

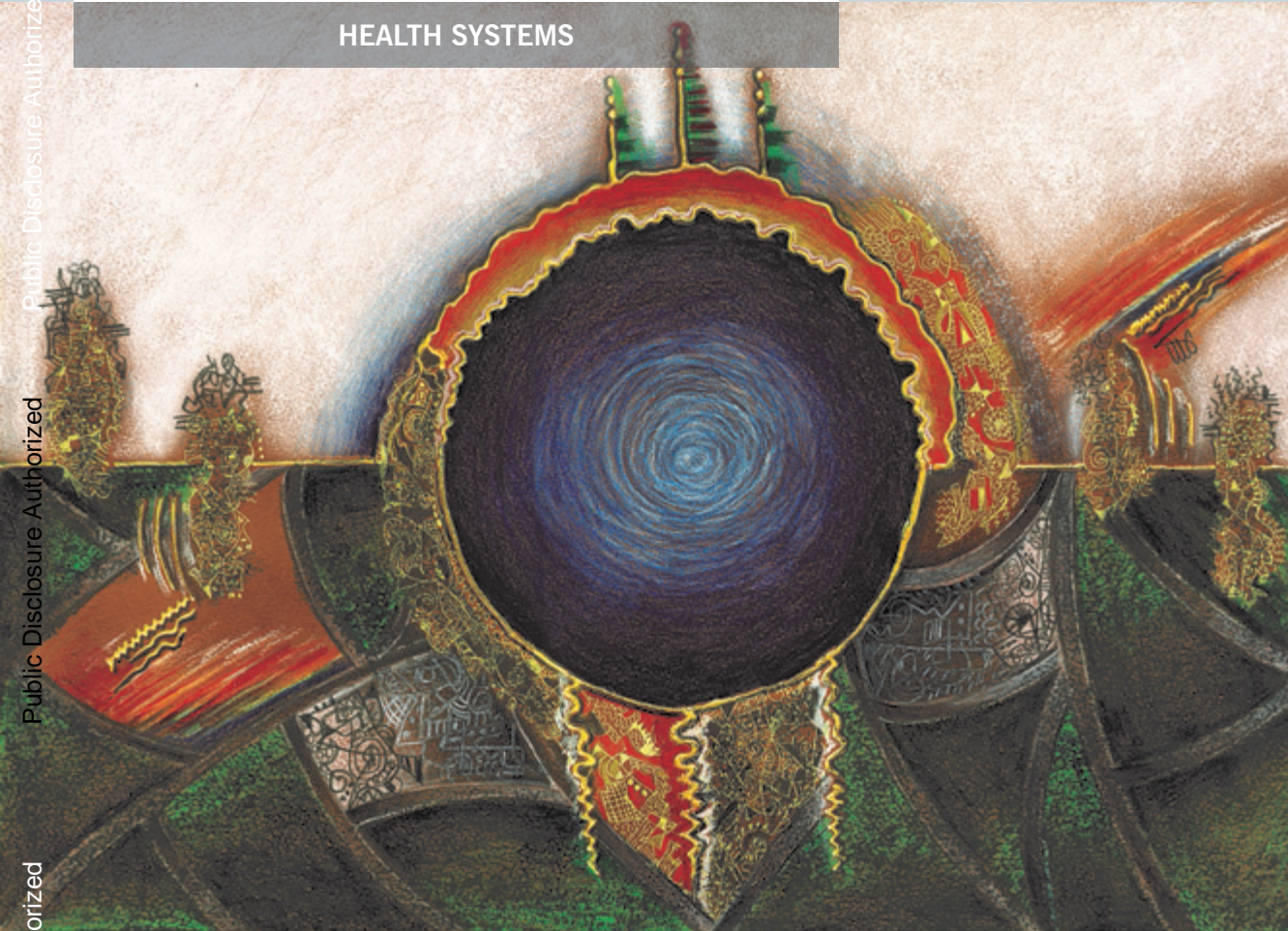


WORLD BANK GROUP

WESTERN BALKANS REGULAR ECONOMIC REPORT
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The Economic and Social Impact of COVID-19

HEALTH SYSTEMS



“You and me” by Tanja Burzanovic (Montenegro)

The RER No. 17 is a collection of notes on the Economic and Social Impact of COVID-19 that will be published in three parts. The first part was launched on April 29 and focused on the macroeconomic impact of COVID-19. This second part shows how the macroeconomic impact affects the people in the region. It discusses the social impact of COVID-19 in the Western Balkans in six separate RER notes on poverty and welfare, labor, health, education, air pollution, and social protection. The third part, to be launched in early June, will focus on specific economic policy response areas—fiscal, external, and financial sector—and the crisis impact on the private sector as reported by firms.

