

Balkans Primary Health Care Policy Project

In partnership with the Canadian Society for International Health and the Queen's University/Department of Family Medicine.

Dates:	September 2006 to September 2009
Primary sites:	Balkans region, specifically Serbia and Bosnia and Herzegovina (BiH)
Budget:	\$7,000,000 CAD
Donor:	Canadian International Development Agency (CIDA)

Overview

In the aftermath of years of violent conflict, economic/ political turmoil, and social upheaval, this project sought to create responsive and accountable primary healthcare in Serbia and BiH. The goal of the project was the improved health outcomes in these regions. Project efforts in Serbia were focused on healthcare policy development and implementation, while in focus in BiH was the improvement of human resources in healthcare.



Over its three-year duration, the project had significant impacts in Serbia and Bosnia and Herzegovina, contributing stronger primary care, primary care policy formation, and European Union (EU) accession for both countries. These results were achieved by hundreds of activities, including:

- Creation of 12 primary care demonstration sites that served a population of over 2 million. The centres were used to test policy and teach primary care clinical techniques.
- Implementation of study tours for over 35 policy makers from the Ministry of Health, government, and healthcare sector to teach about provision of primary healthcare and how to bring about reform.
- Creation and dissemination of dozens of workshops and modules. They taught topics from best practises in primary care to effective healthcare management to financial planning in primary care. This educational content was provided to over 1100 stakeholders.
- Organization of 10+ working groups with diverse members including physicians, officials, civilian users, and vulnerable populations for input on policy reform and primary care provision.
- Formation of partnerships with local professional organizations, government, international NGOs, and healthcare institutes, leading to collaborative policy creation and educational reform.
- Assistance in the creation of the first Bosnian federal physiotherapy professional organization and a “Nursing Coordinator” position within the Ministry of Health in Bosnia and Herzegovina.

Background

A strong primary care system is integral in both the provision of high-quality care and the efficient use of healthcare resources. Following the dissolution of the Socialist Federal Republic of Yugoslavia and the Bosnian war, the countries of the former Socialist Federal Republic of Yugoslavia (including Serbia and Bosnia and Herzegovina) experienced many economic and political crises. While the region had seen significant progress following this period of transition, declining living standards, poor access to education, slow economic growth, and unemployment were barriers to improving health outcomes in the region. Despite differences in primary care delivery between the two countries, the challenges faced by each healthcare system were similar: the role of primary care was small, there were barriers to professional distribution and training, access to primary care was limited (particularly for vulnerable populations such as persons with disabilities or Roma), and there was insufficient human resources to provide high-quality care in a timely manner.

Rationale

Many studies and reports identified barriers to effective primary care in Serbia, such as:

- User payments limited access to healthcare, especially for individuals with low socioeconomic status including many elderly persons, people with disabilities, refugees, and Roma.
- Low salaries for healthcare workers led to dissatisfaction, low motivation, and work stoppages.
- Inefficient use of the large healthcare budget (10% of Serbia's GDP) led to constant funding issues and resource shortages.
- The healthcare system focused on curative medicine while having ineffective preventative care.
- Low-quality and insufficient education for healthcare professionals including nurses, physiotherapists, public health workers, physicians, and other rehabilitation workers.

At the time of the project's onset, primary healthcare reform was identified as a priority in Serbia, but no coherent strategy or action plan had been created. At the same time, Bosnia and Herzegovina struggled with a complex healthcare system of 13 distinct health ministries and insurance funds for a population of only 4.6 million. Five different Ministers of Health in 12 years had led to constantly shifting goals for healthcare reform. Reports identified the following challenges:

- Poor human resource management including a lack of differentiated training for allied healthcare workers such as nurses and physiotherapists, and a low training capacity for primary care physicians (while having a high training capacity for specialist physicians). Policy guiding human resource management in healthcare was scarce.
- Fragmented healthcare delivery with inefficient allocation of resources, in large part due to poorly trained management and administration in the healthcare sector.
- Poor definitions of the responsibilities of each healthcare profession and a lack of communication between various healthcare workers, the ministry of health, and municipalities.
- No support for nurses and other allied health professionals or methods to measure their contribution to primary care, leading to underdeveloped training and ineffective deployment.

