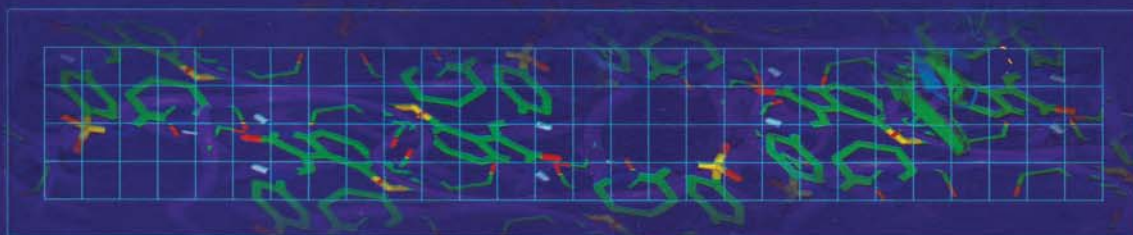
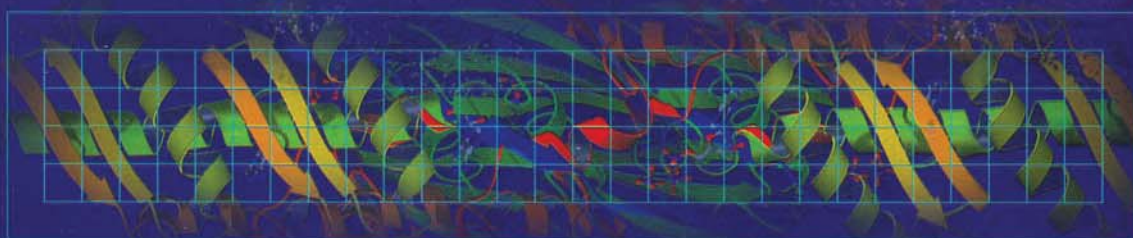
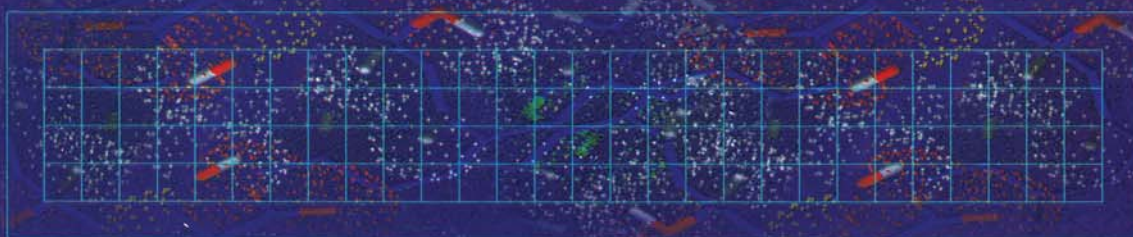


MACEDONIAN ACADEMY OF SCIENCES AND ARTS
MINISTRY OF HEALTH

STRATEGY FOR IMPROVEMENT
OF HEALTH PROTECTION
OF THE POPULATION
IN THE REPUBLIC OF MACEDONIA
(*EXCERPT*)



SKOPJE 2001

**STRATEGY FOR IMPROVEMENT OF HEALTH PROTECTION
OF THE POPULATION IN THE REPUBLIC OF MACEDONIA
(EXCERPT)**



Team of experts:

Academician Georgi Efremov, DVM, DSc, Professor
Academician Ivan Dejanov, MD

Panče Arsov, MD
Mirjana Adžić, MD Primarius
Avram Vankovski, MD, Primarius
Professor Zoran Gučev, MD, DSc
Professor Branislav Daštevski, DSc stom.
Professor Aleksej Duma, MD, DSc
Professor Dragan Gorgiev, MD, DSc
Docent Dimitar Efremov, MD, DSc
Docent Sašo Kedev, MD, DSc
Docent Ljubimir Kekenovski, DSc (Economics)
Miodrag Milutinović, MD
Professor Vitomir Micev, MD, DSc
Academician Momir Polenaković, MD, DSc
Professor Jordan Saveski, MD, DSc
Professor Samuel Sadikario, MD, DSc
Professor Mile Carčev, DSc stom.
Professor Ljubica Šuturkova, DSc pharm.

