Standard Summary Project Fiche – IPA centralised programmes

Project number 10: Development of Palliative Care Services in the Republic of Serbia

1. Basic information

1.1 CRIS Number: 2009/021-765

1.2 Title: Development of Palliative Care Services in the Republic of Serbia

1.3 ELARG Statistical code: 02.28

1.4 Location: Republic of Serbia

Implementing arrangements:

1.5 Contracting Authority: EU Delegation to the Republic of Serbia

1.6 Implementing Agency: EU Delegation to the Republic of Serbia

1.7 Beneficiary (including details of project manager):

- Republic of Serbia, Ministry of Health, Nemanjina str.22-26, Belgrade
- The Senior Programme Officer is the Elizabet Paunovic, Assistant Minister of Health, tel: +381 11 3614 890. e-mail: ep@zdravlje.gov.rs
- Project Manager: Nada Sremcevic, Ministry of Health, +381113614890, nada.sremcevic@zdravlje.gov.rsA Steering Committee will meet regularly to provide continuous input on policy and technical matters throughout the Project

Financing:

1.8 Overall cost (VAT excluded): 4.100.000 EUR

1.9 EU contribution: 3.500.000 EUR

1.10 Final date for contracting: 2 years after signature of the FA

1.11 Final date for execution of contracts: 4 years after signature of the FA

1.12 Final date for disbursements: 5 years after signature of the FA

2. Overall Objective and Project Purpose

2.1 Overall Objective:

To contribute to improving the quality of health services in the health care system of the Republic of Serbia by the development of palliative care.

2.2 Project purpose:

Palliative care is introduced and developed in the health care system in Serbia to improve the quality of life for terminally ill patients and their families.

2.3 Link with AP/NPAA / EP/ SAA

For the European Partnership, reform of the health care system and particularly the health insurance fund, is determined by financial sustainability with a view of improving the health of the population. The project links to the following stated criteria included in the EP:

Socio-economic Criteria: Continue the reform of the health insurance system.

European Standards, Employment and Social Policy: Develop adequate structures and capacity in the field of health protection.

Under the Short-term Priorities, European Standards, Employment and Social Policies, the project also links directly with the objective to, "*Develop adequate administrative structures and capacity in the field of health protection.*"

By introducing and developing palliative care services in Serbia, the project will help to boost the capacity of the health care system to provide adequate health protection for all segments of the population, particularly for those people suffering from life-threatening illnesses and their families.

2.4 Link with MIPD

Among the Socio-economic requirements, the project links to the following:

Improve regulatory and management capabilities of health financing institutions and health care authorities, institutions and programmes; increase access and inclusion of vulnerable groups into the health care system.

Administrative and operational capacities improved and improvements instituted in the quality and efficiency of services which are being provided in the health care system, especially in conditions of limited human and financial resources. Notably, the project will also help to strengthen partnerships between the government and civil society.

The project is also expected to contribute to the following expected results by the end of the first period of IPA programming in 2012.

In section 2.3.1.2., Socio-economic requirements, under the 4th objective; and the Expected results stated in section 2.3.1.2., the following are among the foreseen results:

- increased access and inclusion of vulnerable groups into the health care system;
- continuous improvement of the quality of health care institutions;
- outreach work in the communities; and
- better quality and more efficient services provided by the health care system, particularly within the context of limited assets.

The activities of this project directly target the priorities stated in the MIPD. The project will help to elevate the quality of health institutions and increase access to the health care system for vulnerable groups, by education of health professionals in the field of palliative care and establishment of a network of institutions for palliative care treatment at the primary, secondary and tertiary health care levels. The project will contribute to developing outreach work in the communities by enhancing health protection for those suffering from serious illnesses. A very important result is the inclusion of a number of structures at the national and local level for the introduction and promotion of palliative care in Serbia.

2.5 Link with National Development Plan

N/A

2.6 Link with national/ sectoral investment plans

The project links with many national strategies, including:

The Poverty Reduction Strategy (PRS) which cites as its aim in the health sector, "To promote the health and wellbeing of the population and, particularly to reduce inequities in health status by improving the conditions of vulnerable groups of the population. This objective will be achieved by the development of health and care programmes adjusted to vulnerable groups and the fairer redistribution of resources in the health sector by geographic region" (PRS, Section 4.2.1., Goals, page 136).

Through this project, the establishment of a palliative care network and a model for financing of treatment for patients with serious and life-threatening illnesses will be made available across the country. This will contribute to reducing poverty and suffering, while preserving human dignity for these patients and their families.

"Better Health for All in the Third Millennium," the Health Policy of the Republic of Serbia, adopted in February 2002, envisages:

- Safeguarding and improving the health status of the population in Serbia and strengthening the health potential of the nation through the provision of continuous and accessible health care through inter-sectoral as well as government-civil society cooperation, especially at the community level.

- Improving the functioning, efficiency and quality of the health care system and defining of specialised national programmes related to human resources, institutional networks, technology and provision of medical supplies.

- Improvement of the human resources for health care.

Among its objectives, the Policy aims to ensure and improve equal access to health care for all Serbian citizens with a focus on urban and rural disparities.

This includes improving the health care of groups in an unfavourable position and helping people with special needs and other vulnerable sectors of the population by recognizing the particular health needs of these groups and adopting programmes for synchronised action at all community levels. It is also important to link primary health care institutions (dom zdravljas) with social welfare institutions (centres for social work) and to develop multi-

disciplinary teamwork, while also linking dom zdravljas with educational and other institutions. The Policy also calls for the restructuring of hospital capacity according to population needs and an overall increase in the efficiency and effectiveness of the health care system.

