The new Yugoslav government, which took up office in July, does not include a Ministry for Health, following a decision to reduce the number of ministers from 16 to 10. At federal level, health responsibilities now fall under the Secretariat for Health, Labour and Social Welfare, which is headed by the former federal minister of health, Dr Miodrag Kovac. Federal and republican bodies have traditionally managed different aspects of health. At this stage, it appears that the roles and responsibilities of the federal health body remain the same under the title of Secretariat. The following areas comes under federal jurisdiction:

- Communicable disease control;
- Food safety, water safety and regulation of items of common consumption;
- Regulation of pharmaceuticals: production, licensing of drugs and clearance procedures for drug imports;
- International cooperation: handling country representation at international level;
- Health care for foreigners;

Reform commission set up

In July, Serbian Health Minister Dr Obren Joksimovic announced the establishment of the Health Care Reform Commission (HCRC). This is a technical forum of professionals, responsible for developing policy and strategy for the health sector. The commission will act as an advisory body to the ministry and other stakeholders in health. It will interface with domestic and foreign donors and international stakeholders to ensure that inputs provided to the health sector are effective and well coordinated. The commission’s working groups will be made up of health experts who will work on specific reform projects. Activities will include data collection and feasibility studies to direct health policy development. International experts will be invited to participate in the working groups.

The HCRC first met in July and continues to convene regularly. A working group set up to assess immediate needs for hospital equipment has started working, and its findings are expected in September. Extensive consultations will be conducted in September and October with health boards of political parties, local and international stakeholders, including representatives of some sectoral ministries –
Ministry of Finance (MoF), Ministry of Social Affairs (MoSA), Ministry of Defence (MoD), Ministry of International Economic Relations (MIER) – and major health institutions. A series of seminars and meetings planned in September and October will culminate in the Health Care Reform Conference, on 23–24 October.

The members of the commission are:

Dr Obren Joksimovic, Serbian Minister for Health, President of the commission;
Professor Viktorija Cucic: public health physician, Institute of Social Medicine, Belgrade Medical School;
Professor Vlada Kostic: neurologist and director of the Institute of Neurology, Belgrade Medical School;
Professor Nada Kovacevic: gastroenterologist, Clinic for gastrointestinal disorders, Medical School;
Professor Bozidar Raicevic: economist, Economic Institute, Belgrade;
Professor Radmilo Roncevic: surgeon and director of the Clinic for plastic and reconstructive surgery, Belgrade Medical School;
Professor Vesna Bjegovic: public health physician, Institute of Social Medicine, Belgrade Medical School;
Dr Drago Jelaca: public health physician, Bureau of Public Health, Belgrade;
Dr Mima Grozadnov: public health physician, Institute of Public Health of Serbia;
Dr Ljiljana Sokal: public health physician, Bureau of Public Health, Belgrade;
Dr Zorica Pavlovic: lawyer, advisor to MoH;
Dr Ozren Tasic: special advisor to MoH, DFID;
Dr Luigi Migliorini: Head of office, WHO.

In the short term, the tasks of the HCRC will be to:

- Draft a strategic framework for development of the health sector and a plan of activities;
- Identify priority areas and establish working sub-groups;
- Commission studies on to priority areas;
- Develop health care reform options, including implementation plans; and
- Present the overall action plan for reform to the Ministry of Health (MoH).

Health funds from Brussels

The Brussels donors conference saw 26 bilateral donors and international organizations pledge funds in support of FRY’s overall ‘Economic Recovery and Transition’ programme.

The total amount offered to Serbia for 2001 was USD 1.28 billion, in line with the Yugoslav government’s request.

Conference discussions were general and most donors indicated only the overall amount pledged, rather than the specific sector to be supported. Less than 50% of funds were earmarked. For example, according to the Development Aid Coordination Unit (DACU) within MIER, only USD 6 million was specifically pledged to health, against the government request for USD 30 million.

DACU has consulted with ambassadors representing donor governments during August, to clarify which sectors they are interested in supporting. This should help to identify the exact resources allocated to the health sector. Results should be available in September.

The Serbian government identified assistance to the social sector as a key priority, and included the republican MoH’s bid for support in the form of ‘essential drugs, equipment replacement/repair and basic rehabilitation of buildings’ as one of its 36 top priority projects.

