

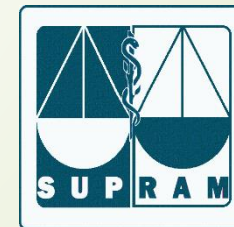
Access of vulnerable groups to health care services - Serbian legal regulation and practice

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Increasing need for health services

- Due to events on world scene, **number of people belonging to vulnerable groups in most European countries is increasing**: migrants, refugees, people without permanent residence.
- Human health needs are, thus, also increasing
- Medicine is, on other hand, advancing through developments in personalized medicine, and **human life cycle is getting longer**.
- These different processes make the need for available health services increasing constantly.
- Systems are aspiring towards health care **accessibility and quality**, but due to considerable number of patients with different health needs, it is not easy to satisfy both qualitative parameters.
- Each system has its financial limitations

Health insurance coverage

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- ▶ Serbian health insurance system is the **Bismarck type system**, based on solidarity.
- ▶ It covers, according to the national regulation, **with or without patients contribution, most of health services.**
- ▶ The **basic package** of health services is not defined
- ▶ In practice, health insurance and health system **meet needs of general population for primary health services.**
- ▶ Health services are **accessible to average healthy/ill people, with average needs.**
- ▶ **“Average” is not that common as it seems**, for at least two reasons
 - ▶ Services on the level of secondary and tertiary health care are also frequently needed, and therefore, the waiting lists are quite long.
 - ▶ Many people in Serbia belong to vulnerable categories

List of vulnerable groups

- Population that is considered as vulnerable is listed in the Health Care Law and Health Insurance Law.
- Laws contain the list of more than 15 categories of people:
 - children up to 18 and students up to 26,
 - women related to family planning and 12 months after delivery,
 - persons older than 65,
 - persons with disability and mentally disabled persons,
 - people with communicable diseases, rare diseases and some other chronic diseases,
 - organ and tissue donors,
 - socially endangered persons,
 - monks,
 - users of social assistance and service of residential institutions,
 - unemployed persons,
 - Roma population without permanent or temporary residence in Serbia,
 - victims of the family violence,
 - victims of the human trafficking,
 - people subjects to mandatory immunization,
 - people subjects to organized screening,
 - single parents of the children up to 7 with the income below census,
 - refugees from ex-YU republics and internally displaced persons.

Health protection without discrimination

- Pursuant to national laws and adopted international legislation, citizens of Republic of Serbia have the right to health care without discrimination.
- **Method/mechanism to enable easier access to health care**, without financial and other obstacles, and equal to general population access, are incorporated in national legislation, for vulnerable groups.
- These people are entitled to health care **without being insured, under certain conditions.**

Legal mechanism for health protection of vulnerable groups

- ▶ State shows **increased level of care towards** these categories by treating them as insurees, in the cases where they don't fulfill the legal conditions to be insured.
- ▶ In this case, financial resources for **delivery of health care services to vulnerable groups, are provided in the budget of the Republic of Serbia** (if they are not insurees)

Legal mechanism in practice

- ▶ Practice shows different levels of realization of right to health care, different obstacles and proposals for implementation of the right to health care, depending on vulnerable group.
- ▶ The mechanism for using of budget (instead of Health Insurance Fund) resources for provision of health services by health institutions is not functioning in every case, nor does **the budget provide enough resources for all vulnerable groups/members**
- ▶ Even not being insured, participants of vulnerable groups **in some cases most provide some documentation as the basis for insurance**

Level of actual health protection of vulnerable groups

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For Roma population main obstacle for using health services is insufficient personal documentation (although some of them are considered to be people without permanent or temporary residence)

- ▶ For PWD, it is weak integral approach of different sectors (health, social, judicial) necessary to satisfy their multiple needs, as well as underdeveloped community services.
- ▶ Women in reproductive period and children are fully protected.
- ▶ Care for rare disease patients is improved through new regulation, introduction of new medicaments into positive list HIF, and advances in practice. Still, their access to health and other care is not on the adequate level due to several reasons: education of primary health care, territorial allocation of rare diseases specialists, lack of more expensive medicines, diagnostics still non sufficiently covered by HIF resources, weak integral approach of different sectors (health, social, educational, labor, sport).
- ▶ Refugees and IDP – depending on their personal documents; being solved by providing temporary personal documentation
- ▶ Hospices for terminally ill patients are lacking, which is the obstacle for their adequate treatment.
- ▶ Other vulnerable groups have also right to different levels of health protection, conditioned by health system finances, organization and intersectoral cooperation.

- **Inspite of best intentions and streamings** of legal regulation, there are financial, organisational, intersectoral obstacles in practice
- **These obstacles require further common effort of the authorised bodies** in health, but also in other sectors, for the purpose of implementation of the right to equal access of vulnerable groups, to health care services
- Constitutional and law guarantees are important, but do not mean much **without proper implementation**

Thank you for the attention

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