



Serbia



General data

POPULATION, 2023
6,623,183

PHYSICIANS / 1,000 INH, 2021
2.83

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income

GDP PER CAPITA (US\$), 2023
12,281

HEALTH EXPENDITURE (%GDP), 2021
10.01

UNIVERSAL HEALTH COVERAGE, 2021
72



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



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National Association: -
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Endorsed by National PC Association: -
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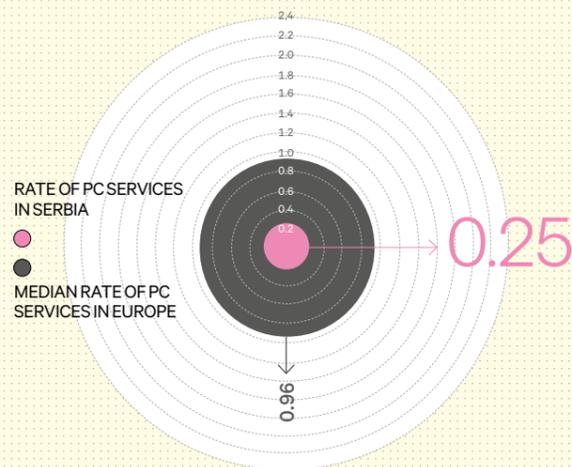
Serbia

F Provision of PC (Specialised Services)

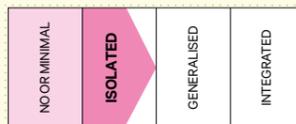
Total number of Specialised PC services **17**

Rate of PC services per 100,000 inhabitants **0.25**

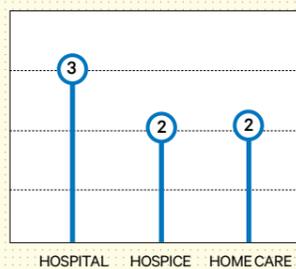
Serbia in the context of European region



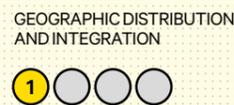
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



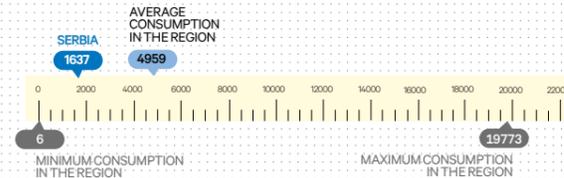
TOTAL NUMBER

1

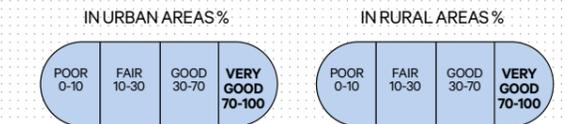
D Use of essential medicines

Opioids consumption (excluding methadone) **1,637** S-DDD/MILL INHABITANTS/DAY

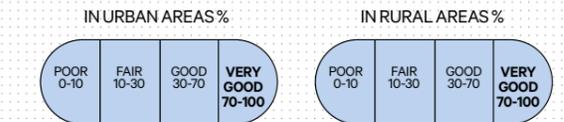
Serbia in the context of European region



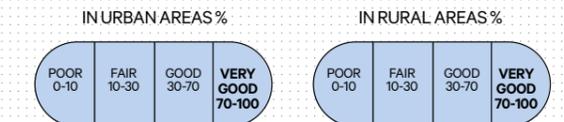
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles **2**

Inclusion of PC topics in National Research Calls **2**

Existence of PC congresses or scientific meetings **4**

E Education & Training

Medical schools with mandatory PC teaching **1/6**

Nursing schools with mandatory PC teaching **0/28**

PC Full Professors **0**

Recognition of PC specialty **4**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **4**