PUBLIC HEALTH

Campaign lifts vaccination coverage

More than 4,000 Roma children have been vaccinated in the first phase of an intensive ‘catch-up’ immunisation campaign in Belgrade. The programme, organised in response to an earlier outbreak of polio in neighbouring Bulgaria, aims to
prevent the spread of the polio virus to Serbia and increase coverage rates for this and other vaccine-preventable diseases among high risk children. Along with receiving the oral polio vaccine (OPV), children are being inoculated against other diseases; Di-Te-Per (diphtheria, tetanus, pertusis) and MMR (measles, mumps, rubella).

The first round of immunizations took place over three weekends in July. 110 sites were set up in Belgrade municipalities to make vaccination as accessible as possible for the target group. Coverage among Roma and vulnerable children in Belgrade has now been raised to 90.9% as a result of this action, providing solid ‘mass immunity’ against any poliomyelitis importation. However, these children need to have at least one more dose of oral polio vaccine, and ideally two, to ensure full protection. Another round of immunisation is scheduled for weekends between 25 August–9 September, and a third round will be conducted in October.

Volunteers from local Roma communities and visiting nurses have helped identify around 7,500 children aged 2 months–14 years eligible for vaccination. Screening of these children showed that only 41% had had any prior vaccination. This finding is well below the immunization level reported for children registered in Belgrade, which is above 95%.

The campaign is a joint collaboration between UNICEF, the Serbian Institute of Public Health (IPH), the Belgrade Institute of Public Health and a number of Roma NGOs. Over 300 health professionals are participating, including immunisation teams from PHC centres in Belgrade, paediatricians, patronage nurses and members of Roma organisations. Health workers carry out clinical examinations of children presenting for immunization, check their immunisation status from available records and give the necessary vaccinations. Most vaccines were provided by MoH, while UNICEF procured MMR doses that were not produced locally.

The target groups are children from Roma and other mobile and vulnerable population groups, who tend to slip through the vaccination system. The campaign started in Belgrade where most Roma live, but will be extended to other parts of the country. It is anticipated that by the end of this initiative some 20,000 children across Serbia will be vaccinated, registered and included in regular immunization programmes.

While improved immunisation coverage is the main gain, registering children with the health service and providing their carers with education about the importance of immunization are further public health benefits.

For further information contact: UNICEF Belgrade Office, Tel: (011) 360-2-10; or IPH of Belgrade, Tel/fax: (011) 3237-122 Dr Tomislav Radulovic, department head, or Dr Predrag Kon, project coordinator.

Syphilis outbreak reported

Serbian health authorities have appealed for urgent medical assistance to help combat a recent outbreak of syphilis in an institution for mentally disabled adults in Kragujevac. The story broke this month in the local media and was later verified by IPH, Serbia. The health authority says 89 cases were confirmed by laboratory testing and an additional 500 residents in the institution are considered to be at risk due to exposure to infection.

Syphilis is a bacterial infection primarily transmitted through sexual contact, although it can also be transmitted congenitally from an infected mother to her child. Signs of infection range from early
skin infections to complications of the heart and nervous system.

Incidence of syphilis decreased with the advent of penicillin treatment in 1946, but re-emerged in the 1960s. Global incidence is around 12 million people annually. Yugoslavia had managed to eradicate congenital cases and lower the incidence of sexually transmitted syphilis, but there has been a recent increase in reported cases.

Benzathine-penicillin, required to treat the disease is not produced in Yugoslavia and there are not sufficient supplies in the country to deal with this outbreak. The IPH of Serbia approached WHO to help source an urgent supply of this drug. WHO has arranged for quick procurement of this drug and delivery is expected by the beginning of September.

**ECHO supports health houses**

ECHO is set to launch a new phase of assistance to the PHC system in Yugoslavia. Throughout 1999–2000 ECHO supported the system of visiting nurses and home care therapy, in an effort to provide vulnerable groups with access to a minimal level of health services. The projects beneficiaries were refugees, displaced people and local vulnerable populations living in remote areas. Starting from September ECHO, will extend support to cover the system of PHC centres, known as dom zdravlja (health houses).

ECHO’s main aim in the health sector is “maintaining primary care services at an acceptable level,” according to medical coordinator Dr (Jacky) Do Cao Hung. Most of the EURO 8 million allocated for health activities in 2001-2 is going in PHC.