COVID-19's Impact on Health Systems in the Western Balkans

- Prior to the outbreak of COVID-19, health systems in the Western Balkans faced critical financing and service delivery challenges. Per capita spending on health systems is considerably lower than the EU average, and the way in which scarce funds are spent is not efficient or aligned with the region's disease profile. This makes the region vulnerable to future public health outbreaks, particularly given that patients with non-communicable diseases are more vulnerable.
- Going forward, Western Balkan governments will need to invest in critical pandemic preparedness gaps, which have been identified through international evaluations. They will also need to support healthcare workers with equipment and training for the treatment of infectious patients, as well as protect and strengthen supply chains for essential medicines, equipment and supplies.
- Western Balkan governments will also need to secure funding for health systems to build resilience for future outbreaks. This will include managing multiple threats: the immediate pressure to cut funds for health due to the economic downturn; the contraction in hospital revenues from the deferral of elective care, which will challenge their financial sustainability; and, the contraction in financing sources for health arising from higher unemployment and lower remittances. It is critical that governments act promptly and decisively to safeguard revenues for health systems, given that future outbreaks are expected.
- As they make investments in health systems it will be important for Western Balkan governments to identify opportunities to improve the quality of care and the efficiency and effectiveness of service delivery. Adaptive models, which draw on telemedicine and strengthen primary care, may hit a sweet spot of enabling health systems to remain resilient in response to COVID-19 while also bringing about longer-term benefits for health systems and the patients they support.

Introduction

The COVID-19 outbreak will exacerbate long-standing challenges facing health system in the Western Balkans. Coronavirus mortality and morbidity rates exist within the context of a healthcare system and a population. At first glance, as reflected in international rankings for pandemic preparedness, the Western Balkans fares well. The Global Health Security Index (GHSI) considers prevention, detection, rapid response, compliance with

international norms, and risk environment; in these areas the region performed well. This has been seen in the 'hammer'² phase;

1 This note has been prepared by Naomi Rupasinghe, Federica Secci, Predrag Djukic, Owen Smith, Ian Forde, Mrike Aliu and Jamele Rigolini. It benefited from the comments of Tania Dmytraczenko, Hope Volker, Edith Kikoni, Marc Schiffbauer, Jasmin Chakeri, Enrique Blanco Armas and Gallina Vincelette.

2 <https://medium.com/@tomaspuero/coronavirus-the-hammer-and-the-dance-be9337092b56>. The 'hammer and the dance' concept refers to strategy to suppress COVID-19 outbreaks. In the 'hammer' phase governments act quickly and aggressively; they introduce lockdown measures and social distancing to bring the outbreak under control so that the health system can manage severe cases. Given the value of time, this aggressive approach helps to curtail COVID-19 outbreaks. When this works, infection and death rates fall quickly, and in theory the government is then in a better position to address the pandemic. The 'dance' phase is a longer-term effort to keep the virus contained until there is a vaccine, efficacious treatment, or achievement of herd immunity. Social distancing and lockdown measures can be looser in this phase, but overall, it is still necessary to: keep the reproduction number below one; continue to ban large gatherings; maintain the social distancing measures that have the highest cost-benefit ratio; stay flexible to tighten up measures as needed; continue to educate the public on hygiene and social distancing; and, conduct contact tracing, quarantines, and isolation.

governments have quickly and aggressively implemented public health measures and lockdowns. However, the GHSI also noted that health system capacity was limited—this was the area with the lowest scores. This finding reflects long-standing structural weaknesses in financing, service delivery, governance, and workforce management, making health systems in the region vulnerable to adverse events.

As governments in the region now move toward the 'dance' phase, managing and supporting health systems is critical. Given the GHSI findings on health system capacity, it is even more important that attention is paid to building up their capacity. With smart policy actions and investments in five crucial areas (stopping future transmission, managing budgets, protecting vulnerable patients, ensuring service delivery, and recovery to a new normal), health systems can emerge from the 2019-20 outbreak stronger, and better able to protect the health and well-being of citizens. This report first considers the extent to which health systems were prepared for COVID-19 and the immediate impact of the disease. It then explores options for governments and health system leaders to consider as they seek to manage the outbreak until a vaccine or efficacious treatment options are available.

Preparedness

Western Balkan health systems were already facing serious challenges before the COVID-19 outbreak.

Securing enough funding for health and modernizing service delivery to deliver care efficiently and effectively have been long-standing challenges throughout the region.

