

United Nations Development Programme



Annual Work Plan 2024

WHO

EU for Enabling a More Responsive Healthcare System

Country: Serbia

Narrative

Serbia is moderately prepared for health-related emergencies. In the coming years, it should strengthen the overall managerial capacity, human resources and financial sustainability of the health system. In the area of public health, legislation on healthcare is partly aligned with the EU acquis. The national plan for human resources in the health sector has still not been implemented, while the number of physicians leaving the country still remains high. The EU-funded centralized electronic health record system is still not used and compliance with EU health indicators is not yet ensured. On serious cross-border health threats, including communicable diseases, the surveillance and response capacity remains limited and needs to be modernized. A centralized health information and communication system has yet to be implemented. Harmonizing Serbian legislation with the Directive on the application of patients' rights in cross-border healthcare has yet to be completed.

Additional work is needed on using laboratory data for surveillance; on quality and biosafety and biosecurity management systems and on strengthening diagnostic capacities. This will include reconstruction and upgrade of the laboratories that are part of the Ministry of Health network in the context of an increased health system resilience to emergencies. Serbia has a good primary health care structure with 158 primary health care centers (PHCs) in each municipality with links to local self-governments, which creates a solid base for response to potential emergencies. Nevertheless, there is a need to work on capacity building and better connectivity with all local partners, including the civil sector, which can make a significant contribution in responding to emergencies.

The Project will contribute to the development of effective, efficient, and sustainable organizational structures for preparedness and response to major public health threats of different nature at all levels of health care.

During 2024 the focus will be on implementation of laboratory quality management system, establishment of the eHealth system, development of public health risk analysis and preparation for risk communication related activities.

Expected CP Outcome(s):

Outcomes:

- All people benefit from effective governance and meaningful civic engagement
- Serbia adopts and implements climate change and environmentally friendly strategies that increase community resilience, decrease carbon footprint and boost the benefits of national investments

Expected Output(s):

Output 1.3: Digital transformation of public administration accelerated

Output 3.3: Natural and human induced risks effectively addressed

Programme Period:	2023-2027
Project Title:	EU for Enabling a More Responsive Healthcare System
Quantum Output Number:	00127313
Quantum Contract Number:	1132098
Duration:	Feb 6 th , 2023- Feb 5 th 2027
Management:	Direct Implementation Modality

Estimated Annualized Budget:	WHO pass-through: \$800,495.02
Annual allocated resources:	\$800,495.02
Donor European Commission	\$800,495.02

Implementing Partner: WHO

Administrative Agent: UNDP

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I. BACKGROUND

Serbia is moderately prepared for health-related emergencies. In the coming years, it should strengthen the overall managerial capacity, human resources and financial sustainability of the health system. In the area of public health, legislation on healthcare is partly aligned with the EU acquis. The national plan for human resources in the health sector has still not been implemented, while the number of physicians leaving the country still remains high. The EU-funded centralized electronic health record system is still not used and compliance with EU health indicators is not yet ensured. On serious cross-border health threats, including communicable diseases, the surveillance and response capacity remains limited and needs to be modernized. A centralized health information and communication system has yet to be implemented. Harmonizing Serbian legislation with the Directive on the application of patients' rights in cross-border healthcare has yet to be completed. An e-health unit at the Ministry of Health should be established to coordinate the complex activities involved in setting up a comprehensive health information system at all levels of care. Additional work is needed on using laboratory data for surveillance; on quality and biosafety and biosecurity management systems and on strengthening diagnostic capacities. This will include reconstruction and upgrade of the laboratories that are part of the Ministry of Health network in the context of an increased health system resilience to emergencies. Serbia has a good primary health care structure with 158 primary health care centres (PHCs) in each municipality with links to local self-governments, which creates a solid base for response to potential emergencies. Nevertheless, there is a need to work on capacity building and better connectivity with all local partners, including the civil sector, which can make a significant contribution in responding to emergencies.

The direct impact of the COVID-19 outbreak on the health system and the provision of health services, as well as the indirect effects of the pandemic exacerbating chronic conditions, mental health, domestic violence, interpersonal violence, and poor diet, have shown that if the health system does not have an adequate response, the consequences in the country are far-reaching and affect all other systems (economy, social protection, security, education, transport, tourism, etc.). The lack of capacity to detect, assess, inform and respond to public health and cooperation, risks to ensure good resilience, timely response and better coordination of health with other sectors, which was a major problem throughout the COVID-19 pandemic. A lack of capacities is recognized in monitoring of the implementation of the International Health Regulations (2005) provisions and the integrated all-hazards approach of the WHO, covering all categories of threat regardless of their origin. Intra-sectoral, vertical and horizontal work is not satisfactory and there is a need to develop general/specific guides for preparedness and response to major public health threats of different nature at all levels of health care.