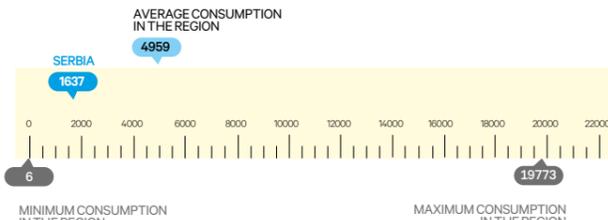
A Empowerment of people and communities

Groups promoting the rights of PC patients **3**

Advanced care planning-related policies **2**

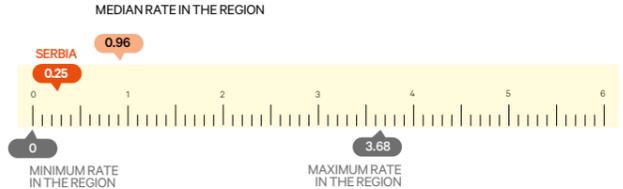
<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p> 3</p> <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.</p>	<p>The Center for Palliative Care and Palliative Medicine 'BELhospice', established in 2004, is the first specialised organisation in Serbia which provides palliative care to adult patients with malignant diseases and children with life-threatening diseases and conditions. BELhospice is a charitable organisation providing -besides clinical care- education for professionals, volunteers and the public, and influencing national policy makers to develop specialised palliative/hospice services. Furthermore, there are many organisations advocating for different groups of patients with diagnosed life treating illnesses, mostly working on improvement of early diagnosis, diagnostic procedures and treatment option. A Serbian Association for Palliative Care is in process to be established and it is expected to be founded end of March 2025; and there is also the Serbian Association of Supportive Care in Cancer (SASCC).</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 2</p> <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>In the Law of patients rights (The Official Gazette RS No. 45/2013 and 25/2019) the surrogate decision maker (legal representative) is the person who advocates for incompetent patient regarding conducting of any diagnostic and therapeutic procedure providing written consent.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 2</p> <p>Developed over 5 years ago.</p> <p> 3</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Serbia published the National Strategy for Palliative care developed in 2009 (Official Gazette RS17/2009) and the Regulation of National programme for palliative care for children in Republic of Serbia 2016 (Official; Gazette 22/2016). Furthermore, some Regulation for National programme 'Serbia against cancer' (Official Gazette 20/2009) where a reference to palliative care is included. Likewise, a section is dedicated to palliative care for cancer patients within the Programme for the Improvement of Cancer Control in the Republic of Serbia for the Period 2020–2022. 'Official Gazette of the RS', No. 105/2020. Additionally, there is a National guide for doctors in primary health care Republican expert commission for the development and implementation of guidelines in clinical practice (MoH 2004); as well as a Palliative care - guide for employees in social care. 2020</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 1</p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 4</p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>Palliative care is defined and included in the Regulation on the nomenclature of health services at the primary level of health care (Official Gazette RS 70/2019, 42/2020, 74/2021 and 118/2023) mentioned in 5 service types (first and control visits for children and adults as well as at home visit). Within the Health care Law [Zakon o zdravstvenoj zaštiti] (in Serbian), published in the Official Gazette RS 25/2019 and 92/2023. Act 65, Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 1</p> <p>There is no authority defined.</p> <p> 1</p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>There was a National Expert Committee for Palliative Care that existed until 23 October 2023 and was abolished by the decision of former Minister of Health together with suspension of some other Expert Committees in MoH. The former Expert Committee for Palliative Care was made up out of seven members meeting regularly discussing several topics such as expert opinions about new treatment options and discussions on the need for development of new documents.</p>

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>The first Palliative Medicine Congress of Serbia was held on October 13-14 2023 with intention to be held biannually. The Second Palliative Medicine Congress is planned for March 20-21st 2025 in Sremska Kamenica. Furthermore, there is a Regional Education Meeting on Supportive Care in Cancer Patients for Eastern Europe and Balkan Region which included Palliative Care and was held on 2016, 2017, 2019, 2021 and 2023. Other type of integration of Palliative Care in National and International Conferences in Serbia is carried in many numbers of Conferences and CME including either whole Palliative care session or lectures about palliative care mostly in Oncological conferences and in Pain conferences, Respiratory medicine, Pain medicine, General Medicine, Neurology, etcetera.</p>										
<p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	 <p>Reflects a limited number of articles published.</p>											
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	 <p>Although there are national research calls, no PC topics are ever included.</p>	<p>No palliative care research programmes were found in Serbia. During 2015-2019 there were several actions at local level promoting palliative care founded by Local Government such as, for example, several Programmes funded by the City Health Administration, City of Novi Sad, Serbia, mostly with educational goals.</p>										
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1,637</p> <p>S-DDD PER MILLION INHAB /DAY</p> </div> <div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> </div> </div> <p>COUNTRY VS REGION</p>  <table border="1"> <caption>Average consumption of opioids in defined daily doses (S-DDD) for statistical purposes 2020–2022</caption> <thead> <tr> <th>Country/Region</th> <th>S-DDD per million inhabitants per day</th> </tr> </thead> <tbody> <tr> <td>Serbia</td> <td>1637</td> </tr> <tr> <td>Average consumption in the region</td> <td>4959</td> </tr> <tr> <td>Minimum consumption in the region</td> <td>6</td> </tr> <tr> <td>Maximum consumption in the region</td> <td>19773</td> </tr> </tbody> </table>		Country/Region	S-DDD per million inhabitants per day	Serbia	1637	Average consumption in the region	4959	Minimum consumption in the region	6	Maximum consumption in the region	19773
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<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>		<p>All Primary Care Health Centers can use drugs from Republic Fund of Health Insurance List B (Drugs used during outpatient or hospital treatment in health institutions). According to the National health Insurance Fund Lists of Drugs, of application since 2024, the majority of medications of the WHO model List of Essential Medicines are available: fentanyl, morphine, methadone, amitriptyline, cyclizine, dexamethasone, diazepam, docusate sodium, fluoxetine, Haloperidol, hyoscine hydrobromide, lactulose, loperamide, midazolam, ondansetron. The annual report from Agency for Medicines and Medical Devices of Serbia collects data on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022 with information about quantity of sold medicines and Defined daily dose/1000 citizens/day.</p>
<p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>		
<p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p>		<p>Liquid oral morphine is on the positive list of drugs and can be prescribed in every Primary Health Centre, as documented at the annual report from Agency for Medicines and Medical Devices of Serbia on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022.</p>
<p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>		
<p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p>		<p>Several opioids and in diverse formulations are available at primary care level as documented at the annual report from Agency for Medicines and Medical Devices of Serbia on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022.</p>
<p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>		