Table 1 outlines national per capita public

spending on health in the Western Balkans; throughout the region, it is considerably lower than the European Union (EU) average of \$3,127.³ Across the region, the lack of funds for health systems is often borne by private households, whose out-of-pocket (OOP) expenditure is high. For example, across the region it ranges from 37 percent in Serbia and Montenegro to 50 percent in Albania, compared with 14.9 percent in the EU⁴. These financing challenges are also exacerbated by inefficient service delivery models, which heavily weight cases towards hospital provision, which is expensive and not well aligned with a high non-communicable disease profile. This not only leads to arrears and debt accumulation, but also means there is underinvestment in primary healthcare, prevention and public health, which make health systems more vulnerable to pandemics and which offer efficient ways of securing health and well-being in normal circumstances.

Workforce migration and shortages also make health systems vulnerable during a pandemic.⁵ For several decades health worker emigration has been a creeping challenge.⁶ On average, each year, the Serbian Medical Chamber issues over 700 certificates that allow Serbian doctors to work overseas. In 2016, Bosnia and Herzegovina's (BiH) National Medical Workers Association reported that

3 https://gateway.euro.who.int/en/indicators/hfa_571-6722-public-expenditure-on-health-ppp-per-capita-who-estimates/visualizations/#id=19666&tab=table EU refers to the EU15 members before 2004.

4 https://gateway.euro.who.int/en/indicators/hfa_584-6860-private-households-out-of-pocket-payments-on-health-as-of-total-health-expenditure/visualizations/#id=19679&tab=table EU refers to the EU15 members before 2004.

5 Two case studies, led by the World Bank, on health workforce migration and how it affects the healthcare system in Serbia and North Macedonia are forthcoming.

6 <https://balkaninsight.com/2020/01/13/time-for-policy-change-on-western-balkans-emigration/>

Table 1. Key health sector indicators and COVID-19 cases and deaths

	Albania	Bosnia and Herzegovina	Kosovo*	Montenegro	North Macedonia	Serbia
Per capita public spending on health (\$, 2014) ^a	307	681	-	508	539	812
Out-of-pocket expenditure** (percent, 2014)	50	28	-	43	37	37
Confirmed Cases***	949	2,321	985	325	1,839	10,733
Deaths***	31	134	29	9	106	234
Percent population over 65	13.75 (2018)	16.47 (2018)	6.77 (2015)	14.97 (2018)	13.63 (2018)	18.68 (2019)
Global Health Security Index ^b	Rank: 39/195 Country Score: 52.9 Prevent: 43.8 Detect: 74.3 Respond: 52.0 Health system: 35.9 Norms: 53.0 Risk: 55.7	Rank: 79/195 Country Score: 42.8 Prevent: 36.7 Detect: 41.7 Respond: 51.8 Health System: 38.3 Norms: 37.8 Risk: 50.8	Rank: - Country Score: - Prevent: - Detect: - Respond: - Health System: - Norms: - Risk: -	Rank: 68/195 Country Score: 43.7 Prevent: 37.6 Detect: 77.3 Respond: 37.8 Health System: 30.8 Norms: 52.6 Risk: 60.8	Rank: 90/195 Country Score: 39.1 Prevent: 37.0 Detect: 41.7 Respond 33.1 Health systems: 25.4 Norms: 44.8 Risk 57.7	Rank: 41/195 Country Score: 52.3 Prevent 48.8 Detect 46.2 Respond 55.1 Health systems: 56.5 Norms: 49.7 Risk 59.2

* Kosovo was not assessed in the 2019 Global Health Security Index.

** Private household out-of-pocket expenditure as a percentage of total health expenditure, standardized to US\$.

*** Data as of May 20, 2020 based on WHO situation reports and John Hopkins University.

^a Public health expenditure, PPP\$ per capita, WHO estimates. <https://gateway.euro.who.int/en/>

^b <https://www.ghsindex.org/> For the overall ranking out of 195 countries, the higher the ranking the better e.g. Albania scores higher than North Macedonia. For the prevent, detect, respond, health system, norms and risk scores, scores are normalized from 0 to 100, where 100 is the most favorable.

about 300⁷ highly qualified doctors left the country—a snapshot of the region-wide issue: the brain drain of qualified workers to Western health systems, which offer more professional development opportunities as well as higher incomes. In 2013, Albania had 128 physicians per 100,000 people; in 2014, Montenegro had 234 per 100,000 and North Macedonia 280. The 2014 European Union average was 369 per 100,000. As health systems struggle to engage in effective case detection and treat COVID-19 patients, the long-standing shortages of health workers is a serious problem.

Even though the five countries measured in the 2019 GHSI all placed in the top half,

health system robustness and capacity to treat the sick and protect health workers were consistently identified as weak areas.

