

## Montenegro



**Montenegro** is a country located in southeast Europe. It covers an area of 13.812 km<sup>2</sup> with a coastline length of 293.5 km. It has a coast on the Adriatic Sea and shares external borders with Bosnia and Herzegovina to the north-west, Serbia to the north-east, UN Administered Province of Kosovo to the east, Albania to the south, and Croatia to the west. The capital of Montenegro is Podgorica. Formerly a constituent part of Yugoslavia, Montenegro regained independence in May 2006. Montenegro has a solid record of transition and reform over the past period. It has successfully laid the foundations for a market based economy, strengthened democratic institutions, and gradually built capacity in public administration to cope with political and economic transformation. Montenegro's political system is a Parliamentary Democracy established by the Constitution of 22 June 2006. The political landscape is pluralistic. Integration into the European Union and North Atlantic Alliance – NATO has been identified as one of the key foreign policy priorities. Application for EU membership was submitted on December 15, 2008 and on 9 November 2010 Montenegro was recommended for "candidate" status. By the European Council decision of 17<sup>th</sup> December 2010, Montenegro was granted candidate status for the EU membership.

### HEALTH & DEVELOPMENT

#### Health status of the population

Common to other transitional countries, Montenegro experienced threats to health status during the 1990s. Conflicts, disasters and considerable macroeconomic changes had an adverse effect on the health status of the population. Despite all difficult factors, the national average of some of the vital indicators has improved over the past years. The infant mortality rate (IMR) continued to fall from 15.4 per 1000 live births in 1994 to 5.7 in 2009. However, the life expectancy at birth (LEAB) in Montenegro changed over the time and it decreased both for men and women (from 72.38 – 70.38 for men and from 78.21 – 74.93 for women). The mortality rate has a tendency of steady growing. It is obvious that Montenegrin population is getting older and its demographic structure resembles very much the European countries demographic structures.

#### Non-communicable diseases and lifestyles.

Like many European countries Montenegro has experienced an epidemiological transition and it faces an increased burden of non-communicable diseases related to high-risk behaviors (smoking, alcohol, sedentary lifestyle etc) and inadequate nutrition. The health status of the poor and other vulnerable groups is particularly at risk. Comparing causes of death the health condition in Montenegro is very similar to other European countries. The top three are: cardiovascular diseases, tumors and respiratory diseases as causes of death in Montenegro

#### Communicable diseases

Although the health scene is dominated by non-communicable diseases, vaccine preventable diseases seem to be well under control considering the national averages. Compulsory vaccination coverage against preventable communicable diseases of childhood is 89.2% for Hib – 98.2 % BCG Among registered communicable diseases (influenza not included) the most frequent disease is varicella (chicken pox) with the rate of 408.3 per 100 000 (35.78%) in 2009. A surveillance and early response system has been in place for many years. However, tuberculosis still constitutes an important public health problem with the rate of 19.1 per 100 000 population in 2009. Montenegro is still considered as the country with low level HIV/AIDS epidemic.

#### Stewardship role of the Ministry

The Ministry of Health (MoH) plays a central role in providing stewardship function for the health system and has centralized approach to health system management. Since 2003 considerable reform efforts were invested in line with 'Health Services Policy in the Republic of Montenegro Up to the Year 2020' (2001) and "Strategy for Health Care Development in Montenegro" (2003) to strengthen priority areas of health policy, planning and regulation, build further institutional capacity, improve quality, efficiency and access in primary health care, take measurable steps towards ensuring financial sustainability of the health care system, improve governance of the health insurance and health care and develop health information system to support management and clinical care. In May 2010, the Government of Montenegro adopted the Master plan on development of healthcare system of Montenegro for the period 2010 – 2013 identifying direction and actions of health interventions aimed at hospital optimization (introduction of the new payment model based on outputs, redesign of the health institutions network reflecting the health needs, public private partnership...) facilitating delivery of socially responsive, equitable, accessible and quality services to all the people of Montenegro

#### Health financing.

Health care system is financed through compulsory health contributions, being a major source of financing, and general governmental revenues. The current contribution rate is 12.3 % and unified collection of contributions and taxes has been introduced and endowed to the National Tax Administration. There is a publicly financed and administered budgetary Health insurance fund, acting as a single payer. According to the revised Law on Health Insurance, the health insurance concept recognizes compulsory and voluntary insurance. The compulsory insurance is mandatory and based on reciprocity and solidarity. The out of pocket expenditures increased in the period 2004-2006 from 23.6 % of total health care expenditure to 25.2 % respectively. These expenditures are inflated by the informal payment, which amounted to 12.5% of the average net salary in 2010. Governed by cost containment of health expenditures, promoting quality and efficiency in service delivery, improving efficiency in the administration of the health financing system, the new payment model (combination of capitation and fee for service) has already been introduced at the PHC level and reform of the hospital payment model, that will be performance based, is under way.

