



## The Child Health Care System of Macedonia

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Macedonia is a multiethnic developing country with a new democratic political system in transition from a former communist country. The country gained independence as former Yugoslav Republic of Macedonia in 1991. Recent health reforms have privatized pediatric primary care and introduced family doctors alongside primary care pediatricians. Increasing privatization of hospitals have left the state-run hospitals short of pediatric specialists and subspecialists as doctors moved to private hospitals for better salaries and working conditions. There is little coordinated action between the Ministry of Health, health insurance fund, and Macedonian pediatricians to overcome the problems that now exist within the pediatric/child health system because of these recent reforms, which were politically driven without consultation with the Macedonian Pediatric Association. These recent decisions will have an adverse effect on the quality of care for children and families, which will likely continue for another 5-10 years. (*J Pediatr* 2016;177S:S127-37).

Macedonia is a southeastern European country covering an area of 25 333 km<sup>2</sup> whose capital is Skopje, which is the major political, business, and cultural center. The country borders Serbia and Kosovo to the north, Greece in the south, Bulgaria in the east, and Albania to the west. Macedonia is a land-locked country with 3 natural lakes (Ohrid, Prespa, and Dojran) covering an area of 857 km<sup>2</sup>. The biggest river is Vardar, which originates in the western part of Macedonia and flows into the Aegean Sea. The country is seismically active, and in the recent past, there have been several catastrophic earthquakes; the last one in 1963 in Skopje killed about 1000 people.

The country is an important transportation corridor, which connects Western and Central Europe with Southern Europe and Aegean Sea. The country gained independence as former Yugoslav Republic of Macedonia in 1991, but the region has remained politically unstable through its history.

### Sociodemographic Status

Macedonia has 2 022 547 inhabitants, of which 426 280 are children aged 0-14 years.<sup>1</sup> At the turn of the century, the distribution according to the age groups was as follows: 0-4 years (122 757), 5-9 years (143 184), and 10-14 years (160 339).

The dominant ethnic group is Macedonian, which accounts for 64.2% of the population, the second largest ethnic group is Albanian accounting for 25% of the population, and the remainder is made up of 6 minority groups (Turks, Roma, Serbs, Vlahos, Bosnians, and Egyptians). The main religions are Eastern Orthodox Christian (67%, Macedonians, Serbs, and Vlahos) and Muslim (30%, Albanians, Turks, and Roma). The economy of the country is predominantly agricultural, however, 47% of the population is concentrated in the larger urban areas.<sup>2</sup>

### Economy

Macedonia is a developing country in transition. The communist period (1945-1991) brought remarkable modernization with the construction of many factories. As a consequence, there was a large migration of the people from the rural area to the cities, particularly to the capital city, Skopje, especially after the catastrophic earthquake in 1963. The period of "soft communism" continued until Tito's death in 1980 and was characterized by a relatively good standard with easy access to a wide range of public services including education, health, and child care. Post-1991, the transition to a market economy has resulted in the privatization of many factories and businesses and the loss of many jobs with the establishment of a small class of extremely rich people, destruction of the middle class, and the creation of a large class of poor workers and laborers. In fact, these negative processes of transition are typical for many Eastern European countries, and they have led to a steady decline in the provision of public services.

The economic situation was further aggravated in 1993 when Greece imposed an economic embargo on Macedonia, which prevented access to European Union

EU	European Union
GDP	Gross domestic product
GP	General practitioner
NATO	North Atlantic Treaty Organization

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(EU) and North Atlantic Treaty Organization (NATO). The embargo was lifted in 1995 when Macedonia accessed additional resources from the International Monetary Fund and the World Bank. Although Macedonia received the status of a candidate country for joining EU, the obstruction from Greece coupled with the political instability isolated the country and discouraged foreign investments in the economy. The current upsurge of investment in the country has been accompanied by terms and conditions, which are deemed unfavorable for the country (eg, the unemployment rate has varied between 27.6% and 37.3% during the period 1993-2014). It was estimated that the black market contributes 20% to the gross domestic product (GDP). The Macedonian GDP per capita is US \$5370, ranked 96th of 183 countries.<sup>3</sup> In this region, only Albania with a GDP per capita of US \$4619, Kosovo with US \$3877, and Bosnia and Hercegovina with US \$4796, have lower GDPs per capita. Annual nominal GDP per capita is substantially below surrounding nations (eg, Montenegro with US \$7380, Serbia with US \$6152, Croatia with US \$13 507, Slovenia with US \$23 962, Bulgaria with US \$7712, Romania with US \$9996, and Greece with US \$21 682).