The GHSI measures prevention, detection, rapid response, compliance with international norms, risk environment, health system capabilities (Table 1). In Albania, detection was identified as being particularly strong and contributed to the region's highest ranking, 39 out of 195 countries. The 2016⁸ Joint External Evaluation (JEE) for Albania echoed this assessment, noting the tiered national laboratory network, clinical guidance, protocols, and laboratory diagnostics as areas of strength. Both the JEE and the GHSI identified Serbia as strong in infection control and ability to secure personal protective equipment (PPE). For all five countries, the

7 Adisa Imamović, "Zastrašujući podaci: Stotine ljekara otišlo iz FBiH 2016", TVN1, 16 January 2017, <http://ba.n1info.com/a132717/Vijesti/Vijesti/Zastrasujuci-podaci-Stotine-ljekara-otislo-iz-FBiH-2016.html>.

8 <https://apps.who.int/iris/bitstream/handle/10665/254886/WHO-WHE-CPI-2017.18-eng.pdf?sequence=1>.

lowest GHSI scores were for health system capacity, which considers factors such as: health capacity in clinics, hospitals, and community care centers; medical countermeasures and personnel deployment; access to health care; communications between health care workers in a public health emergency; and infection control practices and equipment availability. For example, North Macedonia had the lowest health system preparedness score: 25.4. Similarly, the 2019 JEE⁹ for North Macedonia identified vulnerabilities in terms of emergency response financing, health workforce readiness and risk communication. These results underscore the limitations of Western Balkan health systems.

Globally, COVID-19 has disproportionately affected the elderly, and with its heavy burden of non-communicable diseases, the Western Balkans is particularly vulnerable.

It is generally recognized that the disease is more likely to cause severe respiratory distress, necessitating intensive care and hospitalization, for elderly patients and those with underlying health conditions. On average 14 percent of the population in the Western Balkans, are over 65. High-risk groups¹⁰ are those who are immune suppressed, suffer from respiratory diseases, are over 70, and have specific cancers, severe respiratory conditions, or metabolic disorders; are pregnant, have a serious congenital heart disease. Smoking is most prevalent in Montenegro and Serbia¹¹. In North Macedonia, 35 percent of men and 27 percent of women are smokers¹². In Serbia, 37.9 percent of men and 31.6 percent of women are smokers¹³.

9 <https://apps.who.int/iris/bitstream/handle/10665/325320/WHO-WHE-CPI-2019.59-eng.pdf?sequence=1>.

10 <https://digital.nhs.uk/coronavirus/shielded-patient-list>.

11 <https://apps.who.int/gho/data/node.sdq.3-a-viz?lang=en>

12 http://www.euro.who.int/__data/assets/pdf_file/0010/312589/Tobacco-control-fact-sheet-Albania.pdf?ua=1

13 http://www.euro.who.int/__data/assets/pdf_file/0008/312596/

Moreover, in Serbia, BiH, North Macedonia and Montenegro, more than 8 of the top 10 causes of premature death¹⁴ are comorbidities for COVID-19. Typical causes are cancer and heart disease—, reflecting an epidemiological profile that is particularly vulnerable to COVID-19.¹⁵

Impact

COVID-19 has upended life across the region and raised financing, service delivery, and stewardship issues for health system leaders.

The lockdowns necessary to contain the epidemic and protect health and health systems have had significant impact in the ‘hammer’ phase. As of May 20th, 17,152 confirmed cases and 543 deaths had been reported in the region. However, case detection and testing problems¹⁶ suggest that the numbers could be higher. Across the region, governments have introduced states of emergency and lockdown measures¹⁷ that have helped ease the immediate burden on health systems. Attempts to ease lockdown measures quickly are likely to see a resurgence in infections and a second wave of the outbreak (see Figure 1)—health systems will need to prepare for both short- and medium-term responses.

Tobacco-control-fact-sheet-Serbia.pdf?ua=1

14 <http://www.healthdata.org/serbia>.

15 The negative impact of air pollution on respiratory infections, such as SAR'02 and MERS'05, has been discussed in other RER notes, and this connection could be relevant for the management of COVID-19. While subject to further studies documenting an association between COVID-19 and air pollution, it is reasonable to assume that air pollution problems in the Western Balkans worsen the region's vulnerability to COVID-19.

16 <https://balkaninsight.com/2020/04/08/the-torture-of-a-coronavirus-test-in-serbia/>.

17 States of emergency were declared in Kosovo, Montenegro, Serbia (all March 15), BiH (March 17), North Macedonia (March 18), Albania (March 25).