Since palliative care covers such a broad spectrum of the population because citizens of many different age groups suffer from a variety of serious and life-threatening illnesses, the project also is relevant to the implementation of the following national strategies:

- Social Care Development Strategy
- National Strategy of Ageing
- National Strategy for Combating HIV/AIDS
- Strategy for the Development and Health of Young People in the Republic of Serbia
- Official Statistics Development Strategy

With regard to the legislative framework:

The Law on Health Care, Art. 110 (paragraph 6), related to hospitals and Art. 88, related to primary health care centres stipulates that a primary care level unit covers a population of 25,000 inhabitants, providing them with home treatment including palliative care. The home treatment is to consist of one doctor and four nurses, plus one assistant nurse engaged and paid by the local community.

The Regulation on the Plan of Health Institutions' Network, Official Gazette of the RS 107/05 states that 10% of beds within the secondary health care level is to be used for extensive health treatment (40 general hospitals - 1000 beds), and that special units designated for palliative care will be formed within the above-mentioned capacities.

The Statutes of primary health care centres and general hospitals specify the existence of palliative care.

The Law on Medical Drugs and Medical Devices: Pain therapy is of key importance in the treatment of such seriously ill patients by contributing to a significantly better quality of life.

3. Description of project

3.1 Background and justification:

As defined by the World Health Organisation, palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The goal of palliative care is achievement of the best quality of life for patients and their families. This project defers to the WHO definition of palliative care in its aim to develop health care structures and services that will effectively address the needs of target beneficiaries, which broadly includes persons facing advanced, progressive illnesses and their families.

The recommendation of the Council of Europe expert committee on the organisation of palliative care was formally adopted by the Committee of Ministers on 12 November 2003 as the recommendation Rec. (2003) 24 "on the organisation of palliative care". Member States agreed to adopt policies, legislative and other measures necessary for a coherent and comprehensive national policy framework for palliative care. The report recognises that palliative care is a vital and integral part of health services. Any person who needs palliative care should be able to access such care without undue bureaucracy or delay, and in a setting that is consistent with individual needs and choices.

The specific policies and other measures supported by the Council of Europe include:

- making palliative care services comprehensive in nature and better integrated into national health care systems;
- providing resources for hospice palliative care services;
- incorporating palliative care in national cancer control programmes and national AIDS strategies;
- integrating palliative care in the management of progressive life threatening diseases; and

- providing training and support to non-professional care workers and ensuring the systematic assessment of the needs of palliative care to precede, when appropriate, the establishment of services at the local, regional and/or national level.

The European Parliament's Committee on the Environment, Public Health and Food Safety (Ref. IP/A/ENVI/IC/2007-123) launched a study on Palliative Care in Europe in order to establish a clear analysis on where the European Union as a whole, and every Member State in particular, stand in respect to the proper definition, organisation, offering and financing of palliative care and to present policy options that both the EU and the Member States could consider to improve the existing situation. The report's policy recommendations included the need for all EU countries to devise national plans for palliative care and end of life care in close collaboration with professionals and representatives of patients and families, promote integrated health care networks which include proper attention to palliative care and improve information and knowledge systems, including support for research under the EU Framework Programme and the development of plans for palliative care training at both basic and advanced levels for health care staff education.

As with other European countries, forms of palliative care in Serbia had been available mainly to terminally ill cancer patients. Serbia's population is ageing and more people are now living with the effects of serious chronic illnesses towards the end of life. But while palliative care is generally construed as comprising care of the elderly, the scope of patients needing palliative care is much broader. Since life-threatening illnesses affect all ages of the population, ranging from young children to the elderly, palliative care must now be offered to a wider population with serious illnesses and integrated across health care services to meet present and up-coming public health challenges.

Recognising these challenges the Serbian government adopted a National Strategy on Palliative Health Care in February 2009 as part of the National Health Strategy and as an instrument for mobilizing all segments of society involved in palliative care programmes. At present, there are three levels of health care in the health system of the Republic of Serbia: primary (dom zdravljas), secondary (general hospitals) and tertiary (clinical-hospital centres, clinical centres, institutes). This project aims to support implementation of the Palliative Care Strategy at all three health care levels by supporting the instruction and education of palliative care teams while adapting hospital environments to establish suitable palliative care units in targeted medical facilities. The present capacities in palliative care are insufficient at the primary health care level, and are nearly non-existent at the secondary and tertiary levels of health care provision. The project aims to address the need for palliative care delivery by building the knowledge and capacities of multidisciplinary health care teams and adjusting palliative care services to the specific needs of these patients and their families.

There are 158 primary health care facilities in the Republic of Serbia and at this level there are basic, intermediate and advanced levels of education, which also includes 24 gerontology centres. Education in palliative health care provision is only provided to a basic level. According to the Palliative Care Strategy, the level of education is to be raised to the secondary level in 88 primary health care facilities and 24 gerontology centres (based on a catchment area of over 25,000 inhabitants). This education is intended for general practitioners, nurses, social workers and psychologists who will form the foundation of the palliative care teams that will provide palliative care at the patient's home. Volunteers will be engaged from various NGOs and the Red Cross, as well as from religious organisations.

To date, for example, the NGO BELhospice has demonstrated a commitment to providing palliative care to patients with life-threatening illnesses but also to developing models of best practice in quality patient care delivery, particularly at the community level. Civil society will be included in the training programmes of this project, as appropriate. As pointed out in the European Parliament report, palliative care requires the commitment of significant financial as well as human resources that entail a broad set of skills for not only health care workers but also for social workers, public administration officials, family members of the terminally ill and volunteers. Civil society organisations will participate in the multidisciplinary teams that will deliver palliative care services, thus they will play a key role in project realisation and in building cooperation with government actors in health care.

