



Physicians in global health

The experience of the Bosnia and
Herzegovina health care reform

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The 1991 Health System in Bosnia and Herzegovina

- ❑ Former Soviet Union model
- ❑ Maximal health care services
- ❑ Based on specialists
- ❑ No gate-keeping concept
- ❑ High quality – expensive model:
cost/capita

The 1992-1995 war

- ❑ The 1996 Dayton agreement
- ❑ Economy down: PNB, jobs, salaries, available resource for health
- ❑ Population and health professionals: many have been wounded, killed or migrated
- ❑ Health structures: damaged
- ❑ Health system disorganised
- ❑ Long period without access to training



Reasons of the national strategic health care reform plan*

- ❑ PHC fragmented by sex, age and occupation
- ❑ High percentage of referral at 2nd and 3rd level (> 70%)
- ❑ Lack of continuity of care: change in GPs
- ❑ Physician-centered: nurse are basic technician
- ❑ PHC is curative and not preventive
- ❑ Difference in access: rural and remote places
-> Family oriented health care services

* Ref: Strategic health system plan, Republika Srpska 1999

Objectives of the reform plan

- ❑ Basic package for everybody
- ❑ Freedom to choose their doctor with the « gatekeeping » concept
- ❑ Continuity of care
- ❑ Preventive services and health promotion
- ❑ Rehabilitation of infrastructures with equipment
- ❑ Update of knowledge and skills

1. Update the knowledge and skills

- A. Upgrade of knowledge and skills of the GPs: a program for additional training in family medicine
- B. Capacity building: pedagogic skills (TOT) to have health practitioners providing training to each other
- C. Access to literature
- D. Interdisciplinary training: for GPs, nurses and other medical specialists

What's next ?



Certificate and MoH accreditation

OM.



2. Re-organisation towards family medicine

- ❑ Political, institutional, community and financial support and infrastructure & equipment adaptation
- ❑ Re-organisation of the services towards family medicine
 - Coverage areas
 - Family medicine promotion towards the population
 - Registration of the patient to a family medicine team
 - Team meeting, appointment system, patient files, tasks division

FaMI project

2001-2003

Federation of Bosnia
Herzegovina:

Municipalities with
number of rehabilitated
medical practices:



Orasje: 5

Tesanj: 10



Training centres:

Sarajevo town

Republika Srbska:

Municipalities with
number of rehabilitated
medical practices:



Doboj: 6



FaMI project

2004-2006

Federation of Bosnia
Herzegovina:

Municipalities with
number of rehabilitated
medical practices:

Orasje:	5
Domaljevac:	2
Odjak:	2
Usora:	2
Doboj jug:	2
Tesanj:	10
Maglaj:	4
Zepce:	2
Zavidovice:	5
Zenica:	7
Olovo:	3
Breza:	5
Kakanj:	7
Vares:	3
Visoko:	6
Ilidza:	1
Ustikolina:	1
Gorazde:	4

Training centres:

Zenica town
Sarajevo town

Republika Srbska:

Municipalities with
number of rehabilitated
medical practices:

Srbac:	6
Prnjavor:	9
Derвента:	6
Brod:	3
Teslic:	9
Doboj:	12
Samac:	8
Modrica:	6
Petrovo:	3
Lopare:	3
Bijeljina:	7
Ugljevik:	3
Zvornik:	6
Vlasenica:	3
Visegrad:	2
Srbinja:	3

Training centres:

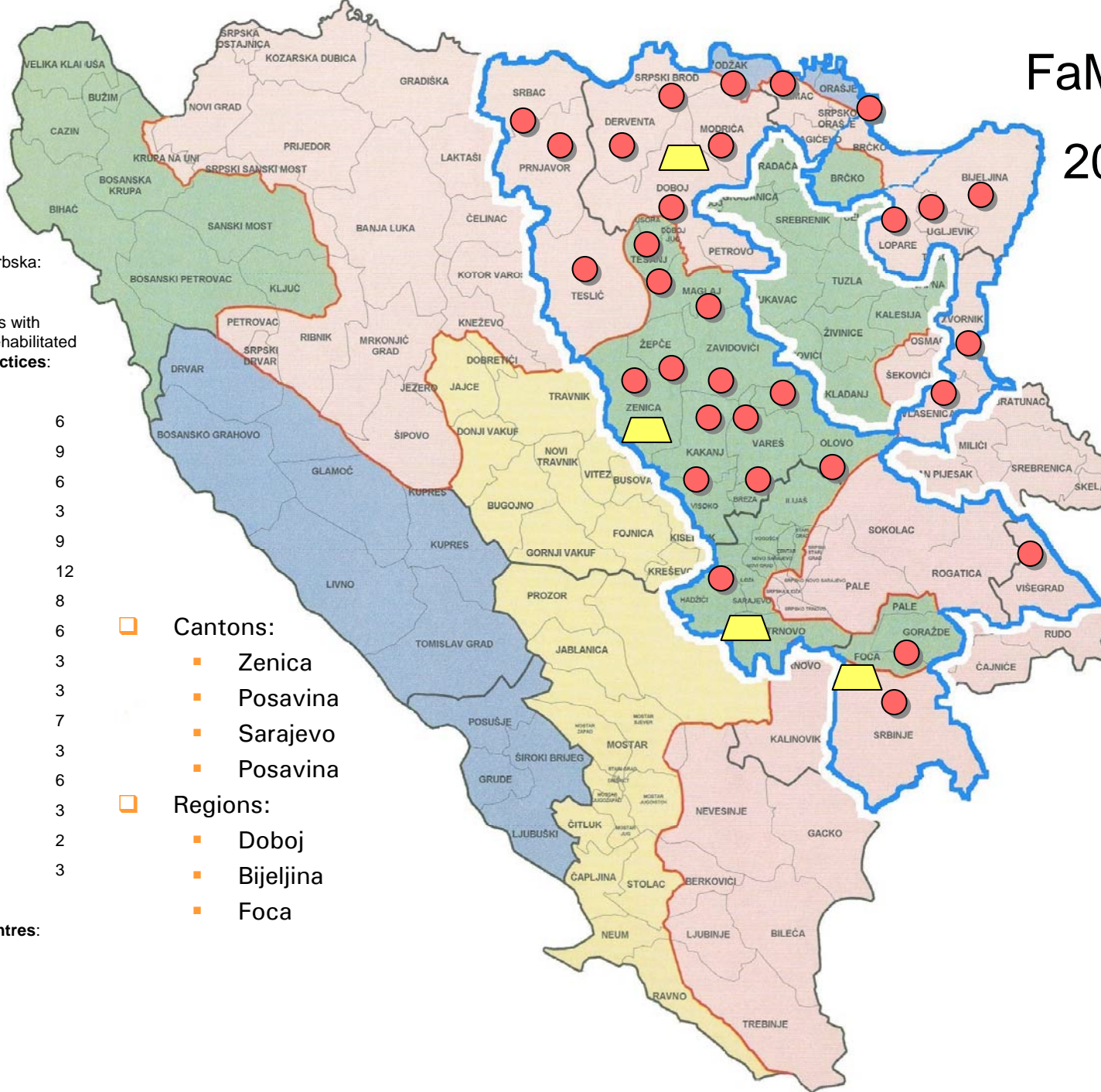
Doboj town
Foca town

Cantons:

- Zenica
- Posavina
- Sarajevo
- Posavina

Regions:

- Doboj
- Bijeljina
- Foca



3. Measuring the quality

Why doctors and nurses should collect data on specific health issues and measure the quality ?

What are the tools ?

- Audit
- Surveys
- Satisfaction questionnaires: Europep
- Youth friendly health services questionnaire

4. Improving the quality

- Decentralised CPD
- Including supervision techniques with peer educators
- Interdisciplinary approaches
- Implementing the services
- Financial incentives
- Monitoring the activities

5. Advocate at different levels

1. Raising awareness of the population
2. Towards health authorities
3. Towards the scientific community
4. Towards sponsors and international donors

Lessons learnt

- ❑ Involve the GPs in every initiative
- ❑ Raising awareness is one of the first steps
- ❑ GPs can not invent new roles and tasks without health authorities back-up
- ❑ Quality control is useless without means for improvement
- ❑ CPD is not the only possible way to improve the quality