Serbia - Availability of health care services

The Amnesty International 2009 report for Serbia states:

"Approximately a third of the Kosovo Roma, Ashkali and Egyptians reportedly lacked civil or habitual resident registration, which prevented them from repossessing their homes. Many children, in particular girls, did not enrol in school or frequently dropped out. Many families were unable to afford health care. Some 700 Roma remained displaced in camps in northern Mitrovica, some in locations where their health was seriously affected by lead contamination." (Amnesty International (28 May 2009) Amnesty International Report 2009 – Serbia)

A 2008 Minority Rights Group International report states:

"A lack of access to health care, social assistance and public services is particularly a problem for the Roma and is due in large part to discrimination and lack of personal documents." (Minority Rights Group International (July 2008) World Directory of Minorities and Indigenous Peoples - Serbia: Overview)

A March 2009 US Department of State report on Serbia under the heading 'Medical Facilities and Health Information', states:

"Although many physicians in Serbia are highly trained, hospitals, clinics, and ambulances are generally not equipped and maintained to Western standards. Medicines and basic medical supplies are largely obtainable in privately owned pharmacies. Hospitals require payment in cash for all services, and do not accept health insurance as compensation." (US Department of State (16 April 2009) Serbia - Country Specific Information)

The 2008 US Department of State Country Report on Human Rights Practices reports:

"The law requires residents to record changes of residency and to appear in person at the place of prior registration to remove themselves from the registry. IDPs from Kosovo who lacked personal or residency documents from Kosovo were unable to deregister from their Kosovo addresses and register at a new address in Serbia. Without an authorized local address in the country, individuals were ineligible for health insurance, social welfare, and public schools. NGOs provided legal assistance to IDPs to register..."
The same report continues:

“The constitution and law prohibit discrimination against persons with disabilities in employment, education, access to health care, or in the provision of other state services, and the government generally enforced the law. However, lack of access to older public buildings and public transportation was a problem. The law mandates access for persons with disabilities to new public buildings, and the government generally enforced this provision in practice.” (Ibid)

The European Commission in its 'Serbia 2008 Progress Report [SEC (2008) 2698]', states:

“However, the conditions for many children in Serbia remain poor. Children from socially vulnerable groups, in particular from minority groups such as Roma, and children with disabilities, continue to suffer from widespread discrimination and exclusion from health, education and social welfare services. There are serious levels of violence against children, with only a limited number of cases reported and prosecuted. There is insufficient reliable data on child trafficking, child labour and on sexual exploitation of adolescents." (European Commission (5 November 2008) Serbia 2008 Progress Report [SEC (2008) 2698])

The same report continues:

"Progress can be reported in the area of public health. The reform of the health insurance system is ongoing. The IT capacity of the health insurance fund has been strengthened. The implementation of the law on health insurance has continued, in particular with regard to the inclusion into the compulsory health insurance scheme of people who were not previously covered by this scheme. Awareness raising campaigns have been launched directed at the general public and aimed at improving communication between health professionals and patients. However, the administrative capacity and managerial skills as well as funding in the public health sector are not sufficiently developed. The administrative capacity within the Public Health Institute is also limited. Moreover, a strategy on public health and a law on public health are outstanding. As regards mental health, the government has taken some measures to improve existing institutions and facilitate de-institutionalisation. However, community-based services are not sufficiently developed as an alternative to institutionalisation.

Overall, Serbia has started to address its priorities in the area of employment and social policies. The country’s capacity to effectively implement employment policies has improved, but is still inadequate. With regard to social policies, legislation still has to be adopted and the overall implementation needs to be further developed. Further efforts are needed in the area of public health in order to strengthen the administrative capacity and to develop a more patient oriented system.” (Ibid)
Section 3.4.3 of the *Country of Return Information Project* report under the heading 'Health care system (including psychological care)', states:

"General legal regulations: A Medical Insurance Law (The Official Gazette of Serbia Republic, 17/05) and a new Health Protection Act (The Official Gazette of Serbia Republic, 107/05) were passed in Serbia in 2005. The new Serbian Medical Insurance Act regulates compulsory and voluntary health insurance. The Republican Health Insurance Fund (HIF) is charged with managing and ensuring compulsory health insurance, while voluntary health insurance may be provided by private insurance and special medical insurance investment funds whose organisation and activities will be regulated by a separate law." *(Country of Return Information Project (November 2008) Country Sheet; Serbia)*

The same report continues:

"Structure of the health care system
The health care system is organised on three levels. The primary sector covers 161 health centres of varying sizes, 83 of which are independent and 78 linked to secondary level institutions. The hospital sector – the second level - includes 102 institutions. The tertiary sector covers specialist institutions. The secondary and tertiary sectors total 147 organisations (42 general hospitals, 15 specialist hospitals, 23 independent institutes and clinics, 5 hospital centres and clinics, 3 clinical centres, and 59 other institutions). The hospital system is both over-dimensioned and under-financed. The health system is not clearly structured according to the three separate levels of health coverage. The main problem is that there are too many specialists and not enough general practitioners. This means that in practice part of the secondary and tertiary levels provide primary level services." *(Ibid)*
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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.
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