Ubavka Micova, *Secretary*

Translation into English
Kalia Popovska
Velko Kocev

English Language Editing
Margaret Reid
Graham Reid

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**STRATEGY FOR IMPROVEMENT OF HEALTH PROTECTION OF
THE POPULATION IN THE REPUBLIC OF MACEDONIA
(EXCERPT)**

The Strategy for Improvement of Health Protection for the Population in the Republic of Macedonia to 2010, upon which the new legislation of the Health System in the Republic of Macedonia is based, makes evident the transitional phase in which we live today. A Team of Experts, established by the Macedonian Academy of Sciences and Arts with the support of the Ministry of Health and the Government of the Republic of Macedonia, has compiled it.

This *Strategy* starts out from the knowledge that the health system is one of the basic fundamentals of the state and that it is the most sensitive indicator of the state's social situation, its governing norms of ethics and the degree of its economic base.

Most difficulties, however, in the Health System of the Republic of Macedonia, emerge from the serious economic and social contradictions which Macedonian society faces every day.

This shows that the state is to be held responsible for the health situation of the population and their health protection. The state is the only factor which can provide for a balanced individual and social development. There is no other thing, apart from the degree of the development of the health and protection of its population, which can be an identifying feature of a state. It is the state which takes decisions on health policy and on the results of that policy. The state, through its institutions, identifies health priorities, the right to health and a healthy living environment.

I. BASIC PRINCIPLES OF THE STRATEGY FOR IMPROVEMENT OF HEALTH PROTECTION OF THE POPULATION IN THE REPUBLIC OF MACEDONIA

I.1. The starting-points of the Strategy for improvement of health protection of the population in the Republic of Macedonia are: the United Nations Charters and European Union Charters, as well as those of the World Health Organisation. According to the determinations in its Constitution, the Republic of Macedonia is defined as a civil, democratic and social state. This means that each citizen has the right to:

- A dignified life;
- Health, being a fundamental human right;
- Equality and justice;
- Solidarity and a healthy life;
- A healthy and safe environment;
- Basic health insurance;
- Basic health protection;
- Special care for children, women, the elderly and exhausted individuals;
- Health education;
- Social and family health;
- Provision for the material existence of the Health System;
- Participation in the functioning of the Health System; and
- Family planning.

I.2. Responsibilities of the State towards the Citizens Regarding the Health System and Health Insurance

- The state defines the legislation on the Health System and Health Insurance in all of their segments;
- The state perceives the Health System as directly connected with the level of the state's economic development. It is accountable for defining the forms of financial support of the Health System, and so it provides for a Health System economy, based on motivation and control;
- The state defines the public health activities within the segments of both state and private health systems.

- The state provides for education of personnel who conduct medical activities and it controls the enrolment policy within all the segments of the education system;
- The state defines the relationship among the medical profiles, the needs of the population and the adoption of world standards.

I.3. Responsibilities of the Citizens of the Republic of Macedonia Regarding the Health System, Health Insurance and the Living Environment

- Continual individual care for one's own health;
- Continual care, on the part of the family, for the family's health;
- Care for societal health;
- Continual quality participation in the building-up of the Health System;
- Fulfilment of responsibilities in using all types of health insurance;
- Abiding by state legislation with regard to the state's material goods and services related to the Health System;
- Family planning in accordance with women's rights and their extensive education;
- Improvement of the health culture and health consciousness of the population;
- Continual care for natural resources on the part of each and every citizen;

I.4. Responsibilities of Expert Medical Associations:

Medical and Dental Chamber of Macedonia

- To keep a register of doctors possessing a basic licence and a licence to work;
- To define legislation for issuing, extending and cancelling of basic licences and work licences in accordance with the Ministry of Health;
- To define legislation for accreditation and re-accreditation of mentor institutions, educators and programmes;
- Accreditation of programmes and plans for Continuing Medical Education (CME);
- Revalidation of CME.

Macedonian Medical Doctors' Association

- To compile programmes and plans for CME in cooperation with the Medical Faculty;
- To cooperate with the Medical and Dental Chamber of Macedonia for the revitalisation of guidelines, protocols, criteria and standards;
- The Macedonian Medical Doctors' Association and the Association of Dentists of the Republic of Macedonia to cooperate with the other expert medical associations, uniting their expert suggestions and experience.

I.5. Responsibilities of Health Workers

- Improvement in the quality of health;
- Improvement in nursing and care for patients;
- High professionalism and ethics in relation to patients;
- The citizen is always at the centre of professional interest;
- Humaneness, equality and solidarity;
- Care for economic and social interest;
- Continuing and high-quality education;
- Information of, and communication with the population.

