

**Policy Dialogue Initiative**  
**Health Care Working Group**  
*(March/November 2004)*

Analyses of Health Care Sector and  
Recommendations

Skopje, 2004

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## **INTRODUCTION**

Policy Dialogue Initiative is a project of European Centre for Minority Issues (ECMI), Regional Office in Skopje. Within this initiative four working groups have been established to discuss issues of concern in the areas of education, economy, health care and human rights. Members are a representative sample of influential stakeholders in each of the above policy areas. The primary aim of these working groups is to identify problems and make recommendations that will assist decision-makers to formulate and implement more just, inclusive policies that improve the quality of services, strengthen the rule of law, and provide better economic opportunities for persons of all backgrounds living in Republic of Macedonia. The secondary aim is to strengthen communication and build working relationships among members from different segments of society.

Each working group has between 10- 15 experts who come from three professional backgrounds: politicians and persons in government; professionals and experts in the relevant fields; and NGO leaders and activists. Members of the working groups are from all ethnic and religious communities in Macedonia; and while the majority of members are based in Skopje, other members come from Tetovo, Gostivar, Bitola, Stip and Kumanovo.

Each working group meets once every three to four weeks as it works through a series of planned steps to identify, define and prioritise main areas of concern within their policy fields, gather additional information on priority problems, analyse the information, make recommendations and devise strategies for the presentation of our recommendations. Toward the end of the year, working groups will hold a press conference at which they will present their findings and targeted recommendations. In addition, bi-lateral meetings are being arranged between the members of the working groups on one-hand, and the relevant persons at the institutions and organizations referred to in the sets of recommendations. By setting aside time to work with the institutions and organizations that have mandates to implement changes and reforms, we will increase the probability that the recommendations will be understood and accepted.

Noting the past failures of health care strategies and plans, PDI's working group on health care identified the most pressing need in the health care sector to be the development of a national health care strategy under the auspices of the Ministry of Health. This report provides answers to six central questions related to the need for the development of such a strategy. The questions are as follows:

- What were the reasons for the failure to implement the health care strategy developed in 2001?
- What topics should be looked at by a new committee to develop a health care strategy?
- What sources of information should this committee consider?
- What should be the composition of this committee?
- What should be the strategy for implementation of reforms?
- What monitoring and evaluation mechanisms should be in place?

It is our hope and our intent that these answers will serve to assist the Ministry of Health by providing observations, analyses and guidance as it grapples with the difficulties of health sector reform in the Republic of Macedonia.

## **1. WHAT WERE THE REASONS FOR THE FAILURE TO IMPLEMENT THE HEALTH CARE STRATEGY DEVELOPED IN 2001?**

The Working Group on Health believes it is important for representatives from the Ministry of Health to take the lead in organizing a review of the “Strategy for the Improvement of Health Protection of the Population in the Republic of Macedonia” (hereinafter: Health Improvement Strategy) in 2001 in order to understand the reasons it was not implemented. Such a review will enable policy makers to learn from, and therefore assist them to manage more effectively, the problems that obstructed progress previously. These problems can be classified into four categories: (a) the formation and composition of the Team of Experts; (b) the content of the Health Improvement Strategy; (c) not enough attention given to the strategy for implementation; (d) failure to present the Health Improvement Strategy to relevant stakeholders prior to its publication.

### ***(a) The Formation and Composition of the Team:***

At the beginning of 2000 the Macedonian Academy of Arts and Sciences (hereinafter: MANU<sup>1</sup>) held talks with the Minister of Health and proposed the development of a the Health Improvement Strategy. The Minister supported this effort and as a result MANU formed a Team of Experts (hereinafter: Expert Team). The Expert Team, originally consisting of four members, was shortly thereafter expanded to include a total of seventeen members. All seventeen were ethnic Macedonians. In terms of gender, fifteen were male and two were female.

There was a lack of transparency in the formation of the team. Several questions should be addressed:

- What criteria were used to select members of the Expert Team?
- How were they selected?
- Was there an effort to ensure representation from different regions in Macedonia?

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<sup>1</sup> In Macedonian, the academy is known as Makedonska akademija za nauka i umetnosti (MANU).