#### Emergency and disaster preparedness

Montenegro is vulnerable to both man-made and natural disasters. The Government of Montenegro established in 2006 a comprehensive strategic approach to manage the potential risks. Recognizing the health system need to further support the capacity for emergency preparedness and response the Government adopted the IHR National Action Plan (2009)

Total population (year 2003)*	620.145
% Under 18 (year 2003)*	28.5%
Population distribution % rural (year 2009)***	38%
Life expectancy at birth (year 2006&7)***	72.7
Under -5 mortality rate per 1000 (year 2008)****	8,2
Maternal mortality rate per 1000 live births (year 2007)*	0.13
Total expenditure on health as % of GDP (2007)***	6.1
General government expenditure on health as % of general government expenditure (year 2009)****	4,31%
Human Development Index Rank, out of 179 countries (year 2008)***	64
Gross Domestic Product (GDP) per capita EUR (year 2009)**	€ 4,779
Adult (15+) literacy rate (year 2007)***	97.7 %
Adult male (15+) literacy rate (year 2007)	99,24%
Adult female (15+) literacy rate (year 2007)	96,14%
% Population with access to improved drinking water source (year)	-
% population with improved access to sanitation (year)	-

#### Source:

\* Statistical Office of Montenegro (MONSTAT), "SY MNE 2008", page 49 and 53

\*\* Statistical Office of Montenegro (MONSTAT), GDP 2010 release

\*\*\* Human development report 2009. Beyond scarcity: power, poverty and the global water crisis. New York, United Nations Development Programme, 2009

\*\*\*\* Health Statistical Yearbook 2008 of Montenegro, 2009

\*\*\*\*\* Health Insurance Fund Report (August 2009)

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>- A comprehensive set of strategic documents in the health sector</li> <li>- National commitment to Millennium Development Goals and the Poverty Reduction Strategy Paper</li> <li>- New PHC organizational model already accepted by the key stakeholders</li> <li>- development of the health integrated information system (introduced at the PHC level and pharmacies; as of July 2011 to be introduced in hospitals)</li> </ul>	<ul style="list-style-type: none"> <li>- fragmentation, duplication and inappropriate use of services</li> <li>- strengthening limited administrative capacity to enforce legal and regulatory framework.</li> <li>- weaknesses in management, internal control, and external accountability at all levels in the public health system</li> <li>- sustainability of the health care financing</li> <li>- Improvement in quality of care and management,</li> <li>- decreasing share of public health expenditures in GDP</li> </ul>

## PARTNERS

The main stakeholders in the health sector are: the World Bank (WB), World Health Organization (WHO) and the European Union (EU).

Health holds a prominent position in the UN Delivering as One agenda.

The World Bank has been actively supporting the health sector reform since 2003 (primary health care and hospital care reform) Also, Montenegro has been receiving support from the Global Fund to Fight AIDS, Tuberculosis and Malaria to tackle the spread of HIV. Support for health care sector development has been secured through the South Eastern Health Network, too.

Bilateral donors, such as the Government of Japan is focused on procuring medical equipment.

Coordination mechanisms for different health fields have been established, such as: the Country Coordination Mechanism (CCM) (in relation to HIV/AIDS, TB and malaria) under the leadership of the Ministry of Health and with the participation of major international organizations.

Nongovernmental organizations are involved in both delivering services and in advocacy for policy development. The nongovernmental organization sector is getting stronger and better organized over time.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>- EU integration process</li> <li>- strong and continuous WB support for health sector reform</li> <li>- considerable support of One UN and numerous nongovernmental organizations (NGOs) in health-related programs</li> </ul>	<ul style="list-style-type: none"> <li>- Coordination of internationally funded projects led by national authorities,</li> </ul>

## Reform since 2003.WHO STRATEGIC AGENDA

The strategic goal of the WHO in Montenegro is to contribute to health sector development, and provide technical leadership in collaboration with the government and other actors in the health sector.

WHO's strategic agenda for Montenegro is organized around some of the key functions of the health care system:

- **providing services** – continuing health reforms, achieving proper balance and integration between primary health care and hospital reforms, strengthening the public health capacity, controlling communicable diseases and reforming mental health services;
- **generating resources** – capacity-building of government officials and other professionals, strategic human resource planning and continuous training of health professionals; health technology assessment;
- **stewardship** – updating and finalizing strategic and operational plans for health care reform, implementing existing health legislation and generating relevant information for sound decision-making and training of decision-makers in the techniques and skills needed to properly use the available data.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/WHO/CCO/11.05/Montenegro>

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