

# Health Systems in Action

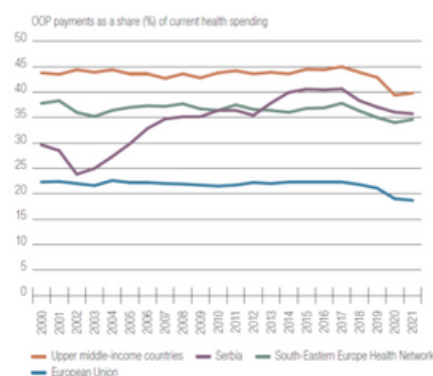
## SERBIA



- The Ministry of Health is responsible for the organization and governance of the health system, which was recentralized in 2019.
- The system is based on compulsory health insurance with payroll contributions as the key source of public financing. This allows the National Health Insurance Fund (NHIF) to act as the main purchaser of health services.
- The benefits package covers 99% of the population and a wide range of services, but people must pay a mix of fixed and percentage co-payments for most (NHIF purchased) care, limiting financial protection.
- Out-of-pocket (OOP) spending continues to play an important role in health financing, even though Serbia has increased public spending on health (Fig.1).
- The cost of outpatient medicines is the largest driver of catastrophic spending on health and of unmet needs, which mostly affect the poorest.
- Serbia's health infrastructure is extensive. Health care facilities are largely state-owned and cover all regions.

- Primary care has been a policy priority, with reforms aiming to strengthen its role and encourage patients to register with a primary care doctor.
- About one in five of all doctors in Serbia are generalist medical practitioners who work predominantly in primary care. Although provision is extensive and accessible, primary care is still underutilized.
- Excess mortality rates were very high during the COVID-19 pandemic; life expectancy is now recovering, although it remains below the WHO European Region average.
- Rates of premature mortality from non-communicable diseases (NCDs) are falling but remain comparatively high, with challenges around the control of hypertension and the use of tobacco.

**Fig 1. OOP payments nearly doubled between 2002 and 2017 but began to fall in 2018**



	Serbia	SEEHN*	WHO European Region	European Region
Population in millions (2022)	6.7	54.7	929.1	512.7
GDP per capita PPP\$ (2021)	21 432	30 022	38 936	48 615
Life expectancy at birth	75.2 (2022)	75.9	78.2	79.9
Maternal mortality per 100,000 live births (2020)	10.2	7.3	12.6	6.4
Infant mortality per 1000 live births (2021)	4.7	4.6	6.3	3.2
Poverty rate (% of population)	20.0 (2021)	22.6 (2017)	14.9 (2018)	17.0 (2018)

\* The South-Eastern Europe Health Network (SEEHN) includes Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, North Macedonia, the Republic of Moldova, Romania and Serbia

Sources are given in full in the Insight and include WHO, Eurostat and the World Bank

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