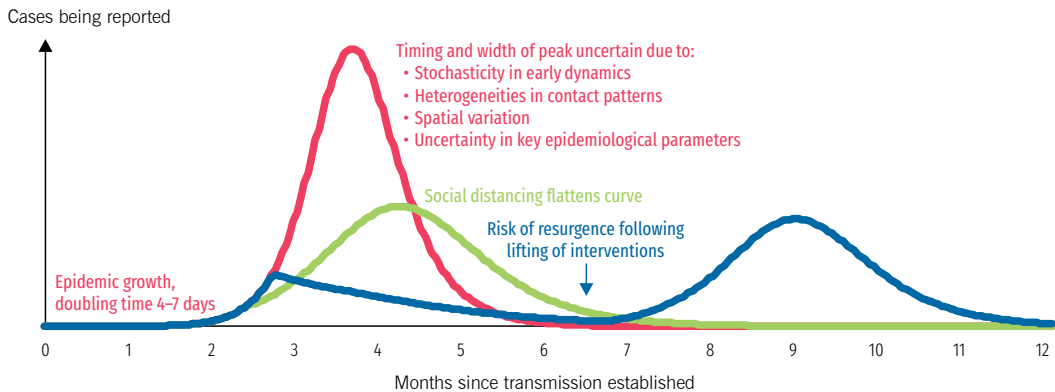
Figure 1. Expecting a Resurgence

Figure: Illustrative simulations of a transmission model of COVID-19

A baseline simulation with case isolation only (red); a simulation with social distancing in place throughout the epidemic, flattening the curve (green), and a simulation with more effective social distancing in place for a limited period only, typically followed by a resurgent epidemic when social distancing is halted (blue). These are not quantitative predictions but robust qualitative illustrations for a range of model choices.

Source: Anderson, Lancet 2020 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30567-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30567-5/fulltext)).

The immediate demands of case management, communication, surveillance, and repurposing facilities are confronting health system leaders with numerous operational, logistical, organizational tasks. Prior to COVID-19 the National Academy of Medicine estimated the global cost of preparedness at \$4.5 billion a year.¹⁸ Moreover, with global markets distorted and the unprecedented nature of COVID-19, the immediate financial demands of the COVID-19 outbreak on the Western Balkans are severe. In the first few weeks of the outbreak, it became essential to scale up case detection, contact-tracing, and reporting. Now that health systems leaders must manage community transmission, the range of tasks they must undertake, at once, is daunting. This includes: training and equipping front-line health workers; repurposing facilities; refurbishing intensive care units and inpatient facilities; and, communications on public health risks, to allay fears and keep citizens appropriately informed.¹⁹

¹⁸ <https://www.ncbi.nlm.nih.gov/books/NBK368391/>.

¹⁹ Among these tasks are working with development partners, coordinating construction of new facilities, fielding

Health systems are struggling to secure essential equipment in a rapidly changing social, economic, and political environment.

One immediate issue is price increases. In normal circumstances, the cost of an intensive care bed is about US\$30,000. However, as global demand has surged and prices have shot up, securing supplies has become a furious race. Countries within the region have turned to international diplomacy to secure supplies, through bilateral and multilateral relationships. The European Commission announced a package of €38 million in immediate support, primarily for medical equipment and protection.²⁰ North Macedonia, like other countries, moved swiftly to address equipment needs; and its Infectious Disease Commission standardized PPE specifications

communication, securing essential supplies, and reorganizing the health system. For example, in North Macedonia, the Ministry of Health has started a vigorous risk communication campaign on social media, TV, and other media, with strong support from international agencies, including the WHO. The Albanian government has increased the number of medical personnel at all ports of entry to examine suspected cases. The Serbian Ministry of Health, with UNICEF support, has partnered with the Association of Roma Health Mediators to provide Roma communities with information about preventing COVID-19.

²⁰ https://ec.europa.eu/neighbourhood-enlargement/sites/neat/files/coronavirus_support_wb.pdf.

to align with WHO recommendations in all health care facilities country wide. In April, North Macedonia received donations and support from multiple donors, for example, the WHO provided 5,000 COVID tests and the Czech Republic donated 1 million masks. Montenegro's request for PPE and medical supplies was supported by NATO bringing 7,000 kilos from Beijing to Podgorica. The Croatian government has also provided supplies to Montenegro, Albania, and BiH. These examples are a snapshot of the wider exchanges between countries, governments, companies and international organization in pursuit of much-needed medical equipment, medication and supplies.

Beyond the immediate impact on equipment prices and demand, medium-term health financing challenges are building as hospital revenues fall and sources of financing for the publicly funded health system contract. Hospitals across the region have had to suspend or limit elective procedures, a critical revenue stream. Detailed analysis of the impact in the region is yet to come²¹ but it is likely that this revenue loss will worsen arrears and debt issues for many healthcare providers. Moreover, given the economic contraction and the rise in unemployment, sources of financing are and will be narrowed by the lower tax base and lower contributions from employers and employees. This is pertinent for the Western Balkans, given the reliance on OOP expenditure. The downturn in the region and elsewhere in Europe will reduce wage income and remittances, severely impacting the ability of households to finance health expenditure

21 <https://www.nytimes.com/2020/05/15/us/hospitals-revenue-coronavirus.html?searchResultPosition=2>. The types of revenue losses documented in hospital systems in the United States are expected to be replicated in the Western Balkans.

through OOP, raising equity and access challenges for populations in need of health services.