- What were the specializations of the members of the Expert Team?
- Why were experts with those specializations selected?
- We note that the members of the team were doctors and health professionals, but no public health (social medicine) experts were involved in drafting the document.
- Furthermore, we note that the Ministry of Health was not represented on the Expert Team. Given this oversight, it is not surprising that the Ministry of Health felt that they could not accept the document as its own.

***(b) Content of the Health Improvement Strategy***

A second set of problems concerns the content of the Health Improvement Strategy.

In the introduction, three global aims were presented:

- (1) Health care for all;
- (2) Increase in the quality of health of the population;
- (3) A new consciousness in the health system;

However, no specific objectives are mentioned in connection with these global aims. As a result, there was little attention given to the mechanisms required to achieve these global aims.

The bulk of the Health Improvement Strategy is actually a description of the health care system. While this is useful information, there is only a little space devoted to an analysis of the needs of the system, a presentation of a vision and priorities, and mechanisms to achieve those priorities.

There are no references to health system reform in other countries and while some data is presented, often it is not sourced, and no analysis of the data is provided.

***(c) Failure to Develop Strategy for Implementation***

The third set of problems is connected to the failure of the strategy to implement the Health Improvement Strategy. The Health Improvement Strategy document provides few clues on how to translate the strategy into action.

Very few health care professionals have ever seen, let alone read and understood, the Health Improvement Strategy. In less than two years after the completion of the Health Improvement Strategy it is obsolete.

***(d) Failure to Engage Important Stakeholders***

We note that prior to the publication of the Health Improvement Strategy there were no public debates or presentations to the key health institutions that would have given MANU the opportunity to gain support for its proposal. Most importantly, it seems as if MANU did not seek authorization from the Ministry of Health prior to publication.

It is clear that more thought needs to be given to placing health care reform on the political agenda by persuading political stakeholders that reform of the health care system demands their attention.

While we lack inside information about MANU's strategy to implement their Health Improvement Strategy, it is evident their ideas for reform were not accepted by political factors.

In order not to repeat these correctible errors, we propose the following recommendations:

**Observations on the review of the previous strategy:**

1. It is important for the composition of a new committee to develop a strategy on health care to be representative of the wider population, i.e. reflect the diversity within Macedonia in terms of ethnicity, regional affiliation, gender balance and broad professional expertise.
2. It is important for the process of selection to the committee to be transparent, and more careful consideration needs to be given to what stakeholders and what expertise is needed in order to craft a strategy that is of high quality and is likely to be implemented.
3. A new strategy needs to include practical and concrete considerations – and needs to provide a time-line that will indicate when steps need to be taken, who needs to be involved, and how their efforts should be coordinated.
4. We would like to emphasize that our comments are from an outsider's point of view. We believe that if the Ministry of Health reflects critically about the previous failure, it will be better positioned to develop a more viable and successful strategy.

## **2. WHAT TOPICS SHOULD BE LOOKED AT BY A NEW COMMITTEE TO DEVELOP A HEALTH CARE STRATEGY?**

A new committee would be faced with many challenges. We recommend some concrete tasks that can be undertaken in sections 3 and 4 of this report. In this section we will limit our response to the topics that should be covered by a new committee to develop health care.

First we should indicate the aims that we want to achieve with the national strategy. We consider we need the following:

- a) A clear picture of all aspects of health care system:
- b) An accurate definition and analysis of the health care problems related to the health of the population, the environment, and the organization and functioning of the health care system;
- c) An assessment of the professional management of the health institutions and their financial support;
- d) To determine a plan for reform with time-lines and to implement reforms according those time-lines.

Regarding the first aim (clear picture of the health care system), special emphasis should be placed on what is not functioning well, the interests of the health care users and providers of health care services. This will provide a complete picture of what needs to be improved. Specifically, we need to take into account:

- the distribution of health infrastructure;
- the degree of access for patients to that infrastructure;
- the quality of services;
- the level of medical equipment;
- the professional level of medical services providers;
- the quality of health care management (in different institutions);

- financial conditions.