In response to the COVID-19 pandemic, Serbia applied measures foreseen by the Law on Population protection against communicable diseases and aligned its actions with the recommendations of the World Health Organization. The outbreak of COVID-19 showed that it is necessary for a country to improve its capacities to better face the existing and potential hazards to human health, thus improving the level of protection of its population. Significant efforts to improve monitoring, early warning and response to serious health hazards are needed in upgrading the Disaster Risk Register to include public health related risks.

STRATEGY

Successful implementation of this Action shall contribute to UNDAF Outcome 4: By 2020, high quality, inclusive, equitable, gender-sensitive, and age-appropriate health services that protect patient rights are available and utilized by all and corresponding outputs of UNDP Country Programme Document (2021-2025): Natural and human induced risks effectively addressed (Op. 3.3) and Digital transformation of public administration accelerated (Op. 1.3).

This Action will support the health sector in Serbia to meet its national policy objectives (Public Health Strategy 2018-2026, Action Plan for Improvement of Communicable Diseases Surveillance and Response system in Serbia 2017-2020, National Health Emergency and Response Plan, National Chemical, Biological, Radiological and Nuclear Hazards Defence Plan, Strategy on Development of Mental Health Protection, National Program for Health and Environment). The intervention related to health clearly contributes to attaining the Public Health Strategy 2018-2026 objectives with the most pronounced contribution to its Objective 3 – Preventing and Countering Disease and Health Risks. Within the strategy's Objective 3, the proposed Action particularly contributes to the achievement of Specific Objectives 3.1 (Enhancing Epidemiological Surveillance for Disease, Injury, and Health Risks) and 3.2 (Enhancing system performance on early detection and countering of epidemics).

The Action is also important for achieving results envisaged by the corresponding Action Plan for 2018-2026 adjacent to the Public Health Strategy, specifically its results 3.1.1- 3.1.3 and Result 3.2.2. In addition to this, the intervention will contribute to achievement of three more objectives of the Strategy, namely:

- Objective 1 - Improving health and reducing health inequalities
- Objective 4 - Developing actions to promote health in community, and
- Objective 5 - Supporting development of available, good quality and efficient health care.

The focus of this intervention will be on the strengthening of primary health care capacities, to better respond to the needs of the population in the context of the health-related emergencies.

The Action is linked to the National Strategy for Protection and Rescue in Emergency Situation (2011, currently under revision) objective to improve functional cooperation between the subjects of the protection and rescue system at national and local level, i.e., to strengthen capacities of healthcare institutions in charge of first response in situations of increased risk of spreading communicable diseases and reacting in emergency situations. The health sector strategic framework is aligned with the requirements of the Law on the Planning System. It relies on the inter-institutional and coordination bodies' consultation process, with the participation of a wide range of stakeholders. The strategic documents contain an analytical base for identified objectives, priorities, and measures, a defined monitoring framework with deadlines and indicators of progress, and competent implementing institutions. The strategies have defined their monitoring and reporting mechanisms and are part of the Unified Information System, established working groups or working bodies for mandatory monitoring, and reporting on the implementation of policies for relevant strategy.

The proposed intervention shall ensure sustainable improvement of public health policies, processes, and operational arrangements of concern for health hazard prevention, planning, and management. The Action shall contribute to a better public understanding of health-related risks and risk-informed decision-making, taking into account the specific needs of the vulnerable groups. The Action shall also reinforce the linkages and ensure synergies among public health-related undertakings and the National Disaster Risk Reduction Action Plan's complementary measures.

The Action is addressing the need to develop effective, efficient and sustainable organizational structures for preparedness and response to major threats of different nature at all levels of health care and emergency management. The Action will support increasing the number of fully operational laboratories, complying with the requirements defined by the 4th edition of the WHO's Laboratory biosafety manual (LBM4).

Apart from enhancing the capacities of medical and emergency response professionals for planning, prevention and reaction to emergencies, the Action will also put in place the core, heightened, and maximum laboratory measures in support to surveillance of emerging and re-emerging communicable diseases in Serbia, ensuring a more efficient response to emergencies.