To ensure that the health care teams can service patients at the primary level, mobility is crucial. Many persons in need of palliative care live in remote rural areas and as such, the availability of adequate transport for the care teams is a priority. The current potential of the motor pool at the home treatment services level is not sufficient for the implementation of the care visits that will go outside the scope of home treatment (the tasks of bathing, changing, feeding, etc.). The most frequent requests submitted to the Ministry of Health and the home treatment services since January 2008 speak precisely about the lack or the obsoleteness of the vehicles. This issue merits particular attention, given that 50% of seriously ill people want to remain at their home.

Presently there is no palliative care provided for hospital patients in Serbia. There is one terminal patient support unit for hospital patients. For children and young people there are no palliative care services even though there is a sole unit for terminally ill patients within the children's hospital. As regards education and training, palliative care had not been covered by the curriculum of medical studies or in available post graduate studies. There is presently no training provision for social workers or the volunteer community. Under the Health Care Law (110 paragraph 6, Art. 88) the state is obliged to provide palliative services. Related by-laws stipulate that 10% of the overall hospital bed capacity in the general hospitals should be made available for palliative care. The statutes of primary health care centres and general hospitals affirm the existence of palliative care.

At the secondary health care level, 28 hospitals in Serbia have been identified to provide accommodation and resources for palliative care which will amount to 4 beds per 100,000 inhabitants. The hospitals were targeted according to demographic considerations (taking into account cancer morbidity and mortality rates, for instance) as well as a commitment to achieve maximum coverage throughout Serbia. Also, hospitals will not be targeted for renovation activities if there are, or already have been, other significant works pertaining to hygienic or technical improvements undertaken.

Thanks to this project, palliative health care teams will be established at each of these hospitals and every team will receive education in palliative health care provision.

In parallel with the project and on the National resources charge[1], rehabilitation and adaptation of hospitals for palliative care provision will be undertaken in 2 stages (13+15 hospitals). The first stage envisages renovation of 13 hospitals, which is planned to last until 2012. The renovation of the remaining 15 hospitals in the second stage should end by 2015. The physical renovations foresee construction and rehabilitation of rooms, appropriate

[1] National co-financing still to be confirmed.

sanitary units, equipping of patients' rooms (300 anti-decubitus beds, furniture for day care facilities) and the working premises of the medical staff as well as providing for family stay accommodation. To meet this demand it is estimated that an average of 100m2 of total space is required for palliative care provision per hospital.

It is planned that the established units will fulfil all relevant quality assurance standards, based upon the standards for accreditation of health care institutions provided for in the arena of secondary health care delivery by the Agency for Accreditation of Health Care Institutions.

Before implementation of the training courses and their expansion through primary and secondary levels, the Ministry of Health shall determine educational standards, accredit the programmes for all participants and finalise plans for introducing those programmes in medical school and faculties' training, in coordination with the Ministry of Education. Training will be based on Council of Europe standards in the sector.

The project will identify those reference centres which will support the Ministry in the coordination and monitoring of home care treatment and care services in all 88 dom zdravljas. National Centre of Excellence will be established to coordinate of all activities.

As per the European Parliament report, the Serbian Strategy on Palliative Health Care stresses the importance of promoting an integrated cross ministerial approach to health care provision and strong links with municipalities at the local level. The Ministry of Health will also have to develop links in supporting palliative care provision with the Ministries of Labour and Social Policy, Education, Finance, Public Administration and Local Self-government, as well as bodies such as the Standing Conference of Towns and Municipalities, NGOs and volunteer groups.

Paediatric palliative care

Palliative care for children represents a special, albeit closely related field to adult palliative care.

The WHO definition of palliative care appropriate for children and their families is as follows (WHO; 1998a):

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and even in children's homes.

Children with life-limiting and life-threatening illnesses that lead to death or a life of severe disability merit a profound cultural and organisational approach to their health care provision, when the aim of this care is not to help them recover but to offer the best possible quality of life, despite their disease. Paediatric palliative care is concerned with the medical, psycho-social, spiritual and economic needs of patients and their families, providing complex patient

care solutions that involve all aspects of the health care system (hospital, hospice, community and home), and it necessitates an interdisciplinary team of caregivers.

In Serbia paediatric palliative care is in its beginning stages. For a long time, palliative care was not available to paediatric patients, although health care professionals recognise that this target group requires specialised care delivery. The Children's Hospital in Belgrade comprises a unit for terminally ill children, but this is not the same as palliative care. Care for terminally ill children refers to the care that is provided to patients and their families during a time which is close to the child's eventual death, whether this be weeks, days or hours. As reflected in the WHO definition, paediatric palliative care includes this, but also comprises a broader approach which typically starts at the point of diagnosis and endeavours to provide the best possible quality of life during the entire progression of the illness. Another important consideration is the fact that palliative care for children must be provided wherever the child and the family chose to be (home, hospice or hospital).

The project will take a variety of issues into consideration in developing training modules specifically suited to this type of palliative care. Pediatric palliative care requires good child-symptom management and the priority is symptom control (pain, cachexia, dyspnea, anxiety, depression). About 90% of paediatric palliative care patients experience generalized suffering, while more than 70% suffer pain. In Serbia, this is still a major problem to be addressed because it tends to be one of the most disregarded and under-treated symptoms.

The family is a fundamental part of any paediatric palliative care programme as the family must be actively involved in providing care and has a great deal of responsibility in this regard. The family's needs warrant a specific type of training and support which should span psychological and spiritual needs, as well as financial planning and social needs. Education and training of health care professionals as well as family members is a necessary part of any paediatric palliative care programme. Home management is the goal of paediatric palliative care, much appreciated by patients and their families, influencing the patient's quality of life, reducing the feelings of fear, isolation and helplessness, giving the child a chance to stay involved in the family's routines and affording more opportunities for communication. Home management is not always feasible, however, and particularly complex clinical problems such as exhaustion, emotional stress, logistic and organisational factors sometimes make temporary periods in institutional settings unavoidable.