Even with aggressive social distancing measures, health systems have been forced to prepare for a surge in cases. Modelling in February for North Macedonia illustrates the nature of this surge. Its first COVID-19 case was confirmed on February 26, 2020. By April 12, confirmed cases had reached 828, an increase of 68 over the previous day (8.9 percent); 34 people had died; and 41 people had recovered. Of the confirmed cases, 117 (14.1 percent) were health workers. The potential impact of 3 scenarios of population transmission (25, 50 and 80 percent) were modelled to estimate the impact on intensive care units (ICUs). Even if only 25 percent of the population becomes infected and a range of social distancing measures in place, the ICU capacity needed to treat severe cases would exceed reported capacity eight-fold.

Short- and medium- term equipment shortages translate into additional demands and risk for physicians and health workers, who are at high risk of becoming COVID-19 patients. For health workers, with inadequate access to PPE, everyday tasks have become much more complex, and more risky and complexity. Entela Kolovani²², an infectious disease physician in Tirana who has been treating patients since March 9th, explains the stresses on facing health workers: "Treating patients with COVID-19 is very hard, each one with their own unique needs. We are dealing not only with the virus, but also with the psychological impact it has on patients. They are totally isolated from their families and we

22 <https://www.unwomen.org/en/news/stories/2020/4/feature-nurses-in-albania-on-front-line-of-covid-19-response>.

Figure 2.



need to stay as close as possible to them.” She also notes the burden of seeing colleagues and friends become ill with COVID-19, because of their exposure to infected patients. Beyond the physical and psychological demands on healthcare workers, for the government the crisis has raised the issue of health worker pay. For example, the Serbian government has introduced a 10 percent salary increase, effective April 1st, in recognition of the demands being placed on health workers; as a sign of support, it is likely to be permanent.

For many patients, too—particularly for pregnant women, cancer patients, and those in at-risk groups—accessing care has become much more complex. In Serbia and Montenegro,²³ as elsewhere, routine and non-urgent procedures have become lower priorities as the system struggles to limit transmission between hospitalized patients. COVID-19 is also a barrier to patients accessing important preventive care services throughout the region. Deferral of such care is expected to lead to a huge backlog in the health system, creating more complexity and difficulty in treating patients. When opportunity arises it will be important to assess the indirect impact of delays on preventive care, but down the road it is likely to heighten morbidity and mortality across the region.

What Next?

To manage the future impact of COVID-19 on health systems, five policy areas need special attention.

In the aftermath of COVID-19 governments, health-system leaders, and policy makers must deal with complex problems particularly in five areas (Figure 2). This section looks at strategic issues and suggests priorities for decision makers tasked with ensuring the continuity and financial sustainability of health services, and the general health and well-being of populations in the aftermath of an unprecedented health crisis. Actions are prioritized based on their potential to affect lives and health system resilience.

Invest in pandemic preparedness and public health systems to stop transmission.

High priority: Review GHSI and JEE country-specific recommendations and invest in bridging critical pandemic preparedness gaps. Globally, pandemic preparedness has been a neglected dimension of global security²⁴ and in the Western Balkans, even though external evaluations have identified vulnerabilities. Still critical, too, are core public health functions of surveillance, testing, contact tracing, and isolation that are crucial for stopping transmission. The ‘dance’ between retaining measures to prevent COVID-19 resurgence and facilitating economic revival

23 <https://bdkadvokati.com/covid-19-update-17-serbia-montenegro-bosnia-and-herzegovina/>.

24 <https://www.nejm.org/doi/full/10.1056/NEJMs1600236>.

Table 2. Health System Analysis, 2019 Global Health Security Index

	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia
Health capacity in clinics, hospitals and community care centers	10.8	15.1	23.1	42.2	19.4
Medical countermeasures and personnel deployment	33.3	0	33.3	0	33.3
Healthcare access	30	47.7	31.9	47.6	45.9
Communications with healthcare workers during a public health emergency	100	50	0	0	50
Infection control practices and availability of equipment	0	50	50	0	100
Capacity to test and approve new medical countermeasures	50	75	50	75	100

Note: Scoring is 0 to 100, with 100 being more favorable. Pink blocks indicate each country's three lowest scores, which should be considered highest priorities.

will depend not only on treatment but also on the effectiveness of core public health functions. Deciding how and where to invest will be critical. Although each country must take stock of its successes and struggles, the JEE and GHSI ratings are a useful starting point for setting spending priorities (Table 2).

