



SERBIA

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	Mid-year population	7,201,497	7,166,552	7,131,787
A2	Area (square km)	88,360	88,360	88,360
A3	Average population density per square km	82	81	81
A4	Live births per 1,000 population	9.3	9.2	9.3
A5	Crude death rate per 1,000 population	14.2	14.0	14.2
A6	Estimated life expectancy	74.9	75.3	75.4
A6a	Estimated life expectancy, female	77.7	78.1	78.2
A6b	Estimated life expectancy, males	72.2	72.5	72.7
A7	Gross domestic product (GDP) US\$ per capita	5,659.0	6,354.0	6,200.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population			<p>Almost the entire population (97%) is covered by the National Health Insurance which is compulsory and financed by payment of contributions to National Health Insurance Fund. There is also voluntary healthcare insurance – for citizens not included in the compulsory scheme, and also insurance which provides major insurance range and standard.</p>
B2	Gate keeping system			<p>GPs act as point of referral to specialists by using Integrated Health Information System. Referral is not needed for emergency care.</p>
B3	Total health expenditure, PPP\$ per capita, WHO estimates	1,267.0	1,317.0	1,312.0
B4	Public sector health expenditure as % of total health expenditure	61.2	61.4	61.9
B5	Total health expenditure as % of GDP, WHO estimates	9.9	10.1	10.4
B5a	Public-sector expenditure on health as % of GDP, WHO estimates	6.0	6.0	6.4
B5b	Private-sector expenditure on health as % of GDP, WHO estimates	3.8	3.9	4.0
B6	Expenditure on inpatient care, PPP\$ per capita	n.a.	n.a.	n.a.
B7	Public inpatient expenditure as % of total inpatient expenditure	90.6	91.2	92.6
B8	Total inpatient expenditure as % of total health expenditure	34.0	33.1	31.3
B9	Public funding			<p>All citizens generating income (salaries, pensions...) are legally bound to pay health insurance contributions. Health insurance contributions for citizens who do not generate income and who cannot be insured as family members of people generating income are paid from the State budget. The system is based on the principles of equality and solidarity. Citizens pay health insurance contributions in proportion to their income and financial capacity, while healthcare services are used according to their needs.</p>

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management			<p>Public hospitals can be founded by the State, autonomous provinces, local governments of cities or municipalities. There are private hospitals as well. People holding managerial roles in healthcare institutions (director, management board and supervisory board) are appointed by the founder.</p>
C2	Surveillance authority			<p>The Ministry of Health provides the general framework for health policy, including the provision of hospital services. The quality of healthcare services is controlled on several levels - by supervisory board of the institution and Ministry of Health by its Inspection Operations Sector. The financial oversight is in the scope of activities of the State Audit Institution.</p>

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers			<p>Public hospitals are signing annually financial contracts with the National Health Insurance Fund which allocates its budget among the healthcare institutions for strictly defined purposes. Private hospitals are financed with the patient payments. Private hospitals can make special contracts with National Health Insurance Fund to provide services funded by National Fund (e.g.: IVF).</p>
D2	Modes of payment			<p>Until now, the payments of hospital services were based on previous agreements with National Health Insurance Fund. The implementation of DRG system has started in 2017 through a pilot project in 14 hospitals.</p>
D3	Use of DRGs			<p>Implementation of DRG model is in progress. It started in 2017 and it is planned to be fully implemented by 2019.</p>
D4	Hospital investments			<p>Large investments are decided mostly by the Ministry of Health but also at the level of autonomous provinces and local authorities (infrastructure investments for example).</p>

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership	n.a.	n.a.	n.a.
E1a	% of hospitals private for profit	n.a.	n.a.	n.a.
E1b	% of hospitals private not for profit	n.a.	n.a.	n.a.
E2	Categories			
E3	Total number of hospitals	103	103	n.a.
E4	Hospitals per 100,000	1.4	1.4	1.4
E5	Total number of hospital beds	39,171	39,396	39,395
E5a	Number of public inpatient hospital beds	n.a.	n.a.	n.a.
	Public inpatient hospital beds as % of all hospital beds	n.a.	n.a.	n.a.
E5b	Number of private inpatient hospital beds	n.a.	n.a.	n.a.
	Private inpatient hospital beds as % of all beds	n.a.	n.a.	n.a.
E6	Hospital beds per 100,000	544.0	550.0	552.0
E7	Number of all hospital discharges	1,126,382	1,133,563	999,940
E8	Inpatient care discharges per 100	15.6	15.8	14.0
E9	Average length of stay, all hospitals	8.8	8.8	10.0

ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	48	48	48
F2	Acute (short-stay) hospitals per 100,000	0.7	0.7	0.7
F3	Number of acute care hospital beds	32,454	32,473	32,539
F3a	Acute care hospital beds as % of all hospital beds	82.9	82.4	82.6
F4	Acute care hospital beds per 100,000	451	453	456
F5	Number of acute care hospital discharges	1,022,850	1,030,058	960,503
F6	Acute care hospital discharges per 100	14.2	14.4	13.5
F7	Average length of stay, acute care hospitals only	8.0	8.1	8.4
F8	Bed occupancy rate (%), acute care hospitals only	69.0	70.0	68.0

HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	5,136	5,119	5,043
G1a	General practitioners per 100,000	71.0	71.0	71.0
G1b	Population per one GP	1,402.2	1,400.0	1,414.2
G2	Number of physicians	22,315	22,248	21,900
G2a	Physicians per 100,000	310.0	310.0	307.0
G3	% of physicians working in hospitals	51.2	51.9	52.6
G4	Number of nurses	45,512	45,443	44,845
G4a	Nurses per 100,000	632.0	634.0	629.0
G5	% of nurses working in hospitals	63.3	63.9	64.3
G6	Number of nurses per physician	2.0	2.0	2.0

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018