Dom zdravlja (DZ) are primary level services designed to form a gatekeeper network for the health care system. They should provide general diagnostic and treatment services, outpatient care, promote public health issues and refer more complex cases onto specialist services. Currently, however, many primary care cases are treated at secondary and tertiary care centres. One reason for this is the perception that such facilities are better maintained and equipped than DZ. More appropriate use of DZ services could shift a significant caseload burden away from specialist institutions thereby lowering health care costs. Whilst a health reform plan is yet to be drawn up, the government has signalled that a modified form of DZ will remain as primary services.

The PHC project will be implemented through 12 NGO partners in Serbia and Montenegro. The participating agencies – IISA, COSV, CARE, MDM-G, ALISEI (formerly known as Nuova Frontiera), IRC, Merlin, MDM-F, CESVI, HRT, WHO (support to IPHs in Serbia; partner for training visiting nurses in Montenegro), GRC – have been allocated different regions in the country and will start activities from September.

The major inputs will be basic refurbishments of health facilities and some provision of equipment. The type of equipment provided will be based on the level of health care services and the capacities of staff at individual facilities. Some staff training may be included. However drugs and consumables will not be supplied in this phase of assistance to DZ.

**ICRC mobile clinics to continue**

The ICRC extended an agreement with MoH this month to continue supporting two mobile clinic teams and four health posts (ambulantas) in Presevo and Bujanovac with essential drugs and medical consumables until the end of 2001.
Since starting up in April, these outreach services have delivered basic medical care to 1,819 patients: 27% men, 46% women and 27% children. Respiratory tract infections, pain and cardiovascular disorders have been the main treatment areas.

Mobile teams have adapted their role and response to meet the changing demands for health care in this region. In recent months, the influx of refugees from FYR Macedonia has placed a heavy strain on existing health services, and mobile clinics have been able to relieve some of this burden from the local health system. Efforts have been directed towards screening and meeting immediate health needs of the incoming refugees.

In addition, approximately 5,000 Albanian people have now returned to their villages in the former Ground Safety Zone (GSZ) and surrounding areas after the cessation of hostilities in southern Serbia, and the UNHCR anticipates that there will be further returnees. Mobile teams are supporting this transition process, ensuring that returnees have access to essential health care and building confidence in these communities.

ICRC organized two mobile health clinics, in collaboration with local health institutions (Dom Zdravlja), after a needs-assessment carried out earlier in the year found that the 10,000 people living in villages in the GSZ had limited access to regional health facilities. The mobile service initially aimed to provide local populations in these municipalities with access to first line PHC, particularly vulnerable groups like women, children and the elderly by carrying out monthly visits to the most remote villages. As part of an evolution of this service, health education will become a stronger focus and health information sessions will be integrated into the mobile clinic rounds. In September, special attention will be given to health promotion, particularly for maternal and child health issues.

**Agencies target mine awareness**

According to UNHCR figures, around 5,000 Albanians have now returned from Kosovo to the former GSZ, mainly during July and August. These people are a new priority group for mine education activities being run by local authorities and international agencies in the region. Government estimates suggest that around 1,500 land mines and unexploded ordnance remain in the region, though figures cannot be confirmed. The mined area covers a relatively small territory, and in recent months a number of public education campaigns have targeted the resident population, and now also returnees to Presevo and Bujanovac. Many returnees received lectures on mine awareness from ICRC when they were in Kosovo, but now need reinforcement of information and details about the local situation.

MSF-B launched a campaign in June after the death of one school age boy and injury of two other children highlighted the need to provide public education. Children are particularly at risk of picking up or stepping on mines and MSF-B, ICRC and local authorities combined efforts to quickly educate children before the end of the school term.

MSF-B designed a game focusing on the dangers of mines, which was introduced in 17 schools, reaching around 10,000 students. 20,000 information leaflets were distributed through schools, ambulantas, post offices and shops in Presevo and Bujanovac.

UNICEF distributed posters in Serbian and Albanian in July and August, and information will continue to be distributed to returnees to Albanian villages.

Along with distributing information, the ICRC has gathered data on community knowledge of safe behaviour, prior education, and awareness of existing landmines. Two field officers are now based in Bujanovac to work on mine awareness. They will train representatives from each village in the area to be contact points for ongoing work, in an effort to mobilize communities to deal with this problem.