The Republic Expert Commission for Palliative Care has drafted a proposal related to the control of narcotic substances used for treatment of palliative care patients which is in line with WHO recommendations.

It is necessary to establish at the national level a balanced narcotic prescription policy and control system which will the abuse of narcotics while at the same time ensure their accessibility for the purpose of applying recommended medical interventions to pain and suffering.

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

The implementation of Serbia's Palliative Health Care Strategy will have a direct impact on the quality of life in Serbia and meet the Council of Europe's and European Parliament's recommendations of integrating palliative health care provision within the overall health care

system of Serbia. Because the Strategy has been adopted, a government budget line has been secured to enable the long term sustainability of palliative care provision.

The outputs of the project will be sustainable and funded under the laws on health insurance and health care. The Republic Health Insurance Institute will finance palliative services under the law and according to the contracts which will be signed with health institutions. The Regulation on the mandatory education of health workers was adopted in January 2008. Education programmes in palliative health care will be funded by the state under the scope of continuous medical education programmes.

Given its broad geographic scope, the project will support local communities by providing palliative health care delivery at the local level, thereby helping to eliminate the need for repeated travel with ill family members to larger urban centres for treatment and care, and the associated costs.

3.3 Results and measurable indicators:

1. Implementation framework for the Palliative Care Strategy/Action Plan within the overall Serbian health care system developed and costed

Indicators:

1.1 Implementation framework developed with associated multi-annual budgets

1.2 National Centre for Palliative Care set up with clear mandate, responsibilities and budget

1.3 Roles and responsibilities identified for the key institutions/stakeholders at the central and local levels to implement the strategy

1.4 Number of Training and Instruction Modules and Manuals produced

1.5 Number of reports and recommendations for further development of palliative care services

2. Palliative care introduced at the primary health care level

Indicators:

2.1 Number of Palliative Care Teams set up as per the National Strategy

2.2 Number of teams instructed and educated on palliative care at the primary care level

2.3. Results of assessed Training Modules for Teams

2.4. Number of home visits per month

2.5 Results of supervised and assessed home visits by Teams

2.6 Number of Palliative Home Care Team transport vehicles supplied

3. Palliative care introduced at the secondary and tertiary health care levels

Indicators:

3.1 Number of Palliative Care Teams set up as per the National Strategy

3.2 Number of teams instructed and educated on palliative care at the secondary and tertiary care levels

3.3 Results of assessed Training Modules for Palliative Care Teams

3.4 Number of hospitalizations in palliative care units per year

3.5 Average hospital bed occupancy rate per year

3.6 Results of supervised and assessed performance by Palliative Care Teams

4. Awareness raised about palliative care in the public and among health professionals

Indicators:

4.1 Number of information seminars, workshops and publicity materials delivered/produced

4.2 Number of key stakeholders included in the process of promotion and introduction of palliative care

3.4 Activities:

1. Implementation framework for the Palliative Care Strategy/Action Plan within the overall Serbian health care system developed and costed

1.1 Establish an integrated model of palliative care within the framework of the National Strategy and through the involvement and coordination of all interested institutions and line ministries (roles and responsibilities)

1.2 Capacity building for the National Centre for Palliative Care

1.3 Support in establishing a volunteer model system

2. Introduction of palliative care at the primary health care level

2.1 Training and instruction of teams at the primary care level on palliative care provision (basic level of education)

2.2 Training of teams at the primary care level on delivering quality palliative care (secondary level of education)

2.3. Supply of transport vehicles for Palliative Home Care Teams

3. Introduction of palliative care at the secondary and tertiary health care levels

3.1 Training and instruction of teams on palliative care provision

3.2 Capacity building of consultant teams on palliative care delivery at the tertiary care level

3.3 Adaptation/renovation of units in 28 hospitals established to provide for in-patient palliative care services. ***works contract, national co-financing***

4. Awareness raised about palliative care in the public and among health professionals

4.1 Design and preparation of publicity campaign

4.2 Delivery of workshops, seminars and publicity events

4.3 Delivery of publicity and information materials

This project will be carried out through one service contract (activities 1, 2.1, 2.2, 3.1, 3.2 and 4, one supply contract (activity 2.3) and one works contract. The works contract will be the subject of co-financing.

3.5 Conditionality and sequencing:

The conditions that need to be fulfilled to enable successful project implementation include:

- Full commitment by key line Ministries and local authorities to the outputs of the project in terms of budget allocations and necessary human resources with the Ministry of Health responsible for all coordination and inputs
- All necessary framework documents approved for implementation of palliative care in the health care system of Serbia
- Standards for palliative care (education and trainings) and Guidelines for good clinical practise prepared and adopted by the Ministry of Health
- The Ministry of Health is responsible for coordination of this project with on-going projects addressing decentralisation of health services
- Primary Health Care Centres and hospitals are committed (with budget allocations) to the up-keep and maintenance of renovated hospital units and vehicles supplied (insurance, fuel, drivers)
- All building permits and other official documentation approved prior to any works

In terms of sequencing, the Service and Supplies contracts will run in parallel.

3.6 Linked activities

The IPA 2008 Hospital Information System (7.5 million Euros) will improve the efficiency and quality of health care delivery in Serbia through the development and implementation of a standardised and sustainable Hospital Information System, at the secondary/tertiary level of health care, which will contribute to the establishment of an integrated national health information system.