Having in mind the importance of primary health care as a gatekeeper, special attention will be placed on capacity building and strengthening existing, as well as creating new modalities of collaboration at the level of local municipalities, to plan and ensure adequate response in potential health emergencies.

This Action will build the laboratory capacities of all 24 Institutes of Public Health in Serbia through the reconstruction and improvement of laboratory quality and biosafety management systems. The capacities of 1,231 women (75% of overall number of employees of IPHs) to respond in emergency situations will be strengthened. The Action will also render support to local self-governments in Serbia and respective primary care health centres to develop emergency preparedness and response plans. Within the primary care sector out of 26,178 healthcare professionals, 22,142 are women, which makes 85%. Thus, the Action will also support women's legal entitlements and practical access to assistance and services in relation to disaster management such as basic health services, including reproductive and sexual health services, compensations, cash transfers, insurance, social security, credit, employment.

Public health emergency management training programmes and an emergency awareness raising events will be streamlined to include gender sensitive approaches in all training and emergency simulations content. Both women and men should be included as instructors and trainees. Specific needs and limitations of men and women, boys and girl with disabilities, autism or spinal issues, and pregnant women shall be taken into account.

Gender considerations will be implemented through gender-responsive procurement as the selection of services, goods and civil works that considers their impact on gender equality and women's empowerment and respond to the needs of both women and men as well as the protection of girls and boys. During infrastructural upgrades, equipping, and installation of specific laboratory systems in the Bio-Safety Laboratories UNDP will uphold the minimum standards for prevention and response to GBV in emergencies.

The Disaster Risk Register Public Health related risks upgrade shall integrate gender considerations of importance for public health risk management, such as comorbidities, chronic health state, exposure and vulnerability of single headed households with children, elderly households and illegal settlements, and other health status of relevance to risk management. This will also enable women's equal access to information, including early warning, training, education and capacity building to strengthen their self-reliance and ability to claim their rights. Starting from the 2022 census, Register will enable a continuous and systematic collection and use of sex and age disaggregated data, and gender analysis in vulnerability, risk-, damage and loss assessments- and contingency planning. Furthermore, the integration of sexual and reproductive health and rights into public health risk management efforts shall be enhanced.

II. OBJECTIVES AND ACTIVITIES

The overall objective of the Action is: To enhance the resilience, responsiveness, and capacity for emergency management of serious national public health threats, while

The specific objective is: To improve Serbia's health care system capacities for response to emergencies in line with EU and international standards.

The outcome of the Action is: Improved planning and response capacities of health system in times of crisis

Results of the actions are as follows:

Activity 1.1: Laboratory Quality Management System (LQMS) in the microbiology laboratories

Diagnostic tests for laboratory confirmation of infectious diseases which undergo surveillance for the analysis of human specimens in Serbia are aligned the EU recommendations. Ensuring and maintaining the quality of laboratory services is crucial to diagnosing and effective response to health threats and challenges.

There are inconsistencies in the implementation of LQMS between the existing diagnostic laboratories in the country. Full application of the LQMS will demonstrate the abilities of the laboratories to consistently provide laboratory results and services that meet customer and management requirements and to demonstrate continuous improvement.

The WHO will support the implementation of LQMS together with the Ministry of Health and the Institute of Public Health of Serbia 'Dr Milan Jovanovic Batut' (IPHS Batut) based on the international ISO 15189 standard. The WHO will provide training and support through mentorship for the laboratories in further implementation of the standardized quality system.

The WHO developed a **Laboratory Quality Management System (LQMS) training toolkit** to support countries in the implementation of quality management systems in different types of laboratories in terms of providing rapid, reliable, and accurate laboratory results, and the detection of emerging and re-emerging pathogens. The WHO provides training of mentors to establish such a system.

Outputs:

- 50 laboratory staff trained for LQMS and implementation of the LQSI tool secured;
- 25 public health laboratories supported through national mentors to develop or improve LQMS under WHO guidance.

Activity 2.2 Disaster Risk Register upgraded with the public health risks

Within the "EU for Civil Protection and Disaster Resilience in the Republic of Serbia" (IPA 2019), the UNDP, in cooperation with SEM, Ministry for Public Investment (MPI), former Public Investment Management Office of the Government of Serbia (PIMO) and RGA, and the Working Group members, established the Disaster Risk Register. The Register operates as a subsystem of the national geospatial data infrastructure system and fully complies with the EU INSPIRE Directive and the EU Initiative to Enhance Data Operability. The Register is a unique and powerful analytical tool for managing risks, risk-informed response and investment planning, which will not only be used by public authorities involved in Disaster Risk Response (DRR) and emergency management, but also by a wider public to allow protection of citizens' investment, safety, and sustainable development.