II. SPECIAL DIRECTIVES OF THE STRATEGY FOR IMPROVEMENT OF HEALTH PROTECTION OF THE POPULATION IN THE REPUBLIC OF MACEDONIA

The *Strategy* starts out from its fundamental stand-points, on which basis the following values will be achieved:

1. Decrease in deaths of the population;
2. Decrease in morbidity;
3. Decrease in disablement;
4. Increase in lifespan;
5. Improvement of care for the vulnerable groups: children, women, elderly people and exhausted people;
6. Reduction of social problems which cause deterioration in the health condition of the population: malnutrition, poverty, ignorance, etc;
7. Decrease in high expenditure in the Health System and increase in quality of health services;
8. Decrease in the number of uninsured individuals; and
9. Quality and continuing care with regard to births.

III. ORGANISATION OF THE HEALTH SYSTEM

In the past there has been an emphasis on the improvement of clinical medicine, which was a burden to the state health system of the Republic of Macedonia and which led to the absence of: professional medical management, medical economy, policy, information systems and statistics. The disadvantages of the emphasis on clinical medicine have been the following: level of primary health protection, nursing, distribution of personnel, insufficiency of the health financial system and pharmaceutical activities.

III.1. Public Health System

The Public Health System is set to solve health problems which concern the population as a whole. This *Strategy* foresees the introduction of many activities within public health which have been missing in Macedonia, and, parallel to this, it foresees a considerable improvement of the current ones. The conception of investment in the Public Health System has been perceived by us as an introduction of decreased expenses within the Health System. Thus, the Public Health System and its programmes and measures for its development will equally cover the health policy and prevention domains.

III.1.1. State Health Policy

The state health policy covers all of its constitutive segments, and therefore we propose a set of concrete measures which will be able to more comprehensively improve the health policy. These are concerned with the following:

- Creation of a health policy;
- Implementation of strategic aims through competent committees;
- Definition of legislation of the State Health System;
- Creation of an International Public Health College;
- Creation of an International Nursing College;
- Management of Health Activities;
- Medical economy, medical demography and medical ecology;
- Organisation of medical insurance;
- Coordination of health systems;
- Definition of state and private health systems and control of the relationship between them;
- Creation of a Food and Drug Agency;

- Building-up of the national pharmaceutical industry;
- Building-up of theoretical standpoints for all the health systems;
- Finding solutions for risk-groups;
- Introduction, implementation and production of high technologies;
- Communication through the media;
- Health information systems and health information culture;
- Creation of databases;
- Continual cooperation with international institutions;
- Participation in the process of globalisation.

III.1.2. Preventive Health Protection

This *Strategy* pays great attention to prevention. The measures and programmes projected here are based on the following:

- Protection from current infective diseases;
- Non-infective diseases – cardiovascular, malignant, metabolic, traumatic, addiction, mental and congenital diseases;
- Decrease in neonatal death-rate through prenatal check-ups and screening, hygiene and education;
- Improvement in prevention of infective diseases through immunisation and use of special measures for specific problems for the Republic of Macedonia – intra-hospital infections, Hepatitis, TB, Brucellosis and HIV infection;
- Improvement of disinfection, insect and vermin control;
- Improvement in preventing measures in the dental profession;
- Improvement of the human environment.

III.2. Clinical Services

The primary function of the Health System is to conduct clinical activities. They have to play an important role in the decrease of deaths caused by the already mentioned key entities, by 30% to 2010.

III.2.1. Key Clinical Priorities

This *Strategy* considers the following to be of the highest importance:

- Cardiovascular diseases;
- Malignant diseases;

- Traumatic injuries;
- Mental disorders;
- Addiction diseases;
- Hereditary diseases;
- Priorities in dentistry;
- Ecological prevention.

III.2.2. Strategic Activities for the Improvement of the Key Clinical Priorities

The following preventive measures have been foreseen:

- Decrease in risk factors through: periodic checkups, health measures, intervention through the media and the law;
- Continuing education of medical personnel and patients;
- Health service quality control;
- Early diagnosis;
- Investment in preventive programmes.