Regarding the second aim (accurate definition and analysis of problems related to the health of the population, the environment, and the organization and functioning of the health care system) we need to undertake the following:

- to conduct an analysis to determine the most significant issues in these three areas;
- to prioritize concrete problems in each of the areas;
- to determine the methods / steps that should be undertaken to address those problems;

Regarding the third aim (management and financial sustainability) we need to develop:

- improved methods for managing health institutions (professional and political), especially bearing in mind the process and impact of decentralization;
- improved financing (public and private health sector);
- ways to increase transparency of operations, management and finance;
- steps to increase accountability.

Regarding the fourth aim (planning and implementation of reforms) we need:

- to identify the institutions that should bear responsibility for the implementation of projects and reforms;
- to agree on the provision of financial support (where the funds will come from);
- to develop a schedule for the implementation of programs /reforms and deadlines by which we aim to achieve our goals (the sectors to be included in reforms according to the capacity of the state institutions);

- to establish a legal framework for reforms;
- to find ways to equalize the public and private sector;
- to find ways to improve coordination and cooperation with WHO, World Bank and other relevant factors;
- to make reforms in the health insurance sector.

### **(a) Detailed Analysis of Health System**

The following topics should be reviewed in the detailed analysis:

- socio-epidemiological situation of the population;
- health situation of the population;
- institutions and health infrastructure (their efficiency, equitable distribution, the quality of medical equipment, the quality and level of the services);
- health statistical-information system;
- legislative and financial framework of the system;
- management of the institutions and health infrastructure.

### **(b) Definition of Health problems and Priorities**

Within this section, the following topics need to be taken into account:

- the main health problems of citizens;
- the medical doctrines to be implemented;
- planning and implementation of the prevention programs;
- protection for specific and vulnerable groups of the population;
- system to enable continuous professional education;
- management and financial support for the health problems;
- inter-sectional and inter-institutional communication at national and international level;
- development of the health information system and professional monitoring for the resolution of the problems;

- legal framework for their resolution and the role of the relevant health institutions.

### **(c) Management and Financial Sustainability**

To improve the management capacity and to improve the financial sustainability of the health care system we need to look at the following topics:

- the role of health institutions (their rights and obligations) on different levels, the creation of management positions and the challenges that will result from the process of decentralization;
- the role of the health workers (their rights and obligations) at all levels;
- the provision of information to citizens about their rights and obligations toward the health institutions and toward the health insurance institutions;
- an accurate definition of the methods of financial support and implementing agencies responsibilities, especially in light of the process of decentralization.

### **(d) Planning and Implementation of Health Reforms**

A new committee on health care, as the lead in the planning and implementation of reforms, must outline in clear terms:

- the aims of the health reforms and their legal framework;
- the roles of health institutions in planning and implementing reforms;
- the levels and sectors that need to be included in the reforms;
- their financial support;
- deadlines for implementation at all levels and in every sector;
- monitoring and evaluation of results.

### **3. WHAT SOURCES OF INFORMATION SHOULD A NEW COMMITTEE CONSIDER?**

In addition to the review of the Health Improvement Strategy (covered in section 1 of this report), the new committee should review reform programs in neighboring countries as well as in developed countries.

A second activity would be to make a comprehensive study based on official documents from the EU on health legislation, and recommendations from international organizations (WHO, WB, UNICEF and other organizations).

A third activity would consist of collecting and reviewing domestic reports and data on all aspects of the health system. Finally, once all the material is gathered and reviewed, the committee should prepare a memorandum which would present an analysis of the health care needs and strategic goals to meet those needs. That memorandum should reference all sources of information that were used.

Such an approach would open the market of ideas among various actors and players in the field of health care and enable a broad constituency to be involved, work together and take ownership in the process of health care reforms.