The IPA 2007 Emergency Medical Services (EMS) project (10 million Euros) supports the overall reform of the health system in Serbia through the purchase of 200 emergency vehicles and training of teams who will use and maintain the vehicles.

The IPA 2007 Support to the Health Care Accreditation Agency (1.5 million Euros) promotes continuous quality improvement and service delivery within the overall health system by supporting balanced internally-driven (professional/institutional) quality improvement processes through external assessment mechanisms.

The CARDS 2006 Support to Health Sector Reform (10 million Euros) is strengthening the capacity of the School of Public Health and Continuous Professional Education Centre of the Clinical Centre of Serbia in delivering Health Service Management training and performing a comprehensive training strategy and plan, including all relevant stakeholders of the Serbian health care system. This includes development of comprehensive training curricula in health service management (comprising human resources, strategic, financial, project, quality management) leading to internationally accredited certificates and diplomas, and training of 500 to 600 health care managers at all levels of health care in health services management, including a revised role for nurses in the areas of health management and home based care management.

The Centre for Palliative Care and Palliative Medicine, BELhospice, is the first specialised organisation in Serbia which provides palliative care to cancer patients during the last phases of their illness. The Centre provides palliative care to terminally ill patients in Serbia in accordance to standards set by the World Health Organisation and the European Council. The Centre assists in the process of educating professionals and the general public and promotes the palliative care concept in Serbia

The World Bank Project ($46 Million) Delivery of Integrated Local Services (DILS) is designed to increase the capacity of institutional actors and beneficiaries in order to improve access to and the efficiency, equity and quality of local delivery of health, education and social protection services, in a decentralising environment. Component II of this project, Improving Outreach and Access through Development and Expansion of Innovations in Service Delivery (total costs, including contingencies: US$12.2 million) will support LSGs and non-government service providers to identify new approaches and models for delivering services to vulnerable and excluded groups.

The National Guide - Palliative Care of Oncology Patients, for physicians in primary health care, has been developed and financed by the EU under the CARDS 2003 programme The Tempus Palliative and Pain Medicine project, funded by the EU, is being implemented from 2007 to 2009 (with possible continuation) as part of an initiative of the Universities of Florence and Lyon in cooperation with the School of Medicine at the University of Belgrade. The project goals include: support to postgraduate education in the area of palliative and pain

medicine based on a multidisciplinary approach; education of selected physicians to enable ongoing transfer of knowledge among medical professionals over the longer term; establishment and strengthening of international collaboration; instituting a holistic approach to patient care; and information dissemination and communication. The project also incorporated practical work for the physicians from Serbia at palliative and pain medicine institutions in Italy and France.

3.7 Lessons learned

Lessons learned from the public works project, which showed result after one year's implementation in Obrenovac municipality as good practice example, have been awarded by the Council of Europe. The lessons learned from this project should be incorporated broadly at all heath care institutions, to the greatest possible extent.

The project enabled complete availability of health care resources for elderly and helpless individuals:

- in physical and spatial terms
- financially

This project facilitated the delivery of patient care services at the Dom Zdravlja Obrenovac and can serve as a model for other primary health care centres. Through cooperation with the local community, re-socialisation and social rehabilitation of the target population was achieved.

4. Indicative Budget (amounts in EUR)

Development of Palliative Care Services in the Republic of Serbia				SOURCES OF FUNDING								
			TOTAL EXP.RE	IPA COMMUNITY CONTRIBUTION		NATIONAL CONTRIBUTION					PRIVATE CONTRIBUTION	
ACTIVITIES	IB (1)	INV (1)	EUR (a)=(b)+(c)+(d)	EUR (b)	%(2)	Total EUR (c)=(x)+(y)+(z)	% (2)	Central EUR (x)	Regional/ Local EUR (y)	IFIs EUR (z)	EUR (d)	% (2)
Activity 1												
Contract 1.1 (Service)	X		3.000.000	3.000.000	100%							–
Contract 1.2 (Supplies)		X	500.000	500.000	100%							–
Contract 1.3 (Works)		X	600.000			600.000	100%	600.000				
TOTAL IB			3.000.000	3.000.000	100%							
TOTAL INV			1.100.000	500.000	45%	600.000	55%					
TOTAL PROJECT			**4.100.000**	**3.500.000**	**85%**	**600.000**	**15%**					

National co-financing still to be confirmed

Amounts net of VAT, (1) In the Activity row use "X" to identify whether IB or INV, (2) Expressed in % of the **Total** Expenditure (column (a))

5. Indicative Implementation Schedule (periods broken down per quarter)

Contracts	Start of Tendering	Signature of contract	Project Completion
Contract 1.1	N + 1Q	N + 4Q	N + 13Q
Contract 2.1	N + 1Q	N + 4Q	N + 7Q

All contracts will be ready for tendering in the 1ST Quarter following the signature of the FA

6. Cross cutting issues

6.1 Equal Opportunity

During the implementation of the project there will be no discrimination on the grounds of race, sex, sexual orientation, mother tongue, religion, political or other opinion, national or social origin, birth or other status. Equal opportunities for women, men and minorities will be ensured during the implementation of the project. The Serbian laws and regulations concerning the equal opportunities for women, men and minorities will strictly be followed.

The issue of gender equity in the Serbian health sector should be located into the broader context of equality policies in the public sector. There is evidence that the debate is generally fragmented and uncoordinated, with progress being dependent mostly on individual enthusiasm rather than organisational commitment.

6.2 Environment

Training, as a component of this programme, should take into account the need to raise awareness of importance of healthy environment and environmental hazards.