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>1/6</p> <p>4/6</p> <p>0/28</p> <p>0/28</p> <p>0</p> <p>Yes</p>	<p></p> <p>The University of Cuprija does have a subject on palliative care. In 4 out of 6 palliative medicine is an optional subject, like in the Faculty of Medicine University of Novi, optional in 5th course, in University of Kragujevac, in the University of Belgrade, and in the Faculty of Medicine University of Nis. Normally, there is no Palliative Care subject in high school but it is partially included in Subject Oncology. Normally, there is no Palliative Care subject in Nursing high schools, but it is partially included in the oncology subject, meaning that Palliative care is included there as compulsory in all 9 Governmental Faculties of Nursing in Country. Although there is no such a full professor in Palliative Medicine, one teaching assistant would become a Associate Professor in March 2025 at University of Novi Sad with degree of Palliative Medicine Specialist. While there is no existing legislation/regulation specially for undergraduate Palliative care, there is regulation on Specialisations and Sub Specialisations of Healthcare Workers and Healthcare Associates, Official Gazette Of the RS/2013, 91/2013, 113/2013, 109/2014, 53/2018, 17/2021, 77/2022, 6/2023 and 93/2023. p. 391-396.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Specialisation in Palliative Medicine was officially established on 2013. It is included in the Faculty of Medicine University of Belgrade since 2013 and in Faculty of Medical Sciences University of Kragujevac since 2022. The first specialist finished specialisation in 2017 and, to date, there are 11 finished Palliative Medicine specialists and another 10 physicians currently in specialisation in Serbia. See the Regulations on specialisations and narrow specialisations of healthcare workers and healthcare associates ('Official Gazette RS', No. 10/2013, 91/2013, 113/2013, 109/2014, 53/2018, 17/2021, 77/2022, 6/2023 i 93/2023).</p>

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>There are 17 specialised services with Palliative Medicine Specialist or a trained professional: General Hospital Kikinda (6 beds with Specialist); Health Center Uzice, Unit Pozega, (12 beds with Specialist); General Hospital Leskovac, Unit Vlasotince (10 beds Specialist); the General hospital Prokuplje (5 beds with Specialist); the General Hospital Pozarevac (12 beds with Specialist); University Clinical Center Kragujevac, (10 beds); General Hospital Cuprija (10 beds, with trained HCP); the University Clinical Center of Novi Sad (22 beds with consultative Specialist); the Institute for Pulmonary Diseases of Vojvodina (Palliative consultation team with Specialist, 10 beds); the Specialised hospital for internal diseases Vrnjacka Banja (Unit with 12 beds with Specialist); Institute for geriatrics and PC Department for home treatment, nursing and PC, Belgrade (with specialist); and the Institute for Oncology and radiology of Serbia, Belgrade (HCP with PC education). Furthermore, there are four centers with palliative wards or dedicated beds (58 beds, 630 discharged patients in 2023): Klinikal center Dr Dragisa Misovic (10 beds), KC Zvezdara (30 beds), KC Zemun (13 beds), and KC Bezanijaska kosa (5 beds).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.25 (SERBIA), 0.96 (MEDIAN RATE IN THE REGION), 3.68 (MAXIMUM RATE IN THE REGION), 0 (MINIMUM RATE IN THE REGION)</p> <p>17 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1 PPC TEAMS</p>	<p>There is one specialised team for pediatric palliative care that started to work in Belhospice Cenet in Belgrade since 2023. In general, and even though some palliative care is provided to children, there is no specialised PC services in hospitals in Serbia, nor children hospices or home care PC teams for children in Serbia.</p>