#### **4. WHAT SHOULD BE THE COMPOSITION OF THIS COMMITTEE?**

A new committee should be led by the Ministry of Health and should comprise representatives from the major stakeholders in the field of Health. Members of the new committee should be representative of the whole population with regard to ethnicity, region and gender. In addition, there should be a professional balance in order to ensure a broad range of topics are reviewed and analyzed. The Ministry of Health should consider professionals from the below institutions:

1. Doctors chamber
2. Macedonian Medical Association, associations of dentists, and pharmacists from the public and private sector
3. Pharmaceutical chamber
4. Dentists chamber
5. Health Insurance Fund
6. Medical Faculties
7. Faculty of Dentistry
8. Faculty of Pharmacy
9. Citizens associations working in the health sector
10. Private health organizations
11. Representatives from local-self government
12. Syndicate of Health (union of health employees)
13. Health professionals from outside Skopje
14. Representatives from the Parliamentary Committee on Health
15. International Project Unit of World Bank

The details of the work would have to be decided, of course, by the Ministry of Health. We believe, though, that the new committee would be most effective if the facilitation of the committee and management of the program were led by individuals who were not too closely associated with only one political party.

One practical idea would be to have a smaller core team (ten or few people) who would take the responsibility for managing the development of different health-related questions. This core team would channel, on a regular basis, its work-products to the larger body for review and feedback. Smaller working teams would be more efficient and they could, as long as this procedure for review is set

in place, ensure that a broad enough constituency understands and supports its work.

There are two different approaches to the question of political party involvement, and members of our working group are divided on this issue. In the last fourteen years there have been nine Ministers of Health; and with the change of each Minister new strategies have been drafted and reform programs initiated. Given this track record, what is the best way forward?

While both sides in our working group agree that politics have had a negative impact on the development and implementation of national health care reforms, opinions about the solution differ. One side considers that only people who are not closely affiliated with political parties should have the lead on the committee to be formed. The other side believes that the members from all main political parties (who are also experts/professionals in the field of health care) should be involved in the work of the committee. The inclusion of members of key leaders from the political parties would encourage, also, the articulation of platforms on health policy (and possibly in other policy fields as well) by political parties.

In either case, the committee would have to engage in regular communications with political parties, the Ministry of Health, the Ministry of Finance and the Health Insurance Fund.

## **5. WHAT SHOULD BE THE STRATEGY FOR IMPLEMENTATION OF REFORMS?**

One way to secure support from political parties would be to draft a memorandum that would gather and analyze material, as well as outline the need for and aims of reform (see section 3 above). Once completed, the committee would endeavour to have all political parties comment on (and sign ideally) the memorandum.

Once the memo has been drafted, we believe it is critical for the committee to organize round table events and to engage in discussions with a broad set of stakeholders. During this phase it would be critical to solidify and broaden support of the committee's work from political stakeholders. The public discussions would serve to keep health reform as a top priority on the political agenda.

Following those discussions and revisions, the committee would seek an official endorsement from parliament.

We believe the following time-line is feasible:

Review and drafting of memo:	5 – 6 months
Public debates and revisions:	3 – 4 months
Finalization and endorsement:	3 months

There should be coordination between the committee and Republic Institute of Health Protection, The Faculty of Medicine in Skopje (Institute for Social Medicine) and the School for Public Health in order to ensure the appropriate people at these institutions are included in promoting the implementation strategy outlined by the committee.

The current reforms concerning the privatization of the pharmacies and putting under concession the dentists practice has been completely non-transparent, and has not involved any employees and the relevant expert associations.

Through public debates and discussions support for the implementation would be given, though for additional changes, continued support would be needed from the Government, from the private sector, public health management, and civil society organizations.

After the process of public debates the new committee would then finalize the new strategy that would present a long-term (ten-year) plan for the development and reform in the health care sector.

The finalized strategy would be delivered from the Ministry of Health to the Government and Parliament of Republic of Macedonia for an official endorsement/ adoption. Adoption would give the document the force of law and would bind health care institutions to respect and implement arrangements outlined in the finalized strategy.

The implementation of the new strategy depends, above all from the ability of the new committee to develop strategic and realistic aims, objectives and priorities in the field of health protection, as well as the ability of the health institutions and communities at large to achieve the targets outlined in the strategy.

The new strategy must elaborate the approach (inter-sector cooperation, integrative health policy, including the private sector, civil society and NGO sector, public-health management and financing, public-health education and researching) and planning the process of implementation (organizing, motivation, building buy-in, monitoring and leadership for achievement of strategic aims) and evaluations according established indicators.