6.3 Minorities

This project will benefit all groups of citizens, including those belonging to minorities. Minority groups in Serbia (e.g. Roma) have differing health care requirements then mainstream groups in society. The palliative care teams will have to be sensitive to these issues and determine the quality of health care provision by institutions and also show sensitivity in how they reach out to the specific needs of minority communities.

ANNEX I: LOG-FRAME MATRIX

LOGFRAME PLANNING MATRIX FOR PROJECT FICHE	Programme name:		
Development of Palliative Care Services in the Republic of Serbia	Contracting period expires 2 years after the signature of the FA	Disbursement period expires 5 years after the signature of the FA	
	Total budget**: €4.1 million**[2]	IPA budget**: €3.5 million**	
Overall objective	**Objectively verifiable indicators**	**Sources of Verification**	
To contribute to improving the quality of health services in the health care system of the Republic of Serbia by the development of palliative care.	Consumers' satisfaction: Improved patients' and families' satisfaction by 20% by 2015	Statistical Yearbook of the Institute of Public Health of the Republic of Serbia	
Project purpose	**Objectively verifiable indicators**	**Sources of Verification**	**Assumptions**
Palliative care is introduced and developed in the health care system in Serbia to improve the quality of life for terminally ill patients and their families. .	Number of palliative care units available on secondary health care level Number of multi-professional teams for palliative care in primary and secondary health care level Average bed utilisation at the secondary level per year158 primary health care centres 40 general hospitals (secondary health care level) 9 institutions at the tertiary health care level	Routine data collected through the health institutions (at all levels), the Institute of Public Health network, the Health Insurance Fund network and the Republic Statistical Office of Serbia Project documents and reports Statistical Yearbook of the Institute of Public Health of the Republic of Serbia	Inter-ministerial cooperation (Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education, Ministry of Finance). Support of all relevant stakeholders and their active participation. Strategy and Action Plan are in place and being implemented.

[2] National co-financing still to be confirmed

Results	Objectively verifiable indicators	Sources of Verification	Assumptions
1. Implementation framework for the Palliative Care Strategy/Action Plan within the overall Serbian health care system developed and costed	Implementation framework developed with associated multi-annual budgets. National Centre for Palliative Care set up with clear mandate, responsibilities and budget Roles and responsibilities identified for the key institutions/stakeholders at the central and local levels to implement the strategy Number of Training and Instruction Modules and Manuals produced Number of reports and recommendations for further development of palliative care services	Reports and minutes from the stakeholders' meetings at the local level with the lists of participants Statistical Yearbook of the Institute of Public Health of the Republic of Serbia Certificates of trained staff Training programme reports with lists of participants Training materials Promotional materials	Framework documents developed and adopted for implementation of palliative care in the health care system of Serbia. Standards for palliative care (education and trainings) and Guidelines for good clinical practise prepared and adopted by the Ministry of Health/ Strategy and Action Plan for Palliative Care are in place and being implemented.
2. Palliative care introduced at the primary health care level	Number of Palliative Care Teams set up as per the National Strategy Number of teams instructed and educated on palliative care at the primary care level Results of assessed Training Modules for Teams Number of home visits per month Results of supervised and assessed home visits by Teams Number of Palliative Home Care Team transport vehicles supplied		

Results	Objectively verifiable indicators	Sources of Verification	Assumptions
3. Palliative care introduced at the secondary and tertiary health care levels	Number of Palliative Care Teams set up as per the National Strategy Number of teams instructed and educated on palliative care at the secondary and tertiary care levels Results of assessed Training Modules for Palliative Care Teams Number of hospitalizations in palliative care units per year Average hospital bed occupancy rate per year Results of supervised and assessed performance by Palliative Care Teams		
4. Awareness raised about palliative care in the public and among health professionals	Number of information seminars, workshops and publicity materials delivered/produced Number of key stakeholders included in the process of promotion and introduction of palliative care		

Activities	**Means**	**Costs**	**Assumptions**
1.1 Establish an integrated model of palliative care within the framework of the National Strategy and through the involvement and coordination of all interested institutions and line ministries (roles and responsibilities) 1.2 Capacity building for the National Centre for Palliative Care 1.3 Support in establishing a volunteer model system 2.1 Training and instruction of teams at the primary care level on palliative care provision (basic level of education) 2.2 Training of teams at the primary care level on delivering quality palliative care (secondary level of education) 2.3. Supply of transport vehicles for Palliative Home Care Teams 3.1 Training and instruction of teams on palliative care provision 3.2 Capacity building of consultant teams on palliative care delivery at the tertiary care level	A Service contract for 3 mil € will cover the activities associated with capacity building (training), data base development and the media campaign. A Supply contract for 500.000 € will cover the procurement of transport vehicles for Palliative Home Care Teams. National co-financing for 600.000 € will cover the adaptation/renovation of the spaces in hospitals to accommodate the establishment of palliative care units at the secondary health care level.	**Service contract: € 3.000.000** **Supply contract: € 500.000** **National co-financing: € 600.000**	Framework documents developed and adopted for implementation of palliative care in the health care system of Serbia.