## Political Context

Macedonia is a republic with a multiparty democratic parliamentary system. There are 3 branches of the power: legislative, executive, and judicial. The executive power is held by the government with a prime minister as its head. The legislative power is shared between the government and the parliament. The judiciary is independent of both the executive and the legislature. The parliament is composed of 123 representatives, who are elected by the people for a period of 4 years. There are approximately 1.5 million registered voters on the general electoral roll. The president of the republic is elected and has limited power, mainly in the domain of the defense and representation of the country internationally. The country's main political divergence is between the ethnically based political parties representing the country's Macedonian majority and Albanian minority. The issue of the power balance between the 2 communities led to a brief war in 2001, following which a power-sharing agreement was reached. In August 2004, the republic's parliament passed legislation redrawing local boundaries and giving greater local autonomy to ethnic Albanians in areas where they predominate.

The Balkan war of 1991-1995 that led to disintegration of Yugoslavia did not involve Macedonia in military action. Through the peaceful and prudent politics of its leaders, Macedonia gained independence in 1995. However, the 1999 NATO intervention in Kosovo spilled over into Macedonia because the border between Macedonia and Kosovo was poorly secured. In 2001, an ethnic conflict developed between Macedonians and Albanians because the Albanian community supported the armed guerrillas of the Liberation National Army. This time NATO and the EU successfully intervened in time to stop the developing ethnic war. Following mediation by the international com-

munity the Ohrid Peace Agreement was achieved and Macedonia remained a unified state. However, a new constitutional and political "power-sharing" arrangement was created in which ethnic Albanians increased their influence (particularly on the local level) obtained a right of veto within Parliament.

## Organization and Governance of Child Health Care Services

### Health Care System in the Former Yugoslavia

Before the Second World War, child care was in the hands of general practice and internal medicine specialists. Data on this part of history are scarce, but malaria, tuberculosis, and poststreptococcal cardiac disease were major problems.

After the Second World War, the reorganization and growth of health care services were remarkable. Child health care became a separate entity; finances were centrally planned, and all citizens had free access to health services. During the first 10-15 years, there were few pediatricians; they worked in both state-owned hospitals/detached hospital units and private practice. With the establishment of a medical school and specialization of pediatrics at the University Children's Hospital in Skopje, the number of pediatricians increased, and private practice was banned in the late 1950s. Eradication of malaria, tuberculosis, and kala-azar was achieved. Great enthusiasm and self-sacrifice of the doctors and the health personnel was the norm. In this period of communism, doctors, engineers, and architects had full professional autonomy; the authorities did not obstruct their work. Many notable professionals or artists from the former Yugoslavia were sent to Macedonia. The world famous conductor, Lovro Maticic, chose not to serve prison and started his work in Macedonia, having a good share of independence in his artistic work. Professor Ruza Werner (Croatia) was the long-standing director of the Institute for Histology and Embryology and Professor Veljko Bujan was the director of the Forensic Institute in spite of his well-known opposition to the regime of President Tito. The Macedonian Medical Association was respected and its opinion in the planning health activities was honored by the government.

Economic growth encouraged new organizations and the decentralization of the health services; organizations, finances, and control were transferred to the municipalities. There were 30 municipalities and Skopje, with a central state fund, which supported health programs and intervened financially to help municipalities in economically undeveloped regions. However, this decentralization and reorganization led to fragmentation of health care services and, in some instances, unnecessary duplication of some services.

### Health Care Reforms after Disintegration of Yugoslavia

Macedonian independence from Yugoslavia in 1991 required better and stricter central planning, organization, and control of health services. A Ministry of Health was established by the

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