III.2.3. Clinical Measures

- Speedy diagnostics and therapy. Implementation of clinical protocols;
- Improvement in technology equipment;
- Introduction of modern management in the clinical centres, by professionals;
- Improvement of hospital care;
- Improvement in rehabilitation;
- Improvement in team and consultation cooperation; and
- Formation of centres with highly sophisticated equipment and personnel.

IV. FINANCING OF HEALTH SERVICES IN ACCORDANCE WITH THE PROPOSED HEALTH SYSTEM LEGISLATION

Health activities are implemented on three levels: primary, secondary and tertiary health protection. Because of its cost-benefit orientation, the need for the development of the primary health system is becoming more and more emphasised, with which it is becoming, more and more, a home-treatment and a self-treatment-orientated primary health system. For solving specific problems and for achieving quality, this Strategy is proposing an integral health system

orientation. For the same reasons, the Strategy emphasises the need for and the tendency to improvement of nursing, with which the substitution of medical doctors by highly educated nurses, under strictly established conditions, can be realised. There are foreseen possibilities for auxiliary work by medical doctors and nurses at many levels and in accordance with the EU models.

IV.1. Primary Health System

The Strategy perceives the Primary Health System as an essential segment of the Health System, since it emphasises: extensiveness and economy and its covering a large area of the basic health system.

The measures which have been projected for the improvement of the Primary Health System in the Republic of Macedonia are the following:

- Permanent continuing medical education of all profiles within the Primary Health System;
- Introduction of theoretical standpoints;
- Quality control by implementation of international standards and comparative analysis of indicators;
- Improvements in medical equipment;
- Interdisciplinary approach and team integration – several profiles of medical doctors together with the nursing profiles;
- Redistribution of personnel;
- Home treatment;
- Self-treatment;
- Redefinition and improvement of emergency medical services;
- Dentistry services divided into private and state-owned services – services covering the dental doctors' appropriate specialisation in the following fashion: preventive dental protection and curative dental protection.

IV.2. Secondary Health System

The Secondary Health System, which, in principle, deals with more complicated health conditions in the appropriate field of specialisation, is conducted at two levels: inpatient and outpatient.

The measures proposed here for the improvement of the Secondary Health System in the Republic of Macedonia are:

- Improvement of emergency medicine: maximum quality, special emergency centres, efficient transport, highly-educated personnel and supervision on the part of the advanced medical system;
- Organisation of regional Trauma Centres, with strict specialist personnel and equipment;
- Higher level of nursing profession on the level of world standards;
- Introduction of outpatient facilities within all the facilities and procedures for home-therapy;
- Improvement in the basic standards of the hospitals;
- Modern centres for elderly and exhausted people;
- Improvement in technology equipment;
- Improvement in biochemical and molecular and biological laboratories with fast result-giving procedures and with a system for virtual centralisation;
- Short waiting lists for more complicated surgical interventions and medical testing;
- Improvement of dentistry: introduction of new services and improvement of the current specialist services;
- Management of hospital facilities; boards and education;
- Improvement of the cost-benefit-orientation by:
 - Information and expert collaboration of the primary and the secondary health systems;
 - Greater autonomy for the hospitals;
 - Prioritising of: outpatient practices; outpatient hospitals and improvement of nursing;
 - Freedom of the Managerial Board in their hiring of personnel;
 - Greater financial independence;
 - Optimisation in the use of hospital beds.

IV.3. Tertiary Health System – Level of Medical Excellence

The tertiary medical services are a segment which is connected to specific, complicated and expensive diagnostic and therapeutic procedures and equipment carried out by specialists or sub-specialists. In this segment, currently, there participate the Medical Faculty, the Faculty of Dentistry and the Pharmaceutical Faculty in Skopje, as well as the Research Centre for Genetic Engineering and Biotechnology within the Macedonian Academy of Sciences

and Arts, which, besides their medical activities, conduct educational and research activities, but to a much lesser extent than the other institutions. Within the health segment, the greater number of patients belong to the secondary health system.

The Tertiary Health System covers, primarily, patients who need a highly-specialised diagnostic or therapeutic activity. These are diseases which are very rare within our environment and in general, as well as cases which cannot be accepted within the Secondary Health System. The most expensive clinical equipment and activities for research and development will continue to be concentrated in the Medical, Dental and the Pharmaceutical Faculties in Skopje, because of the limited financial possibilities of our country.