Activities	**Means**	**Costs**	**Assumptions**
4.1 Design and preparation of publicity campaign 4.2 Delivery of workshops, seminars and publicity events 4.3 Delivery of publicity and information materials			

ANNEX II: amounts (in €) Contracted and disbursed by quarter for the project

Contracted	**N+4Q**	**N+5Q**	**N+6Q**	**N+7Q**	**N+8Q**	**N+9Q**	**N+10Q**	**N+11Q**	**N+12Q**	**N+13Q**	**Total**
Contract 1.1 (TA)	3.00										3.00
Contract 2.1 (supplies)	0.50										0.50
Cumulated	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**	**3.50**
Disbursed											
Contract 1.1.	0.60		0.53		0.53		0.52		0.52	0.30	3.00
Contract 2.1.	0.30			0.20							0.50
Cumulated	**0.90**	**0.90**	**1.43**	**1.63**	**2.16**	**2.16**	**2.68**	**2.68**	**3.20**	**3.50**	**3.50**

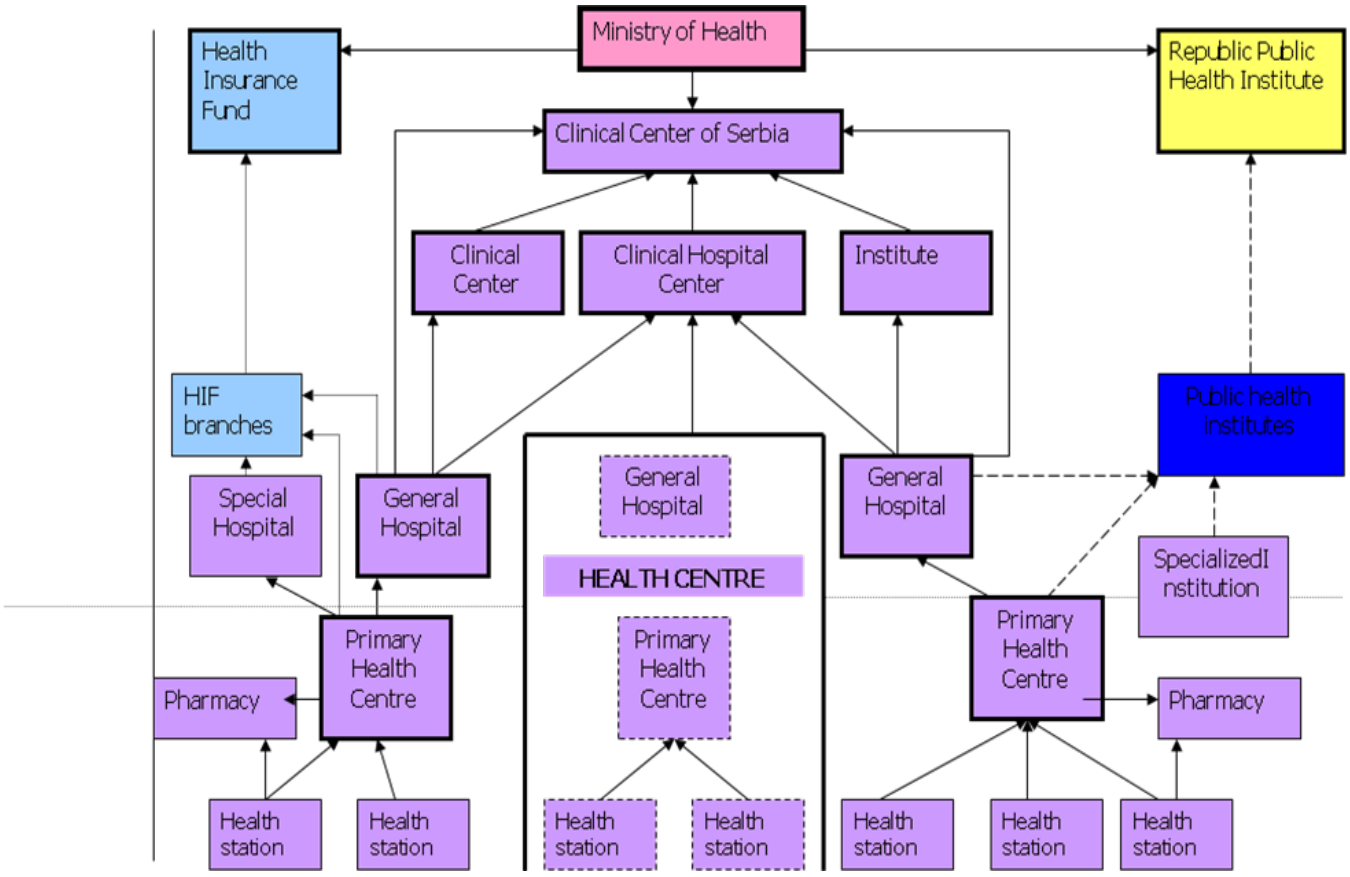
ANNEX III: Description of Institutional Framework

MINISTRY OF HEALTH

The Ministry of Health is organised according to the following sectors:

- Sector for organisation of health service and health inspection
- Sector for sanitary surveillance
- Sector for programs in health care and public health
- Sector for European integration and international relations
- Sector for health insurance and financing in health
- Network of health care institutions: primary, secondary and tertiary health care level

The organisational structure of the public health system of delivery in Serbia is shown in the following diagram



ANNEX IV: Reference to laws, regulations and strategic documents

Reference list of relevant laws and regulations

The Law on Health Care, Art. 110 (paragraph 6), related to hospitals and Art. 88, related to primary health care centres, stipulates that a primary care level unit covers a population of 25,000 inhabitants, providing them with home treatment including palliative care. The home treatment is to consist of one doctor and four nurses, plus one assistant nurse engaged and paid by the local community.

The Regulation on the Plan of Health Institutions' Network, Official Gazette of the RS 107/05states that 10% of beds within the secondary health care level is to be used for extensive health treatment (40 general hospitals - 1000 beds), and that special units designated for palliative care will be formed within above=mentioned capacities.

The Statutes of primary health care centres and general hospitals specify the existence of palliative care.

The Law on Medical Drugs and Medical Devices: Pain therapy is of key importance in the treatment of such seriously ill patients by contributing to a significantly better quality of life.

