

## Reforming Health Sector in Bosnia and Herzegovina: Introducing Family Medicine

*Jasmina Hadzic, Communications Assistant in the Bosnia and Herzegovina World Bank Office, offers this story.*

Dr. Ljiljana Kozomara treats individuals—but she helps entire families. She knows people's stories and their circumstances and can make a difference. It's a far cry from her days as a young doctor treating anonymous factory workers.

She was one of the first doctors in Bosnia and Herzegovina to train as a family physician.

"At the beginning we were skeptical, but working with our patients this way is very satisfying. The doctor patient relationship is friendly, and caring for the whole family helps us get to the core of their health problems," says Dr. Kozomara.

By 2010, 575 doctors had completed the same three year family medicine specialization as Dr. Kozomara had. And nearly 1,100 doctors and 2,500 nurses had upgraded their knowledge and skills in primary care medicine through a yearlong intensive course.

These courses and the emphasis on family medicine are part of a reform of health care in Bosnia and Herzegovina pursued under the ongoing Health Sector Enhancement Project financed by the World Bank and co-financed by the Council of Europe Development Bank.



Dr. Ljiljana Kozomara

The idea of family medicine is a fundamental change for providers and patients in Bosnia and Herzegovina. Instead of visiting many different specialists and relying on the emergency room, patients' first stop is their family medicine team which is responsible for disease care and prevention.

The family medicine model started small and grew rapidly—a sign of its success. A pilot program enrolled and started to provide services to about 5% of the population by 2005. By the end of 2010, 58% of the population was enrolled in a family health plan and was using those services.

To move routine medical care outside hospitals, buildings in 135 communities have been renovated and equipped. They support the operation of more than 625 Family Medicine offices whose staffs have been trained to provide customer service along with medical care.



Zoran Sobot

"We get prompt, good quality health care. We can always get an appointment with our doctor, which was not the case in the past. The doctor keeps track of our problems and even reminds us, for example, to come and pick up our prescriptions, like for my high blood pressure," says Zoran Sobot, patient, Family Medicine Office in Banja Luka.

Significant challenges remain. Health expenditures in Bosnia and Herzegovina have been growing at an unsustainable rate, burdening both the public budget and households. Estimated to be more than 10% of GDP, Bosnia and Herzegovina health expenditures are some of the highest in the region, but the system is still not protecting the population adequately. More than 40% of health expenditures come directly from households for medications, access to services and other expenses. Estimates are that in a given year between 12-16% of the population spend more than one tenth of their household budget on health care—a catastrophically high amount for some.

The public budget for health is almost entirely financed by social health insurance contributions collected

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from employers and by salaries of employees. Because of the small proportion of the population that is formally employed, the social health insurance tax rates of 16.5% in the Federation and 12.5% in the Republika Srpska are high. And high tax rates on labor are barriers to the creation of formal sector jobs with benefits.

As the cost of health care is substantial, containing the growth of health expenditures is essential. Family Medicine reform is a good start towards improving the sustainability, efficiency and accessibility of the system. Other reforms are needed to reduce health care's burden on the public budget, household budgets and the labor market.