The new strategy should ensure the establishment of a mechanism (within MoH) that would develop an implementation plan – that would devise criteria, analyze

different options, engage in planning and implementation on an operational level, and articulate the methods of implementation.

The implementation plan should start from aims of the new strategy and should contain prescription of general approach to implementation, organizing the activities, details on the early stages of implementation, concrete prepared time-lines for implementation, required resources for realization of proposed duties and the sources of those resources. The implementation of the new strategy over the long-term should be managed through several medium-term phases and one-year concrete action or operational programs at the national as well as at the municipal level (local-level of self-government). Institutions would be required to develop, in conjunction with the national strategy, medium-term plans and one-year operational plans and to submit those plans to the Ministry of Health.

The Ministry of Health should coordinate the development and implementation of the new strategy and host regular presentations on its activities to the Government of the Republic of Macedonia.

## **6. WHAT MONITORING AND EVALUATION MECHANISMS SHOULD BE IN PLACE?**

The implementation of the strategy should be monitored by a team, formed by the Government of Republic of Macedonia, comprising representatives of many institutions. This monitoring team should be independent from the Ministry of Health and Health Insurance Fund.

The establishment of a monitoring team is very important component for the implementation of the strategy. The monitoring team should be involved from the outset. It would be involved in setting the aims of the strategy, the collection of data on diseases and on the establishment of indicators. In this way we would be able to evaluate the results achieved and to adjust activities accordingly.

The monitoring team would select tools to measure activities based on the amount of time by which results are anticipated. Some are relatively straight-forward and can be measured quickly and easily (number of vaccinations, for example), while others would require more complex approach and would involve inter-sector cooperation and might require several years to measure the affect of the interventions (the measurement of some activities to improve socio-economical conditions). We should be aware that many measures and interventions of health service are qualitative and it is hard to measure their effect.

There are many indicators for evaluation that are available through our analysis of the health of the population:

- I. pathology
- II. living and working conditions, and
- III. organization, activities and financing of the health care system

In addition we can use complementary indicators to provide us with information on the progress of reforms.

According to the World Health Organization (WHO), “Evaluation is the systematic application of social research procedures for assessing the design, implementation, and utility of interventions.”

On their webpage, WHO further elaborates,

*“Implementation evaluation requires data on how an intervention is delivered and who it is delivered to. Without this information it is not possible to assess the intervention’s impact on its target population. There are three key questions:*

- **Coverage** *To what extent does the intervention reach its intended target population?*
- **Activities and service delivery** *What activities are undertaken and services delivered and are these consistent with the objectives of the project?*
- **Resources used** *What resources are used in order to deliver the intervention?”*

We believe that Ministry of Health should use this framework for the evaluation of its programs, with special attention to:

- evaluation of the size, level and quality of the implemented activities;
- evaluation of the success of implemented measures, obstacles and difficulties in the implementation of strategy and action plans;
- analysis of relations between measures undertaken, results achieved and the means by which they were achieved.

One of essential conditions for the establishment of a system of evaluation is the existence of standards and regulations, because the measures of quality of achieved results it is closely related with conditions under they were implemented.

According the time of implementation, evaluation can be:

- *retrospective evaluation*: evaluation of the efficiency and effectiveness of a particular activity according to indicators in the action plan or strategy;

- *process evaluation*: monitoring of activities as they are implemented. This is necessary at all phases of the strategy – and has the role of providing information whether any corrective steps are necessary;
- *prospective evaluation*: setting of future aims and measures in order to assess the viability of alternative programs and solutions.

Evaluation can be undertaken at different levels:

- *partial evaluation*: a review of separate measures and activities, separate services or components of the strategic or action plan, of the affects on one community or one institution, etc.;
- *complete evaluation*, an comprehensive review of health protection in the community, health organizations, etc.;
- *evaluation of specific health programs*: analysis of programs designed to address specific illnesses and diseases.

Due attention needs to be given to establishing mechanisms through which results from the evaluations are reported to policy-makers, health service employees and the general public.

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*\* due to work abroad and other employment obligations several members of the group were not able to continue their engagement with the working group. We would like to thank them, nevertheless, for their contributions.*