For the purpose of this Action, the SEM, as the chair of the WG, with the support of the UNDP, extended the mandate and the scope of the WG to include public health-related risks in accordance with the National Disaster Risk Assessment. This WG will focus on acquiring health risk data with major health implications. The data sets acquired by the UNDP in the described manner will be an input to WHO to apply their tool/methodology for a public health risks assessment – STAR (Strategic Tool for the Analysis of Risks) software. This software will be embedded into the existing platforms and will produce reliable public health risk assessment (public health risk profile for any given territory) with data to be entered coming from the national data appropriators.

Outputs:

- Public health risk analysis in the context of emergencies, based on WHO methodology, conducted at local level for 150 municipalities.

Activity 2.3 Training of professionals for psycho-social support to groups affected by public health crises and emergencies based on a defined psycho-social support manual

Primary health care centers (PHCs) are gatekeepers and one of the main pillars for response to potential emergencies. WHO has already developed resources and online training for the provision of mental health and psychosocial support for healthcare workers as an integral part of the health sector response to emergencies. Based on the mhGAP methodology, as well as on the experience gained through implementation and coordination of online trainings for HCWs on MHPPS in the context of the COVID-19 outbreak, the primary health care level training program will be updated and implemented to strengthen capacity building to HCWs to provide MHPSS in emergencies.

Output:

- 150 primary healthcare centers in Serbia will be trained during 2024 to provide psycho-social support to groups affected by public health crises and emergencies.

Activity 3.1 eHealth system operational

Since 2019, the Government of Serbia has initiated legal changes enacted to promote Integrated Health Care as a concept that brings together inputs, delivery, management, and organization of services related to diagnosis, treatment, care, rehabilitation, and health promotion. While the process of integration starts with legal and changes in a physical structure, the digitalization and secured information flow are main prerequisites for implementing the Integrated Health Concept.

The Digital Integrated Health Information System shall entail e-Referrals, electronic appointment bookings, electronic specialists' reports, e-Prescribing and view of prescribed medications, access to diagnostic imaging reports and images, and electronic health data exchange.

Guided by the WHO and the Ministry of Health, UNDP and WHO will develop the functional and technical specification of the systems, including the architecture of the solution, infrastructural requirements, interoperability standards, and security requirements. The functional and technical Specifications shall inform the development of the ToR for software development, followed by the UNDP-led procurement process.

In accordance with the assessment and needs of the Ministry of Health WHO and UNDP, will support development and rollout of standardized training programmed for the health information system. In close cooperation with all national counterparts, WHO and UNDP will support organization of a promotional campaign introducing citizens to the EU-funded system and its advantages.

Outputs:

- Expert support provided for development of up to 11 bylaws following adoption of the Law on Health Documentation and Records;
- Human resources supplied for Sector for Digitalization within MoH;
- Mapping of human resource capacities of IT support staff in the network of state healthcare institutions in Serbia (all three levels of healthcare);
- Qualitative and quantitative surveys conducted to assess competencies of IT support staff and healthcare workers;
- Developed a platform and a training program and online resources for IT and IT administrator staff;
- Develop a platform and a continuous education programs and online resources for healthcare workers.

eHealth system Baseline: 0 Target: 2	Activity 2.3 Training of professionals for psycho-social support to groups affected by public health crises and emergencies based on a defined psycho-social support manual	X	X	X	X	WHO	EU	71300 - Local Consultants	7,551.24	150 primary healthcare centers trained to provide psycho-social support to groups affected by public health crises and emergencies.		
											75700 - Training, Workshops and Conferences	21,035.60
	Activity A.3.1 Digitalization and E-Health	X	X	X	X	WHO	EU	72605 - Grants to Institutions and Other Benefactors	90,000.00	Expert support provided for development of bylaws Human resources supplied for Sector for Digitalization within MoH Mapping of human resource capacities of IT support staff 2 (Qualitative and quantitative) surveys conducted Developed a training program and online resources for IT and IT administrator staff Develop a continuous education programs and online resources for healthcare workers		
		X	X	X	X						71200 - International Consultants	8,500.00
		X	X	X	X						71300 – Local Consultants	25,000.00
	SUBTOTAL WHO									\$ 748,126.19		
	GMS WHO									\$ 52,368.83		
	TOTAL (WHO pass-through)									\$ 800,495.02		