References to strategic documents

For the **European Partnership**, reform of the health care system and particularly the health insurance fund, is determined by financial sustainability with a view of improving the health of the population. The project links to the following stated criteria included in the EP:

Economic Criteria: continue the reform of the health insurance system.

European Standards, Employment and Social Policy: develop adequate structures and capacity in the field of health protection.

Under the Short-term Priorities, European Standards, Employment and Social Policies (page 11), the project also links directly with the objective: "Develop adequate administrative structures and capacity in the field of health protection." By introducing and developing palliative care services in Serbia, the project will help to boost the capacity of the health care system to provide adequate health protection for all segments of the population, particularly for those people suffering from life-threatening illnesses.

For the **MIPD** the project is expected to contribute to the following expected results by the end of the first period of IPA programming in 2012.

On page 23, section 2.3.1.2. Socio-economic requirements, under the 4th objective; and the Expected results stated in section 2.3.1.2., page 25, the following are among the foreseen results:

- increased access and inclusion of vulnerable groups into the health care system;
- continuous improvement of the quality of health care institutions;
- outreach work in the communities; and
- better quality and more efficient services provided by the health care system, particularly within the context of limited assets.

Among the Socio-economic requirements, the project links to the following:

- Improve regulatory and management capabilities of health financing institutions and health care authorities, institutions and programmes; increase access and inclusion of vulnerable groups into the health care system.

- Administrative and operational capacities improved and improvements instituted in the quality and efficiency of services which are being provided in the health care system, especially in conditions of limited human and financial resources. Notably, the project will also help to strengthen partnerships between the government and civil society.

The European Parliament's Committee on the Environment, Public Health and Food Safety (Ref. IP/A/ENVI/IC/2007-123) study on Palliative Care in Europe establishes a clear analysis on where the European Union as a whole, and every Member State in particular, stand in respect to the proper definition, organisation, offering and financing of palliative care. The study also presents policy options that both the EU and the Member States could consider to improve the existing situation.

The Council of Europe expert committee gives recommendation on the organisation of palliative care, formally adopted by the Committee of Ministers on 12 November 2003 as the recommendation Rec. (2003) 24 "on the organisation of palliative care". Member States agreed to adopt policies, legislative and other measures necessary for a coherent and comprehensive national policy framework for palliative care. The report recognises that palliative care is a vital and integral part of health services.

National strategic documents:

The **Poverty Reduction Strategy** (PRS) which cites as its aim in the health sector, "To promote the health and wellbeing of the population and, particularly to reduce inequities in health status by improving the conditions of vulnerable groups of the population. This objective will be achieved by the development of health and care programmes adjusted to vulnerable groups and the fairer redistribution of resources in the health sector by geographic region" (PRS, Section 4.2.1., Goals, page 136).

Through this project, the establishment of a palliative care network and a model for financing of treatment for patients with serious and life-threatening illnesses will be made available across the country. This will contribute to reducing poverty and suffering, while preserving human dignity for these patients and their families.

Better Health for All in the Third Millennium, the Health Policy of the Republic of Serbia, adopted in February 2002, envisages:

A. Safeguarding and improving the health status of the population in Serbia and strengthening the health potential of the nation through the provision of continuous and accessible health care through inter-sectoral as well as government-civil society cooperation, especially at the community level.

B. Improving the functioning, efficiency and quality of the health care system and defining of specialised national programmes related to human resources, institutional networks, technology and provision of medical supplies.

C. Improvement of the human resources for health care.

Among its objectives, the Policy aims to ensure and improve equal access to health care for all Serbian citizens with a focus on urban and rural disparities. This includes improving the health care of groups in an unfavourable position and helping people with special needs and other vulnerable sectors of the population by recognizing the particular health needs of these groups and adopting programmes for synchronised action at all community levels. It is also important to link primary health care institutions (*dom zdravljas*) with social welfare institutions (centres for social work) and to develop multi-disciplinary teamwork, while also linking dom zdravljas with educational and other institutions. The Policy also calls for the restructuring of hospital capacity according to population needs and an overall increase in the efficiency and effectiveness of the health care system.

Other relevant National Strategies:

- Social Care Development Strategy
- National Strategy of Ageing
- National Strategy for Combating HIV/AIDS
- Strategy for the Development and Health of Young People in the Republic of Serbia
- Official Statistics Development Strategy

ANNEX V: Details per EU funded contract

Service contract:

Tasks the contractor will be expected to perform:

- Involve and coordinate the work of all interested institutions and line ministries in the establishment of an integrated model of palliative care within the framework of the National Strategy for Palliative Care. Includes defining their respective roles and responsibilities.

- Capacity building for the National Centre for Palliative Care

- Support stakeholders in establishing a volunteer model system

- Design and deliver Trainings at the primary health care level (basic and secondary level training) for various palliative care teams at the primary, secondary and tertiary levels of care, as well as among community-level participants (representatives of NGOs, Red Cross, religious organisations)

- Capacity building of consultant teams on palliative care delivery at the tertiary care level.

- Develop and implement awareness raising campaigns about palliative care in the public and among health professionals. Includes the design and preparation of publicity campaigns; the delivery of workshops, seminars and publicity events; and the delivery of publicity and information materials.

Supplies contract:

The procurement of approximately 50 transport vehicles will observe all relevant PRAG regulations. It is envisaged that vehicles will be purchased through the Supplies contract and will be used to facilitate the palliative care home treatment visits that will be performed by the Palliative Home Care Teams organised in targeted primary health care centres (dom zdravljas). The modest budget for this contract will necessitate a rigorous and transparent value for cost assessment. Specifications of the vehicles will be agreed with the European Commission Delegation in Belgrade as part of the preparation of tender documentation.