ICRC is currently liaising with local theatre groups in Bujanovac and Presevo to produce a play for children that would be performed in schools and villages.

Handicap International has supported communities by providing prosthetic and orthopaedic aids for disabled people and is keen to increase awareness about this service.
A coordinating body convenes regular joint meetings with agencies working on mine issues – ICRC, UNICEF, MSF-B, HI, EUMM, IPH of Vranje, police and military representatives – to discuss issues and ensure that there is no overlap of actions. The Yugoslav army has set up two mobile teams to carry out demining activities. The civilian population reports any known or suspicious sites to their municipality, and this information then goes to the mine coordinating body and the army, which report back to the community about what action has been taken.

**PHARMACEUTICALS AND MEDICAL SUPPLIES**

**PSF finishes EU/EAR project**
Pharmaciens sans Frontieres (PSF) completed implementation of their EU funded project of pharmaceutical supplies this month. During the period December 2000-August 2001, drugs to the value of EURO 17 million were distributed to 365 health facilities. Sixty two percent (62%) of items went to state pharmacies, and the remainder to hospitals and health centres.

Supplies focused on drugs to combat major diseases. A particular emphasis was put on drugs for oncology, transplant and haemophiliac patients.

Jan Komrska, project manager for PSF, said efficient procurement meant a saving of DM 1 million was made during the project, funds which have now been used to donate medical equipment to health facilities.

The centres, mainly in Belgrade, will receive items such as mobile patient monitors, gastroscopes, bronchoscopes, spirometers, infusion pumps, anaesthesia equipment and cytotoxic safety cabinets.

**EAR assists with drugs**
Starting from September, the European Agency for Reconstruction (EAR) will implement four projects in the pharmaceutical sector. The total value of this assistance package is approximately EURO 26 million.

The largest project is a continuation of the EAR’s previous humanitarian drug supply programme, which PSF had managed, according to Donatella Linari, medical programme coordinator for the EAR. Supplies include reagents, consumables and drugs for four diagnostic categories (cardiovascular diseases, diabetes, asthma and cancers). There is also a technical assistance component. This project, valued at EURO 23.7 million, will run over 15 months.

The British company Crown Agents won the tender for the project and have already commenced implementation. According to Crown Agents representative in Belgrade, Christine Jackson: "our role in this project is drug procurement, training and capacity building. We will identify counterparts in the MoH, the Health Insurance Fund (HIF) and the Institute of Pharmacy. There will be an assessment of training needs at different levels, but most education will focus on building capacities of pharmacists in the state system".

Crown Agents will set up a monitoring system for supplies in collaboration with the MoH and HIF. A technical committee has been set up to collaborate on the project, with representatives from the Federal Secretariat of Health, the republican MoH, Institute of Pharmacy, Ministry of Finance, HIF and medical institutions.
The first local tender was launched this month and will cover needs for approximately six months. Crown Agents expects most drugs to be procured within the country. The initial delivery of these items to state pharmacies should be in October. An international tender will also be put out for items that are not available locally. Overall, the project will provide a year’s supply of drugs and related consumables.

The drugs will be available to anyone in the public, but Jackson advised that “this project is not designed to give another year’s supply of free drugs. There will be some cost sharing, people will need to pay 20 dinars per box of medication. These co-payments will go into a counterpart fund that will go back to the pharmacies to give them some liquidity for ordering and paying for other drug supplies”. A public education campaign will be run informing people both about the programme and co-payments.

Three technical assistance projects will start in September/October, aimed at:

Supporting the pharmaceutical sector by helping establish a national drug agency, responsible for regulation, pricing and legislation on pharmaceuticals, and assisting the Institute of Pharmacy to carry out quality control on drugs;

Improving prescribing practices by developing and implementing treatment protocols for main disease categories;

Building capacities within the local pharmaceutical industry by providing technical training and assistance to producers.

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**AGENCY COMMENT**

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**NGOs target primary health care**

Contributed by Matthew Ward, medical programme coordinator, IRC, Belgrade

Non-governmental organizations (NGOs) have been active in the provision of humanitarian aid throughout Yugoslavia for the past decade. Against a background of social and economic difficulties generated by political turmoil and strife, the decline in the health of individuals and communities has remained a concern in FRY as elsewhere in the Balkans.