IV.4. Pharmaceutical Services

The pharmaceutical services function as private and state-owned services in accordance with the National Strategy for Pharmaceutical Services. The state-owned services will be included in the Health Centres.

IV.5. Integral Health System

The Integral Health System foresees Centres for Priority Activities and High-Frequency Activities by which six levels of health services will be integrated. Within its framework the Integral Health System will cover personnel needed for: home treatment, nursing care and therapy, and medical doctors from the secondary and tertiary levels and a consultative body of doctors.

The institutional integration of this level covers the primary, secondary and tertiary health systems, the state health system, the dental system, pharmaceuticals and cooperation with international health centres. The aim is to: reach the highest possible quality, high frequency in the use of these services and lower costs.

The functions of the primary, secondary and tertiary protection will be defined by the new Law on the Health System which is in process of being passed, with which, together with the regulations, details of their organisation, functioning and financing will be defined.

IV.6. Educational Activities

In this phase of economic restrictions, the Strategy considers the following projects and fields as priority:

- Preventive medicine and dentistry;
- Medical economy, information and statistics;
- Applicative biotechnology, molecular biology, immunology, genetics and biophysics; and
- Introduction of new technologies in the domestic pharmaceutical and medical industries.

V. STRATEGY FOR EDUCATION OF HEALTH WORKERS

Centres for the higher education of medical personnel are the *Medical Faculty*, the *Faculty of Dental Medicine* and the *Faculty of Pharmacy*. An *International Advanced School for Public Health* and *International Advanced School for Nurses* are expected to be opened. Their strategic restructuring will be conducted through:

- International curricula: revision of the old curricula in all segments of education – undergraduate, postgraduate, specialisations and sub-specialisations, synchronising them with the curricula of the European Union;
- Continuing medical education;
- Introduction of a credit system;
- Criteria for improvement of expert skills according to international standards;
- Criteria for evaluation of work according to international standards;
- Coordination of the biomedical faculties;
- International integration of the faculties;
- Cooperation of health institutions and the faculties with international organisations and universities;

VI. FINANCIAL SUPPORT OF THE HEALTH SYSTEM

VI.1. The responsibilities of the state are constant with reference to financing collective health protection as a general interest. They should be directed towards:

- Protection of the environment from water pollution, soil contamination, air pollution, contamination of victuals and from ionising radiation;

- Global preventive measures upon the risk groups of the insured - protection from infective diseases such as Malta fever, tuberculosis, AIDS; compulsory immunisation, general check-ups of children, pupils and students, which will reduce expensive curative and rehabilitation treatment;
- Organisation of an urgent medical service.

VI.2. Those eligible to use the public health system are:

- Poor individuals who have no possibility of financing their health protection, thus the state entirely covers the cost of their treatment;
- Individuals who can partially participate with personal finance in the cost of the health protection treatment; and
- Individuals who can entirely finance their health services.

VI.3. Financing the health protection, regardless of whether it is financed by compulsory or optional health insurance or subsidies partially or entirely covered by the state budget, should be based on the following principles:

- Equality;
- Transparency and productivity;
- Efficiency;
- Permanent revision and control.

VI.4. The following sources are used in financing the health protection system:

- Investment through health insurance:
 - Compulsory health insurance that encompasses almost all citizens of the Republic of Macedonia, and
 - Optional health insurance;
- Payment from personal sources; and
- Combined systems.

VI.5. For the purpose of the improvement and reform of the health system by managing the health system resources, the following should be provided:

- High quality education of the personnel for the purpose of more competent organisational and financial management of the state sector institutions;
- Efficient supervision and control of the work, which means monitoring of gathering finances for the Health System Fund, their distribution and immediate spending, from the public health institutions right through to the final users;
- Decentralisation and regulation of the health services;
- Responsibility and accountability of managers at all levels.

VI.6. After determining the duties and activities of public interest which the state carries out, it is necessary to increasingly involve private initiatives in health protection that will allow:

- Overcoming monopoly, and greater competition;
- Increase in productivity within the entire health sector;
- Increase in the entire health system resources;
- Introduction of market laws in paying the health professionals;
- Improvement in all working conditions, introduction of new management techniques and new organisation positioning;
- Improved efficiency in the non-health system activities.

VI.7. In using the mechanisms of payment in the health system combined models should be used, which include: capitation, payment for each and every service, permanent salaries, a global budget, payment by case, payment for service, where the global directions and the suggestions of the European Union are always taken into account.