HEALTH & DEVELOPMENT

The FYR Macedonia health system is insurance-based. Compulsory health insurance is the main source of health care revenue undertaken through the publicly owned Health Insurance Fund (HIF). It covers those employed in the public or private sectors, retired, students, disabled, and their dependants. The most acute problems of HIF can be seen in the segment of contributions collection and fluctuating debts in payments for health services, procurement and where pharmaceuticals count the bigger portion.

The main providers of health services in the country are public and private health organizations. The private health sector is continuously growing. With recent health reform the public primary health care (PHC) organizations were privatized. General practitioners, gynecologists, pediatricians, occupational medicine and school medicine physicians being part of the PHC got premises, equipment and devices under concession. Shift from fix salary to per capita payment system of those physicians is introduced. The reform intended to bring better quality service by introducing competition. There is growing private hospital sector with an outflow of qualified medical personnel from public to private sector. For the time being, privatization has brought no significant changes to patients regarding services of PHC which is contrary with services from private hospital where costs for users are significant if private hospital is not HIF contracted.

A general health policy bringing the various components together have been adopted but needs consistent enactment. The Ministry of Health plays a central role in providing stewardship functions for the health system. Quality health policy work was done and is continuing among various sectors, most notably in the areas of pharmaceuticals, mental health, HIV/AIDS, food safety, occupational health, climate change and health, environment and health, nutrition, alcohol and tobacco control as well as in areas of health financing and primary health care (majority of them developed with WHO’s support and by WB health loan). However, a general health policy bringing the various components together even finalized is not enacted in practice and changing country political arena influence it.

Hospital utilization indicators needs improvements as those results mainly own to a poor management. With its 494 beds per 100,000 population, the FYR Macedonia is not following the practice of countries of the former Soviet Union and central and eastern Europe, with traditionally high number of hospital beds, but comes close to EU average in recent years. Downward trend is particularly visible in the number of psychiatric beds, due to ongoing mental health reforms and deinstitutionalization from hospital to community-based service. Hospital utilization indicators are, however, unsatisfactory. Average length of stay in hospital is 11.8 days, and bed occupancy rate is extremely low compared to European average (51.5% for all inpatient facilities, including long-stay and institutional care facilities)

Potential inequalities in health care delivery. The established structures have been characterized by a degree of inefficiencies in performance, as they are forced to operate in an environment that has been deprived of adequate resources for a long period of time. The delivery of health care systems at regional level cannot be ensured without a proper monitoring and controlling system in place. Moreover, and contrary to the legal provisions, at present there is insufficient financial support from the central budget for the preventive health care and healthy lifestyles programmes.

The country shares the disease prevalence pattern of that of other European countries: cardiovascular diseases, cancer, mental health problems, injuries, violence, and respiratory diseases represent the most prominent causes of morbidity and mortality. HIV/AIDS and TB being less prevalent nevertheless requires special attention. Significant achievements have been accomplished in the past decade to advance the health of the population. As a result of number of policy interventions, there is evidence of a decreasing trend in communicable diseases and in the period 1991–2005 infant mortality has been halved. However, efforts need to be maintained as the early neonatal deaths (<5 per 1000 live births in 2009) is still significantly higher than that of the EU (294 per 1000 live births). There is a newly emerging trend of a mumps (2009) and measles (2011) outbreaks that requires revisiting of the immunization practices and resources in the country.

OPPORTUNITIES
- Government’s health reform agenda
- Political will for country economic growth
- Fostering public-private partnership in health sector
- Commitment to UN MDGs
- Biennial Collaboration Agreement between MoH and WHO

CHALLENGES
- Implementation of a pragmatic and articulated health strategy with enhancement renew of health policy development process
- Improving of public health facilities management capacities by providing proper health management structures and delegation of authority
- Sustainable and transparent health financing
- Introduction of preventive interventions to protect poverty from out-of-pocket payment for health services
PARTNERS

The government has continuous credible relations with many international partners. The co-ordination and interaction between the UN Agencies is quite successful. Among the multilateral agencies other than WHO, the World Bank is the main international agency contributing to health system reform (however, via health loans); Many other UN agencies are represented in the FYR Macedonia, coordinated through the UN Resident Coordinator Office, including: UNDP, UNICEF, UNHCR, FAO, UNMIL, IOM, UNFPA, IMF. Also the FYR Macedonia has been supported from the Global Fund to fight against AIDS, Tuberculosis and Malaria (grants for TB and for HIV/AIDS).

OPPORTUNITIES

• United Nations country team through the UN Development Assistance Framework (UNDAF) processes, has outlined priorities for joint collaboration
• International and bilateral donors (governments of Japan, Norway, Netherlands etc.) and World Bank loan contribution to the health sector development programmes

CHALLENGES

• Targeted and coordinated donor assistance to the health sector and ensuring a good fit in areas where interests and programmes coincide with government taking the leadership role in shaping and targeting the international assistance in the health sector.

WHO STRATEGIC AGENDA

Addressing health systems issues is where WHO should continue to concentrate most of its effort over the next years in the country. The government is clearly expecting the organization to help shape and develop responses to health sector elements of overall reform such as privatization, civil service reform and poverty reduction. These include such areas as stewardship, namely health policy implementation, monitoring and evaluation, health information system, health financing, primary health care, hospitals, public health policies and services, human resources development, and, finally, building up the capacities of the health system to be able to address the main health problems of public importance in a sustainable way: HIV/AIDS, STIs, TB, health of women and children (an ultimate goal of the MKD Government’s GPRS and MDGs is to reduce infant and maternal mortality), promoting healthy environment and lifestyles. Currently health promotion activities have limited impact due to lack of targeting and inadequate capacities and skills, combined with government low financial resources allocation.

The following are priority areas:

■ Continuous collaboration on development of stewardship skills and health financing policy;
■ Strengthening the health system with emphasis on health system performance and pharmaceuticals;
■ Developing and implementing strategies to mitigate the health effects of disasters and technical assistance in incorporating the IHR into national health system and legislations;
■ Continuous support for the reforms in communicable disease surveillance and integrated management of non-communicable diseases including mental health, violence and promotion of healthy life styles;
■ Environmental Health with focus on occupational health and climate change;
■ Technical assistance, training and as much as possible facilitation of inter-country exchange will be provided to promote all the above changes.

ADDITIONAL INFORMATION

http://www.who.int/countries/mkd/en/  
http://www.euro.who.int/en/countryinformation/  
WHO/CCO/11.05/The former Yugoslav Republic of Macedonia

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