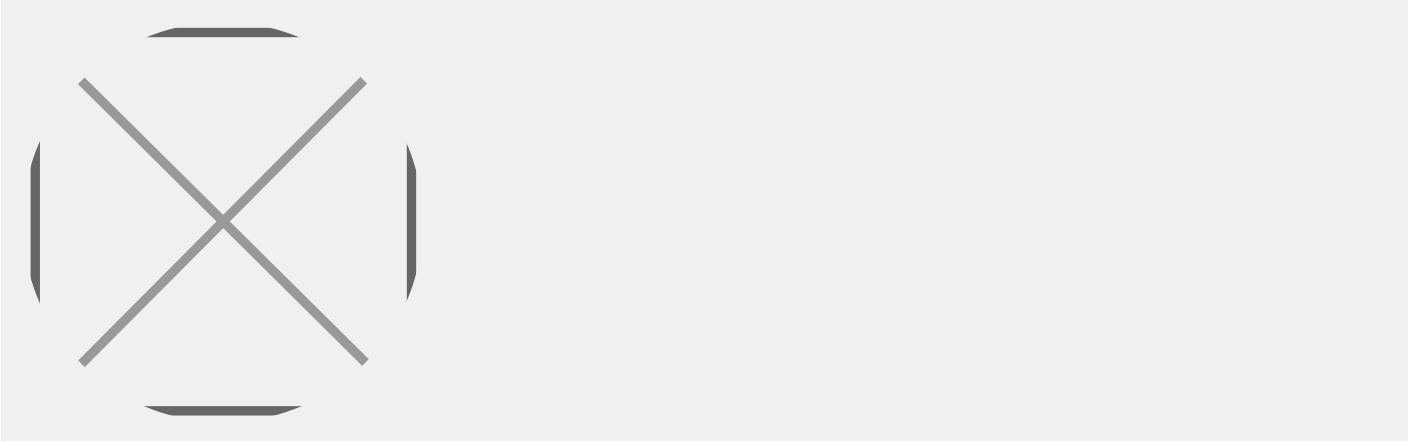
Interview with Zoran Stanković, Minister of Health

Serbia, Ministry of Health (Republic of Serbia)



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Priorities and plans of the Ministry of Health

If we entered an election year with a major reform plan, we would not succeed in putting such proposals into parliamentary procedure. Therefore, our aim is to adhere to the Action Plan of the Ministry of Health for 2011 which has been adopted by the previous minister, and in the meantime we will prepare the ground and proposals to amend the Law on Health Care and Health Insurance. Reform is a process, it is difficult to overcome inherited problems and it will take lot of time to bring everything in order. On the other hand, it is hard to catch up with modern technology which is advancing in giant steps, because it takes a lot of resources, and, unfortunately, we do not have them. One has to bear in mind that in Serbia less than 300 Euros is allocated per capita for health care. In addition, it is a little known fact that 1.2 million people have no income and that the state provides 520 dinars per year for them. For that money a box of drugs can be bought, and I would not like to comment on the cost of therapy, diagnostics and the like.

Unwarranted optimism, promises and unrealistic expectations are not good companions in the reform, because when they are not met they result in disappointment, betrayed hope and therefore one should be realistic, without any need for embellishment of our circumstances. There are no easy, quick and painless solutions in health care as is the situation in the whole country, especially when it comes to employment and living standards. Simply, there are just no overnight solutions.

One priority is to try and improve the links between health institutions and promote their coordination and communication. In a situation where patients are sent from a health centre to a

hospital it has to be known whether the institution has the capacities to take care of the patient at that moment. Better coordination is needed, since health centers should not be institutions that will only prescribe recipes and approve sick leave. Our plan is to network all health centers in a computer system so as to ensure that health information is available to all stakeholders in the health care system, in accordance with their roles and responsibilities. With respect to that, within the DILS Project financed by the World Bank loan, 6.3 million Euros has been allocated for this purpose. In the XXI century, informatization of large business systems such as the health care system is a necessity. With the introduction of the information system to health care we will try to increase its efficiency and effectiveness, which means the best possible quality of services for the available money, for all Serbian citizens.

Our next step is to reduce the waiting period for specialization with the amendments to the Law on Health Insurance. We are deficient in anesthesiologists, radiologists, pathologists, neurologists and cardio surgeons therefore through the amendment to the regulations we will work to reduce the waiting period for certain deficient medical branches, so that the physicians may be referred to specializations in those field immediately upon the completion of internship and passing the licensing examination. In my opinion, it is an urgent problem that must be addressed.

Pharmaceutical industry and the field of pharmaceuticals in Serbia

When it comes to the pharmaceutical industry and market regulation of pharmaceuticals in our country, on one hand we have good legislation in the field of pharmaceuticals and medical devices which is harmonized with European directives and standards in the field, while on the other hand we face the challenges of how to bring this sector of the economy to the road of sustainable liquidity and normal operation. In the market of our country, for example, there are 4 000 pharmaceuticals licensed to trade which are produced by over 300 different producers. From the aforementioned number of pharmaceuticals, about 2 500 are produced by foreign producers. In addition, half of about 2 000 pharmaceuticals that are issued at the expense of the Republic Health Insurance Institute is of foreign origin. All of these data confirm the openness of the Serbian market for drugs of foreign producers. However, our government must assist local producers of pharmaceuticals in having the same treatment in the pharmaceuticals market in the region as the treatment that foreign producers receive in Serbia. Pharmaceutical factories in Serbia are faced with a lengthy process of registration of pharmaceuticals in the markets of CEFTA. This is supported by the fact that the domestic pharmaceutical factory Galenika has no registered drug in these markets.

A very important segment of regulations in the field of pharmaceuticals are the rules that regulate the prices of pharmaceuticals, primarily in order to ensure their availability. Therefore, for example the prices of pharmaceuticals obtained without a prescription have been liberalized, i.e. the prices of these pharmaceuticals are defined by the holder of the marketing authorization, while the

government defines the price threshold solely for prescription pharmaceuticals on the basis of the criteria prescribed by a special Decree. Pursuant to the Decree, the prices of pharmaceuticals are determined in relation to the average prices of comparable pharmaceuticals in referent countries: Slovenia, Croatia and Italy. Slovenia and Croatia have been chosen as reference countries in the trade since most pharmaceuticals from our market are also present in the markets of these two countries, and Italy has been chosen as the reference country since it has a very wide range of pharmaceuticals with relatively lower prices than the other EU Member States. The presence of a large number of pharmaceuticals provides for regular and reliable supply of the market, since there is no doubt that the competitiveness of the market in the field of pharmaceuticals leads to both reduction of the prices of pharmaceuticals and the more reliable market supply.

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