Medium priority: Establish and reinforce communication and information mechanisms within and between government agencies and with the public. As COVID-19 has required cross-sectoral coordination across government, it is essential to identify efficient ways to use existing cross-ministry mechanisms for communication and information sharing. Clear and concise messaging from government to constituents will be important to retain public confidence and understand how to proceed. As lockdown measures are eased, messaging will become more nuanced and complex so it will be even more important for government to speak with a single clear and coherent voice. Governments can Recommended actions include designing and implementing information campaigns

to promote citizen knowledge, attitudes, and practice, with supporting behavior change communications.

Medium priority: Combine a thorough testing and surveillance strategy with effective strategies to ease lockdowns. Based on the JEE and GHSI recommendations, governments can review their surveillance and contact-tracing capabilities so they can target investments to ensure they can rapidly contain any second waves of COVID-19 or any other infectious diseases. If an effective antibody test becomes available, governments may need a testing strategy to determine who can safely interact with others so that economic activity can resume. However, such a strategy must be based on clear scientific guidance for safe and effective testing.

High priority: Equip healthcare workers with PPE and train them in treating infected and thus infectious patients. Recognizing global shortages, it will still be important to procure vital equipment and supplies, and to reinforce protocols, training, and infrastructure

to support health care workers. The rush to buy complex equipment like ventilators must be accompanied with training and support so that health workers can use equipment appropriately to treat patients.

Recognize and manage the impact of deep recessions on budgets and the fiscal space for health.

High priority: Brace for and plan for the economic impact of lockdown measures and the COVID-19 outbreak and the severe pressure on government at the very moment that funds for health systems are essential; appropriate funding for health services will be critical. Ministries of health and health insurance agencies may be asked to cut spending, but if cuts continue, systems will be so undermined that they cannot deal with the current pandemic and become even more vulnerable to future outbreaks. Among the range of decisions government must make,

ensuring the continuity of health care services will be critical to avoid more severe consequences later. As a high priority, governments must safeguard and increase spending on primary health care, public health, and emergency care. It may also be prudent to review inter-governmental transfers to ensure that regions with significant health or social inequities have sufficient access to care to avoid future outbreaks and health vulnerabilities. Given arrears and debt accumulation, governments will need dedicated strategies to deal with the financial sustainability issues arising from COVID-19. They must make critical choices because fiscal space for health will be severely limited. It will be essential to protect funds for front-line services, and to quickly identify and act on opportunities to make service delivery more cost-effective and sustainable.

Medium priority: Review options for improving service delivery, so that direct transfers to health systems do not bypass opportunities to consolidate much needed

Box 1. Invest in Primary Health Care Systems for Non-communicable Diseases

Citizens of the Western Balkans are increasingly likely to have non-communicable diseases, such as heart disease, lung cancer, and diabetes that make them more vulnerable to pandemics and influenza. By the time these patients are hospitalized, it can be more expensive, painful, and difficult to provide treatment. By building primary care capacity, health systems can offer better care earlier and at lower cost. In preparation of a recurrence of COVID-19 and another influenza-like pandemic, primary care reduces the need for intensive care and surge capacity. Strong primary care systems can also ensure continuity of essential services, even during a crisis, which prevents erosion of previous health gains. We know from the Ebola epidemics that lack of access to essential services due to service delivery disruptions has had dramatic negative consequences for non-Ebola patients. The Primary Healthcare Performance Initiative^a supports countries conducting systematic assessments of their primary care systems, with a view to formulating strategies to better guide investments. The recent such assessment in North Macedonia has helped inform the dialogue on drafting a primary care strategy. This type of analysis can be critical to identify how and where to invest for long-term benefits and strategic pandemic preparedness.

^a Founded in 2015 by the Bill & Melinda Gates Foundation, WHO, and the World Bank Group, in collaboration with Ariadne Labs, Results for Development, and UNICEF (www.improvingphc.org).

Box 2. Using Telemedicine for Innovative Service Delivery

Telemedicine can be defined as using information technology—tablets, phones, and computers—to provide health care services in situations where the health professional and patient are not in the same location^a. COVID-19 has seen telemedicine expand in many countries and may serve as a catalyst for accelerating its use. In the medium term it allows for continuity of medical care for suitable COVID-19 patients at lower risk for patients and health workers. Long-term, it also offers a more cost-effective model that could be readily adapted to the epidemiological profile of the Western Balkans. Telemedicine is a sustainable investment that can be optimized through government attention to the following areas:

- **Information:** informing patients about how to use and access telemedicine;
- **Data security:** ensuring that medical data, images, text, and sound are secure;
- **Accessibility and equality:** analyzing how best to engage and support patients and health workers who might be less comfortable using technology; and
- **Appropriate use:** identifying services where telemedicine is valuable and effective, and those where it is not suitable for a patient's needs or profile.