Actions and Outcomes

Project efforts in Serbia primarily focused on healthcare policy development and implementation. The project efforts in the country contributed to sustainable reform of primary care, including the following:

- **The project established 12 primary care demonstration sites serving a total population of 2 million.** These sites were used for policy development and testing to ensure that policy fit the needs of the Serbia's diverse population. The project provided the centres with technical assistance and training in areas such as best practises in primary care, business administration, and patient management. In the final year of the project, each demonstration site partnered with another nearby primary care centre to share information and resources, increasing the long-term sustainability of the project.
- The project organized **study tours to Canada, Finland, and Estonia for policy makers** to educate them about the organization and provision of primary healthcare and how to bring about primary care reform. These tours improved the political and healthcare leadership's understanding of the principles and approaches to primary care policy development and increased their capacity to develop policy. Officials from Bosnia and Herzegovina also participated in these study tours.
- Capacity for primary healthcare management and provision were increased by the project. **Eight modules about management in healthcare were developed and delivered at all 12 demonstration sites (over 140 care providers and managers).** Capacity for primary care provision was increased by the **dissemination of 36 case studies** to primary care providers to teach best practises and directly improve quality of care. Tools for healthcare institutions to assess gender equality were created. Specific interventions were developed with community partners to improve the quality of care, such as the implementation of clinical practise guidelines.
- Communication networks were improved between primary care centres, municipalities, the national government, and healthcare users. This created a mechanism to give feedback in primary care. This allowed these facilities to make rapid adjustments to changing needs.
- **The project provided technical assistance** to care providers, including the research of nursing best practises and creation of comprehensive practise guidelines. The project also lobbied for standardization of nursing training in Serbia, an essential step for EU accession.
- The project supported and strengthened the professional organizations of allied health professionals as they sought to participate in policy development, communicate with the public, and change their work to mirror the needs of the population.

Project efforts in Bosnia and Herzegovina focused on improvement of human resources in healthcare, such as the knowledge, performance, motivation, and skills of clinical and non-clinical staff in primary care settings. Despite the challenges of a lack of centralized healthcare administration in Bosnia and Herzegovina, the project made significant contributions to human resource planning and primary care development. The project's work included the following:

- The project ran **workshops and provided learning modules on administrative and organizational skills to over 120 healthcare workers and educators.** This included the projects organization of the enrollment of eight Bosnian students in a master's program in Human Resources for Health at Keele University. These efforts led to increased understanding of the need for improved human resources in health by Ministry of Health officials, public health officials, and primary care providers.
- The project facilitated collaboration between federal and local governments, public health, and health insurance funds through a series of meetings, discussions, and symposiums, increasing their ability to deal with issues in an efficient manner and provide equitable care.
- The project **aided in the development of standardized curriculum for nursing and physiotherapy in collaboration with three local institutions.** The project also aided in the creation of a **course for**

Human Resources in Healthcare Planning and Management suitable for both undergraduate and graduate curricula. These efforts directly aid educators to initiate educational reform, increased the information available to professionals, and improved relationships between allied health professionals and other healthcare workers (which had a challenge in the past).

- The project oversaw the **creation of a “Nursing Coordinator” position within the Ministry of Health and supported the creation of the first state level physiotherapy professional association, the Physiotherapy Association in Federation BiH.**

Conclusion

The Balkans Primary Health Care Project was the most recent project in the ICACBR’s long-standing efforts to aid in healthcare development in the Balkans. The project helped build capacity for primary health care policy development, strong communication and collaboration, and sustainable policy creation in the Republic of Serbia. It increased the ability of healthcare leaders to improve human resources development in healthcare in Bosnia and Herzegovina. The above actions and outcomes are only examples of the project’s actions – the project was complex and multi-faceted, helping initiate primary care reform in the Balkans and subsequent improvements in health outcomes.

Partners

Implementing partners: Canadian Society for International Health (CSIH), Queen’s University/Department of Family Medicine.

Local/community collaborators: Ministry of Health of Serbia, local governments, Institute of Public Health of Belgrade, National Institute of Public Health (Serbia), numerous local healthcare facilities, Medical School in Belgrade, Serbian Chamber of Nurses and Technicians, Board of Education of Serbian Chamber of Nurses and Technicians. Chamber of Dentists, Chamber of Pharmacists, Chamber of Biochemists, Ministry of Health of Federation (Bosnia and Herzegovina), Ministry of Health and Social Welfare of RS (Bosnia and Herzegovina), Public Health Institutes of Bosnia and Herzegovina, local health service providers in Bosnia and Herzegovina, Institute for Protection of Health of RS, Federal Institute of Public Health (Bosnia and Herzegovina), Universities in Banja Luka, Mostar, and Sarajevo, Association of Physiotherapists (Bosnia and Herzegovina), Faculties of Medicine in Sarajevo, Tuzla, Mostar and Banja Luka, RS Nursing Association, Association of Medical Doctors in Private Practise in Republic of Srpska.

International collaborators: Keele University, World Bank, World Federation for Physiotherapy in Sarajevo, Council of Europe, Norway Project, World Health Organization, Public Health Canada, Canadian International Development Agency, Balkans Youth and Health Project.

Sources and Project Resources

1. 3 part “Balkans Primary Health Care Policy Project Final Report” with Appendices A-G*
2. Project proposal summary *
3. 490 page “Resource Manual” created in part by the ICACBR*

*used to generate this report