Despite variations in government health policy and donor focus, and the differing mandates of NGOs, humanitarian assistance in the health sector over the past ten years can be divided into five main categories: supply of pharmaceuticals to institutions; provision of medical equipment; rehabilitation of health care facilities; staff training; and specific assistance to vulnerable individuals. Such strategies are still evident in current INGO activities, reflecting the dual aims of trying to support the health system in the delivery of care to all while concurrently addressing the health needs of those who remain unable to access services through the state system or privately funded providers.

Primary health care (PHC) comprises curative, preventative and health promotion services and is recognised as the most cost effective and efficient means of delivering health care to a target population. Decreased PHC service use has been associated with increased mortality and morbidity in crisis and post-crisis settings. Family medicine or PHC was never formally recognised or developed as a medical specialty in Yugoslavia, but the contribution of the network of municipal level dom zdravljas (health houses), ambulantas (small health posts) and outreach services cannot be underestimated. The general health status in FRY was essentially equivalent to Western European countries until 1990, but today PHC services are experiencing financial and material constraints similar to all health institutions within FRY.

Significant donor support has been provided to the PHC network in Serbia, mostly through funding made available by the European Community Humanitarian Office (ECHO) in a project implemented through several NGOs. In general, this assistance has taken the form of material support, staff training, and institution rehabilitation, although individual agencies have responded to specific problems within their regions of responsibility.

The recent significant political changes in FRY have led to changes in donor priorities and funding mechanisms, with a shift from relief-based...
programming delivered mainly through NGOs, to reconstruction and development initiatives at the bilateral intergovernmental level. This raises questions about the future role of NGOs in the health sector in FRY. In addition, although further health sector reform is anticipated following an upcoming World Bank assessment mission to FRY, with the expected introduction of participation charges for consultations and investigations for some sectors of the population, future initiatives remain unclear.

In this context, it is reasonable to expect reduced involvement of NGOs supporting both the health system and individuals in the short-medium term.

However, field experience and data collected in the course of project implementation, particularly evaluations and impact assessments, give NGOs an invaluable perspective on current problems and potential solutions that are not always available to other actors.

The health reform debate needs to involve different stakeholders in the sector and be an inclusive consultation process, drawing on combined resources and skills of national authorities, international organisations and NGOs. NGOs should publicise their project-related findings, data and lessons learnt from the field, and advocate for inclusion of this material in the decision-making processes that will determine the future of the health care system in FRY.

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**List of abbreviations:**

- DACU: Development and cooperation unit
- DFID: Department for International development
- DZ: Dom Zdravlja (health houses)
- ECHO: European Community Humanitarian Office
- EAR: European Agency for Reconstruction
- EUMM: European Union Monitoring Mission
- FMoH: Federal Ministry of Health
- FRC: French Red Cross
- FRY: Federal Republic of Yugoslavia
- GRC: German Red Cross
- GTZ: German Technical Cooperation
- HI: Handicap International
- ICMC: International Catholic Migration office
- ICRC: International Committee of the Red Cross
- IDPs: internally displaced persons
- IFRC: International Federation of the Red Cross
- IMC: International Medical Corps
- IOCC: International Orthodox Christian Charities
- IOM: International Organisation for Migration
- IPH: Institute of Public Health
- IRC: International Rescue Committee
- IRD: International Relief and Development
- JEN: Japanese Emergency NGOs
- MDM-G: Medecins du Monde -Greece
- MDM-F: Medecins du Monde -France
- MIER: Ministry for international and economic relations
- MoH: Ministry of Health
- MoSA: Ministry of Social Affairs
- MoF: Ministry of Finance
- MoD: Ministry of Defence
- MSF-B: Medecins sans Frontieres-Belgium
- MSF-G: Medecins sans Frontieres -Greece
- NF: Nuova Frontiera
- OCHA: Office for the Coordination of Humanitarian Affairs
- OSCE: The Organization for Security and Co-operation in Europe
- PHC: Primary health care
- PSF: Pharmaciens Sans Frontieres
- RMoH: Republican Ministry of Health
- SDC: Swiss Agency for Development & Coop.
- YRC: Yugoslav Red Cross