^a <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4987488/>.

reforms across the region. It will be important for governments to improve the efficiency of their health system investments, particularly given the legacy of arrears and debts facing health systems across the region. For example, by investing in primary health care and telemedicine (Boxes 1 and 2) to manage mild COVID-19 patients and routine care, waiting times can be minimized and service delivery adapted to more efficient models. Savings might also be achieved by using generic rather than branded drugs and centralized procurement of certain commodities. Governments may also want to explore additional revenue options, such as sin taxes for tobacco consumption and sugar-sweetened beverages—all options to expand the fiscal space for health ought to be considered.

Minimize financial risk to patients in need of care to protect vulnerable patients

Medium priority: Recognize that lost income and government budget cutbacks will expose many people seeking care to financial risk and actions may be required to ensure that those most at need can access health care.

Given out-of-pocket payments for healthcare are notable (Table 1), protecting patients from financial risk protection is an important goal. Addressing financial barriers to care will ensure that patients seek care early, which not only improves their experience and outcomes but often is also because more cost-effective. Options for doing this include: universalizing coverage of COVID-19 care; adjusting eligibility for targeted health programs; avoiding blanket application of demand management measures (e.g., co-pays); carefully targeting cash transfers and in-kind assistance (e.g., for mitigation) to high-risk populations; revising health conditionalities of cash transfer programs; and, introducing or expanding sick leave benefits.

Ensure continuity of service delivery, and explore opportunities for sustainable innovation.

High priority: Maintain safe (non-COVID) emergency care in the face of the pandemic, consider how to protect and redeploy health care workers and protect and strengthen supply chains. The service delivery agenda will entail both expansion and reorganization of care to simultaneously manage COVID-19 cases and ensure continuity of essential non-COVID services. Globally, many countries have had to postpone elective care and the backlog of patient needs is rising by the day. Chronic care management, procedures to investigate pressing health conditions, and important and life-saving procedures have been postponed. Western Balkan governments will need to draw up triage strategies and protocols to support those most at risk. Health workers will need to be protected and effective procedures will need to be put in place to allow for redeployment to meet demand surges in a range of chronic disease areas over the next year. Adaptive service delivery models may also be critical to sustain the health system, with help from telemedicine (Box 2).

Medium priority: Consider how best to use private sector capabilities, recognizing the regulatory and costing difficulties. It has become prudent for governments to look into how to expand engagement with actors in the private sector and non-governmental organizations to deliver care, especially in surges. However, careful regulation and oversight will be necessary so that private service delivery does not compromise long-term financial sustainability and the quality of care for the population at large. Efforts should be made to ensure that private sector provision

is safe, cherry-picking is avoided, and patients are not put at risk of catastrophic OOP health expenditures.

Finally, it is important to recover to a new normal.

Medium priority: As countries and their health systems progress in combatting the pandemic, and as economies emerge from recession, policy makers can look into creating a post-COVID-19 health system. From a strategic perspective, this implies taking stock of strengths and weaknesses and where and how health systems were resilient and able to function well. The immediate demands of the pandemic allow little time for reflection, but ultimately it will be important for health workers, health system leaders, and policy makers to reflect and fine-tune accordingly. Short-term measures responding to emergency circumstances need to be rolled back so attention can turn to planning for the long term. Systems will also need to remain agile to respond promptly to similar outbreaks; it will be important that lessons and successes are easily replicated should that become necessary. Governments may wish to reinstate public financial management controls or private sector regulations that had been relaxed and plan for how to unwind temporary suspensions of benefit coverage. For future pandemic readiness, it may also be prudent to think about optimal supply chains and service delivery mechanisms.

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You and me

by Tanja Burzanovic (Montenegro)

Dr. Tatjana Burzanovic has a wide experience in the fields of graphic design, graphics in architecture, interior design. She has worked as an art editor, interior designer and graphic designer at various levels. Many of her art exhibitions have taken place at different places. She has received many awards for her arts and literary works. She has published a book with a title *The Interrelation between Art Worlds*, with the support from the Embassy of India for Austria and Montenegro in Vienna. Her artistic philosophy includes displaying of interrelationship between art worlds (spatial and temporal arts). The artist thus meditates between nature and the sprits and yet stems from the absolute idea and serves the goal of realization of absolute sprit. 'Grasping the meaning through the form' is a task of the art set by a contemporary thinker to demonstrate that building forms and creating sense are two simultaneous, intertwined, and absolutely inseparable processes in Arts. Without that recognition it is not possible to take any further step in investigating the nature of art and literature. She believes that art is a way to search the truth. Art is inseparable from searching the truth.

People forge ideas, people mold dreams, and people create art. To connect local artists to a broader audience, the cover of this report and following editions will feature art from the Western Balkan countries.