i Subotički, I. (2013), *Rodni aspekt zdravstvenih i socijalnih rizika partnerki injektirajućih korisnika droge* [Gender aspects of health and social risks of partners of injecting drug users], SeConS, UNDP, Belgrade.

only limited resources of the health care system influence the quality of health care, but that also the access to this health care is needs to be taken into account.

Thirdly, discrimination in the health care system is closely related to both adequacy and accessibility to quality health care and poses a big problem in Serbia. Discrimination of vulnerable groups such as Roma, elderly, persons with HIV infection or poor people, exists at all levels - from the National Health Insurance Fund (NHIF) to health care centers and medical workers.¹⁴ For instance, in one of the most severe cases, elderly patients were not receiving the prescribed medical supplies because of their age, leading to an intervention by the Constitutional Court.¹⁵ Similarly, even though the problem of Roma and IDPs in relation to documentation has been recognized by the law and special provisions have been put in place, they are often refused the proper documents by the NHIF due to their own interpretations of the law.¹⁶ Moreover, members of these groups are often uninformed about their rights because they are often socially exclusion do not know whom to contact with complaints.¹⁷ The main consequence of this discrimination is that several vulnerable groups have difficult access to health services, while other are experiencing numerous problems once they are admitted to some form of care. These forms of problems include harsh treatment and humiliation by medical staff, lack of attention and thereby inadequate care, and sometimes increased waiting time and difficult procedures. In some cases, patients avoid the health care system all together because they do not think that it will provide them with the support that they need.

And lastly, one of the most common problems, not only in healthcare system but also in the other institutions, is corruption.¹⁸ On the list of countries with significant signs of corruption, Serbia has 42 out of 100 points and is placed on the 72nd place out of 177 countries by Transparency

14 Praxis (2013), *Doprinos socijalnoj inkluziji u borbi protiv diskriminacije marginalizovane populacije u Srbiji* [Contribution to social inclusion and combat against discrimination of marginalised population in Serbia], MFA of Kingdom of Norway. More information on: http://praxis.rs/images/praxis_downloads/Doprinos_socijalnoj_inkluziji_i_borbi_protiv_diskriminacije_marginalizovane_populacije_u_Srbiji.pdf (25.11.2014).

15 More information on: http://www.ustavni.sud.rs/page/view/0-101854/saopstenje-sa-22-sednice-ustavnog-suda-odrzane-27-juna-2013-godine-kojom-je-predsedavao-dr-dragisa-slijepcevic-predsednik-ustavnog-suda?_qs=%D0%BB%D0%B5%D0%BA%D0%BE%D0%B2%D0%B0

16 Službeni glasnik RS", br. 107/2005, 72/2009 - dr. zakon, 88/2010, 99/2010, 57/2011, 119/2012, 45/2013 - dr. zakon i 93/2014

17 Praxis (2013), *Pristup socijalnoj i zdravstvenoj zaštiti za ugrožene grupe na jugu Srbije* [Access to social protection and health care for vulnerable groups in South Serbia], Caritas, Belgrade. More informatio on: http://www.praxis.org.rs/images/praxis_downloads/Pristup_socijalnoj_i_zdravstvenoj_zastiti_za_ugrozene_grupe_na_jugu_Srbije.pdf (20.11.2014).

Corruption Perceptions Index.¹⁹ According to another study from 2013 by the same agency, the results show that 71% of respondents believe that there is corruption in the health care sector while 48% of “direct corruption” is related to health care. Cesid’s study indicates that corruption manifests itself in different ways. In some cases as gifts which represents a token of appreciation to doctors or medical staff, while in other cases there are explicit instructions what kind of gifts or how much money patient or its relatives need to bring. Moreover, the level of corruption is different and depends on the type of medical facility. According to the research, corruption is most pronounced in big facilities such as Hospital Centers, Clinical Centers and General Hospitals, and smaller in rehabilitation centers and community health centers.²⁰

Human Security and Health Care

The above presented data shows that there are numerous problems in the health care system in Serbia. These problems are most severe in terms of access to health care and the quality of the service provided. Given that the health of every individual is key to the well-being of that individual and their family, this data is rather alarming. Although several problem are related to direct lack of resources which are issues that are difficult to overcome, there are also problems which are independent of this factor. Namely, discrimination and corruption cause unequal treatment of patients. Especially vulnerable groups who are often discriminated and social excluded in numerous spheres of life, hereby become highly vulnerable and insecure. The practical physical well-being of people is also highly connected to their quality of life and ability to provide for themselves and their families, and not to undermine, to live a life in dignity. In order to improve the human security of people in Serbia it is essential to invest in and re-organize the health care system.

18 Stojanović, M. (2013). *Korupcija - boljka zdravstvenog sistema u Srbiji* [Corruption - a weakness of the health care system in Serbia]. *Zdravstvena zaštita*, 42(6), 67-74. More information on: <http://scindeks.ceon.rs/article.aspx?artid=0350-32081306067S> (21.11.2014) & SELDI (2014), *Anti-Corruption Reloaded: Assessment of Southeast Europe*; More information on: http://seldi.net/fileadmin/public/PDF/Publications/RAR/SELDI_RAR.pdf (21.11.2014).

19 More information on: http://www.transparency.org/country#SRB_DataResearch (20.11.2014).

20 CeSID (2013), *Stav građana Srbije prema korupciji* [Attitudes of citizens' toward corruption], Belgrade. More information on: <http://www.mc.rs/upload/documents/istrazivanje/2014/02-12-14-Korupcija-u-Srbiji.pdf> (20.11.2014).